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Recruitment and Retention of Home Visitors

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*Home Visiting
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Overview of Home Visiting

Home visiting programs build on the strengths of pregnant women and families, particularly those considered at-risk, by providing resources and support focused on promoting physical, social, and emotional health and ensuring children are ready to thrive in school (Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.a.). Today's programs have their roots in the settlement house and public health nursing movements. In the earliest days, private charities supported home visiting. Government funding increased for home visiting from the early 1900s to the 2000s, and programs focused on health care. In the mid-1960s, home visiting programs expanded to respond to poverty, meet the needs of teen parents, and enhance the well-being of low birthweight babies (Finello & California Center for Infant-Family and Early Childhood Mental Health, 2012). By the end of the 20th century, home visiting was viewed as a promising approach to building knowledge of effective parenting and child development and preventing child abuse and neglect (Duffee et al., 2017). In 2010, home visiting got a tremendous boost when the [Patient Protection and Affordable Care Act](#) established the Maternal, Infant, and Early Childhood (MIECHV) Program.

MIECHV supports voluntary home visiting services for expectant parents and parents with young children from birth to age 5 in high-need communities. The program's design draws upon a substantial base of research demonstrating that home visits by a trained professional during pregnancy and in the first years of a child's life improve the lives of children and families (U.S. Department of Health & Human Services, Administration for Children & Families, 2020). Home visiting helps prevent child abuse and neglect, supports positive parenting, improves maternal and child health, and promotes child development and school readiness (Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.a.).

The MIECHV program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). HRSA funds implementation of the MIECHV program in all 50 states and in 6 jurisdictions. States and jurisdictions engage with local agencies to provide home visiting services in communities that have been identified as high need. Each state or jurisdiction selects one or more of the approved, evidence-based home visiting models that may be implemented by the local agencies. There are [20 models](#) that meet HHS and legislative criteria for evidence of effectiveness as evaluated by [Home Visiting Evidence of Effectiveness](#) (HOMVEE), and HOMVEE has the responsibility for reviewing home visiting models to make sure they meet the criteria.

Families enrolled in home visiting programs face many challenges, and administering a home visiting program is complex. MIECHV programs are required to prioritize serving high-risk populations including, but not limited to, families with incomes at or below 100 percent of the Federal Poverty guidelines, pregnant teens, families with a history of child neglect or abuse, families with a history of substance misuse, and military families (Adelstein et al., 2019; Health Resources & Services Administration, Maternal & Child Health Bureau, 2020).

According to HRSA data, families enrolled in MIECHV programs in 2019 had the following characteristics (HRSA, n.d.b.):

- 70% of enrolled families had incomes at or below 100% of the Federal poverty guidelines ($25,750 for a family of four)

- 63% of adult program participants had a high school diploma or less

- 12% of new households included pregnant teens

- 14% of new enrolled households reported substance misuse

- 20% of new enrolled households reported a history of child abuse and maltreatment

How Are Home Visiting Programs Staffed?

Given the high needs of enrolled families and the complexity of providing home visiting services, well-qualified staff are essential. The Home Visiting Career Trajectory Study (Sandstrom et al., 2020) conducted by the Urban Institute identified the following characteristics of the home visiting workforce:

- Almost all home visitors (99%) are women.

- They range in age from early 20s to late 60s.

- Over half (63%) are non-Hispanic white; 13 percent are non-Hispanic black; 16 percent are Hispanic; 2 percent are Asian.

- They are well-qualified with backgrounds in nursing, social work, or education, including early childhood education and special education. 73% have a bachelor's or higher degree though there is a range from high school diploma to master's degrees.

As shown in the examples below, the evidence-based models that are approved by HRSA vary in the qualifications they require for home visitors (National Home Visiting Resource Center, 2019).

- Child First requires care coordinators to have a bachelor's degree and mental health clinicians to have a master's degree in a mental health specialty with a license.

- The Early Head Start Home-Based model requires a home-based Child Development Associate (CDA) credential, comparable credential, or equivalent coursework as part of an associate's or bachelor's degree.

- Healthy Families America (HFA) requires a high school diploma or bachelor's degree for home visitors depending on state or agency needs.

- Home Instruction for Parents of Preschool Youngsters (HIPPY) requires a high school diploma for home visitors; a Child Development Associate Credential is recommended.

- Nurse-Family Partnership (NFP) requires a bachelor's degree in nursing for home visitors.

- Parents as Teachers (PAT) requires a high school diploma or GED plus 2 years of experience working with young children and/or parents for home visitors.

- Safe Care requires a high school diploma and experience in child development for providers; a bachelor's degree is recommended.

What Challenges Do Programs Face in Recruiting and Retaining Home Visitors?

Home visiting programs identify recruitment and retention of home visitors as one of their most important challenges (Health Resources & Services Administration, Maternal & Child Health Bureau, n.d.c.). In an annual survey that Education Development Center conducted in its role as the technical assistance provider to the MIECHV program, almost half of the states and jurisdictions overseeing MIECHV programs reported recruitment and retention as a high priority issue (Education Development Center, 2020). Turnover is also acknowledged to be high. In the Urban Institute's Career Trajectory Study, one-third of program managers reported having one or more vacancies for home visitor positions (Sandstrom et al., 2020).

Researchers have identified a consistent set of challenges associated with home visitor recruitment and retention. Home visitor attrition is caused by a combination of stressors related to burnout, job dissatisfaction, and compassion fatigue, which themselves are caused by a variety of factors identified in the literature cited below.

- **Workload**—The burden of often excessive and duplicative paperwork, data collection, documentation required by different programs and entities, and

heavy caseloads were all stressors mentioned as factors in turnover (Alitz et al., 2018; Finello et al., 2016; Kaye et al., 2018; Kull et al., 2019; Schachner et al., 2017; West et al., 2018).

- **Dangerous Environments—**Home visitors described the concern of issues around personal safety including working in dangerous neighborhoods where they might encounter vicious dogs, drug use, domestic violence, or weapons (Alitz et al., 2018; Finello et al., 2016; Kaye et al., 2018; West et al., 2018).

- **Inadequate training—**Some home visitors indicated that training could be improved, and they described being poorly prepared in a variety of aspects of their jobs, including personal safety issues, managing caseloads, and dealing with emotional family situations (Finello et al., 2016; Lin, 2018).

- **Difficulty accessing services—**Home visitors who faced challenges finding services for their clients, expended a great deal of time and energy coordinating services, or struggled to assist families in meeting their basic needs, found it frustrating and difficult to do their jobs (Finello et al., 2016; West et al., 2018). Access to services in rural communities, where resources were scarce, was especially difficult (Schachner et al., 2017).

- **Isolation—**The nature of field work lends itself to feelings of isolation. There is less opportunity to interact with peers on a daily basis compared to traditional work settings, and home visitors who felt unsupported or underappreciated indicated even greater feelings of isolation (Finello et al., 2016; Kaye et al., 2018).

- **Secondary trauma—**Home visitors experience great emotional strain as they work with families in crisis. Continuous exposure to stories of trauma and need, especially for home visitors who have experienced trauma in their own lives, is another factor that leads to burnout and turnover (Finello et al., 2016; Schachner et al., 2017). Kim and Kao (2014) found that stress and burnout were the greatest predictors of intent to leave.

- **Low pay—**Low salary was one of the main reasons home visiting staff cited for leaving their positions. Often, home visitors leave the field to find higher-paying jobs (Alitz et al., 2018; Lin et al., 2018; West et al., 2018). Landsman (2017) found that "the largest percentage of direct services staff left to take a job for higher pay and/or benefits (28.9%)." Unfortunately, many programs are unable to increase salaries to entice effective home visitors to stay (Lin et al., 2018). Low pay was also cited as a challenge to recruitment (Schachner et al., 2017).

- **Lack of opportunity for advancement—**There are limited opportunities for advancement in the home visiting field, unless, for example, a supervisor resigns. Funding constraints also are a disincentive to creating career lattices (Sandstrom et al., 2020).

Evidence-Informed Strategies for Recruitment and Retention

Program leaders need strategies to ease the stress of home visitors' heavy caseloads, long hours, excessive and duplicative paperwork, and extensive travel. This will reduce home visitors' burnout and increase their job satisfaction and sense of well-being. The following structures and supports have been identified as closely aligned to the challenges noted above and have the potential to improve recruitment and retention:

- **Organizational Structure and Organizational Culture—**To enhance recruitment and retention, home visiting programs need to have sound organizational structures and supportive cultures (Sandstrom et al., 2020) that enable them to design, refine, and sustain effective recruitment and retention strategies. Examples of strategies include increasing pay via use of various funding streams (Lin et al., 2018; Zero to Three, 2020) and building relationships with partners to facilitate referrals, address isolation, and enhance support (Lin et al., 2018; Schachner et al., 2017).

- **Supervisor support—**Greater levels of support by supervisors, suggested by practices such as mentoring and coaching, were found to decrease burnout and increase morale and retention among home visitors (Finello et al., 2016; Kull et al., 2019; Lee et al., 2013; Schachner et al., 2017). West et al. (2018) found that support from both supervisors and coworkers was central to managing stress, and home visitors who had access to larger support networks (such as close relationships with community organizations or on-site service providers) appreciated the value of access to formal and informal support from these larger networks. Geisler (2019) also found that supervisor support and support from the larger community were important factors in the retention of social workers. Florida MIECHV credited their high retention rate in part to the inclusion of reflective supervision in their program (Zero to Three, 2020).

- **Training and Professional Development (PD)—**Reports indicated the importance of offering training and PD to staff to increase staff retention (Finello et al., 2016; Kull et al., 2019). Home visitors from one study (West et al., 2018) indicated that they needed "more realistic training" prior to being sent out into the field, instead of being left to learn primarily on the job. Duggan et al. (2018) also found that, in general, home visitors are not even expected to be able to effectively do their jobs when first hired; it is generally expected "that newly hired home visitors will develop skills through post-hire training and supervision over the course of their first year on the job." Gill et al. (2017) discuss the importance of pre-service training in increasing home visitors' job satisfaction, and consequently their retention, by enhancing their understanding of what exactly the job will entail. Priority topics for training include time management, stress management, and safety.

- **Quality of Work**—A study of social workers (Geisler et al., 2019) reinforced prior research about the importance of perceived quality of work. Social workers who experienced unfavorable job conditions, such as large caseloads, felt the quality of their work was compromised, and such feelings have been connected with greater attrition. On the other hand, "findings suggest that when conditions for conducting high-quality work exist, this has a strong positive effect on social workers' work engagement, job satisfaction, and organizational commitment." In fact, Green et al. (2019) reports that home visitors who left their jobs felt there was a fundamental "sense of imbalance in their work between time spent meeting program requirements and time spent with families."

- **Empowerment/Autonomy**—The importance of having autonomy within their jobs was frequently mentioned by home visitors in the MIECHV reports, especially with respect to scheduling home visits. They felt such autonomy would allow them to better serve the needs of their clients (Landsman, 2017; Schachner et al., 2017), and expressed "frustration at their lack of control over their schedules…" (Alitz et al., 2018). In addition, providing training and other supports were seen as related to empowerment because they increased home visitors' sense of self-efficacy (Green et al., 2019). Barken et al. (2018) also found that autonomy in the workplace leads to greater job satisfaction, which increases retention; Lee et al. (2013) found that employees who felt they worked in a positive climate experienced less burnout, while empowerment helped to minimize the effects of burnout. Autonomy for leadership was equally important, allowing supervisors to adapt models to fit their unique needs. For example, to reduce the stress of traveling long distances in a rural program, staff in one program were assigned caseloads regionally (Schachner et al., 2017). Supportive work conditions, such as having the option to telework and regular team meetings for group reflective supervision (at least every two weeks) were related to greater satisfaction (Sandstrom et al., 2020).

- **Targeted Recruitment**—The literature on recruitment is limited, but there is agreement on the importance of recruiting candidates that are well-suited to the demands of the position in order to reduce turnover (Ellett, 2009; West et al., 2018; Whittaker et al., 2017). Schachner et al. (2017) discusses the challenges of hiring staff in rural areas, where a smaller workforce makes it more difficult to hire qualified HVs. For programs that were just starting, sufficient planning time was crucial to recruitment efforts. Gill et al. (2017) found that "Higher quality of start–up planning was associated with lower burnout, higher satisfaction, and lower staff turnover during the first year of program implementation." In Florida, LIAs were given time to build staffing plans tailored to their unique needs (Zero to Three, 2020). Other strategies include providing realistic

expectations in the form of previous work experience and ensuring candidates possess appropriate skills and commitment to helping families.

- **Collaboration—**Building relationships with other community organizations was seen as vital to supporting home visitors. The literature notes the benefits of locating programs within existing agencies, allowing for larger communities of support and access to additional resources and training (West et al., 2018; Lin et al., 2018). Schachner et al. (2017) discusses the particular value for rural programs, which are more isolated and have fewer available resources, and Lin et al. (2018) notes the usefulness for newer programs that may have less funding or fewer established organizational relationships.

Resources

The following articles, toolkits, and briefs provide strategies to support home visitor recruitment and retention.

Recruitment

- [Recruiting and Training Home Visitors for Evidence-Based Home Visiting](#)
  Recruitment strategies shared by grantees who participate in the Children's Bureau's Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment grantee cluster

- [Introduction to Competency-Based Hiring](#)
  Strategy that programs can use to guide them in hiring home visitors

- [Infusing Cultural and Linguistic Competence into the Recruitment and Retention of Home Visitors](#)
  Tool that programs can use to develop strategies and planning to ensure a diverse home visiting workforce

- [Introduction to the Realistic Job Preview](#)
  Detailed overview of the benefits and process of using realistic job previews as a recruitment strategy

Professional Development

- [Online PD Resources](#)
  Description of two resources that support PD and help increase retention: Institute for the Advancement of Family Support Professionals and Achieve OnDemand (the online nature makes them accessible to staff in all locations)

- [Self-Care as A Retention Strategy](#)
  Profile of Florida's use of mindfulness training to reduce staff stress and increase retention

- [Iowa's Innovative Strategies to Support Home Visitor Retention](#)
  Snapshot of Iowa's use of the TEACH Scholarship Program for Family Support Professionals and Iowa's Performance and Education Yields Success program

- [Best Practices for Onboarding New MIECHV Employees](#)
  Toolkit that assists programs with successfully onboarding new employees in order to prevent turnover

- [Home Visiting Safety: Staying Safe & Aware on the Job](#)
  Video from the Oregon Public Health Division that helps home visitors learn strategies to keep safe

Organizational Structure

- [Comprehensive Organizational Health Assessment](#)
  Diagnostic tool that helps assess the health of an organization using a variety of measures

- [Funding Home Visiting with a Pay for Outcomes Approach](#)
  Report featuring key takeaways from a convening that sought to learn from past and current projects in home visiting that have used a "Pay for Outcomes Approach" (a strategy or financing method that links government payments to improved outcomes and reduced costs)

- [The Zero to Three Home Visiting Community Planning Tool](#)
  Planning tool that discusses how to launch a home visiting program and describes the essential elements of successful program

- [The Practice of Retention-Focused Supervision](#)
  Workbook for supervisors to develop and retain staff

- [Building Stronger Home Visiting Systems through Staff Retention](#)
  Webinar from HRSA that examines the role of leadership in influencing organizational climate and culture and turnover

Conclusion

Home visitors do vital and challenging work. By consulting with home visitors to understand their needs and using evidence-based strategies, home visiting programs can create effective systems to recruit and retain home visitors. Providing proactive and ongoing support is key to ensuring home visitors have the resources they need to build on families' strengths and improve outcomes for children and families.

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