

Exploring Workforce Needs: Lessons Learned to Support Home Visitors

INTRODUCTION AND PROJECT BACKGROUND

Home visiting is a service delivery strategy connecting expectant or new caregivers with a designated support person, typically a nurse, social worker, or early childhood specialist. Home visitors are key early childhood service providers, offering caregivers guidance on parenting strategies, child development information and activities, and service referral and coordination for the family. These home visiting services have been shown to improve important child, caregiver, and family outcomes in multiple domains, such as physical and mental health, school-readiness, parenting, access to resources, and family economic self-sufficiency.¹

The demonstrated benefits, paired with the trend of increased state investments in home visiting services over the years, underscore the importance of the home visiting workforce in California. At the same time, studies indicate that home visitors experience high levels of job stress and depressive symptoms, which have only been exacerbated by the pandemic. The *First 5 California Home Visiting Workforce Study*, for example, found that 25% of the home visiting workforce was experiencing depressive symptoms and over half of the workforce reported increased stress due to the pandemic.² To improve recruitment, retention, and outcomes for families, there has been an increased focus on understanding the current characteristics and needs of the home visiting workforce. To understand home visitors' workforce development needs, the First 5 Center for Children's Policy commissioned ZERO TO THREE (ZTT) to conduct focus groups and surveys with home visitors who had participated in professional development opportunities, called Communities of Learning (CoLs). Three key lessons emerged from that research.

ELEVATING THE VOICE AND PERSPECTIVE OF HOME VISITORS.

In focus groups, home visitors demonstrated a desire to think through and creatively solve workforce development concerns. In a similar way that incorporating family voice is a key strategy to advance equity, elevating the voice and perspectives of home visitors—especially in workforce development conversations—ensures that workforce policy and programmatic decision-making is truly responsive to home visitors' diverse needs and preferences.

LESSONS LEARNED

1. A cohesive understanding of home visiting and the broader early childhood system of supports is needed to unify the workforce.

Home visitors participating in the CoLs and focus groups worked in a wide range of program models.³ Implementation differences across models emerged as a common theme during the project's activities, as many participants were unaware of model differences. While the diversity of models enables programs to meet a wide variety of family and community needs and preferences, these differences also create complexity in developing a cohesive understanding of the home visiting field, even among home visitors themselves. Participants shared how they struggle to describe what they do because "home visiting" is not understood or even identifiable to the general public.

Participants appreciated the opportunity to connect with home visitors from other models, which helped them to see their role as part of a larger workforce and early childhood system. The CoLs and focus groups highlighted the need for not only more clarity around their role as home visitors, but also improved coordination with other early childhood services that can support families in their community. When home visitors are knowledgeable about and connected to the wider early childhood system and resources available to support families, they are better able to facilitate linkages to these resources, and, in turn, improve outcomes for their families.

"Learning about the different agencies and services within [our community], having time to learn about different agencies and how they function really helps us to help our families more effectively." –Focus Group Participant

2. Home visitors are eager to participate in shared professional development opportunities, which should be accessible and offered equitably.

Participants reported using new techniques in their subsequent work with families. They emphasized how beneficial it was to learn alongside home visitors from different models, regions, and populations served, underscoring the value of learning from those actively involved in home visiting, versus trainers who are not engaged in home visiting work. While most preferred in person learning, many participants noted that the virtual format eliminated the need for travel and did not impede on their caseload obligations. With the virtual format, they indicated a preference for shorter sessions, frequent breaks, and small groups.

When sharing about their workplaces, participants commonly reported inequitable access to professional development (PD) and training opportunities, noting significant differences in the training and PD funding they receive depending on the model, organization, and county where they work. One of the primary barriers to accessing these opportunities is cost. Several home visitors noted that their agencies lack sufficient funding to support PD

participation, so home visitors either invest their personal funds or forgo the opportunity entirely. Other barriers included insufficient information about the opportunity to determine relevance, timing of the opportunity interfering with conducting home visits, and confusing registration processes.

“Sometimes our organization does not have funding to pay for some [home visitors], so we have to pick and choose who will attend and then share the information.”

-Focus Group Participant

Another major barrier to accessing PD opportunities involves how home visitors learn about these opportunities in the first place. Participants shared that they often, and sometimes exclusively, learn about PD opportunities through their supervisors; in some cases, training opportunities also had to be vetted or delivered by their agency. Others indicated inequity within their own teams where PD access was granted to a select few, sometimes determined by performance. This lack of autonomy in selecting PD limits home visitor learning and engagement with their work, which may have implications for retention as well as family outcomes. Most participants would also like to learn about and access PD opportunities through external sources; some requested a common database that would provide a single point of access to a wide range of training topics.⁴ Additional and widely available PD opportunities may increase connection between home visitors across models, and build the field of professionals as part of a larger workforce and early childhood system.

3. Impacted by increasingly high rates of stress and depressive symptoms, home visitors are in need of workforce strategies that prioritize their well-being.

Prior to the pandemic, the home visiting workforce in California experienced high rates of workplace stress, caused by factors such as: frequent work in isolation; lack of peer support; engagement with families with significant needs, crises, and chaotic living environments; long drives; and unsafe neighborhoods.⁵ This has increased due to the pandemic, with 25% of the home visiting workforce experiencing depressive symptoms and over half of the workforce reporting increased stress in 2020.⁶

Participants' change in practice and positive response to the CoLs they participated in indicate that the small-group, peer-learning format is a promising strategy to support both home visitor PD and well-being. Participants appreciated the small-group learning format, which enhanced peer connection, fostered a sense of belonging, and promoted feelings of safety, enabling home visitors to feel comfortable sharing about the challenges of their work.

“Home visiting is stressful. It’s been helpful to hear from others who are also feeling this way.” -CoL Participant

The specific focus on mindfulness – which was a focus of this project and led to increases in participants’ mindfulness practices – also holds promise as a key strategy for home visitor well-being. This is further supported by findings from the *First 5 California Home Visiting Workforce Study*, which indicates that home visitors with higher levels of mindfulness experience fewer depressive symptoms.⁷ Overall, these strategies to support home visitor well-being will not only decrease burnout and boost retention, but also enhance outcomes of the families engaging with this essential early childhood workforce.

[After the six-month Mindfulness CoL] “Staff have been more present during meetings and more reflective of the work they do and the impact on the families we serve.”

-CoL Participant

NOTES

1. National Home Visiting Resource Center. (2018). Home visiting primer. Arlington, VA: James Bell Associates and the Urban Institute. https://nhvrc.org/wp-content/uploads/NHVRC_Primer_FINAL-1.pdf
2. Crowne, S.S., Hegseth, D., Yadatsu Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., & Carter, M. (2021). Findings from the First 5 California home visiting workforce study. *ChildTrends*. Retrieved August 3, 2022, from https://www.childtrends.org/wp-content/uploads/2021/02/F5CAExecSummary_ChildTrends_February2021.pdf
3. Models represented include: Parents as Teachers, SafeCare, Early Head Start and Healthy Families America
4. Focus group participants identified the following training topic preferences: domestic violence, home visitor safety, disability-specific training, cultural responsiveness trainings, new parent and baby care support, and the home visitor role (including leadership in home visiting).
5. Moran Finello, K, Terteryan, A., & Zadouri, N. (2016). The California Home Visiting Program external evaluation: Challenges faced by home visitors. *WestEd*. <http://cacenter-ecmh.org/wp/wp-content/uploads/2016/09/HV-Challenges-Report-9-13-16-RT-Final.pdf>
6. Crowne, S.S., Hegseth, D., Yadatsu Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., & Carter, M. (2021). Findings from the First 5 California home visiting workforce study. *ChildTrends*. Retrieved August 3, 2022, from https://www.childtrends.org/wp-content/uploads/2021/02/F5CAExecSummary_ChildTrends_February2021.pdf
7. Ibid.

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