



# First 5 California Home Visiting Workforce Policy Recommendations & Supporting Evidence

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# Introduction

Home visiting is a service delivery strategy for inter-generational family-centered supports during the pivotal window from pregnancy to early childhood. Expanded 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.<sup>1</sup> In addition to MIECHV, California has made its own investments in home visiting, most recently in fiscal year 2019-20 through leveraging Temporary Assistance to Needy Families (TANF) and other state funds.

Further, First 5 California (F5CA)<sup>2</sup> funded a study conducted by Child Trends—the F5CA Home Visiting Workforce Study—to help the state understand the characteristics of its home visiting workforce, develop implementation supports for home visiting staff, and determine program needs for workforce recruitment, development, and retention.<sup>3</sup> This report presents Child Trends' policy recommendations and supporting evidence for a coordinated home visiting infrastructure to support this workforce by improving California's home visiting pipeline and preparedness, supporting the state's workforce and improving retention, and improving coordination between home visiting and early childhood.

The following set of policy recommendations and supporting evidence were informed by the F5CA Home Visiting Workforce Study, which included data obtained from home visiting staff, families, leadership, and experts across California. Additional information on data collection and methods can be found in Appendix A.

## Home Visiting Workforce Policy Recommendations

The recommendations and supporting evidence for policy and practice strategies are intended to 1) inform policymakers and other home visiting stakeholders about the role home visiting plays in the field of early care and family serving programs in California, and 2) provide evidence for why a coordinated infrastructure is needed to support the workforce. Because the landscape of California's home visiting programs and workforce is so diverse, data collection was designed to capture the breadth of programs, staff experiences, and family needs to provide a comprehensive description of the workforce from which these policy recommendations were developed.

The recommendations are intended to support broad development of a state-wide infrastructure that can meet this range of strengths and needs, while the implementation of particular strategies can be adapted to fit within the contexts of local communities and home visiting models. The following is an overview of the home visiting workforce development policy recommendations:

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<sup>1</sup> SEC. 511 [42 U.S.C. 711] (j) (1)

<sup>2</sup> First 5 California distributes funds to local communities through the state's 58 individual counties, all of which have created their own local First 5 county commissions.

<sup>3</sup> Home visiting programs included in the F5CA Home Visiting Workforce Study are administered through the California Departments of Public Health, Social Services, and Education, along with local First 5 county commissions. Data were gathered from a range of programs that provide home visiting services, many of which were developed locally to meet their communities' unique needs. Home visiting programs that self-identified as meeting the study's definition of home visiting (see Appendix A for more information) were invited to take part in the study.

### **Recommendations to improve California’s home visiting workforce pipeline and preparedness:**

- Define home visiting in California.
- Define home visiting as a profession for the state of California.
- Increase awareness of home visiting as a profession among institutes of higher education.
- Develop a pipeline for recruitment and career advancement.
- Increase access to high-quality trainings across the state to strengthen, coordinate, and expand available opportunities.

### **Recommendations to support California’s home visiting workforce and improve retention:**

- Build the capabilities of home visiting supervisors.
- Strengthen home visitors’ ongoing supports.
- Prioritize the mental health and well-being of the workforce.
- Address working conditions and program climate.
- Center family voice in home visiting service delivery, goals, and other program activities.

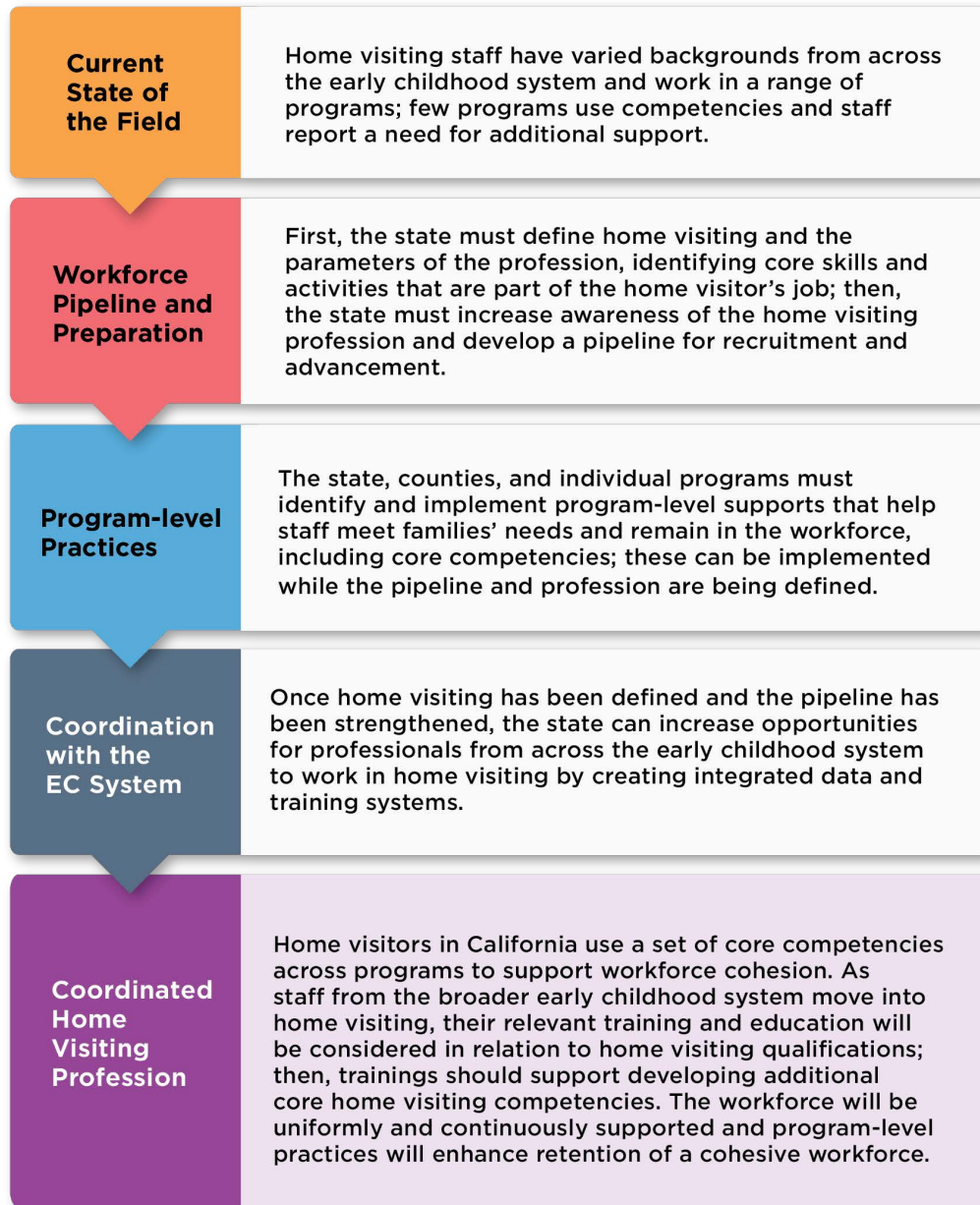
### **Recommendations to improve coordination between the home visiting and early childhood systems:**

- Increase opportunities for early childhood professionals from across the early childhood landscape to come together.
- Create integrated data systems.

## **Policy areas**

Our recommendations are organized into three policy areas: workforce pipeline and preparation, program-level practices that support retention, and coordination with the early childhood system. These areas represent progress in workforce development, moving the California home visiting workforce from its current state of affairs—i.e., lacking cohesive workforce development supports—toward a well-defined and well-supported profession. Figure 1 displays the three policy areas along a continuum and describes how a statewide home visiting workforce infrastructure would facilitate progress along this continuum toward a coordinated home visiting profession.

**Figure 1.** Continuum of home visiting workforce development recommendations in California



As a result of moving through this continuum, home visiting programs across the state would be able to provide ongoing support that is grounded in the core competencies, tailored to professional development and training needs, and responsive to the mental health and well-being of the workforce. Ultimately, this infrastructure can result in the retention of a well-trained and experienced workforce, which would support the provision of high-quality home visiting services across the state of California, producing positive outcomes for children and families. Without an infrastructure that ensures quality and preparation, and supports retention, it will not be feasible to expect that California's home visiting workforce can meet the changing strengths and needs of the state's families.

# Policy Area: Home Visiting Workforce Pipeline and Preparation

**Growing home visiting in California.** These recommendations can advance the state's efforts of moving toward a coordinated home visiting workforce by first establishing a statewide definition of what constitutes home visiting, and then addressing current gaps in the field's foundational areas of workforce development: Include core competencies in education and training, hiring supports, and documented pathways for advancement.

## Recommendation #1. Define home visiting in California

Develop a shared definition of home visiting for the state that captures the range of services and program types that currently identify as home visiting.

## Supporting evidence for defining home visiting in California

The evidence presented here suggests a strong need to **define home visiting in California**. The variability in the types of programs that identified as home visiting programs for this study presents the state with an opportunity to create a unified definition that will set an important foundation for the future of home visiting in the state. This definition will also be a critical first step to establishing home visiting as a profession.

### F5CA Home Visiting Workforce Study definition of home visiting

In collaboration with F5CA and the study's Core Advisory Group, the F5CA Home Visiting Workforce Study developed a definition of home visiting for the study's purposes. Programs that opted into this study did so using the following definition of home visiting:

- A program that provides visits focused primarily on: assessing child and family strengths and needs; setting family goals; linking participants with prenatal and postpartum care; fostering connections with pediatric care; providing information on pregnancy and child developmental stages and progress; promoting strong parent-child attachment; coaching parents on learning activities that foster their child's development; and coordinating with needed community services to support self-sufficiency, health, and resilience.

In addition, out-of-home pediatric programs that include prenatal care and follow-up for healthy development-related services during the first three years of a child's life were also invited to participate in this study, as they are seen by home visiting stakeholders as an important part of the home visiting system.

The study definition can be used as a resource for the state in their efforts to first define home visiting in the continuum of workforce development. Although this definition allowed the study to capture the wide range of home visiting programs and services necessary to describe the field's landscape in California, the state may want to further refine the definition to best meet its long-term workforce development goals.

### Registered Home Visiting Programs

As an example of the diverse landscape of home visiting in California, over 350 home visiting programs implementing more than 60 home visiting models registered for the study in 2020 (Table 1). These programs opted into the F5CA workforce study using the study's definition of home visiting, illustrating the

importance of defining the field as a first step in identifying who should be included in the state’s workforce development efforts.

**Table 1.** Number of home visiting programs registered by model

<b>Home Visiting Model Name (N= 364)</b>	<b># Of Registered Programs Using Each Model</b>
Attachment and Biobehavioral Catch-Up (ABC) Intervention	1
Adolescent Family Life Program	2
African American Perinatal Health Program	3
Behavioral Health Home Visiting	2
Black Mothers United Pregnancy Mentoring Home Visiting Program	2
Child Parent Psychotherapy	2
DULCE	3
Early Head Start – Home-Based Option	47
Early Steps to School Success	4
Family Spirit	6
Fathers Corps	3
Healthy Babies	8
Healthy Families America	43
Home Instruction for Parents of Preschool Youngsters (HIPPY)	2
Learning About Parenting	4
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	1
MCAH Antenatal & Postnatal Nurse Visits	3
Nurse-Family Partnership	24
Nurturing Parenting Programs	28
Parent-Child+	5
Parenting Wisely	4
Parents as Teachers	64
Perinatal Outreach Education (POE)	3
Positive Youth Development	2
Public Health Nursing	20
SafeCare	17
Triple P-Positive Parenting Program®-Home Visiting (Triple P-Home Visiting)	8
Welcome Baby	12
Welcome Home Baby	3
Other model	38
<b>TOTAL</b>	<b>364</b>

Source: Home visiting registration survey, 2020, Child Trends



## California's Home Visiting Mapping Tool

The [California home visiting mapping tool](#) (mapping tool) was developed as a tool to help policymakers, community advocates and leaders, service providers, and other home visiting stakeholders understand who could benefit from home visiting. The mapping tool does this by providing county-level information about characteristics determining which families might benefit from home visiting (e.g., first-time parents), as well as available home visiting services (e.g., number of funded slots). As part of building California's home visiting mapping tool, the study team investigated registered home visiting programs and refined the list to identify five types of home visiting models, 1) evidence-based per HHS guidelines, 2) models implemented in multiple communities, 3) models implemented in single community, 4) home visiting-compatible with health focus, and 5) home visiting-compatible.

Analysis of the mapping tool's data provide additional information about the landscape of home visiting California. The most common home visiting models included Parents as Teachers, Early Head Start-Home-Based Option, and Healthy Families America. On average, home visiting programs had the capacity to serve 137 families (range of 0 – 2,000 families) and employed an average of seven home visitors and supervisors (range of 0 – 42 staff). More than half of home visiting programs used models that meet the criteria for evidence-based per HHS standards. Among those that are considered evidence-based per HHS guidelines, home visiting programs had the capacity to serve an average of 116 families (range of 0 – 875 families) and employed an average of eight home visitors and supervisors (0 – 42 staff).

In addition, the mapping tool can inform home visiting policy and program decisions; support alignment of available resources, including those beyond home visiting services; generate county-level reports; and track outcomes for families over time. It can also answer a variety of policy and programmatic questions, such as:

- How many families with children under age 3 in my county are experiencing a particular circumstance, such as poverty or homelessness?
- How many home visiting slots are funded to serve families with these characteristics in my county? What kind of home visiting programs are represented by these funded slots?

This tool can support home visiting workforce development by understanding where service needs are and the types of services that might best meet those needs. This can help programs make decisions about hiring or funders make decisions about program development; however, these decisions must be anchored in a state-wide definition of home visiting to ensure the state has a unified understanding of what home visiting services in California look like.

## Summary

Over the past 18 months, stakeholders have shared how home visiting has rapidly expanded across California, with new funding streams bringing additional capacity to serve families and additional requirements for programs and their implementing agencies. F5CA study data collection and the mapping tool describe the diverse landscape of home visiting programs and models in the state. Stakeholders also shared that there is considerable misunderstanding and misconceptions about what home visiting is and who it serves. At the county level, there may be multiple programs with different focus areas (e.g., parenting, mental health), eligibility for enrollment (e.g., first-time parents), and types of service delivery requirements (e.g., number of expected visits). In some ways, the variability helps meet families' specific strengths and needs, while in other ways, it limits the potential of home visiting—counties, programs, other community service providers are unclear on which programs address specific strengths and needs, leading to challenges with referrals and coordination. These misconceptions can also impact the workforce and how it is defined (i.e., there are varied requirements for hiring, as well as differences in what home visitors perceive as their job). This recommendation supports the state's goal of a coordinated workforce infrastructure by taking a necessary first step in developing a shared definition of home visiting.

## ▶ Recommendation #2. Define home visiting as a profession for the state of California

a. Clearly define the necessary skills and related activities in which home visitors engage and define the skills needed to supervise and support home visitors, regardless of model. These skills should be supported by hiring managers and used in hiring decisions.

b. Create a core set of cross-model home visitor competencies and parallel competencies for supervisors. Example competencies could include knowledge of child health and development, skills in supporting parent-child attachment, and attitudes that value the parent's role.

## Supporting evidence for defining home visiting as a profession for the state of California

The evidence presented here suggests a strong need to **define home visiting as a profession**. The considerable variability in the educational backgrounds of home visitors across California not only creates a lack of cohesion in the types of knowledge and skills that home visiting staff bring to their work, but it also reflects the fact that the home visiting profession has not been established and the required core skills needed to be a home visitor have not been uniformly defined. These challenges are further exacerbated by the absence of frameworks that clearly describe the competencies needed to effectively support families in home visiting programs across the state. Explicitly defining the skills necessary for home visitors will address the lack of cohesion across staff educational backgrounds, acknowledge how program models have similar but often overlapping requirements for staff, and identify the core set of skills that all programs and supervisors need to support as part of home visitor's development (in addition to program-specific knowledge and skills). Having this set of skills defined will promote development of the home visiting profession rooted in a shared understanding of the role of home visitor.

In addition, creating core competencies will inform how these necessary skills can be strengthened and supported through pre- and in-service training, supervision, coaching, and professional development. Using competencies to support staff can help develop actionable steps to improve skills. Competencies will allow for the home visiting profession to focus on a core set of skills and strengths that are ubiquitous across program models.

### Home visiting staff educational backgrounds

Most home visiting models have required or preferred educational backgrounds for hiring home visitors, with many (but not all) requiring a bachelor's degree. In California, the majority of home visiting staff hold a bachelor's degree or higher; however, staff represent many different educational backgrounds, including child development, early childhood education, psychology, social work/social welfare, and nursing (see Table 2). In addition, home visitors have a range of skills and certifications in other areas, particularly related to child development (Table 3). While these varied backgrounds help California's home visiting workforce in meet a range of family strengths and needs, they also reveal the need for a core set of skills or competencies to ensure all home visitors have the necessary skills to provide services across different programs and models.

**Table 2. Staff educational attainment**

<b>Highest Degree (N = 787)</b>	<b>Home Visitors</b>
High school diploma, GED, or less	4%
Some college, no degree	12%
Associate's degree	16%
Bachelor's degree	58%
Master's degree (e.g., MA, MS, MSW)	10%
<b>Field of Study in Technical School or College (N = 768)</b>	<b>Home Visitors</b>
Child development	33%
Early childhood education	21%
Nursing	17%
Psychology	16%
Social work/Social welfare	15%
Human development and family studies	10%
Public health	8%
Education	8%
Other	21%

Source: Home visiting workforce landscape survey, 2020

**Table 3. Licenses and certifications held by the workforce**

<b>Licenses and Certifications (N = 906)</b>	<b>Home Visitors</b>
<b>Certified Lactation Educator</b>	17%
<b>California Child Development Permit</b>	15%
<b>Registered Nurse (RN)</b>	15%
<b>Certified Parenting Educator</b>	12%
<b>Preschool Child Development Associate (CDA)</b>	7%
<b>Infant/Toddler Child Development Associate (CDA)</b>	6%
<b>Certified Nursing Assistant (CNA)</b>	4%
<b>Other state teaching certification (e.g., early childhood, K-12)</b>	3%
<b>Home Visitor Child Development Associate (CDA)</b>	3%
<b>Other</b>	19%

Source: Home visiting workforce landscape survey, 2020

## Home visiting staff recruitment

In addition to educational requirements or preferences, programs often seek home visitor candidates with past related experience. For instance, programs and supervisors look for experience working with families and conducting home visits, as well as interpersonal skills, organizational skills, and knowledge of child health and development (Table 4).

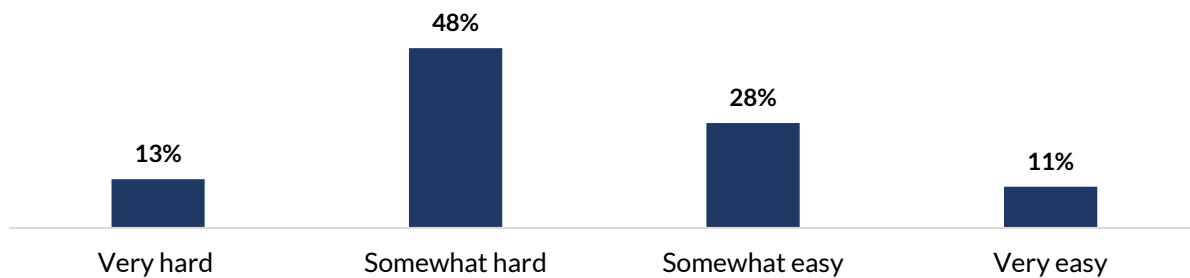
**Table 4.** Top 5 knowledge, skills, and experiences sought when recruiting home visitors

<b>Knowledge, Skills, and Experiences (N = 140)</b>	<b>Supervisors</b>
Experience working with families in any setting	84%
Interpersonal skills	67%
Experience conducting home visits	64%
Knowledge of child health and development	64%
Organizational skills	56%

Source: Home visiting workforce landscape survey, 2020

However, even though supervisors were able to identify the top knowledge, skills, and experiences sought when recruiting home visitors, they also reported challenges in recruiting qualified home visitor candidates. More than 60 percent of supervisors felt that recruiting qualified home visitors is somewhat hard or very hard (Figure 2). Difficulties in recruiting home visitors included finding staff who had relevant experience and expertise, experience working with Tribal communities, and bilingual ability.

**Figure 2.** Level of difficulty in recruiting qualified home visitor candidates (n = 112)



Source: Home visiting workforce landscape survey, 2020

## Current use of competency frameworks

Competency frameworks can support both hiring and ongoing skill development for home visitors. However, very few home visiting programs in California have competency frameworks in place to support hiring new staff; only 16 percent of supervisors reported that their program uses any competency framework for hiring, training, or supporting staff. Stakeholders at many levels expressed interest in using competencies across programs with different home visiting models. In addition, during core competency feasibility case studies, individual programs in California identified specific ways they could use the competencies for hiring, training, and supporting staff. Staff also discussed potential challenges of using competencies. Example quotes from home visiting staff include:

## Hiring

- “We could enhance our hiring materials with these;” and “I would say it’s a really good tool to use when training and onboarding staff – as a guide in the right direction.” – Home visiting staff, 2021 Case Study
- “I think you could use them [the competencies] in terms of hiring - with different interview questions that you ask, or vignettes that you utilize. You could look at what stage they are in in terms of their own professional development. Do they have the knowledge? And then, being able to see – how do they apply it for those next two levels? .... I think we could frame some of the questions around some of the competencies in these domains.” – Home visiting staff, 2021 Case Study

## Training

- “I see this as a guide for how we educate our staff and the type of trainings we should be seeking out for them – almost like a manager’s tool.” – Home visiting staff, 2021 Case Study
- “I think about how impactful trainings around all of this [the competencies] would be for existing staff who already have immense experience in doing the work for so long. This would next level them. To see how it’s all connected makes it feel very complete.” – Home visiting staff, 2021 Case Study

## Supporting staff

- “I thought it was very, very helpful. It really made me aware of what I’m doing, and a better understanding of why I’m doing it, as well.” – Home visiting staff, 2021 Case Study
- “We could use this when we observe to see which of these domains we cover when we are conducting a visit. We could catch some domains we aren’t covering that are being asked by the parents. It could support staff on how to add some of these domains to our visits.” – Home visiting staff, 2021 Case Study
- “In terms of professional development [the competencies] would absolutely be helpful in identifying strengths and areas of growth. Pointing those out to help individualize professional development so it’s not generic. Also, we like the idea of using it annual performance evaluations. Let’s see the difference in this year from last year. What changed? What direction are you going in?” – Home visiting staff, 2021 Case Study

## Challenges

- “There would be definite challenges – not only financially – but even if it would be feasible to do without a lot of support.” – Home visiting staff, 2021 Case Study
- “These [competencies] are a good baseline, but every community has a different population and there are different needs in each area. Not everything can be applicable to overall California, because every community has a different set of needs that have to be met.” – Home visiting staff, 2021 Case Study

## Summary

Over the past 18 months, stakeholders have shared that the heterogeneity of the home visiting workforce is both a strength of the field but also an area of opportunity. On one hand, the varied backgrounds of home visiting staff allow some to be more prepared to address specific family strengths and needs (e.g., nursing backgrounds and health-related needs) and others to be better prepared for particular home visiting models. However, this also leads to a mixed perception of the home visiting profession (e.g., all home visitors have nursing backgrounds). These misunderstandings have significant implications for workforce preparation (i.e., training) to meet the diverse strengths and needs of families. With the continued expansion of home visiting across California, it is critical to define home visiting as a profession and to identify core home visiting skills that can be further supported through competencies. This recommendation supports the state’s goal of a coordinated workforce infrastructure by addressing current gaps in the field’s foundational areas of workforce development, specifically by developing core competencies in education and training and embedding competencies within recruitment.



**Recommendation #3. Increase awareness of home visiting as a profession among institutes of higher education**

- a. Create avenues for individuals to learn about home visiting as a career path. Provide information to department leads, practicum/internship courses, and instructors in relevant areas.
- b. Embed home visitor competencies that are related to child development, early literacy, and family stress and mental health in higher education courses, including community college programs; and in fields related to home visiting (e.g., early childhood, human development and family studies, social work, public health).

## Supporting evidence for increasing awareness of home visiting as a profession among institutes of higher education

The evidence presented here suggests that there is a strong need to **increase the awareness of the home visiting profession**. The vast majority of home visitors do not learn about the profession while enrolled in college, and higher education institutions offer very few courses specifically focused on home visiting. However, many home visitors have completed college coursework that is highly relevant for their jobs. This is particularly important given the ongoing expansion of home visiting across California and the need to identify and recruit future home visitors.

Creating avenues in higher education to learn about home visiting as a career path will promote home visiting as an option (much like how being a teacher or social worker are promoted), build opportunities to reach students across disciplines, and expand the pool of potential staff. Embedding home visitor competencies that are related to child development, early literacy, and family stress and mental health in higher education courses will 1) strengthen the connection between the skills needed for home visiting and the courses available within a university, college, or community college setting, 2) identify areas that are not supported through higher education courses, and 3) may provide opportunities for colleges to develop courses to address these gaps.

### Awareness of home visiting field

As discussed, a fundamental way to increase awareness of the home visiting field is to provide opportunities for individuals to learn about home visiting as a career option as part of their higher education. For the most part, home visitors do not currently learn about the home visiting field via higher education or professional opportunities (Table 5). Instead, they learn about it through professional networks or by having already worked for the home visiting program or agency.

**Table 5.** Ways workforce learned of home visiting

Highest Degree (N = 790)	Home Visitors
I already worked for the agency in a different capacity	29%
I heard about the position through my professional network	26%
I heard about the position through an instructor or program at my college	6%
I heard about the position through apprenticeship with the program	2%

Source: Home visiting workforce landscape survey, 2020

## Home visiting staff educational backgrounds

As described in Home Visiting Workforce Pipeline and Preparation, Recommendation #2, California home visiting staff represent a wide range of educational backgrounds, including degrees in child development, early childhood education, psychology, social work/social welfare, and nursing. This suggests that there are many areas of study where home visitor competencies might be embedded.

However, in interviews with stakeholders in California’s institutions of higher education and entities that train home visitors, we heard that very few faculty members are aware of home visiting as a possible profession for students interested in supporting families with young children. Furthermore, there are few specific home visiting courses offered at four-year colleges and community colleges across California (Table 6). One possible way to increase awareness would be to make faculty members aware of home visiting; for instance, information could be provided to department leads, instructors over practicum/internships, and instructors of related courses. Some evidence and anecdotes from the study’s Core Advisory Group members indicate additional courses may be in development and/or may include more emphasis on home visiting in the future. For example, one home visitor said:

- “I’m currently working on my bachelors’ program. I’m starting to see the term “home visitation” on a lot of things. What I’m learning about [in class] meshes so well with what I do at work. I see home visitation being brought up more often.” – Home visiting staff, 2021 Case Study

**Table 6.** Examples of home visiting-related college courses across California

College	Course Title	Course Description
<b>Includes Home Visiting as Course Topic</b>		
Santa Barbara City College (Located in Santa Barbara, CA)	ECE 109: Family-Teacher-Child Relationships	Establishing and sustaining effective relationships between teacher, families, and child. Common problems handled between families and teachers; ways of distinguishing special problems requiring other professional attention; and supportive ways of helping families enjoy and appreciate their children. Includes interviewing, home visiting, parent education and family engagement strategies.
<b>Specific Focus on Home Visiting</b>		
Stanislaus State (Located in Turlock & Stockton, CA)	CDEV 4950: Home-Visiting in Early Intervention: Working with Families of Infants & Toddlers	An overview of home-visiting in early childhood programs. Topics to be covered include the purpose and rationale for home visitation services, home visit curriculum development, infant toddler development and developmental risk, strategies for successful home visits, and experience conducting home visits.
<b>Required via Early Care &amp; Education Pathways to Success (ECEPTS) Home Visitor Apprenticeship</b>		
Antelope Valley College (Located in Lancaster & Palmdale, CA)	CFE 101: Introduction to Early Childhood Education	
	CFE 102: The Developing Child	
	CFE 103: The Child in Family and Community Relationships	
	CFE 105: Discovery-Based Education for Children	
	SOC 101: Introduction to Sociology	
	SOC 110: Ethnic Relationships	

## Relevance of college coursework

While there are few courses specific to home visiting in California, there is some evidence that competencies could be embedded into college coursework with relative ease. For example, home visitors reported receiving training in college coursework that is highly relevant for home visiting and related to expected competencies, including 56 percent of home visitors who reported that they had received training in child development as part of their formal college coursework (Table 7).

One faculty member who teaches a home visiting class at a four-year institution reported that local home visiting programs often reach out to her for staff referrals and that her students are successful in finding positions in those programs, which highly value the pre-service training she provides.

**Table 7.** Training received by home visitors and where they received them

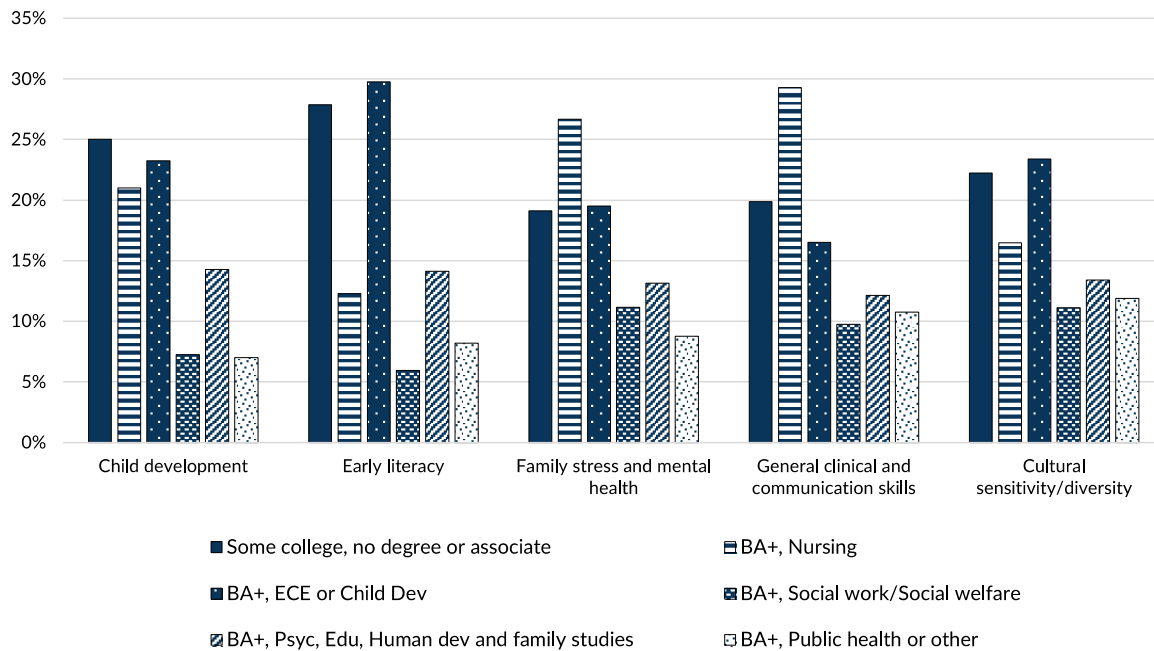
<b>Training Topics (N = 696)</b>	<b>Home Visitors who Received Training Through Formal College Coursework</b>
Child Development	56%
Early literacy	38%
Family stress and mental health	36%
General clinical and communication skills	43%
Cultural sensitivity/diversity	37%

**Source:** Home visiting workforce landscape survey, 2020

**Note:** Denominators are the HVs who responded to the questions about whether they received each training. HVs were able to select multiple ways they received each training, including through college coursework.

Furthermore, the content of home visitors' training through formal college coursework varied based on their field of study (Figure 3). For example, home visitors with a degree in nursing were somewhat more likely to have had coursework related to family stress and mental health, and general clinical and communication skills. However, home visitors with nursing degrees were less likely to have had coursework related to early literacy compared to home visitors with most other degrees. This finding highlights areas of opportunities for further embedding home visitor competencies in higher education in fields related to home visiting.

**Figure 3.** Percent of home visitors with each degree type within coursework topic (n = 711)



Source: Home visiting workforce landscape survey, 2020

## Home visiting staff’s perspective on workforce preparation

Home visitors already recognize how their varied educational backgrounds have prepared them for home visiting work. Many shared how the types of courses they took in college prepared them for their positions. Quotes from home visiting staff who participated in interviews included:

- “So I have my bachelor's in social work and my focus has always been children. And even in college, I took a lot of child development courses, because at that time I wanted a minor in child development. I ended up just getting my bachelor's in social work, but with all that I had learned and with child development, after I graduated, I saw this position. ... And I feel like my background or my education has helped in the child development portion, but as well with social work and case management and stuff, because we still come across all of these things while working with families and being in the home and seeing some of the needs outside of the child development portion.” – Home Visitor, 2021 Spring/Summer Interview
- “I have my bachelor's degree in child development. I think that has really helped set the foundation for this role because I have a good, solid background in the field that I work in, and it has really helped pave that understanding and how to work with different types of families and really share how important the first years of life are and really put it in a sense of parents getting to understand that and how it will benefit their children.” – Home Visitor, 2021 Spring/Summer Interview
- “I got my degree in psychology with a minor in family studies. The psychology aspect only helped me a little bit in this job but the family studies really came through when I learned about child development and a lot of different issues and things and challenges that families undergo...” – Home Visitor, 2021 Spring/Summer Interview

- “And so it was in school that I did an internship with a program that was doing adolescent health work. And through that, I just became connected to working with people, advocating for people, doing, I was introduced to very light case management. But I immediately knew this is it. And I was just interning, right? But I knew that this is it. And so then from that point on in school, I really began to focus on courses and classes that would support the field that I wanted to go into and not just the degree requirement. And so I think that was useful in the work that I do now.” – Home Visitor, 2021 Spring/Summer Interview

## Summary

Over the past 18 months, stakeholders shared that there is a need for the promotion of the home visiting profession. Stakeholders in California and across the country confirmed that home visiting is not embedded in the higher education system, but highlighted its potential to become so. Stakeholders shared that they would like to see higher education develop more opportunities for internships and fieldwork in home visiting. Expanding California’s home visiting workforce will require resolving the existing disconnection between individuals who are not aware of home visiting as a career path but who are completing some of the very coursework that will prepare them to become a home visitor. Institutes of higher education are well-positioned to promote home visiting as a profession and develop a course of study that could address home visitor competencies. This recommendation supports the state’s goal of developing a coordinated workforce infrastructure by addressing current gaps in the field’s foundational areas of workforce development through leveraging the existing structures and institutions that can support building and promoting home visiting.



**Recommendation #4. Develop a pipeline for recruitment and career advancement**

- a. Engage in community-based outreach/recruitment to ensure that home visitors are from the same communities as participating families and are diverse in socioeconomic backgrounds, education, work experiences, and racial or cultural identity.
- b. Develop pathways for career advancement based on competencies. The pathways should recognize work and life experiences in addition to education and training, provide multiple opportunities for career advancement, and be connected to adequate increases in compensation and benefits.

## Supporting evidence for developing a pipeline for recruitment and career advancement

The evidence presented here suggests that there is a strong need to **develop a pipeline for recruitment and career advancement**. California’s home visiting workforce is diverse in terms of educational background and lived experiences, and families and home visitors alike value both aspects of diversity. Building a pipeline will require incorporating education and lived experiences throughout all processes, including staff recruitment. Engaging in community-based outreach or recruitment will allow programs to maintain a diverse workforce and increase the number of staff who live in and represent the communities of participating families.

Developing pathways for career advancement based on competencies will shift some current practices away from education requirements only, allow programs to use competencies as a way to gauge skills and development, and encourage programs to provide opportunities for advancement based on skill. Broadly speaking, pathways refer to a framework or map that outlines paths for professional development or career advancement, typically based on requirements for education or training, and can also outline appropriate pay scales. These types of pathways have been used in many states in the field of Early Care and Education.

### Shared communities

As part of building the workforce pipeline, programs should seek to hire staff that are from the same communities as participating families. In California, about two-thirds of home visitors reported that they were members of the same communities as at least some of their participating families (Table 8).

**Table 8.** Percent of home visitors who consider themselves a member of the same communities as the families their program serves (n = 398)

	<b>Home Visitors</b>
With most families	42%
With some families	25%
With a few families	18%
With no families	15%

Source: Home visiting workforce follow-up survey, 2021

## Home visitors’ socioeconomic backgrounds, work experiences, and race or cultural backgrounds

Home visitor’s socioeconomic background, education, work experiences, and race or cultural identities are also important considerations for hiring staff. Broadly speaking, these types of backgrounds and experiences may contribute to how staff relate to participating families (i.e., shared cultural backgrounds) and how staff deliver services (i.e., experience in early care and education settings). In California, the majority of home visitors are under 40 years old, are of Hispanic, Latinx, or Spanish origin, and speak English and Spanish (Table 9). These demographics mirror those of participating families; the majority of families served by home visiting programs in California also identify as Hispanic or Latinx, and Spanish is their second most commonly spoken language after English.<sup>4</sup> These demographics also mirror the demographics of families with children ages 0-3 in California who could possibly benefit from early childhood home visiting; for example, about half of families with children ages 0-3 in the state identified as being Hispanic or Latino according to U.S. Census and [California home visiting mapping tool data](#).<sup>5</sup> In addition, the majority of home visitors reported that they shared racial, ethnic, and/or cultural traits with at least some participating families (Figure 4).

**Table 9.** California home visiting workforce demographics

<b>Age (N = 775)</b>	<b>Home Visitors</b>
20-29	24%
30-39	33%
40-49	23%
50-59	14%
60 or older	6%
<b>Race/Ethnicity (N = 775)</b>	<b>Home Visitors</b>
Hispanic, Latinx or Spanish origin	67%
Non-Hispanic White	15%
Non-Hispanic Black or African American	8%
Non-Hispanic Asian, Native Hawaiian or Other Pacific Islander	5%
Non-Hispanic American Indian or Alaska Native	<1%
Non-Hispanic Race not listed	<1%
Two or more races	2%
Prefer not to answer	2%
<b>Language Fluency (N = 754)</b>	<b>Home Visitors</b>
English	97%
Spanish	63%

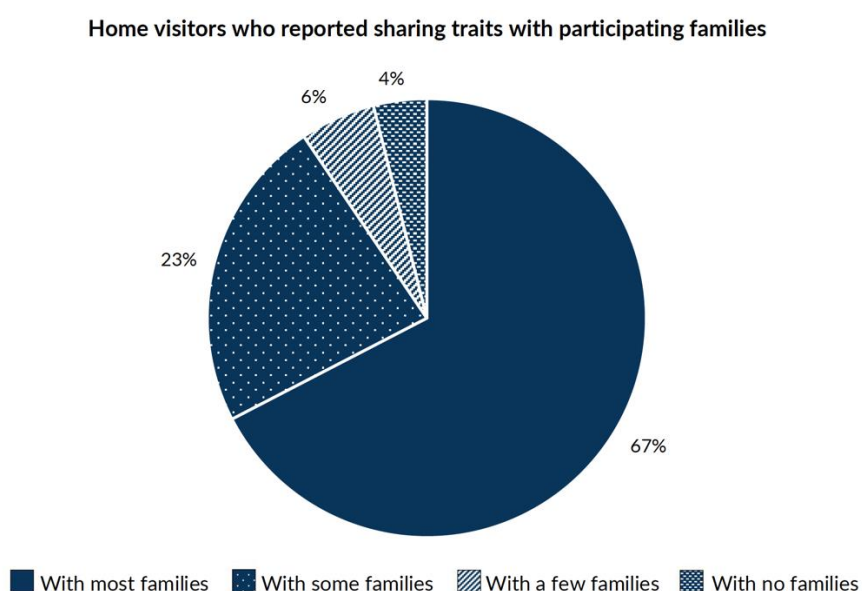
<sup>4</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

<sup>5</sup> U.S. Census Bureau (2019). SEX BY AGE (HISPANIC OR LATINO). Retrieved from <https://data.census.gov/cedsci/advanced>.

Language Fluency (N = 754)	Home Visitors
Cantonese	<1%
Tagalog	<1%
Vietnamese	<1%
Hmong	<1%
Arabic	<1%
Other	4%

Source: Home visiting workforce landscape survey, 2020

**Figure 4.** Percent of home visitors who feel that they share racial, ethnic, and/or cultural traits with the families their program serves (n = 739)



Source: Home visiting workforce landscape survey, 2020

While approximately 40 percent of staff are generally new to home visiting, many home visitors have years of experience in other settings working with families and children, particularly in early childhood settings like child care or pre-kindergarten (Tables 10 and 11).

**Table 10.** Staff experience in home visiting

Years Working with Parents and Families of Children Ages 0-5 (N = 790)	Home Visitors
Less than one year	8%
1-2 years	17%
3-5 years	22%
6-10 years	17%
More than 10 years	36%

Source: Home visiting workforce landscape survey, 2020

**Table 11.** Staff experience in related settings (n = 361)

	<b>Home Visitors</b>
Early childhood education (child care or Pre-Kindergarten)	58%
School (K-12)	31%
Social work	21%
Hospital	19%
Child welfare/child protective services	7%

**Source:** Home visiting workforce follow-up survey, 2021

**Note:** Percentages add up to more than 100 because HVs were able to select multiple options.

Lastly, as described in Home Visiting Workforce Pipeline and Preparation, Recommendation #2, the majority of California home visiting staff have a bachelor's degree and represent a wide range of educational backgrounds, including degrees in child development, early childhood education, psychology, social work/social welfare, and nursing. However, in this study, home visitors with a bachelor's degree were less likely to indicate they intended to stay in their position compared to those without a degree. This finding provides more support for the development of a pathway for career advancement as a mechanism for retaining staff.

## Family perspectives on home visitor characteristics

Families value particular home visitor characteristics and experiences as well. In their interviews, families identified the types of characteristics or actions they valued in a home visitor, such as being patient, respectful, kind, and helpful. All families described having a positive relationship with their home visitor and all respondents indicated their home visitors understood their experience; more than half of families indicated their home visitor understood both their experience and culture. All families reported that their home visitor provides services in a way that meets their family's unique circumstances, strengths, and needs. Example quotes from families included:

- “Someone that is able to listen and have respect for others. Someone who is culturally competent, and that means not just understanding one's own culture, understanding other people's individual differences. Just somebody who is respectful overall.” - Participating Family, 2021
- “The real value came when I started seeing her trying to understand our family dynamic and what worked best for us.” - Participating Family, 2021

## Home visitor perspectives on their backgrounds

Similarly, home visitors recognize the importance in how their experiences contribute to engagement and work with participating families. In their interviews, home visitors shared that their experiences helped them better understand and empathize with families on matters including being a parent, experiencing challenges and trauma in their own lives, or sharing similar culture or background as families. Home visitors reported these experiences have helped them empathize with and support families, as well as building trust and rapport. Example quotes from home visitors included:

- “I would say a few different things. One, my culture and my background really, really play a huge aspect. If I were to like name just a few different things that I feel like are really important to me, my experience in the child welfare system really played a huge part, me coming from a really large family... My education, the community in which I grew up, which I came back to work in really played a large part, and then I guess, I would say, I felt like yeah, like, just all the different traits and my upbringing has really played such a large part in like how I do my work as a home visitor.” - Home Visitor, 2021  
Spring/Summer Interview

- “So lived experiences are huge. Again, I work with pregnant and parenting African-American women. Myself am African-American and I have children. And so I think it really helps me build that relationship with the people that I work with because I think I see myself in them and I think they see themselves in me, which is why I really [like] home visiting because I feel often if you bring the family into the office, it sets this unequal balance between the relationship... But I feel like when I go into your home, that we're on equal ground. I'm in your place, you call the shots here, if you want me to take off my shoes, I'm doing whatever you say. And it really helps to kind of equal that and build that relationship.” - Home Visitor, 2021 Spring/Summer Interview

Some home visitors expressed that these lived experiences, particularly work experiences, are reflected in how they understand home visitor competencies as well. An example quote included:

- "Before joining this home visiting program, I worked in the foster care profession. Looking at [the home visitor competencies] – these are a lot of the domains and dimensions as a social worker, they aligned. I thought that was very interesting. Even if I moved profession, if I went into social work – it aligns with that, as well. I've also worked in the day care/school system. It also aligns with that, as well. It flows into other professions that work with families.” – Home Visitor, 2021 Case Study

## Home visitor skills looked for during recruitment

Programs may need to adjust their recruitment and hiring practices to hire home visitors with diverse backgrounds. In their interviews, some supervisors reported conducting targeted hiring to ensure their home visitors reflect the populations they serve in areas such as language, race and ethnicity, and life experiences. Example quotes from supervisors included:

- "We want to be able to have a balanced home visiting staff that's representative of the communities that we service. Most of our clients are from the Latinx community so our home visitors reflect that. However, we do have African-American families that we service as well, and we want that to be reflected in our home visiting staff. So we definitely are mindful of targeted recruitment, and cultural consideration is a part of our hiring practice." – Supervisor, 2021 Spring/Summer Interview

To continue to build and strengthen a diverse workforce that shares traits with participating families, home visiting programs may need to expand their recruitment strategies, such as where they are posting job announcements (Table 12).

**Table 12.** Supervisor report of recruitment strategies and success of strategies

<b>Recruitment Strategies (N = 109)</b>	<b>Used Strategy</b>	<b>Strategy was Successful</b>
Advertise position on agency website	79%	56%
Encourage your staff to share through word of mouth	61%	58%
Advertise internally at agency to promote or reclassify existing staff	43%	57%
Email job announcement to colleagues in your professional network	39%	42%
Advertise position on free job search websites (e.g., Indeed)	38%	61%
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, encourage them to apply	26%	39%
Post on social media pages (e.g., Facebook, Twitter, LinkedIn)	25%	42%



<b>Recruitment Strategies (N = 109)</b>	<b>Used Strategy</b>	<b>Strategy was Successful</b>
Recruit through local colleges and universities	21%	35%

Source: Home visiting workforce landscape survey, 2020

In their interviews, supervisors noted that home visitors' life experiences were also viewed as important for developing relationships with their staff. These shared experiences were similar to those between staff and families, including being a parent, sharing cultural or ethnic backgrounds, and having been a former client of home visiting programs themselves. One supervisor noted:

- "It's a little bit more complicated than just saying they maybe share some of the life experiences that the clients have. Because the other thing that you're looking for is people who've been able to be resilient and overcome those kinds of barriers but still maintain empathy and humility around it." – Supervisor, 2021 Spring/Summer Interview

## Pay and opportunities for promotion

As part of establishing pathways for career advancement, identifying clear ways to increase opportunities for home visitors to be promoted and to be paid appropriately will be fundamental pieces to develop. The data from this study also support the importance of these factors for the workforce. For example, home visitors are generally satisfied with most parts of their job—except in two key areas—pay and opportunities for promotion (Table 13). Pay, in particular, is associated with a home visitors' intention to remain in their current position.<sup>6</sup>

**Table 13.** Home visitors' reported job satisfaction

<b>Home Visitor Job Satisfaction (N = 683)</b>	<b>Completely or Somewhat Satisfied</b>
How rewarding the work with families is	96%
Relationships with coworkers	94%
Job security	93%
Work-life balance	86%
The amount of time required to complete daily responsibilities	78%
Chances for promotion	60%
The amount of money earned	60%

Source: Home visiting workforce landscape survey, 2020

## Summary

Over the past 18 months, stakeholders have suggested that the development of pathways for career advancement should build on learnings from similar efforts in Early Care and Education. For home visiting, this includes being flexible and inclusive of education, credentials, and experience, and not creating barriers or inequity in staff's ability to advance. For instance, it may not be feasible to require a specific degree for home visitors, nor particular trainings, without ensuring all staff have equal access to the training (as described in Home Visiting Workforce Pipeline and Preparation, Recommendation #5). Careful

<sup>6</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

consideration will be needed in developing an equitable approach to the pathways for career advancement; this also includes home visitors' experiences, which are important in developing relationships with families. Although pathways for career advancement are new to the field of home visiting, researchers outside of California have also recommended developing these pathways as an approach to strengthening the home visiting workforce.<sup>7</sup> This recommendation supports the state's goal of achieving a coordinated workforce infrastructure by addressing current gaps in the field's foundational areas of workforce development, specifically by developing pathways for career advancement that will support a pipeline for recruitment and career growth.

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<sup>7</sup> 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.  
[https://www.urban.org/sites/default/files/publication/101641/home\\_visiting\\_career\\_trajectories\\_0.pdf](https://www.urban.org/sites/default/files/publication/101641/home_visiting_career_trajectories_0.pdf)

▶ **Recommendation #5. Increase access to high-quality trainings across the state to strengthen, coordinate, and expand available opportunities**

a. Develop a repository of existing trainings (virtual and in-person) that will facilitate cross-model trainings. The repository can address the range of needs that all programs across the state can access and should include information to allow programs to make informed decisions about the selection of trainings for their staff.

b. While trainings must be available to meet the range of home visitor needs, trainings should be available that specifically include diversity, equity, and inclusion topics, and are appropriate for various program and community contexts.

## Supporting evidence for increasing access to high-quality trainings across the state to strengthen, coordinate, and expand available opportunities

The evidence presented here suggests that there is a strong need to **increase access to high-quality trainings across the state**. Although home visiting staff participate in model-specific trainings and trainings across a wide range of topics, most home visiting staff want additional training in many of the same topics. However, there are inconsistencies between how programs select trainings and the types of trainings that staff prefer.

Developing a repository of cross-model trainings that are accessible to all programs throughout the state will improve the information available about trainings, may address the challenges experienced by counties in terms of allocating resources to training, and potentially reduce duplicative training efforts across counties. In addition, this repository will also streamline communication and strengthen opportunities for sharing knowledge and making connections across the state in a way that facilitates the use of shared resources.

Finally, ensuring that trainings on diversity, equity, and inclusion topics are widely available will provide California's home visiting workforce with important knowledge, allow the workforce to build skills to address equity with participating families, and may lead to reduced experiences of discrimination in the workplace. Addressing discrimination in the workplace is an important strategy for increasing staff retention, as experiencing discrimination has been shown to be associated with intention to leave one's position.<sup>8</sup>

### Decisions about training

Training is an integral part of home visitor preparation and development and typically includes model-specific training, as well as additional ongoing training on topics relevant to addressing family strengths and needs. Most home visiting staff (80%) attended a training specific to their home visiting model before beginning their current position. Among those who did receive model-specific training, home visiting staff spent an average of 46 hours in trainings (training hours ranged from 1-200 hours, with a median of 40 hours).

However, for additional ongoing trainings, there is no current system for cross-model training that staff across programs can access in California. As a result, programs decide which trainings staff attend in many different ways (Table 14). Roughly two-thirds of home visitors reported their program or agency selects the

<sup>8</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

trainings for all home visitors to participate in. Only about one quarter said their supervisor selects trainings for them based on what fits their needs, or that they decide which trainings to participate in with their supervisor. Just under one quarter of home visitors (22%) said that they picked trainings on their own.

**Table 14.** How home visitors decide what trainings to attend (n = 432)

	<b>Home Visitors</b>
My program or agency selects trainings for all home visitors to participate in	68%
I present training opportunities to my program and/or supervisor for approval based on what I believe fit my needs	32%
My supervisor and I work together to select the trainings I receive so they best fit my needs	28%
My supervisor selects the trainings I participate in based on what they believe best fit my needs	25%
I choose trainings on my own and attend without any coordination with my supervisor or program	22%
Other	3%

Source: Home visiting workforce follow-up survey, 2021

Not having a coordinated system for training across the state also leads to variability in what types of information is used to make decisions about training. Information might include program level data, community specific needs, and policies impacting families. Example quotes from supervisors include:

- “One of the things we do – we look at trends. We rely hugely on our data. What are we seeing a lot of? For instance, when COVID hit, we noticed the numbers for domestic violence went up, and also the numbers of those reentering from treatment facilities or jail. Clearly, we knew we needed to get something right now on how to support families in re-entry. We do so many trainings already, but we have to make sure those skills are sharp. We don’t just go to trainings to go – we go to trainings to strengthen our skills.” – Home visiting supervisor, 2021 Case Study
- “There are a variety of trainings our staff have access to. We have an equity advocate that is always seeking out that trauma informed trainings that specifically address racial injustices, what’s going on in our community, and policies that may affect the families that we serve. We also determine trainings based on feedback or lessons we’ve learned through evaluations. Our trainings will follow those areas to strengthen us in those particular areas.” – Home visiting supervisor, 2021 Case Study
- “Anything that comes our way [training], we take it. We’re always looking to broaden our knowledge.” – Home visiting supervisor, 2021 Case Study

## Current training participation and needs

Despite differences in the way programs select trainings, home visitors do participate in trainings that span a wide range of topics. Training has been shown to influence service delivery. For example, home visitors who received training in sensitive topics (e.g., substance use, intimate partner violence) were more likely to discuss those same topics with families on their caseload compared to home visitors who did not receive this training.<sup>9</sup> In California, most home visitors reported receiving training related to child development, family stress and mental health, trauma-informed care, Adverse Childhood Experiences (ACEs), cultural sensitivity/diversity, and stress management and self-care (Table 15). Home visitors reported that their

<sup>9</sup> 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.

most recent trainings were mainly in virtual formats, but some (e.g., breastfeeding and child development) were somewhat more likely to be completed in-person. Very few staff reported completing self-directed online module trainings.

**Table 15.** Trainings home visitors received at current program by modality

Training Topic	Received Training (N = 434)	Most Recent Training Modality		
		Live virtual	In-person	Self via web
Tobacco use/substance use	60%	44%	38%	19%
Family stress and mental health	88%	51%	34%	15%
Intimate partner violence	68%	45%	39%	16%
Breastfeeding, feeding and nutrition	73%	38%	45%	16%
Child development	90%	40%	46%	14%
Community services for families (e.g., housing, education, employment, etc.)	71%	45%	38%	17%
Trauma-informed care	85%	52%	37%	11%
Recognizing and responding to ACEs	83%	45%	43%	12%
LGBTQ+ services	47%	49%	34%	18%
Racial justice/equity	71%	63%	23%	14%
Implicit bias and internalizing racism	74%	62%	23%	15%
Cultural sensitivity/diversity	86%	57%	28%	15%
Stress management and self-care	86%	57%	29%	15%
Self-reflection and reflective supervision	77%	52%	36%	12%
Engaging fathers and other adults in the household	64%	48%	32%	20%
Laws and public policy (i.e., immigration or family law, renter’s rights)	42%	51%	27%	22%

Source: Home visiting workforce follow-up survey, 2021

In addition to wanting more training on topics such as family stress and mental health, home visitors reported wanting more training focused on providing trauma-informed care and responding to ACEs (Table 16). They also reported a need for trainings to address different family and community contexts.

In this study, about 17 percent of staff reported experiencing discrimination in the workplace related to race, ethnicity, religion, and/or gender identification. While there may be several mechanisms for addressing discrimination, one approach is to provide additional training to staff related to diversity, equity, and

inclusion. As with most topics, the majority of staff in California reported wanting more of this type of training.

**Table 16.** Training home visitors received and their requests for more training

Training Topic	Received Training (N = 434)	Would Like More Training in...	
		Those who already received training in this topic	Those who have not received training in this topic
Trauma-informed care	85%	70%	84%
Recognizing and responding to ACEs	83%	68%	84%
Engaging fathers and other adults in the household	64%	75%	94%
Community services for families (e.g., housing, education, employment)	71%	83%	90%
Racial justice/equity	71%	61%	78%
Implicit bias and internalizing racism	74%	60%	81%
Cultural sensitivity/diversity	86%	71%	82%
LGBTQI+ services	47%	65%	76%

Source: Home visiting workforce follow-up survey, 2021

## Training modality preferences and challenges

In an effort to understand the training modalities (virtual or in-person) that best meet the needs of California’s workforce, this study also considered whether the modality influenced people’s perceptions of the training quality. Home visitors who were interviewed in the summer of 2021 reported they prefer in-person trainings in a group setting, due to their nature of being more intimate and hands-on. A smaller group preferred virtual trainings and others did not have a preference, citing both types can be engaging. Example quotes from staff included:

- “I so dearly miss the in-person component, it just makes it so much more intimate.... you get the most out of a situation where you're there in the environment ready to learn, because everybody's work from home situation is very different and it varies. So if we could be in a facility where we're there in person, when we're there with the teacher or the speaker, and we can be able to feel more free and comfortable to ask certain questions without worry about something happening in our background, we're working from at home, and things like that. The training materials usually tend to be a lot more detailed, in person and things as well. I really miss that, and I feel like everybody participates a bit more when we're all in person. Everybody's more engaging, you retain the information better.” – Home visiting staff, 2021 Summer Interview
- “I have appreciated all of my in-person trainings, group trainings. They're quite invaluable. And then more recently, I've adapted to the virtual trainings that I'm adapting to quite well. Most probably, now that I'm thinking about it, I'm maybe more engaged only because I can hear every word without maybe being interrupted by extraneous sounds that would otherwise might be disruptive. So, I think I'm flexible with any types of training that is engaging. I think it's not necessarily the method, but it's more



# Policy Area: Program-level Practices that Support the Workforce and Enhance Staff Retention

The following recommendations support California’s goal of a coordinated workforce infrastructure by addressing gaps in program-level practices applicable across home visiting models. Supporting home visitor competencies and well-being and improving programs’ work climate will not only help to retain trained home visitors but also optimize their role in supporting positive outcomes for children and families. These practices should ensure that all home visiting programs, regardless of model, have the competencies to meet the needs of home visiting staff. They should be culturally responsive, strengths-based, trauma-informed, and should support staff’s long-term retention.

## ▶ Recommendation #1. Build the capabilities of home visiting supervisors

- a. Ensure that supervision is supportive and reflective across programs through the use of cross-model trainings, materials, and/or communities of practice based on supervisor core competencies.
- b. Encourage models and programs to require supervisors to routinely observe home visitors during visits or review video-recorded visits to provide feedback and build home visitors’ skills in working with families.

## Supporting evidence for building the capabilities of home visiting supervisors

The evidence presented here suggests a strong need to **build the capabilities of home visiting supervisors**. Competencies for supervisors are different than for home visitors; supervisor competencies are about supporting the practice of the home visitor, particularly through coaching, mentoring, and providing reflective supervision. Supervisors need additional tools and support to carry out these functions, particularly given the high percentage of relatively inexperienced home visitors across California.

Ensuring supervision is reflective will help develop home visitor’s reflective practice skills, strengthen home visitor communication with families, and provide opportunities to address home visitor well-being. Encouraging models and programs to require frequent observations will allow for home visitors to receive timely and important feedback on their practice. Both strategies have been shown to increase program effectiveness in improving outcomes for families and children.<sup>10</sup>

### Importance of supervision

Supervision plays an essential role in home visiting programs, particularly for the development of new home visitors and their ongoing skill-building. In interviews with key stakeholders, there was consensus that building supervisor capabilities and competencies was an essential first step needed before addressing the competencies of home visitors. It is extremely difficult for individual home visitors to gain skills and apply them in their work with families without the support of a supportive and skillful supervisor.

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<sup>10</sup> 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.

Supervisors provide support to home visitors by addressing challenging issues on their caseload, allowing them time to reflect on their work, and supporting their overall well-being. One common way for supervisors to support staff is through individual or one-on-one supervision. Most of California’s home visitors reported that they receive this type of supervision at least monthly and more than half at least bi-weekly (Table 18).

**Table 18.** Frequency of one-on-one supervision meetings

	Home Visitors 2020 (N = 740)	Home Visitors 2021 (N = 444)
Weekly or more frequently	49%	41%
Every two weeks	16%	16%
Every three weeks	2%	2%
Monthly	21%	29%
I do not have one-on-one supervision meetings	12%	11%

Source: Home visiting workforce landscape survey, 2020 and follow-up survey, 2021

Home visitors typically find their supervisors’ feedback to be helpful; in 2020, about three-quarters of home visitors reported their supervisors’ feedback was extremely or very helpful. In qualitative interviews, many home visitors described supervision as beneficial due to the support received, especially during difficult situations. Home visitors indicated that supervisors create a “safe space” for home visitors to discuss their caseloads as well as their own personal challenges. Qualities of supervisors that home visitors felt were beneficial included responsiveness, empathy, and accessibility. Example quotes included:

- “I think just knowing that I have her support, knowing that even if I'm wrong she'll support me and she'll help me grow and she'll teach me. She's always sending us trainings articles and videos, just trying to help build us up and support us through wherever we're interested in. And I appreciate that a lot. She's really into...building the team and letting each person of the team have a voice, which I appreciate and I think that it's huge to me because I've had other supervisors that that wasn't the case. And so I really, really appreciate it. I just know that she's supportive, I know that if I have an idea can bring it to her, I know that she won't shut it down, I know she'll listen, I know that I'll be able to try it. So that is a good feeling to have to know that I have some control or some voice in determining how we go about doing things.” - Home Visitor, 2021 Spring/Summer Interview
- “I feel like I learn a lot from my supervisor, but I feel like we learn a lot from one another – personally and professionally. We don’t have to have the same views, but we have respect for one another. We want what’s best for the family.” - Home Visitor, 2021 Case Study

## Reflective supervision

One key element of supervision associated with improved outcomes for families and staff is the practice of reflective supervision.<sup>11</sup> Generally speaking, reflective supervision is the development of a relationship between a supervisor and home visitor that allows for home visitors to openly reflect and consider the families on their caseload from different perspectives in an effort to strengthen how they communicate, interact, and work with families. In 2020, nearly all home visitors in California (93%) reported that their supervision meetings included reflective supervision techniques. In 2021, home visitors reported on the specific ways their supervisor helped them feel supported including reflective supervision practices; the majority of home visitors agreed or strongly agreed that their supervisor made them feel supported in their

<sup>11</sup> 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.

job (Table 19). Reflective supervision was also important in maintaining home visitor emotional well-being during the pandemic.

One stakeholder providing support for reflective supervision in the state of California noted that a common barrier to successful reflective supervision is the many “hats” that supervisors wear. Many supervisors are responsible for recordkeeping and monitoring of quality, activities that can be at odds with building the trust and ability to share difficult feelings that is central to reflective supervision.

**Table 19.** Supervisor support using reflective practices (n = 437)

	<b>Somewhat or Strongly Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Somewhat or Strongly Disagree</b>
I trust my supervisor and can talk with them about my concerns about the families I work with	88%	7%	5%
My supervisor encourages me to be supportive of parents	88%	9%	3%
My supervisor is open and approachable	85%	9%	6%
I trust my supervisor and can talk with them about my own feelings that come up when working with families	84%	9%	7%
My supervisor encourages me to think about the perspective of the families I work with	80%	14%	6%
I trust my supervisor and can talk with them about my own feelings and concerns that come up in my personal life	79%	9%	12%
My supervisor encourages me to keep the baby /child in mind in everything I do	77%	17%	6%
Meeting with my supervisor gives me time to stop and think about my families in a deep way	77%	14%	9%

Source: Home visiting workforce follow-up survey, 2021

## Supervisor observation

A second key element of supervision is the observation of home visits conducted by their supervisees. Supervisors’ observation of visits is an important skill-building practice for home visitors and has been associated with increased program effectiveness.<sup>12</sup> Supervisors’ observation of home visits in California is complex; prior to the pandemic, about two-thirds of home visitors received at least one observation per year (Table 20). However, between March 2020 and November 2020, only one-third of home visitors had received at least one observation of a virtual visit, suggesting that supervisor observation during the initial months of COVID was infrequent. In the 2021 survey, home visitors reported higher rates of observation, with about three-quarters of home visitors saying their supervisor observes their visits at least once per year and about half received it at least twice per year.

<sup>12</sup> Ibid.

**Table 20.** Home visitor report of whether their supervisors observe their visits at least once per year\*

	<b>2020 Pre-Covid (N = 723)</b>	<b>2020 During Covid (N = 725)</b>	<b>2021 During Covid (N = 446)</b>
Percent of home visitors	66%	35%	77%

Source: Home visiting workforce landscape survey, 2020 and follow-up survey, 2021

\*Note: Questions were asked differently between survey years; use caution when comparing percentages across years. For 2020 "During COVID," the survey was completed approximately 7-8 months after the beginning of COVID-19 (~March 2020).

Observation of home visits is a successful supervision strategy through its promotion of ongoing feedback on skill development and practice. Across all years, the majority of home visitors (ranging from 78-93%) reported that they always or usually received feedback on their observed visits.

## Opportunities to strengthen supervisions

In addition to reflective supervision and supervisor observation, there continues to be other opportunities to strengthen supervision across California's home visiting programs. Home visitors and supervisors both expressed specific challenges and additional needs for strengthening supervision. From the home visitor perspective, interviews suggested that one of the challenges for participating in regular supervision is having sufficient time to do so. Among home visitors who received individual supervision, the majority spend more than 30 minutes in each meeting (Table 21).

**Table 21.** Average length of one-on-one supervision meetings (n = 653)

	<b>Home Visitors</b>
More than 30 minutes	74%
30 minutes	16%
Less than 30 minutes	10%

Source: Home visiting workforce landscape survey, 2020

Home visitors were also asked about additional supervision supports that would be helpful to their work (Table 22). A quarter of home visitors would like more direct supports from their supervisor for working with families, including community engagement, available resources, and strategies for engagement, and slightly fewer would like more emotional support from their supervisor. Among those who felt that their supervisor needed additional training, information, and support (7%), specific examples included training to increase knowledge of the home visiting role and model curriculum, ensuring prior experience as a home visitor, and receiving training and resources on providing supervision.

**Table 22.** Home visitor report of additional supports that would be helpful

<b>What Additional Supervision Supports Would Be Helpful to You and the Work You Do? (N = 134)</b>	<b>Home Visitors</b>
Direct support for working with families (resources, community outreach and supports)	25%
Emotional supports (e.g., understanding and recognition)	23%
More supervision meetings and feedback; problem solving challenges with clients	20%
Additional training and professional development opportunities for home visitors	16%

<b>What Additional Supervision Supports Would Be Helpful to You and the Work You Do? (N = 134)</b>	<b>Home Visitors</b>
Group and peer to peer support opportunities; team building activities	13%
Additional training, information, and supports for supervisors	<10%
Other	15%

Source: Home visiting workforce follow-up survey, 2021

Similarly, home visitors reported ways that supervisors could make them feel more supported; these included providing more emotional support, constructive feedback and opportunities for growth, communicating clear expectations, and supporting a positive work environment with trust (Table 23).

**Table 23.** Ways supervisor can make home visitors feel more supported

<b>How Could Your Supervisor Make You Feel More Supported in Your Job? (N = 145)</b>	<b>Supervisors</b>
Emotional Support (e.g., checking-in, recognition, validation)	22%
More supervisor availability and engagement	19%
More knowledge and understanding of home visitor workload and responsibilities	19%
Providing constructive feedback and opportunities for growth	18%
Communicate clear expectations with staff	14%
Support a positive work environment with trust (e.g., less micromanaging, belittling)	13%
Other	8%

Source: Home visiting workforce follow-up survey, 2021

From the supervisor perspective, there are also challenges in providing regular supervision to home visitors. In qualitative interviews, most supervisors cited time as the main challenge they face. It can be challenging to reschedule supervision when trainings or other things come up. The pandemic has posed challenges to supervision, as well, and a few supervisors noted they struggled to have the same quality of connection virtually or over the phone. One lamented the loss of the brief, informal check-ins that occur naturally in person, but that are more difficult to recreate in a virtual setting. Example quotes included:

- "I think the biggest challenge is that there's just too many things to check in on. Programs are complicated and the working in a telehealth or virtual model has made it even more so." – Supervisor, 2021 Spring/Summer Interview

## Summary

Over the past 18 months, stakeholders have shared that supporting supervisors and building their competencies is critical to the development of the home visiting workforce in California. Both reflective supervision and observation of visits are two key activities that supervisors should engage in more regularly with their staff. These are also two activities that stakeholders felt supervisors needed more training and support to do effectively as they build their competence in these areas. Particularly for reflective supervision, one stakeholder shared how it is like a muscle that needs work and encouraged supervisors to be given more opportunities to practice their reflective supervision. Furthermore, for first time supervisors,

stakeholders emphasized the need for additional training, materials, and opportunities to connect with other supervisors across the state while developing these skills and competencies. One possibility is the creation of a learning community for supervisors that would specifically be focused on reflective supervision. To continue to strengthen the home visiting workforce, supervisors need additional opportunities to practice skills and build their capabilities to strengthen home visitor capacity.



## ▶ Recommendation #2. Strengthen home visitors' ongoing supports

- a. Provide coaching/support via supervision on applying training content and home visitor competencies in work with families.
- b. Provide home visitors with access to mental health consultation to support their work with families who face challenges such as mental health concerns, substance use, and involvement with the child welfare system.
- c. Expand reimbursement for education professional development opportunities to address the content areas in which staff would like more training.
- d. Provide peer learning communities for home visitors and supervisors to support development and build on the knowledge and skills learned in training.

## Supporting evidence for strengthening home visitors' ongoing supports

The evidence presented here suggests a strong need to **strengthen home visitors' ongoing supports**. In addition to trainings, home visitors need support to build skills and integrate trainings into ongoing practice with families. Examples of effective strategies include learning communities, peer support, and coaching via supervision—many of which are currently provided by programs in California and many of which home visitors report wanting more. During the pandemic, home visitors reported the need for additional support in meeting the emotional needs of families. Mental health consultation is one evidence-based strategy to support home visitors in this part of their work. Strengthening these types of ongoing training supports will build home visitor skills, develop their confidence, and better ensure that staff are meeting the needs of families and providing high-quality services.

### Application of trainings

As part of developing skills and building competencies, home visitors need many opportunities to apply and practice what they learn in trainings. In qualitative interviews, one quarter of home visitors shared that they are given the space to discuss trainings with their colleagues during group meetings, including discussing what they learned and how it applies to their practice. One quarter of home visitors also reported debriefing with their supervisors during one-on-one check-ins following trainings. An example quote included:

- “Well, when I received training, one of the things I think that helps the information sort of stick with me is that our management team always asks us to report back, in a staff meeting style setting. It sort of allows me to review what I learned in the training, as well as it helps me to think about what is stuck with me from that training. So I think that's one technique that has been really useful. And when it's, some trainings, our management even has asked us to sort of do a mini training based on what we learned from the greater training. And I think that has been really beneficial too.” - Home Visitor, 2021 Spring/Summer Interview

### Supervision and coaching support

As described in Program-level Practices, Recommendation #1, supervisor support is a critical part of developing home visitor skills, and home visitors in California receive frequent one-on-one supervision. Coaching that supports home visitors is a specific way to build on what is learned in training. Most home visitors report that they usually or always discuss family issues, the use of screening tools and completion of assessments, referrals, and professional development with their supervisors. However, about 36 percent of home visitors reported receiving this type of support outside of supervision from a coach provided by their program or agency. Among those who do receive this support, nearly 70 percent reported that coaches

offer strategies to tackle difficult issues with participating families (Table 24). To better support the workforce, programs may need to invest in additional resources to strengthen coaching, particularly through supervision.

**Table 24.** Types of support provided by coach (n = 155)

<b>Types of Support Home Visitors Received from a Coach</b>	<b>Home Visitors</b>
Offers strategies to tackle difficult issues with families	69%
Helps me develop my relationship building skills	55%
Helps me build confidence in my work with families	55%
Other	10%

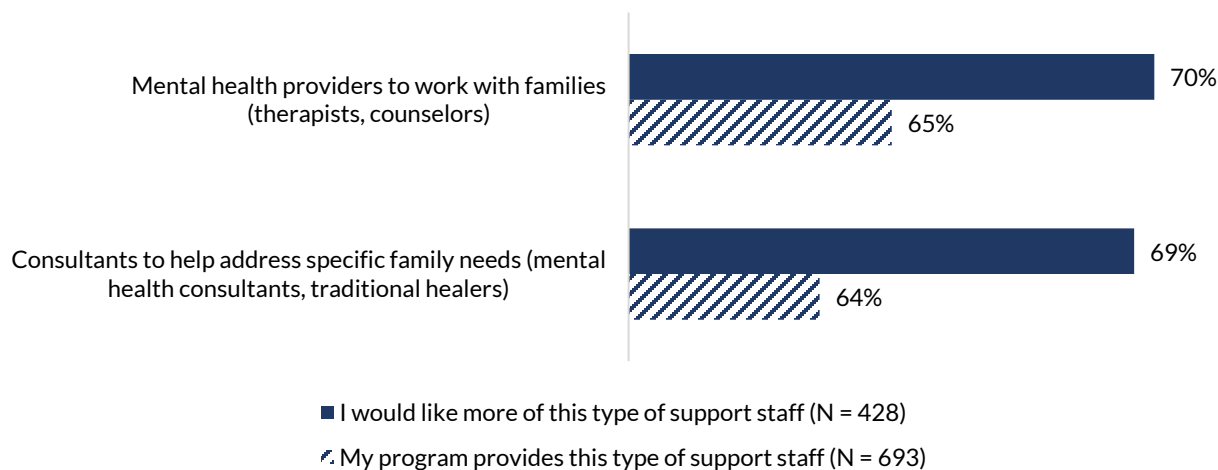
Source: Home visiting workforce follow-up survey, 2021

Note: Percentages add up to more than 100 because HVs were able to select multiple options.

## Supports to address family needs

Throughout the pandemic, home visitors have reported that their work is more challenging now compared to before COVID-19. Home visitors have shifted to virtual service delivery and made numerous adjustments to how and where they provide home visits. Home visitors have also reported that families have many more needs compared to before the pandemic. In particular, families have an increased need for mental health services, food, and parenting supports. To build on knowledge and skills learned in training, home visitors may need to rely more on mental health providers and consultants to address these increased needs. Figure 5 shows that about two-thirds of home visitors reported that their programs provide these types of supports, but similarly, home visitors want more of these supports.

**Figure 5.** Types of support staff provided by program



Source: Home visiting workforce landscape survey, 2020

Home visitors serving the most vulnerable families were somewhat less likely to report that their program provided these types of supports to help address family needs, compared to home visitors who do not serve these families (Table 25). For example, 59 percent of home visitors who had parents identified as “high risk” on their caseload, (as indicated by experiencing homelessness or unstable housing, intimate partner violence, prenatal or postpartum depression or mental illness, substance use, involvement with child

welfare system, or incarceration), reported having access to a consultant to help address family needs compared to 71 percent of home visitors who did not have parents identified as high risk on their caseload.

**Table 25.** Home visitor caseload characteristics and access to support family needs

<b>Caseload has Parents with High Risk</b>	<b>Yes (N = 652)</b>	<b>No (N = 77)</b>
Consultants to help address specific family needs (mental health consultants, traditional healers)	59%	71%
Mental health providers to work with families (therapists, counselors)	61%	68%

**Source:** Home visiting workforce landscape survey, 2020

**Note:** 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

## Educational opportunities

Another potential way to support staff development is to have policies and practices in place to support home visitors who are pursuing educational opportunities. In California, although about 85 percent of home visitors reported feeling completely or somewhat satisfied with the training and professional development opportunities available, only 36 percent of the workforce reported that their programs provide help paying for or reimbursement for education expenses. Additionally, 39 percent of supervisors reported that pursuit of educational opportunities was one of the main reasons for staff turnover.

## Peer supports

Peer learning opportunities are an additional strategy to support skill development and build on information and skills learned in training. In a study of healthcare workers, peer support opportunities have been shown to improve workers’ general health and to reduce the number of perceived demands,<sup>13</sup> which may lead to reduced stress and burnout. In California, the majority of home visitors reported that their program provides both regular group supervision and peer supervision – more than half of home visitors have these opportunities at least twice per month. Home visitors shared they would like more peer, group, and team-building opportunities. In response to an open-ended survey question about additional supports that could help their work, example responses included:

- “Reflective practice is where staff from different programs with the agency get together to reflect on what is going on. It’s a space, to share our personal and professional and its confidential.”
- “Peer group supervision focused on supporting skill practice.”

## Summary

Over the past 18 months, stakeholders have shared that home visitors are providing services to families with increased needs, in communities where resources are limited, and where referral partners are frequently experiencing challenges such as staff turnover and increased family needs. Stakeholders have indicated that home visitors need more supports—they need opportunities to practice skills and using tools, particularly as they have had to adapt to providing virtual home visits. For example, stakeholders shared that they have had to re-train staff on how to complete particular assessments in a virtual environment. Home visiting programs also need to provide home visitors access to resources such as mental health consultants who can help support home visitors in their work with families, particularly those with multiple

<sup>13</sup> Peterson, U., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, Å. (2008). Reflecting peer-support groups in the prevention of stress and burnout: Randomized controlled trial. *Journal of Advanced Nursing*, 63(5), 506-516.

challenges such as mental health concerns, substance use, and involvement with the child welfare system. Given that California's workforce is relatively new, and that service delivery strategies have evolved, providing more resources to build skills and integrate trainings into practice with families is critical to developing home visitor competencies and supporting and strengthening the workforce.

### ▶ Recommendation #3. Prioritize the mental health and well-being of the workforce

- a. Provide resources to support home visitors who have experienced depressive symptoms, stress, and/or traumatic life events.
- b. Encourage agencies to develop employee assistance programs and ensure that staff have the information and resources needed to access mental health supports.
- c. Provide opportunities for home visitors to develop and increase mindfulness and relaxation skills. Opportunities could include dedicated time during the day for mindfulness activities or stipends to allow staff to participate in mindfulness activities outside of work.

## Supporting evidence for prioritizing the mental health and well-being of the workforce

The evidence presented here suggests a strong need to **prioritize the mental health and well-being of the workforce**. The high prevalence of depressive symptoms, stress, and adverse life experiences experienced by the workforce all point to a need for more support for the workforce. Given that the COVID pandemic is ongoing, home visitors in California have emergent mental health and well-being needs that must be addressed to cultivate a stable and supported workforce.

Providing resources to support home visitors and encouraging agencies to develop employee assistance programs will ensure staff have relevant information and tools to access additional mental health supports as needed. Providing opportunities for home visitors to develop and increase mindfulness and relaxation skills may help build staff protective factors, boost morale, and reduce stressors of day-to-day work.

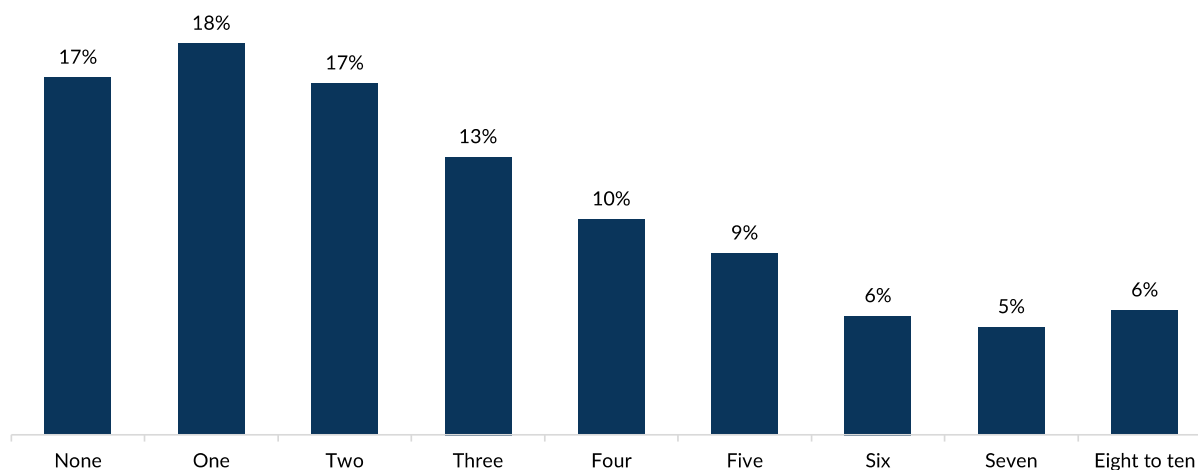
### Adverse Life Experiences (ACEs)

To support the mental health and well-being of the workforce, there needs to be an acknowledgement of past life events that may impact home visitors. This study indicates that some of California's home visitors have experienced life events that are potentially traumatic (Figure 6). In total, 83 percent of home visitors reported that they have experienced one or more ACEs out of a possible total of 10, and 48 percent had three or more ACEs. For comparison to a similar workforce, a study using the Head Start Staff Wellness Survey data found that 23 percent of respondents had three or more ACEs, using eight categories.<sup>14</sup>

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<sup>14</sup> Whitaker, R. C., Dearth-Wesley, T., Gooze, R. A., Becker, B. D., Gallagher, K. C., & McEwen, B. S. (2014). Adverse childhood experiences, dispositional mindfulness, and adult health. *Preventive Medicine, 67*, 147-153.

**Figure 6.** Total number of ACEs home visitors have experienced (n = 375)



Source: Home visiting workforce follow-up survey, 2021

## Depressive symptoms and stress

Over the course of this study, which was conducted entirely during the pandemic, home visitors in California reported high levels of depressive symptoms and increased stress (Tables 26-28). For depressive symptoms in particular, almost twice as many home visitors were experiencing depressive symptoms above the clinical cutoff compared to home visitors in past national studies.<sup>15</sup> As home visitors experience more COVID-related stress, the odds of experiencing high levels of depressive symptoms also increased.<sup>16</sup> Other fields, including early care and education, have reported high rates of stress, anxiety, and depressive symptoms among the workforce throughout the COVID pandemic.<sup>17,18</sup>

**Table 26.** Home visitor self-reported depressive symptoms

	Home Visitors, 2020 (N = 704)	Home Visitors, 2021 (N = 411)
Depressive symptoms score at or above 8	27%	28%

Source: Home visiting workforce landscape survey, 2020, and follow-up survey, 2021, Child Trends

Note: As measured by the 10-item version of the Center for Epidemiological Studies Depression Scale (CES-D)

<sup>15</sup> 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.

<sup>16</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

<sup>17</sup> Warner, M., Ulmen, K., and Li, W. (2021). *Examining anxiety among Minnesota child care providers during COVID-19*. Bethesda, MD: Child Trends.

<sup>18</sup> Daro, A. and Gallagher, K. (2020). *The Nebraska COVID-19 Early Care and Education Provider Survey II*. Omaha, NE: Buffet Early Childhood Institute, University of Nebraska. <https://buffettinstitute.nebraska.edu/-/media/beci/docs/provider-survey-2-080420-final.pdf>



**Table 27.** Staff who agreed or strongly agreed they experienced stress due to COVID-19 (n = 706)

	<b>Home Visitors</b>
Myself or my family members getting COVID-19	57%
Loss of social connections, social isolation	55%
Increased anxiety or depression	53%
Taking care of my children and family members or working more	46%
Tension or conflict between my household members	34%
Financial resources to pay my bills	32%
Reminders of past stressful/traumatic events	30%
Food running out or being unavailable	19%

Source: Home visiting workforce landscape survey, 2020

Note: We report the percentage of home visitors who selected "somewhat agree" or "strongly agree" to having each of the stressors in recent weeks.

**Table 28.** How stressful the following things have been for you in the past 6 months? (N = 403)

	<b>Home Visitors</b>
Paying all of the bills	35%
Having conflicts with family members (i.e., parents, siblings, etc.)	33%
Postponing medical care to save money	24%
Having difficulties with getting along with neighbors	5%

Source: Home visiting workforce follow-up survey, 2021

Note: Percentage of home visitors who selected "somewhat stressful" or "very stressful" for each of the stressors in the past 6 months.

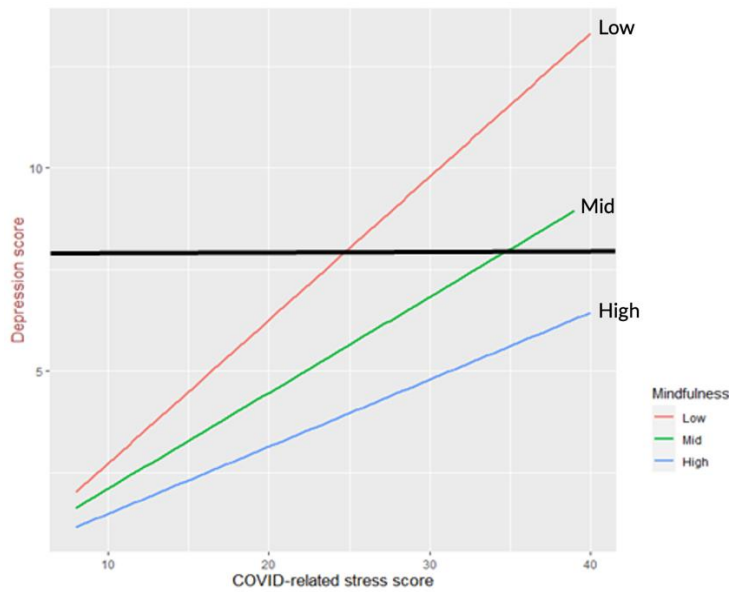
## Mindfulness

Mindfulness, the ability to 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.<sup>19</sup> Mindfulness qualities include attention, present-focus, awareness, and acceptance. Results from this study suggest that as mindfulness increases, the likelihood of experiencing high levels of depressive symptoms decreases.<sup>20</sup> However, mindfulness can also impact the relationship between stress and depressive symptoms; for example, when mindfulness is low, COVID-related stress and depressive symptoms are more strongly associated compared to when mindfulness is high (Figure 7). These results suggest that building mindfulness skills may support home visitors' well-being.

<sup>19</sup> 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.

<sup>20</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

**Figure 7.** Association of COVID-related stress and depressive symptoms, by level of mindfulness



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

## Program supports and their perceived helpfulness

Program-level supports are an important mechanism for addressing the mental health needs of the workforce. In California, some home visitors, but not all, work at programs that have employee assistance programs (EAPs) as well as other types of assistance (Table 29). Most home visitors have received training on stress management and self-care (Table 30). For the most part, home visitors also reported wanting more of these same types of programs and/or trainings.

**Table 29.** Program provides mental health support to home visitors

	Program Provides (N = 697)	Would Like More (N = 466)
Counseling	63%	52%
Mental health treatment	62%	50%
Employee Assistance Program*	66%	NA

Source: Home visiting workforce landscape survey, 2020  
 \*n = 456

Note: HVs who reported that they receive mental health support also responded to the question about whether they would like more of the support or not.

**Table 30.** Training provided to home visitors for stress management and self-care

	Received Training	Would Like More Training
2020 (n = 703)	93%	66%
2021 (n = 434)	86%	73%

Source: Home visiting workforce landscape survey, 2020, and follow-up survey, 2021, Child Trends

Note: HVs responded to the question about whether they would like more training regardless of whether they received the training.

Program supports can also include opportunities for self-care, exercise, and mindfulness. In 2020, more than three-quarters of home visitors reported that their programs provide opportunities for self-care, exercise, and mindfulness, and nearly two-thirds indicated they would like more of these opportunities. In 2021, 70 percent of home visitors reported that the self-care, exercise, or mindfulness activities offered by their program were effective in supporting them. Examples of activities include breathing exercises, yoga or movement exercises, and encouragement to use sick and vacation time (Table 31).

**Table 31.** What types of self-care, exercise, or mindfulness activities does your program provide? (n = 364)

	<b>Home Visitors</b>
Encouraged to use sick and vacation time	77%
Breathing exercises	38%
Guided meditation	30%
Yoga or movement exercises	28%
Worksheets with techniques and resources	28%
Other	7%

Source: Home visiting workforce follow-up survey, 2021

Note: Percentages add up to more than 100 because HVs were able to select multiple options.

When asked which types of mental health supports are helpful, home visitors reported that self-care activities and resources on meditation, mindfulness, and breathing techniques were most helpful (Table 32). Slightly fewer reported that programs' encouragement of using personal time off (PTO) when needed was helpful. In open-ended survey questions and interviews, home visiting staff shared how these types of supports were helpful. Example quotes included:

- “My biggest support has been the transition from using sick time for stress or illness to the idea of PTO and WELLNESS time off. All through the peaks of our covid and fire shelter deployments I took regular extra days off and it was super helpful in keeping me balanced and avoiding the illness/stress/worries that so many were going through.” – Home visiting staff, 2021 Survey
- “They really supported. Even like during the George Floyd days, she really understood and said, “I understand if you can't work for the rest of the day, just call me, let me know.” And so through all this racial trauma that we have and being that we work with the African-American population, she went ahead and gave us five wellness days. So you were given time you could take one or two days ... So if you need to say, “Hey, you know what, I got to step out. I can't do this right now,” she understood because how can we help a mom or help a family if we are stressed out? And with all the racial trauma that's going on, it gets to you.” – Home visitor, 2021 Spring/Summer interview
- “We actually have one day out of the year where is considered a retreat day. We don't work, we don't see clients. It's a day where we spend time with one another, practice breathing techniques, yoga to meditate. We go to the park, draw, listen to music, and catch up with our co-workers who we don't see often. This is only done once a year.” – Home visitor, 2021 Spring/Summer interview

**Table 32.** Home visitors' perceived helpfulness of mental health supports

<b>What Aspects of Mental Health Supports Provided by Your Program are Most Helpful to You? (N = 221)</b>	<b>N</b>	<b>%</b>
Self-Care (meditation, yoga, exercise, breathing, self-Care trainings, drawing)	75	34%
Encouragement to use PTO (e.g., sick and vacation time, mental health days), the ability to take personal time for mental health days	63	29%

<b>What Aspects of Mental Health Supports Provided by Your Program are Most Helpful to You? (N = 221)</b>	<b>N</b>	<b>%</b>
Regular 1-on-1 and group supervision; team relationships	50	23%
Professional counseling and mental health services	40	18%
Flexibility	19	9%
Other	26	12%

Source: Home visiting workforce follow-up survey, 2021

## Opportunities for additional supports

Building on what is already in place to support workforce mental health and well-being, home visitors also reported ways their program could better support their mental health (Table 33). Examples included: additional mental health supports, including paid mental health days or time off and access to professional counseling; more emotional support from their supervisor, including recognition and appreciation of their work; and more flexibility to help work-life balance, including flexible scheduling of visits, decreased workloads, and less micromanagement from supervisors. Some home visitors reported additional promotion of self-care activities by programs would be supportive to their mental health, as well as additional trainings, professional development, and resources to support their work with families.

**Table 33.** Additional supports for home visitor mental health

<b>What Could Your Program Do Differently to Support Your Mental Health? (N = 174)</b>	<b>N</b>	<b>%</b>
Mental health supports	44	25%
Emotional supports (e.g. recognition, appreciation)	39	22%
Work flexibility	36	21%
Promote self-care (e.g., mediation, yoga, exercise)	37	21%
Trainings, professional development, resources	27	16%
Group and peer to peer support opportunities	17	10%
Other	16	9%

Source: Home visiting workforce follow-up survey, 2021

## Summary

Over the past 18 months, stakeholders have shared that home visitors and supervisors are struggling; they have experienced sustained periods of high stress while also transitioning to a new work reality (i.e., working from home, providing virtual visits). Stakeholders emphasized that they recognize the importance of addressing mental health but also have barriers and limited resources to do so. Programs have continued to try new ideas to support the mental health and well-being of the workforce—including examples from stakeholders such as making more training opportunities available, conducting activities focused on mindfulness and self-care (e.g., healing circles, yoga), providing on-site counselors, and paying copay fees for needed mental health treatment. More resources and work are needed to effectively support the workforce, including state level support, research on effectiveness, and inclusion of home visitors in planning for future efforts to ensure any decisions and/or activities reflect staff needs and interests.

#### **Recommendation #4. Address working conditions and program climate**

- a. Expand program-level trainings on structural racism, social justice, and equity to reduce experiences of discrimination in the workplace.
- b. Create opportunities for home visitors to feel empowered in programmatic decisions by developing ways for staff to contribute to decisions. These opportunities might include the ability to provide anonymous feedback, attend listening sessions, choose trainings to attend, have direct communication with decision makers, and join staff councils or committees.
- c. Create opportunities for home visitors to engage with each other in team-building activities.
- d. Provide salaries that reflect a local wage rate that allows staff to meet their own and their families' needs.

## **Supporting evidence for addressing working conditions and program climate**

The evidence presented here suggests a strong need to **address working conditions and program climate**. Retaining trained home visitors is essential for the success of the network of home visiting programs in California. Many factors contribute to retention, including salary, program climate, involvement in program decisions, effective and supportive supervision, and the availability of high-quality and culturally appropriate trainings. Conversely, we learned that experiencing discrimination in the workplace and having a bachelor's degree make it less likely that a home visitor will remain in their position. It is likely that the attrition of home visitors with a bachelor's degree is due to the low salaries they earn. Developing and strengthening the program-level practices included in this recommendation will lead to a positive work environment and climate that will ultimately promote retention.

### **Key Factors for retention**

Given the importance of staff retention for both programs and families, this study explicitly looked at predictors of home visitor retention. In 2020, home visitors indicated how likely they were to stay in their position for the next 12 months, to which about 80 percent indicated they intended to stay. Given the timeframe of this study (beginning in March 2020), it is unclear how the pandemic influenced home visitors' intention to stay in their position. Similarly, the rapid expansion of home visiting across the state in recent years might also influence home visitor retention. The study team tested both bivariate and multivariate statistical models to identify the strongest predictors of remaining in one's position (see Appendix A for more information). Table 34 outlines the predictors that were indicative of a home visitor's intent to stay and indicates with a "+" the variables that were positively associated with the likelihood 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 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. This policy recommendation is directly tied to several of the key predictors including pay, programmatic decision-making, and experiences of discrimination.

**Table 34.** Summary of factors that predicted likelihood of remaining in current position

<b>Factors Thought to Influence Likelihood of Remaining in Position</b>	<b>Predicted Likelihood of Remaining in Position (Bivariate)</b>	<b>Predicted Likelihood of Remaining in Position (Multivariate)</b>
<b>Community level</b>		
County-level rate of population living in rural area		
<b>Programmatic supports</b>		
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	+	
<b>Home visitor characteristics</b>		
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	+	+

**Source:** Home visiting workforce landscape survey, 2020

**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).

## Pay

Salary was a significant predictor of home visitors' intention to stay in their current position. Overall, full-time home visitors earn a median income of \$41,600, which is much lower than full-time home visitors with



a bachelor’s degree or higher in nursing (median income \$99,879) or supervisors (median income \$58,240) (Table 35). There is some variability in pay by region; for example, home visitors in the Bay Area had a median salary nearly \$20,000 higher than those in the Inland Empire and more than \$15,000 higher than those in the Northern region. Pay also varied by length of time in the field; more experienced home visitors (i.e., those with 3 or more years in their current position or in the field) reported a median salary nearly \$6,000 higher than those with less experience.<sup>21</sup> When reporting on the reasons home visitors leave their positions, 41 percent of supervisors reported low salary as a major reason. Furthermore, only 60 percent of home visitors reported being satisfied with the amount of money earned. Previous research suggests that the early childhood workforce is not well paid due to the fact that many home visitors and early educators are low income based on eligibility criteria for supports such as SNAP and Head Start.<sup>22</sup> In this study, few home visitors reported receiving a public assistance benefit such as WIC or Medi-Cal (Table 36).

**Table 35. Annual salary by level of employment**

Annual Salary by Level of Employment	Overall	Overall Range	Home Visitor	Home Visitor Range	Supervisor	Supervisor Range
	Median		Median		Median	
Full-time staff (N = 631)	\$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 (N = 84)	\$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 (N = 378)	\$43,680	\$13,000 - \$124,800	\$41,600	\$13,000 - \$108,672	\$56,243	\$27,913 - \$124,800

Source: Home visiting workforce landscape survey, 2020

**Table 36. Staff receipt of public assistance benefits (N = 690)**

	Home Visitor
Medi-Cal	14%
WIC	10%
CalFresh	5%
CalWORKs	2%
None	80%

Source: Home visiting workforce landscape survey, 2020

In interviews, home visitors expressed frustration in issues with pay and how it has a strong impact on their decision to stay or leave their positions. Example quotes included:

- “It’s just funny because when I really do look at the difference in agencies with a degree, there’s a huge difference in pay. I know sometimes I feel like because I don’t have that paper, I don’t get that money,

<sup>21</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

<sup>22</sup> Roberts, A. M., Gallagher, K. C., Daro, A. M., Iruka, I. U., & Sarver, S. L. (2019). Workforce well-being: Personal and workplace contributions to early educators’ depression across settings. *Journal of Applied Developmental Psychology, 61*, 4-12.; Whitebook, M., McLean, C., & Austin, L. J. E. (2016). *Early childhood workforce index-2016*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley

but I still do the same amount of work. I'll be honest. Even in my department of 11 people, I don't have a bachelor's degree but I carry the highest caseload, but I know that I don't make the most amount of money.” - Home Visitor, Spring/Summer 2021 Interview

- “The change will be that I'll be hopefully transitioning on because I would love to stay if they're going to pay me. But if not, I've got to do what's best. I am a creature of habit. I was at the last job for 16 years. This is my second job of my entire life. So, I like staying places, but I know my value and I know my work ethic is very strong. But if they'll pay me, absolutely. But if not, I know that I need to make sure that I'm a priority.” - Home Visitor, Spring/Summer 2021 Interview

## Programmatic decision-making

Involvement in programmatic decision-making was a strong predictor of home visitor’s intent to stay in their position as well. About half of the home visitors reported that employees have a say in decisions made for their program. In interviews, staff shared experiences of being involved in program-level decision-making. An example quote included:

- “They make it a safe space to express what we’d like. I’ve noticed in other places, management does not hear out their staff, [program] does, they’re very big on that. At one point staff felt very overwhelmed with everything so we requested a meeting with management and they were so open to that and they created a monthly meeting so we could check-in with them.” - Home Visitor, 2021 Spring/Summer Interview

## Experiences of discrimination

Experiencing discrimination was negatively associated with a home visitors’ intent to leave their position. In other words, home visitors who had experienced discrimination were less likely than home visitors who had not experienced discrimination to indicate they intended to stay in their position. Slightly more than 20 percent of home visiting staff in California report experiencing discrimination in the workplace or from the families they work with (Table 37). Among those who had experienced discrimination, about half reported they had reported this experience to their program.

**Table 37.** Home visitor experiences of discrimination

	<b>Home Visitors</b>
<b>Experienced any discrimination in the workplace related to race, ethnicity, religion, and/or gender identification (N = 405)</b>	17%
<b>Experienced any discrimination from the families you work with related to race, ethnicity, religion, and/or gender identification (N = 405)</b>	11%
<b>Experienced either form of discrimination (N = 404)</b>	22%
Notified supervisor, program manager, or anyone in program management team after experiencing discrimination in the workplace or from families you work with (N = 89)	48%
Felt program took appropriate action in response to reported incidents of discrimination (N = 43)	58%

Source: Home visiting workforce follow-up survey, 2021

When asked about discrimination in interviews, some staff shared experiences from their work with families. An example quote included:

- “But I have I experienced racism and discrimination when it comes to families that I'm trying to support? Absolutely. There are times where I'm just turned away at the door trying to start an intake and things like that, where I'm turned away because of my race, or they don't want my particular brand of home

visiting and things like that. That has happened actually quite often unfortunately...” – Home Visitor, Spring/Summer 2021 Interview

## Training related to diversity, equity, and inclusion

Both CDPH and CDSS are putting resources towards trainings on structural racism, social justice, and equity to reduce experiences of discrimination in the workplace. In this study, home visitors reported wanting more training focused on topics related to diversity, equity, and inclusion, as well as those that address the multiple contexts of families and communities as described in Workforce Pipeline and Preparation, Recommendation #5. Specifically, more than two-thirds of home visitors indicated they wanted more training in racial justice/equity, implicit bias and internalizing racism, and cultural sensitivity/diversity—regardless of whether they received similar training in the past.

## Opportunities to engage in team-building activities

A final potential way to support staff at the program level is to provide more informal opportunities for staff engagement. Staff repeatedly referenced the benefits of meeting with their peers and engaging in team building activities. In the 2020 survey, only 45 percent home visitors reported having the opportunity to participate in an event celebrating or recognizing their efforts in the past year. In response to open-ended survey questions about supports for staff, example responses included:

- “Twice a month we had a team building activity. Most of the [home visitors] took turns and facilitated an activity over Zoom. This helped us to connect more with one another. A lot of the activities that we provided emphasized mental well-being.”
- “I believe our program could create and allow space specifically for the [home visitors] only, allowing it to be peer-led.”

## Summary

Over the past 18 months, stakeholders have shared their concerns about home visitor turnover, particularly how it can disrupt services to families, reduce morale among remaining staff who often must increase their caseloads as a result, and place cost and other burdens on programs. Strengthening supports that have been shown to reduce turnover are critical for developing a stable workforce in California. Stakeholders shared many of the program-level practices and strategies they are using or contemplating using, such as increasing pay across the spectrum of home visiting programs, conducting regular surveys to collect home visitor perspectives, and establishing decision-making roles for home visitors (a steering committee or policy committee with representation from program staff and families, for instance). Going forward, establishing these types of practices across the state will allow for a more cohesive workforce, may reduce pay inequities, and may ultimately promote home visitor retention.

▶ **Recommendation #5. Center family voice in home visiting service delivery, goals, and other program activities**

- a. Provide strategies and tools for home visitors to work with families in achieving family-driven goals and to allow for family voice in decision making.
- b. Create family advisory boards or steering committees where parents can weigh in on decisions and provide feedback on services.
- c. Ensure that home visiting programs have supports in place for families' cultural and language needs. This includes collecting and providing data about the communities in which programs operate and developing recruitment strategies to hire staff who are fluent in languages spoken by families.

## Supporting evidence for centering family voice in home visiting service delivery, goals, and other program activities

The evidence presented here suggests a strong need to **center family voice in home visiting service delivery, goals, and other program activities**. Home visitors may need training and tools to build skills working with families to establish their goals and incorporating family's priorities for how those goals are achieved. Programs can similarly include family voice by creating opportunities for families to provide feedback on program services and insight on their communities. Finally, supporting families' language and cultural needs is one foundational strategy for supporting equitable service delivery.

### Strategies and tools for home visitors to center family voice in service delivery

Centering family voice in service delivery is instrumental in working with families to meet their goals. In interviews, families recognized how important it is to have a home visitor who is suited to meet their specific circumstances and needs through service delivery strategies. Example quotes included:

- “The meetings that I attend, the sessions, the information that they put out - I'm able to make decisions that are in the best interest of my health which impacts my baby. Then also with me having him [my baby], having all of this information makes me a better parent which would make a pathway for my child to thrive.” – Family, Spring/Summer 2021 Interview
- “She was really good about reusing what's around the house, so I don't need to go buy him something. She's like, ‘No, you have all the materials here, let's use this.’” – Family, Spring/Summer 2021 Interview
- “It was great to have someone that specialized in zero to five and who could answer my questions. Being also a first-time mother, and being able to walk me through the processes.” – Family, Spring/Summer 2021 Interview

Home visitors rely on trainings, curricula, strategies, and tools to support their work with families, and while these resources should all promote centering family voice, many may be limited in their ability to reflect individual family-level differences. Supervisors also play an important role in developing home visitors' skills in developing family-driven goals and centering the family in service delivery. For example, most home visitors spend time in supervision using reflective practices that focus on understanding the family perspective and reflecting as a way to feel supported in their job (Table 38).

**Table 38.** Home visitors’ experiences with reflective supervision practices that support centering family voice in service delivery

<b>Reflective Supervision Practices (N= 436)</b>	<b>Somewhat or Strongly Agree</b>
My supervisor encourages me to think about the perspective of the families I work with	80%
Meeting with my supervisor gives me time to stop and think about my families in a deep way	77%
My supervisor encourages me to keep the baby /child in mind in everything I do	77%

Source: Home visiting workforce follow-up survey, 2021

During interviews, home visitors reported that this type of supervision support is particularly helpful. An example quote included:

- “Have the virtue of listening, analyzing in order to develop how to help a family and make a joint decision for the benefit of the program participants. Decisions about the family in question during supervision are very important. It helps the employee to feel that he is making or making the correct decision for the benefit of the participant.” – Home Visitor, Spring/Summer 2021 Interview (translated)

## Opportunities to involve families in program activities

Other ways to center family voice in home visiting are through opportunities to involve families in program activities (e.g., recruitment) and through seeking their input on programmatic decisions (e.g., family advisory boards or steering committees). Including families in decisions may help ensure that services are meaningful and delivered in a culturally responsive way. In interviews, families also shared recommendations for improvements to home visiting services. One family suggested creating an internship program for participating families to provide peer support to families interested in home visiting services. There are also ways for families to support both enrollment of other families and recruitment of staff. Example quotes included:

- “I feel like it’s not out there enough for people to know that it’s available. They need to make sure people know that it’s accessible.” – Family, Spring/Summer 2021 Interview
- “When we are interviewing, I’m always looking to see which families I could connect a future home visitor with. If we could get our families to be on the interview board, that would be amazing.” – Supervisor, 2021 Case Study

## Opportunities to reflect California’s diverse population

California’s families and home visitors speak many languages, with the majority speaking English and Spanish. This has important implications for the development of recruitment materials, program materials, and communication. While a large portion of the workforce is bilingual, home visitors do not necessarily speak the languages of all enrolled families. The majority of home visitors with a caseload of English- and Spanish-speaking families spoke the same language as their families (Table 39). However, few home visitors reported speaking other languages such as Arabic, Vietnamese, Tagalog, Cantonese, and Hmong even when they serve at least a few families who speak those languages. This finding represents how home visiting programs may not currently be able to best serve all families in California. For example, these types of language barriers and potential communication challenges might impact rapport-building and provision of services, including referrals and health education.

**Table 39.** Language concordance between families and home visitors

	<b>Number of Home Visitors with Families on their Caseload who Speak this Language (n)</b>	<b>Home Visitors who Speak the Same Language (%)</b>
English	711	98%
Spanish	611	74%
Arabic	62	<5%
Vietnamese	39	<20%
Tagalog	34	<5%
Cantonese	31	<10%
Hmong	18	<20%

Source: Home visiting workforce landscape survey, 2020

Given this need, recruiting home visitors with bilingual abilities continues to be important for serving California’s families. However, nearly one third of supervisors reported that it was very difficult or extremely difficult to recruit home visitors with bilingual ability. In their interviews, home visitors emphasized the importance of having bilingual abilities. For example:

- “I think if you're in a bilingual community, of course you need to be bilingual. You need to have language skills, social-emotional skills, you need to be able to know what's in your community to provide those services to them.” – Home Visitor, Spring/Summer 2021 Interview

Cultural understanding is also important, as childrearing practices and customs often vary across cultures. Ensuring that programs understand the cultural diversity of their workforce and the families participating in home visiting is also relevant for meeting families’ cultural needs. For example, in this study, although about half of home visitors reported having at least some Black or African-American families on their caseload, less than 13 percent of those same home visitors identified as Black or African-American themselves. Research in other fields, including early childhood education and medicine, has shown more family participation, better communication, and improved outcomes for families when their provider is of the same race and/or ethnic background, but there has been little research to extend this finding to home visiting.<sup>23,24</sup> 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.<sup>25,26</sup> Some home visitors expressed this sentiment in interviews as well. For example:

- “I think first of all you need to be aware of their culture of the families. You need to be aware of your community, the difference of mentality of generations, because especially like in my area with the Hispanic community, you need to be mindful of what their families taught them...Just being mindful of the parents and their culture, their language, I think that's one of the biggest skills that we need in order

<sup>23</sup> 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.

<sup>24</sup> 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.

<sup>25</sup> Shanti, C. (2020). The early head start (EHS) home visitor perspective: What does it take to engage parents? *Children and Youth Services Review*, 116, 105–154.

<sup>26</sup> Ibid.

for us to have that connection with the families, that we're there to help them not to judge them.” –  
Home Visitor, Spring/Summer 2021 Interview

## Summary

Over the past 18 months, stakeholders shared important lessons and ideas about developing ways to incorporate family voice. Examples included client satisfaction surveys, family steering committees, and local community advisory boards. Stakeholders also emphasized the need to keep families at the center of the effort to develop a coordinated workforce infrastructure. Meeting the needs of families should be a key driver for this work. The focus on centering family voices became even clearer as the needs and priorities of families shifted as a result of the pandemic. In many ways, home visiting programs were successful in making this shift, particularly in identifying resources and referral needs in a virtual setting. As home visiting is expanded across California, continuing to center family voices will require leadership, resources, and dedicated time to include families and make informed decisions.



# Policy Area: Coordination with the Early Childhood System

The following recommendations support California’s goal of developing a coordinated home visiting workforce by leveraging the resources and infrastructure of the wider early childhood system to increase efficiency and cohesion. As part of this, it is essential to integrate the home visiting workforce within the broader early childhood system. The early childhood system in California includes child welfare, early care and education, early intervention, public health, and other early care and family-serving programs. Together, these programs represent a whole-child and family-centered approach to working with families, often utilizing similar strategies—including home visiting, specifically—as part of their service delivery or prevention models.

## ▶ Recommendation #1. Increase opportunities for professionals from across the early childhood landscape to come together

- a. Bring together child welfare, early intervention, early care and education, and home visiting staff in county-level groups or statewide conferences to reduce siloed work experiences. Shared trainings and complementary pathways for career advancement can help build awareness of systems of supports for families and of career opportunities across service types.
- b. Create communities of practice across home visiting models and other early childhood system staff/programs.

## Supporting evidence for increasing opportunities for professionals across early childhood to come together

The evidence presented here suggests that **increasing opportunities for professionals from across the early childhood system** will benefit both the home visiting field and the broader early childhood field. Over the course of this study, stakeholders shared how home visiting programs and other early childhood programs often serve the same families. In addition, the workforce is fluid; stakeholders shared how home visitors often come from the early care and education field and leave for opportunities in education or preschool settings. Developing shared trainings and complementary pathways for career advancement will only strengthen the workforce as it continues to grow and meet the needs of California’s families.

### Home visiting workforce cross over with other fields

The home visiting workforce overlaps with other related fields. The majority of home visiting staff in California have previously worked in early childhood education; however, staff have also worked in school systems, social work settings, hospitals, and the child welfare system (Table 40).

**Table 40.** Other settings where home visitors previously worked (n = 361)

	Home Visitors
Early childhood education (child care or Pre-Kindergarten)	58%
School (K-12)	31%
Social work	21%
Hospital	19%
Child welfare/child protective services	7%

Source: Home visiting workforce follow-up survey, 2021

While the majority of home visiting staff reported they plan to stay in the home visiting profession for the foreseeable future, staff also indicated they may move into other fields, such as social work, early childhood education, the child welfare system, school systems, and hospital settings (Table 41).

**Table 41.** In five years, do you see yourself working with families in the following settings? (n = 414)

	<b>Home Visitors</b>
Continuing in home visiting	66%
Social work	37%
Early childhood education (child care or Pre-Kindergarten)	25%
Child welfare/child protective services	19%
School (K-12)	17%
Hospital	13%
Other	8%

**Source:** Home visiting workforce follow-up survey, 2021

**Note:** Percentages add up to more than 100 because respondents were able to select multiple options.

## Cross model trainings

Cross-model trainings that were developed during the pandemic may serve as a way to bring together different models, programs, and early childhood workforces with similar career pathways for career advancement. In interviews, home visiting staff reported positive experiences participating in cross-model trainings, such as ZERO TO THREE and Rapid Response Virtual Home Visiting. Example quotes included:

- “We have trainings almost every week, a variety from ZERO TO THREE, to our own program specialists, to district trainings and other partners that we partner up with that we collaborate in different trainings, such as [other programs], Blue Cross, and even some of our own coworkers do trainings like on breastfeeding or car safety.” – Home Visitor, Spring/Summer 2021 Interview
- “The webinars that I have been taking on ways to engage families, they give very helpful tips on how to approach the parents and how to maintain engagement...And I would say mental health trainings, different types of webinars also were being offered through different organizations like... Rapid Response-Virtual Home Visiting. It's a website that offers several trainings. And there is another one, Start Early.” – Home Visitor, Spring/Summer 2021 Interview

## Summary

Over the past 18 months, stakeholders shared how home visiting programs and other early childhood programs are often serving the same families. The early childhood system can be strengthened by increasing opportunities for professionals from across the system to come together for shared trainings that support pathways for career advancement. Cross-model trainings developed during the pandemic demonstrated the usefulness of shared trainings in building awareness of systems of support for families and career opportunities across service types. These trainings also highlighted common goals across home visiting models. Because there are many online options for trainings, stakeholders noted it would be helpful to have a catalogue of what trainings exist, their topical components, and logistics (e.g., cost, length) to aid programs in identifying trainings that fit their needs. Additionally, stakeholders reported that shared trainings and communities of practice build a sense of community across different home visiting programs and models. Taken together, this approach to training has the potential for establishing shared trainings across home visiting and other early childhood fields, particularly in light of the substantial workforce crossover.

## ▶ Recommendation #2. Create integrated data systems

- a. Continue to build on the home visiting mapping tool to inform state and local efforts. To understand the full spectrum of services available to families, integrate home visiting service information with data systems for other services, including child care and early intervention.
- b. Design and implement a workforce registry, leveraging the home visiting mapping tool data as a starting point, that crosses service sectors so individuals and their education and professional development activities can move with them as they cross between different early childhood careers.

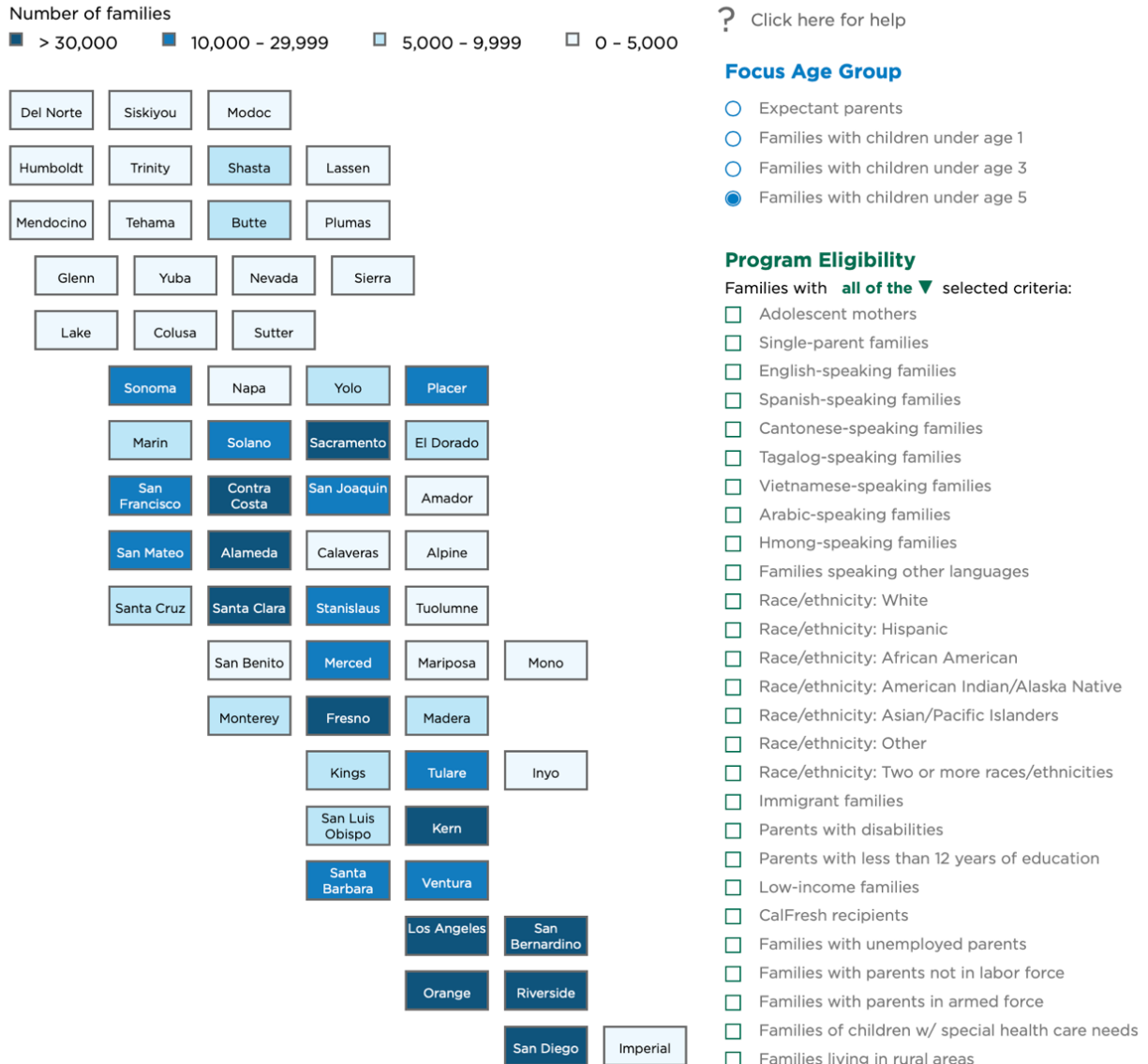
## Supporting evidence for creating integrated data systems

The evidence presented here suggests that **creating integrated data systems** will benefit home visiting coordination efforts across California. Over the course of this study, stakeholders shared the importance of strengthening the home visiting system across counties, programs, and home visiting models. Many stakeholders shared that during the pandemic, home visiting programs responded in ways that addressed past challenges to collaboration. For example, staff participated in more cross-model trainings through Rapid Response Virtual Home Visiting webinars and partnered with other local agencies to distribute food and resources to families. However, a key missing piece in facilitating this ongoing collaboration in the future is high-quality data, both programmatic and family-level data specifically. Accessing and integrating home visiting data is a top challenge for home visiting programs and administrators, limiting the workforce's effectiveness at meeting families' needs. For example, at this time, California does not have a system to compile unduplicated data across home visiting programs funded through CDSS and CDPH, let alone across locally funded home visiting programs.

### Data integration

Integration of home visiting data across state agencies and with data from other services, such as Medi-Cal and child welfare, is an initial step that will enable policymakers and community leaders to plan and utilize resources based on existing home visiting services, as well as in the larger context of other social services. The California home visiting mapping tool (Figure 8) and accompanying data snapshots can be used to present integrated data and inform ongoing home visiting policies and program decisions. State agencies like CDPH have been involved in data discussions with other departments around larger data interoperability work; they noted that this tool is an important first step in thinking through key metrics and planning for the future.

**Figure 8.** California home visiting mapping tool screenshot



Source: [The California home visiting mapping tool](#)

The mapping tool groups data at the county, regional, and state levels, which policy advisors in the state reported are helpful for conceptualizing larger funding decisions. However, most decisions are made at the local level, including zip codes, legislative districts, etc. The ability to aggregate data at these localized levels is important for the sustainability of the mapping tool and to support decision-making for home visiting programs and funders.

To explore the feasibility of collecting home visiting program data at a more local level, home visitors were asked about whether they or someone in their program could provide information about families at the neighborhood or zip code level. Most home visitors reported that their programs already collect information on the neighborhoods and zip codes in which participating families live (Table 42), and more than half of home visitors were confident that they or their supervisors would be able to report those data. Importantly, very few home visitors (5% or less) reported that their programs *do not* collect this information at all.

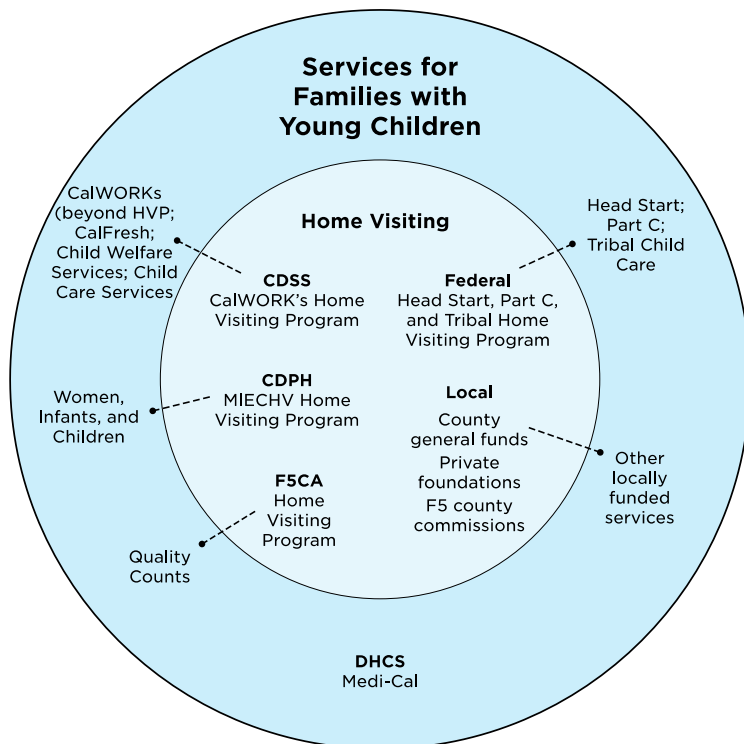
**Table 42.** Who at your program would be able to easily provide information about...

	<b>Neighborhoods that Families Served Live in (N = 396)</b>	<b>Zip Codes that Families Served Live in (N = 394)</b>
My self (home visitor)	69%	53%
Supervisor	57%	60%
Program Manager	42%	47%
Office/Administration	26%	36%
No one/We do not collect this information	5%	4%
Other	5%	3%

Source: Home visiting workforce follow-up survey, 2021

As shown in Figure 9, existing data systems in California are siloed. Home visiting programs are administered through federal (Head Start and Part C), state (CalWORKs, MIECHV, and F5CA), local (First 5 county commissions), and private agencies. Each agency and funding mechanism requires a specific data collection and reporting process. Therefore, home visiting data are currently documented based on different standards and formats, making it challenging to combine or link. For example, the exact number of home visiting programs in California is still unknown due to the different reporting requirements across funders. In addition, data about visiting programs are isolated from data systems used by other services (e.g., child welfare), even when these programs are sometimes implemented by the same state or local agency.

**Figure 9.** Siloed data systems from California home visiting programs and other social services for families with young children.



## Home visiting workforce registry

Designing and implementing a home visiting workforce registry that leverages data from the mapping tool and crosses early childhood service sectors will allow staff's education and professional development activities and credentials to move with them as they cross between home visiting and other early childhood jobs.

In the early 1990s, workforce registries were developed in the early childhood field to provide recognition for early childhood professionals. According to the National Workforce Registry Alliance (NWRA),<sup>27</sup> the purpose of a workforce registry is to:

- Promote professional growth and development
- Capture data about early childhood and afterschool practitioners in a variety of roles
- Provide a framework for professional development as part of a state career level system
- Place individuals on a career level based upon verified educational information
- Recognize and honors professional achievements of the early childhood and afterschool workforce
- Inform policymakers and partners

The California Early Care and Education Workforce Registry is an efficient, web-based system designed to verify and securely store and track the employment, training, and education accomplishments of early childhood care and education teachers and providers.<sup>28</sup> In 2020, the California Master Plan for Early Learning and Care recommended collecting data regarding provider language, qualifications, and program setting as part of the Workforce Registry, and sharing information about the workforce through an early childhood data system dashboard.<sup>29</sup> In the home visiting context, this will support efforts to increase the home visiting workforce, as current data estimate that home visiting programs are only reaching about 11 percent of eligible families.

## Summary

Over the past 18 months, stakeholders shared that accessing and integrating home visiting data, such as the characteristics of families served or number of funded slots by program, is a top challenge for home visiting programs and administrators. The lack of data informing policy and program decisions limits the effectiveness of the workforce in meeting the strengths and needs of families. The California home visiting mapping tool can be used to present integrated data to inform state and local decision-making for home visiting programs and funders. Additionally, the state may leverage this mapping tool to design and implement a workforce registry that crosses service sectors, allowing individuals and their education and professional development activities to move with them as they cross between different early childhood system careers.

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<sup>27</sup> <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/early-childhood-workforce-registries.pdf>

<sup>28</sup> <https://www.ccala.net/about-workforce-registry/>

<sup>29</sup> <https://www.chhs.ca.gov/home/master-plan-for-early-learning-and-care/>

# Appendix A: Study Methods

## I. Overview

The policy recommendations were informed by 18 months of data collection with home visiting staff, families, leadership, and experts across California. Home visiting programs included in the F5CA Home Visiting Workforce Study are administered through the California Departments of Public Health, Social Services, and Education, along with local First 5 Association agencies. It's important to note that not all home visiting programs represented in this study are considered evidence-based per Health and Human Services (HHS) guidelines. Instead, data were gathered from a wide range of programs that provide home visiting services, many of which were developed locally to meet their community's unique needs.

The study team developed a definition of home visiting to anchor the development of the data collection efforts used throughout the duration of this project, with the goal to capture the experiences and perspectives of both evidence-based and home-grown home visiting programs across the state and to ensure diverse representation of programs.

Home visiting programs in the workforce study provided visits focused primarily on the following activities:

- Assessing child and family strengths and needs
- Setting family goals
- Linking participants with prenatal and postpartum care
- Fostering connections with pediatric care
- Providing information on pregnancy and child developmental stages and progress
- Promoting strong parent-child attachment
- Coaching parents on learning activities that foster their child's development
- Coordinating with needed community services to support self-sufficiency, health, and resilience

### Home Visiting Definition

Home visiting is a primary service delivery strategy for inter-generational family-centered supports during the pivotal window of pregnancy through early childhood. Home visiting services are provided by trained professionals with pregnant or parenting families with children birth to age 5. Services are voluntary and provided in the family's home or another location (physical or virtual) of the family's choice on an ongoing schedule.

In addition, out-of-home pediatric programs that include prenatal care and follow-up for healthy development-related services during the first three years of a child's life were also invited to participate in this study. These programs are designed to improve the health and well-being of participants during and after pregnancy, and the infant or young child by a paraprofessional and/or professional outside of the family home, including, but not limited to, pediatric or clinical environments. Programs may provide comprehensive support, including parenting education, health information, developmental assessments, providing referrals, and promoting early learning.

Because the landscape of California's home visiting programs and workforce is so diverse, data collection was designed to capture the breadth of staff experiences and family needs to provide a comprehensive description of the workforce from which the policy recommendations would be developed. The policy recommendations are intended to support broad development of a state-wide infrastructure that can meet this range of needs while the implementation of particular strategies can be adapted to fit local community and home visiting model contexts.



## II. Data Collection

The study's design considerations and data collection tools were developed in collaboration with F5CA, and with additional support from members of the study's Core Advisory Group, 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.

### Home Visiting Staff Surveys

To obtain information about California's home visiting programs and workforce, the study team developed three web-based survey tools.

Outreach and recruitment efforts for the study began in early summer 2020. In May 2020, the study team started to develop a list of home visiting programs across California and compile contact information. The study team first used results of the F5CA annual survey to identify existing home visiting models in each county. The study team then received a list of home visiting programs from CDPH, which included evidence-based and non-evidence-based programs and their contact information, plus contacts for model administrators and national leads. Using Google searches, the study team verified that home visiting programs in the list met criteria in the home visiting definition, confirmed contact information, and searched for additional programs not on the list. The study team also identified programs through nominations from Core Advisory Group (CAG) Members, First 5 commission executive directors, home visiting funders, model representatives, and other key stakeholders.

#### *Registration survey*

The first web-based tool is a registration survey that was used to enroll local programs in the study, obtain staff contact information, and collect key program-level information. Data from the registration survey also contributed to the development of the [California home visiting mapping tool](#) (mapping tool) which provides county-level information about characteristics determining which families might benefit from home visiting (e.g., first-time parents), as well as available home visiting services (e.g., number of funded slots).

The registration survey opened on August 3, 2020, and closed on November 25, 2020, with a total of 389 home visiting programs enrolled in the study after removing duplicate and ineligible entries. If the home visiting program did not complete the registration survey within a week, a member of the study team followed-up by email and/or phone, with a total of three follow-up attempts. Additional outreach methods included Twitter postings by Child Trends and First 5 California, and sharing the link at California Virtual Home Visiting Project webinars. Members of the CAG, First 5 commission executive directors, home visiting funders, model representatives, and other key stakeholders also encouraged participation on behalf of the study.

Figure 1 presents the number of programs that completed the registration survey by county. When an agency registered, the individual home visiting programs within that agency were counted as unique programs in this map.

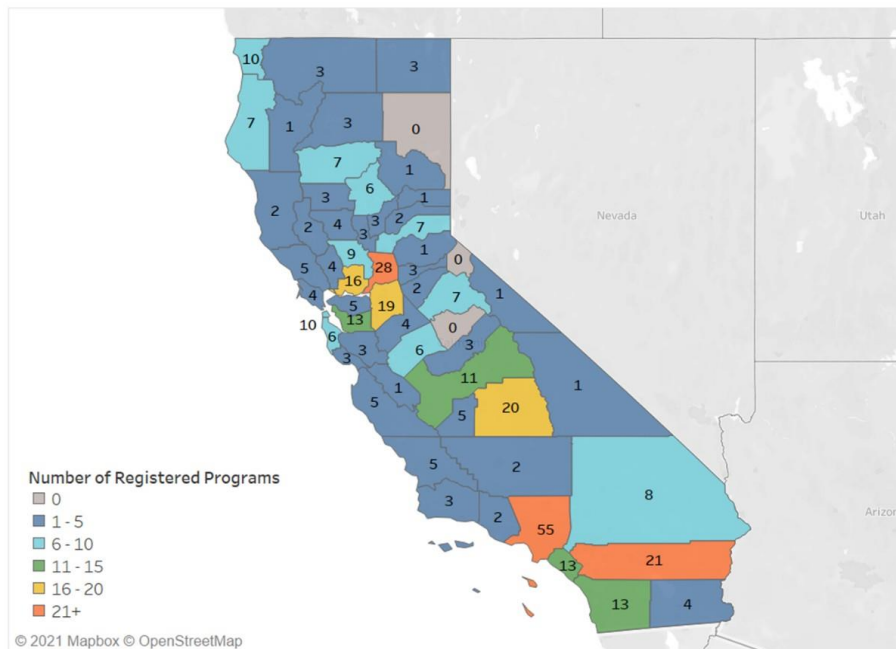
Overall, 57 of the 58 counties in California had at least one home visiting program,<sup>30</sup> and 55 of the counties with home visiting programs completed the registration survey. In total, 389 home visiting programs were registered; however, this number is affected by large counties, such as Los Angeles (55 programs registered) and Sacramento (26 programs registered). Twenty-four counties (42%) that registered a home visiting program registered three or fewer programs.<sup>31</sup>

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<sup>30</sup>Mariposa County does not currently have any home visiting programs.

<sup>31</sup>A home visiting program may service families in more than one county; however, the program may not have served families within

**Figure 1.** Number of registered programs by county (n = 389)



**Source:** Home visiting registration survey, 2020, Child Trends

**Note:** Some programs serve multiple counties and are counted more than once per each county they serve (n = 10)

A total of 67 home visiting models were represented by programs in the registration survey, and the most commonly reported models included Parents as Teachers, Early Head Start – Home Based Option, Healthy Families America, Nurse-Family Partnership, and Nurturing Parenting Programs. In addition, 38 programs reported using a home visiting model that was not previously known or identified, and these likely reflect local or home grown models.

### **Home visiting workforce landscape survey**

The second web-based survey tool is a workforce landscape survey, which was administered to all home visitors and supervisors who were enrolled in the study through the registration survey between August and November of 2020. The workforce landscape 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. The workforce landscape survey was available online in English and Spanish, and a paper version was available by request in additional languages.<sup>32</sup>

The home visiting workforce landscape survey opened on August 25, 2020 and closed on November 6, 2020. Of the 1,750 registered staff, there were a total of 918 respondents that participated in the workforce landscape survey after removing duplicated and ineligible cases (52% response rate).

that county at the time of the survey. The study team reached out to these programs to better understand how home visiting services were distributed across the counties in California. For example, some programs may have operated similarly across multiple counties whereas other programs might have had different eligibility requirements, served different kinds of families, and/or provided different numbers of funded slots across counties.

<sup>32</sup>Additional languages available upon request were Vietnamese, Tagalog, and Cantonese. No surveys were requested in these languages.

**Table 1. Workforce Landscape Survey Participation**

<b>Position</b>	<b>N</b>	<b>Programs</b>	<b>Counties</b>
Home Visitors	768	171	48
Supervisors with and without caseloads	150*		

Source: Home visiting workforce landscape survey, 2020, Child Trends

\*Of the 150 supervisors represented in the sample, 34 were supervisors who carry a caseload of families

### **Home visiting workforce follow-up survey**

The third web-based survey tool is a workforce follow-up survey, for home visitors and supervisors with a caseload who had completed the previous workforce landscape survey. The follow-up survey recruitment began in Summer 2021 and was limited to only home visitors and supervisors (with a caseload) that had previously participated in the home visiting workforce landscape survey, however – new participants identified by programs and First 5 commission executive directors received the survey link and were encouraged to participate in this follow-up survey, as well.

The workforce follow-up survey focused on home visitors’ well-being factors, training and supervision supports, and organizational structures that support their work and retention efforts. The workforce follow-up survey was available online in English and Spanish, and a paper version was available by request in additional languages.<sup>33</sup>

The home visiting workforce follow-up survey opened on July 22, 2021 and closed on August 31, 2021. Of the 1,482 staff, there were a total of 458 respondents, after removing duplicate and ineligible cases (31% response rate). Of these respondents, 72% completed the initial workforce landscape survey in 2020.

**Table 2. Workforce Follow-Up Survey Participation**

<b>Position</b>	<b>N</b>	<b>Programs</b>	<b>Counties</b>
Home visitors & supervisors with a caseload	458	157	47

Source: Home visiting workforce follow-up survey, 2021, Child Trends

## **Interviews with Home Visiting Staff and Families**

To obtain additional information about California’s home visiting programs and workforce, the study team conducted interviews with home visiting staff and families.

### **Workforce interviews**

Workforce interviews were held to further understand staff experiences in the workplace and working with families, skills needed as a home visitor, challenges faced as a home visitor, and related program supports that are available and needed. The study team purposefully recruited staff from 20 home visiting programs – nine programs had previously participated in prior data collection efforts and 11 programs had not participated in the study previously. Programs represented both evidence-based and home-grown models, as well as different geographic regions of the state, including rural and urban communities. Three interviews were conducted in Spanish.

<sup>33</sup>Additional languages available upon request were Vietnamese, Tagalog, and Cantonese. No surveys were requested in these languages.

Workforce interviews were held between April and June 2021, with a total of 36 participants across 14 counties and 20 programs. After obtaining verbal consent, interviews were recorded, and audio from the recordings were transcribed verbatim. Interviews took approximately 1 hour each.

**Table 3. Workforce Interviews**

<b>Position</b>	<b>N</b>	<b>Programs</b>	<b>Counties</b>
Home Visitors	24	20	14
Supervisors	12		

Source: Home visiting workforce interviews, 2021, Child Trends

### ***Family interviews***

Family interviews were held to further understand what families value in home visitors, their relationships with home visitors, family needs and supports received by home visiting programs, and preferences that families have. Families were nominated by and recruited from home visitors who participated in prior data collection efforts. One interview was conducted in Spanish. After obtaining verbal consent, interviews were recorded, and audio from the recordings were transcribed verbatim. Interviews took approximately 1 hour each.

Family interviews were held between July and August 2021, with a total of 13 participants across 3 counties and 4 programs.

**Table 4. Family Interviews**

<b>Participant</b>	<b>N</b>	<b>Programs</b>	<b>Counties</b>
Families	13	4	3

Source: Home visiting family interviews, 2021, Child Trends

## **Interviews with Experts in the Field**

To obtain information about the role of higher education and the use of competency and credentialing systems to support home visiting, the study team conducted interviews with experts in the field in California and across the country.

### ***Institute of higher education interviews***

Interviews were held with representatives from select institutes of higher education to better understand their perspectives and experiences related to early childhood home visitor preparation. Home visitor preparation, skills necessary for students studying home visiting to acquire, and how higher education can support pre-service home visitor preparation and training were discussed. Experts with differing areas of focus were intentionally selected from institutions and organizations across the state, and beyond.

Institute of higher education interviews were held during June 2020, with a total of 9 participating experts. High level notes were taken during these calls, and these institute of higher education interviews lasted up to 1 hour.

**Table 5.** Institute of Higher Education Interview Participants

<b>Participant</b>	<b>Organization</b>
Allison Fuligni	California State University, Los Angeles
Gina Cook	California State University, Stanislaus
Dorian Traube	University of Southern California
Alison Wishard Guerra	University of California San Diego
Brenda Jones Harden	University of Maryland
Bridget Walsh	University of Nevada
Jeannie Dulberg	Santa Rosa Junior College
Lori Roggman	Utah State University
Peter Mangione	WestEd

**Competency and credentialing interviews**

Interviews were held with experts in the field to better understand how California might build an infrastructure to support the professionalization of the home visiting workforce, including the use of competency and credentialing systems. Experts with differing areas of focus – ranging from home visiting to early care and education – were intentionally selected from institutions and organizations across the state, and beyond.

Competency and credentialing interviews were held between May and July 2021, with a total of 11 participating experts. High level notes were taken during these calls, and these competency and credentialing interviews lasted up to 1 hour.

**Table 6.** Competency and Credentialing Interview Participants

<b>Participant</b>	<b>Organization</b>
Laurel Aparicio	State of Virginia
Deborrah Bremond and Mary Claire Heffron	Reflective Supervision Collaborative
Kelly Woodlock	Start Early
Gina Cook	California State University, Stanislaus
Jeanna Capito and Sarah Walzer	National Alliance of Home Visiting Models
Diana Careaga and Sharlene Gozalians	F5 LA and LA Best Babies Network, respectively
Lori Roggman and Carla Peterson	Utah State University and Iowa State University, respectively

**Feasibility Case Studies**

Feasibility case studies were held to gather feedback about whether a set of competencies similar to the National Family Support Competency Framework could be used to support home visiting staff in their work with families. Child Trends intentionally recruited programs to tap into the perspectives of staff from different counties and home visiting models. Sites that had participated in prior data collection efforts (e.g.,

workforce interviews) were targeted for these feasibility case studies. Child Trends sent participating programs the National Family Support Competency Framework for Home Visitors, along with an overview document highlighting some of the key features of the competency framework. Supervisors and staff from participating programs gathered together to have an internal discussion about the competencies and their applicability to their work. Child Trends then met with and facilitated a group discussion with staff at each participating program.

A total of 6 feasibility case studies were held between September and October 2021. The feasibility case studies included 52 total home visiting staff, who in total, represented 5 agencies, 7 models, and 4 counties (Table 7). After obtaining verbal consent from participating program staff, case study meetings were recorded, and audio from the recordings were transcribed. Case study meetings lasted up to 90 minutes.

**Table 7.** Feasibility Case Study Participating Programs

<b>Agency</b>	<b>Model</b>	<b>County</b>
Family Resource & Referral	Parents as Teachers	San Joaquin
Brighter Beginnings	EHS-HBO & Family Support Program	Alameda
Native American Health Center's Strong Families Tribal Home Visiting Program	Family Spirit	Alameda
Center for Community Health and Well-Being, Inc.	Black Mothers United	Sacramento
Antelope Valley Health Partners	Welcome Baby & Healthy Families America	LA County

## Core Advisory Group (CAG) Meetings

The Core Advisory Group (CAG) was formed to ensure that the work completed by the research team was informed by home visiting work already underway in the state and guided by thought leaders who could provide high-level guidance.

The CAG gathered regularly throughout the entire duration of the project to provide input on each aspect of the study. In addition, CAG Meeting breakout groups were held to gather targeted feedback from members. CAG breakout groups lasted approximately 30 minutes, and there were multiple breakout groups per meeting with differing themes and topics for discussion. CAG members were intentionally placed into breakout groups depending on their areas of expertise, and high-level notes from each group were captured during these discussions.

**Table 8.** First 5 California Workforce Study Core Advisory Group Members

<b>CAG Member</b>	<b>Agency</b>
Debra Silverman	First 5 California
Caroline Moyer	CA Department of Social Services
Erika Bautista	CA Department of Social Services
Jennifer Gregson	CA Department of Public Health
Anna Gruver	Maternal, Child and Adolescent Health Director, Alameda County

<b>CAG Member</b>	<b>Agency</b>
Leesa Hooks	Maternal, Child and Adolescent Health Director, Sacramento County
Stephanie Bryant	Maternal, Child and Adolescent Health Director, Riverside County
Susan Au	Families Rising Section Manager, San Francisco
Andrea Salfiti	Families Rising Supervisor, San Francisco
Elizabeth Molinari	CalWORKs/GAIN, Los Angeles
Noribel Taguba	Public Health Nurse, Department of Public Health, LA County
Charna Widby	First 5 Los Angeles
Christina Altmayer	First 5 Los Angeles
Diana Careaga	First 5 Los Angeles
Lani Schiff-Ross	First 5 San Joaquin
Sarah Crow	First 5 Center for Children's Policy
Sophia Taula-Lieras	MIECHV Tribal Home Visiting/ZERO TO THREE
Gina Cook	Cal State Stanislaus
Donna Sneeringer	Child Care Resource Center
Malia Ramler	Heising Simons Foundation

### III. Survey Analyses

Registration, workforce landscape, and workforce follow-up survey data were stored on a secure network server and were cleaned and analyzed in the R Statistical Software.<sup>34</sup>

For the registration survey, entries that were duplicated or had other data issues such as incomplete responses were tracked, and when necessary, the study team followed-up with respondents to resolve these issues. Changes were made to the data based on the follow-up responses prior to analysis. Descriptive statistics such as the number of programs registered and the counties represented by those programs were computed.

For the workforce landscape and follow-up surveys, descriptive statistics such as the proportions of responses, mean, standard deviation, median, minimum, and maximum were computed for the variables of interest and were presented as tables and charts in the supporting evidence document.

Bivariate linear regression analyses were conducted to better understand the association between COVID-related stress and depressive symptoms, and between mindfulness and depressive symptoms. Follow-up multivariate regression analyses were performed to investigate the interaction of mindfulness between COVID-related stress and depressive symptoms.

Similarly, we ran bivariate and multivariate logistic regression models to study what home visitor characteristics, programmatic characteristics, and home visitor perceptions predicted the likelihood of home visitors remaining in their current position. Only the predictors that were significant in the bivariate model or predictors that had theoretical background in the home visiting literature were added to the

<sup>34</sup> R Core Team (2020). *R: A language and environment for statistical computing*. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>



multivariate model. Predictors were added to the multivariate model by groups in the order of home visitor characteristics, programmatic characteristics, and home visitor perception variables.

## IV. Qualitative Analyses

### Interviews with Home Visiting Staff and Families

The transcripts, along with any high-level notes taken during the interviews, were qualitatively coded to identify themes across transcripts to align with and provide needed context to accompany the workforce landscape and follow-up surveys.

#### *Home visiting staff interviews*

Four independent analysts started with a predetermined set of codes derived from the interview questions and high-level notes. The study team then identified additional codes based on emerging themes across interviews and restructured the coding scheme based on subsequent text analyses. Analysts focused on identifying the number of topics and themes that were addressed in the interviews and key quotes to serve as exemplars for those themes.

Home visiting staff interviews were randomly assigned to each of the four team members for coding in Dedoose using the coding scheme. Two rounds of reliability were conducted per interview type wherein two team members double-coded interviews. First, each analyst independently coded the same transcripts and achieved consensus on more than 80 percent of the codes. When there was a disagreement in application of a code, the analysts discussed the disagreement and came to a consensus. In all cases, agreement was reached. Second, a third-party analyst performed a review on a subset of transcripts to ensure quality assurance. Specifically, the third-party analyst reviewed the high-level notes documents and coding sheets and noted any potential disagreements with coding. The study team met weekly to discuss discrepancies in coding and to refine codes for clarity throughout the coding process. Topics, high-level themes, and example quotes were included in the supporting evidence document.

#### *Family interviews*

A lead analyst developed a predetermined set of codes based on the interview questions and the transcripts. The transcripts were put into Excel for coding and analysis. An analyst independently coded each transcript using the coding scheme, focusing on identifying the number of topics and themes that were addressed in the interviews and key quotes to serve as exemplars for those themes. A second analyst reviewed the coding scheme and completed the writeup. High-level themes and example quotes were included in the supporting evidence document.

### Interviews with Experts in the Field

#### *Higher education and competency and credentialing interviews*

The high-level notes taken during higher education and competency and credentialing interviews were analyzed to identify themes to inform and provide additional context for the policy recommendations. Key themes from this group of experts were summarized and embedded throughout the supporting evidence document.

### Feasibility Case Studies

The transcripts from the feasibility case studies, along with high-level notes taken during the interviews, were closely reviewed to identify high-level themes and strong quotes to inform and provide needed

context to accompany the workforce landscape and follow-up surveys, in addition to other qualitative data collection efforts. The high-level themes and example quotes were included in the supporting evidence document.

## **CAG Meetings**

Detailed notes taken during the breakout groups were analyzed to identify themes to inform and provide additional context for the policy recommendations. Key themes from this group of stakeholders were summarized and embedded throughout the supporting evidence document.