



ILLINOIS ASSESSMENT of Home Visiting Workforce Needs

MARCH 2024



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KEY FINDINGS AND RECOMMENDATIONS

The target demographic for focus group participants were Black, Indigenous, People of Color (BIPOC) and home visitors who served in rural areas across the state of Illinois, however, home visiting staff with other characteristics were not eliminated from focus group participation and provided valuable input. Recommendations emerged about salary increases, incentives, credentials, related barriers, and many other factors contributing to recruitment and retention of the home visiting workforce. The recommendations listed in the report are initial recommendations from the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). INCCRRA recommends stakeholders and funders use these findings to develop additional recommendations for the home visiting field.

HIRING AND ONBOARDING

- All participants chose home visiting as a career field to support children and their families. Home visiting allows home visitors to provide specialized services to individual families. Focus group members empathize with families and aspire to empower families to achieve better futures. When recruiting home visitors, support for children and families should be mentioned.

METHODS FOR RECRUITING HOME VISITORS

- Collaborate and build partnerships with secondary and higher education institutions to collectively impact prospective applicants by nurturing completion of credential or degree requirements.
 - Design pre-collegiate programs for high school students that connect home visiting career exploration courses with college credit and pathways to credentials and employment.
 - Career and Technical Education (CTE) courses will grant high school students hands-on experience and application tests to develop the specialized skills needed before entering the home visiting field.
 - Create dual enrollment options for college credit.
 - Develop pathways to credentialing programs.
 - Build partnerships with directors and program leaders from early childhood development and human development and services specializations at colleges and universities. Develop coursework and clinical experiences needed to create a career pathway for prospective applicants.
- Actively recruit college students and early childhood educators at job fairs.
- Provide a parent training program that teaches parents who have graduated from a home visiting program, the skills and hands-on experience to create a pathway to employment in the home visiting workforce.
 - The training program can give parents the opportunity to gain a Child Development Associate (CDA) credential.
 - This option can diversify the home visiting workforce and recruit more BIPOC.

ONBOARDING

- Implement shadowing programs for new staff to build valuable skills and develop a support network before allowing them to serve families. During the first six months of hire, new staff need to be allowed to gradually increase their caseload.
- Create a mentorship program that allows experienced home visiting staff to share their expertise with new home visitors. A mentorship program can accelerate the onboarding process and increase job satisfaction for new home visitors.
- Provide Standard Operating Procedures (SOPs) for new staff. SOPs for specific projects and tasks will maintain the quality and consistency of work tasks.
- Provide clear staff roles and responsibilities.
- Use websites, such as the Head Start Early Childhood Learning and Knowledge Center (ECLKC) website, as a resource for training home visitors.

DISPOSITION AND SKILLS

- Focus group participants agreed that it is ideal for home visitors to have certain dispositions (see Appendix A, Session 4). These kinds of dispositions can be learned through application in the field with families, training, and assistance from colleagues, supervisors, and consultants. Training for all factors listed on the knowledge, skills, and dispositions lists should be offered to home visitors. All content listed on the knowledge, skills, and dispositions lists (Appendix A, Session 4) influence their effectiveness in the home visiting profession and training for all factors should be offered to home visitors.

- The Illinois home visitor core competencies should be widely shared with home visiting programs and home visiting job applicants. Knowing the skills necessary for completion of job tasks is vital to the effectiveness of home visitors during home visits.
- Use of reflective practices and assisting home visitors with realizing when new skills need to be implemented.

TRAINING

- Home visitors rely on in-person training, training over time, follow up for feedback, and virtual training options.
- Participants noted their preference for attending training in groups of people from the same home visiting program to ensure skills are retained and reinforced in the home visiting program.

COMPENSATION AND SUPPORT

- Create a pay scale for home visiting professionals that is differentiated by education, credentials, and experience. Collectively, home visitors believe education and experience should be considered when assigning wages to home visitors. A pay scale would convey fairness and transparency.
 - Base salary for home visitors should be at least \$50,000.00 annually.

BENEFITS AND SUPPORT

- Reduce the out-of-pocket health insurance costs for home visitors and their families; the premiums are too costly. Grant funding could be used to cover more of the cost of premiums.
- The Illinois Department of Human Services (IDHS) and the Illinois State Board of Education (ISBE) should collaborate to develop a coordinated professional development system for home visiting programs, regardless of the program's funding stream. Home visitors prefer guidance for the selection of training courses.
- Offer compensatory time off to make up for "off-hours" home visits. Many families require meetings in the evenings or on weekends due to parents working during standard work hours.
- Continue to offer flexibility in the requirements of delivery of services to families. Home visitors use flexibility to accommodate adjustments to their work schedule due to unexpected changes in the schedules of families.

BARRIERS

- Barriers to receiving benefits and support are high turnover and low wages, in addition to lack of mental health days for home visiting staff and mental health services of families being served. Home visiting staff need mental health days and accessibility to mental health services for families. This could reduce burnout and secondary trauma in home visitors.
- Reduce documentation required for home visits. Currently, documentation consumes an excessive amount of time during the workday and operates against the values of home visiting staff, establishing job dissatisfaction.

FINANCIAL INCENTIVES

- Offering financial incentives will help with recruitment and retention of home visitors. Funding for education, annual pay raises, and car maintenance or parking permits would be appreciated. Oftentimes more training or education would be beneficial for effectively serving families or progressing to a higher position in the home visiting field, but home visiting staff do not want the burden of the financial cost of education. Many school teachers receive annual pay raises for their growth and experience, and home visitors believe they are also deserving of the same increase in pay as parent educators. High insurance premiums are also a problem for home visitors, especially when adding family members of home visitors to healthcare plans. Lower insurance premiums are needed to supply home visitors and their families with quality health and wellness.

RECOGNITION

- Home visitors would appreciate awards or letters of recognition when they have performed job tasks at an optimal level or achieved milestones in their career.
 - Explore ways that the Gateways to Opportunity Registry could be utilized for recognition efforts. Registries are often used to provide recognition.
 - Recognition can be given at a banquet or in the form of an email.

PATHWAYS TO GAIN KNOWLEDGE, SKILLS, AND DISPOSITIONS

Home visiting career levels are desired. Achievement of the desired level should be based on experience, education, and demonstration of skills followed by an increase in compensation based on their level in the home visiting career path. Leveling would provide more opportunities for advancement.

CREDENTIALING FOR RECRUITMENT AND RETENTION OF HOME VISITORS

- Home visitors collectively believe credentialing in the home visiting field would be helpful, especially if credentialing is followed by increased compensation.
 - Many home visitors have educational backgrounds or experience in child care or child development, but we are noticing that there are also home visitors equipped with many other educational backgrounds and experiences necessary to the home visiting field that deserve recognition via credentialing.
 - Credentialing would prove that the staff members can perform at the level required for the job position.
 - The ability to gain home visiting credentials would encourage more people to apply.
 - Some people are afraid of entering the homes of families they do not know and access to more information pertaining to components of job tasks and culturally responsive practices would attract them to the job position.
- Home visitors should be allowed to qualify for home visiting credentials with education and proven experience. Credentialing would standardize the profession of home visiting. Education should not be the only acceptable form of content considered during the credentialing process. Prior learning experience should be considered when establishing a criterion for Home Visiting credentials.
 - Credentialing could assist new employees with gaining background knowledge before they start employment in the home visiting field. The Child Development Associate and Family Specialist Credential are great options. This is necessary because home visitors have degrees and/or experience from different career fields.
 - Other forms of content to be considered as acceptable for credentialing are training, licensing, and assessments.
- Credentialing should be aligned with a home visiting career path. Home visitors prefer having career levels. Levels provide motivation and aspiration for home visitors that will promote retention and recruitment.
 - Home visiting career levels should be as follows: home visitor, lead home visitor, supervisor, program administrator, professional development or training associate, and state employee.

IMPLEMENTATION OF REFLECTIVE PRACTICE AND REFLECTIVE SUPERVISION

- Reflective practice aids home visitors in planning visits and in assessing the effectiveness of their capabilities as home visitors. Home visitors can discuss their interpretations of the conversations and interactions during the visit from their point of view and the family's point of view in preparation for the next visit.
- Implementation of reflective supervision promotes beneficial professional wellbeing in home visitors. Active listening and thoughtful questioning of the home visitor by the supervisor or infant/early childhood mental health consultant (I/ECMHC) occur with reflective supervision. Home visitors can utilize their reflection of the needs of children and their families to ensure that suitable services are being provided to generate better outcomes.
- Reflective supervision assists home visitors with being able to implement specific skills with families. Home visitors report not always knowing when new skills need to be implemented and meeting with a supervisor alleviates this challenge.

INTRODUCTION

Home visiting is a prevention and early intervention strategy used to support pregnant persons, new parents and caregivers, and their young children. Through visits in the home and community delivered by trained family support professionals, voluntary evidence-based programs partner with pregnant and parenting families to empower caregivers with information to support child development, the health and well-being of caregivers and children, to strengthen parent-child relationships, and to connect families to a broad array of community resources. State and federal funding supports models with robust outcomes which include:

- improved birth outcomes.
- increased rates of breastfeeding and immunization.
- increased uptake of well-child visits and developmental screenings.
- reductions in avoidable hospitalizations and child injuries, which translate to savings in healthcare spending.

Home visiting provides family support through planned visits with a trained professional based on a family's needs and schedules. Home visitors work with parents on parenting skills and family bonding before birth and as children grow up. Home visiting services allow families to learn how to provide better opportunities for their children and improve the health of their families.¹

ILLINOIS HOME VISITING

Over the past three decades, the state of Illinois has valued the “big tent” approach pertaining to Major Funders of Home Visiting supporting evidence-based practices of home visiting models (see Appendix B)², and developed strong statewide home visiting programs that blend funding with the various funding streams and agencies.^{3,4} Current funding streams supporting home visiting are Start Early (including the federal Maternal Infant and Early Childhood Home Visiting (MIECHV)) program, IDHS, ISBE, Head Start (see Footnote 4), community-based, and private funding. These programs, the definitions of these programs, and their respective funding streams can be found in Appendix C.⁵

PURPOSE OF STUDY

ISBE and IDHS partnered with INCCRRA to conduct a needs assessment of the Home Visiting workforce. This work was funded through the 2023 Preschool Development Grant Birth through Five Planning Grant (PDG B-5). Previous related PDG B-5 projects created a home visiting credentials crosswalk report, expanded the inclusion of home visitors in the Gateways Registry maintained by INCCRRA, and published the state's first demographic profile of the Home Visiting workforce. We built on these foundations through additional data analyses and focus groups (needs assessment) to inform how we can best support the field and reduce staff turnover. Specifically, we analyzed home visiting salaries across program models and funding streams and held focus groups with rural home visitors and Black, Indigenous, and People of Color (BIPOC) home visitors to collect their thoughts and recommendations about salary increases, incentives, and credentials, as well as any related barriers.

As of February 2023, the Gateways Registry displayed **1,414** home visiting staff registered in Illinois (**1,201** home visitors and **213** home visitor supervisors). The Illinois Staffing and Salary Survey of Home Visiting Programs: Fiscal Year 2023 Report indicated that, of the registered home visiting staff, median hourly wages for home visitors and home visitor supervisors were, respectively, \$20.19 per hour, which is approximately equal to \$41,995.20 per year, and \$27.75 per hour, which is approximately equal to \$57,720.00 per year. As shown in the Illinois Staffing and Salary Survey of Home Visiting Programs: Fiscal Year 2023 Report, more than three quarters (78.0 percent) of home visiting programs experienced turnover of at least one home visitor during the last two years, in addition to a quarter of home visiting programs that experienced turnover of at least one home visiting supervisor during the same time period.⁶ The focus groups elaborated on these findings as well as additional aspects of the home visiting workforce, including the determination of the necessary and desired qualifications, skills, and education for a successful home visitor, the analysis of the employee benefits, characteristics of families served, and workforce recruitment strategies.

1 What is home visiting – iGrow. (n.d.). <https://igrowillinois.org/homevisiting/>

2 Goldfarb, K. (2022). Home visiting cost model. <https://oecd.illinois.gov/content/dam/soi/en/web/oecd/documents/start-early-miechv-cost-model-08-30-22.pdf>

3 Maternal, infant, and Early Childhood Home Visiting (MIECHV) program. MCHB. <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program>

4 Illinois Home Visiting. Office of Early Childhood Development. <https://oecd.illinois.gov/homevisiting.html>

5 Home Visiting Task Force Vision for Home Visiting in Illinois. <https://oecd.illinois.gov/content/dam/soi/en/web/oecd/events/event-documents/hvtf-hv-vision-for-il-final.pdf>

6 Akamani, B., Martin, J., Salrin, R., & Whitehead, J. (2024). Illinois Staffing and Salary Survey of Home Visiting Programs: Fiscal Year 2023. Bloomington, IL: INCCRRA

METHODS

SUMMARY

The Illinois Assessment of Home Visiting Workforce Needs was conducted with two rounds of focus groups which included two separate groups of participants. A hybrid format was used during the first round of focus groups. Two sessions were held in person and two sessions were held virtually using the online Zoom platform. Round I focus groups will be referred to as the hybrid focus groups. The second round was virtual only and will henceforth be referred to as the virtual only focus groups.

Hybrid focus group members initially received the Home Visitor Focus Group Interest Survey which was created on the SurveyMonkey website to request their participation in the Home Visiting Workforce focus groups. The survey asked questions concerning the respective home visiting staff roles, availability to attend four focus group sessions between the months of June 2023 through November 2023, and contact information, and gave details regarding the available in-person locations for participation. A copy of the survey can be found in Appendix D.

Virtual only group members received the Home Visitor Virtual Focus Group Interest Survey similar to the survey received by hybrid focus group members. The survey provided details on the nine available groups to join and the two focus group session dates and times for each group, which were between November 6, 2023, and December 1, 2023. Groups were created specifically for supervisors, rural, BIPOC, and Spanish speaking home visitors, as well as an “open” group for anyone in the home visiting field regardless of characteristics. A copy of the survey can be found in Appendix E. Recruitment of rural and BIPOC home visiting staff was a priority for all groups; however, participants were not eliminated from consideration if they did not meet these characteristics.

There were 196 home visitors that completed the survey to express interest in participating in the hybrid focus groups. Of the 196 respondents, 47 home visitors attended one or more hybrid focus group sessions. Forty-four participants provided demographic information, 43 participants identified as female ($n = 43$; 97.7%), and 1 participant identified as non-binary ($n = 1$; 2.3%). The average age of the participants was 41 years (median = 40 years). Almost half were Caucasian/White ($n = 21$; 47.7%), 13 (29.5%) were Hispanic/Latino, and 9 (20.5%) were African American/Black.

Of the 45 home visiting staff that filled out the survey to express interest in participating in the virtual only focus groups, 15 participated in at least one of the two virtual only focus group sessions. Fourteen participants provided demographic information, and all participants identified as female and had an average age of 40 years (median = 36 years). Six were Caucasian/White (42.9%), four (28.6%) were African American/Black, three (21.4%) were Hispanic/Latino, and one (7.1%) was Multi-Racial.

The mediums of data collection for the focus group sessions included, but were not limited to, answering forms of questionnaires noted upon easel paper and notecards, audio tape recordings, Zoom audio and video recordings, Zoom polls, Zoom chat log, worded transcripts created through the software program of NVivo, and Microsoft Excel to best collect and theme the participant responses.

Themes were generated before the focus groups began and all discussion guide questions were designed to address the theme. All focus group audio recordings were uploaded to NVivo, a qualitative data analysis software, for transcription. Following transcription, thematic analysis was conducted. The full methods section is in Appendix F.

A discrepancy in the number of responses to each question exists because not all respondents completed each question. The number of raw responses to a question is denoted by the symbol (n or $n =$).

STATISTICAL NOTES

Using this data set as an example:

1 2 2 2 3 3 4 5 6 6 7 8 99

n (lowercase)- the number responding to a single question (in this dataset $n = 13$) whereas N (uppercase) is the number of respondents in total for the survey. Respondents sometimes skip a question or it is inapplicable so the n for each question or analyses is noted.

MEAN – the average, the result of adding all values in a data set and dividing by the number of values. Means are sensitive to each number in a data set but can be easily affected by extreme values. In the example data set above, the mean is calculated as: $(1+2+2+3+3+4+5+6+6+7+8+99) \div 13 = 11.23$. If the extreme value, 99, was to change to 9, the mean would change dramatically, $1+2+2+3+3+4+5+6+6+7+8+9 \div 13 = 4.31$.

MEDIAN – the number that falls in the center of a list of data when scores are ordered by value. The median is not affected by the relative size of extreme scores. The median in the data set above is 4. Changing the 99 to 9 has no effect on the median.

RESULTS

Hybrid focus groups were conducted prior to facilitation of the virtual only focus groups. Data from the hybrid focus groups was synthesized and combined into 21 themes. Following the facilitation of hybrid focus groups, the Home Visitor Virtual Focus Group Interest Survey was employed to increase the sample size and response rate of select questions asked during the hybrid focus groups. Data from the virtual only groups was synthesized and combined with nine of the 21 themes consisting of hybrid data to discuss commonalities and differences among hybrid and virtual only groups, in addition to one theme specific to the virtual only groups. Regarding the virtual only focus groups, recruitment of rural and BIPOC home visiting staff was still a priority, however, we allowed a supervisor group, an open group, for anyone regardless of characteristics, and one in-depth interview with a Spanish speaking home visitor. The themes and responses are provided below.

THEME: PARTICIPANTS

- According to hybrid group members, home visiting programs are funded by a variety of funders in the state of Illinois. However, participants stated their home visiting program was funded via state funding only or a combination of state and federal funding.
 - "Illinois State Board of Education" – *hybrid group member*
 - "Illinois State Board of Education, Prevention Initiative, and MIECHV" – *hybrid group member*
- On average, hybrid group members indicated that they have been employed in their role for 4.7 years ($n = 29$).
- All participants were invited to discuss their caseload. Of the 34 hybrid group members who responded, they averaged 14.2 children/families on their caseload (median = 13.5).
- When asked how they discovered their current job position, some hybrid group members indicated Indeed.com, and others stated community networking.
 - "Indeed.com" – *hybrid group member*
 - "Looking for info[rmation] on it, doulas were not allowed in hospitals after COVID, and I stumbled upon this job." – *hybrid group member*
 - "Recruited by supervisor" – *hybrid group member*
- When hybrid group members were asked how they would recommend recruiting others to be in the home visiting field, they stated that offering higher wages between \$45,000.00 to \$55,000.00 annually would aid recruitment efforts. Home visitors also mentioned offering lower insurance premiums, all federal holidays off, summers off, and retirement in addition to paid internet and phone bills.
 - "Higher wages of \$55,000.00" – *hybrid group member*
 - "Higher wages are needed but the flexibility is great in the home visiting field. Word of mouth to get new families, better insurance, and summers off. I know a home visitor who earns \$51,000.00 and doesn't work summers." – *hybrid group member*
 - "Raising the pay to \$45,000.00 to \$55,000.00, showing positive rewarding videos, retirement, cheaper family medical insurance, funding for internet and phone, and \$5,000 sign on bonus." – *hybrid group member*
- When participants were asked why they chose home visiting as a career choice and what draws them to the field, all groups indicated that they enjoy meeting the needs of families. All hybrid and virtual only participants want to connect families to resources and empower parents to achieve better futures. Supporting families individually allows families to be assessed holistically. The home visiting program grants specialized services to individual families to provide better outcomes for children and their families.
 - "I think the individualization that you can give to each of your families that you're working with allows the creative power to kind of design your caseload how you see fit, and then for each family as well. You're able to handpick the services that you're providing them with when it comes to targeting certain activities or working on certain goals with families." – *home visiting supervisor*
 - "The only way I can really get to the kids is to be in their environment. So, that's why I went and applied for home visiting. I've noticed, in these three and a half years, that once I've provided support in the environment, I've seen families thrive. I saw a family a few weeks ago that I had when I first started. The child doesn't remember me, which is fine, but the family remembered me. They were saying, 'We're still doing good. We're still moving up.' I've had families get homes that didn't have a home." – *hybrid group member*
 - "To help meet the needs of children by starting at home, educating the parent." – *hybrid group member*
- Virtual only participants chose working with children and families because they empathize with the families and naturally seek to help others.

- "I feel like [...] when I graduated, I always said I would never work with children. I liked working with the elderly, I liked working with victims, but children are victims, and it breaks my heart to see them as victims. Getting in there early and trying to set up some of these supports before that becomes an issue is really something that I feel like is important. Putting those protective surroundings around those children to have support for mom, dad and the children is important. It's going to pay off in the long run because these children are our future." – *rural home visitor*
- "I think the impact is why I chose working with children and families. While I'm not directly in the classroom, I am impacting and providing resources and support to families [...] resources I wish the community knew about." – *home visiting supervisor*
- "In all honesty, without family, you don't have a foundation. We're helping families build those skills that they need to be successful later. We're just helping them be more self-sufficient because we don't want them to need us. [...] I need the parents to be able to gain those skills." – *open group member*
- According to all virtual only group members, incentives would help with recruitment and retention of home visitors. When asked about financial incentives to be considered, all virtual only group members agreed that bonuses and pay raises are the most preferred incentives. Home visitors should be rewarded for their performance. The Spanish speaking interviewee, BIPOC, home visiting supervisor, and open small group members share an additional preference for educational funding. Staff receive funding for some of their training courses and would like to receive free tuition for college courses to increase their efficiency in the home visiting field. Rural and BIPOC small groups share the need for car maintenance, gas card and parking permit funding in addition to their other preferences. The open small group prefers on-site child care for their own children and more time off while the small group of home visiting supervisors prefer higher wages.
 - "Pay raises, bonuses, help with furthering education." – *home visiting supervisor*
 - "Home visitors need help with car repairs or need to be given gas cards, even though we get mileage reimbursement [...] I think we should be given an automatic gas card. Also, I believe we should receive a pay increase every year and an extra bonus at the end of the year would be nice. Funding for the city parking passes for a whole year as well." – *BIPOC group member*
 - "I'm glad you brought that up: child care. We all struggle with that back here. That's something we discuss almost daily. Currently, I'm lucky I only pay, on average during the school year, \$500 a month just for my child to go to before and after school care. But in the summer, we're looking at \$1,000 per month [...] Another incentive would be more paid time off." – *open group member*

THEME: PROGRAM DEMOGRAPHICS

- While home visiting programs are their own entity, the sites usually belong to a type of entity such as a health department, community agency, or school district. Hybrid group members were asked about the type of entity their home visiting site is housed in and how their benefits compare with others. Most hybrid group members indicated that their site is either a part of a community agency or school district, with school districts having better benefits.
 - "My program is a community agency; our benefits are not as good as the school districts." – *hybrid group member*
 - "School district, healthcare paid for by the district." – *hybrid group member*
- Hybrid group members strongly believe they are reaching their target population; however, more home visitors need to be hired to recruit more families in the target population. Additionally, there are financially stable families who also belong to the population but are not included when actively recruiting families. These programs have income eligibility cut offs and cannot serve families who earn over the income guideline requirement.
 - "Yes, but we need to reach more families and hiring more home visitors would help." – *hybrid group member*
 - "Yes, however, we are missing people who earn slightly more than the income cut off." – *hybrid group member*
- Several barriers impact reaching more families from the target population. Hybrid group members believe reaching more families from the target population is connected to recruitment of home visitors and regard low wages as the main reason for low recruitment levels followed by unfamiliarity of the home visiting field. Other barriers are excessive documentation and lack of cultural humility.
 - "Low wages are a financial barrier; without my husband I don't know if I could have waited for the first paycheck." – *hybrid group member*
 - "Too much documentation is required and entering documentation correctly enough to not lose points on an audit is a barrier. People don't know the field and some of the training videos are not good enough at explaining how things should be done." – *hybrid group member*
 - "There is too much paperwork. We are undervalued, underpaid." – *hybrid group member*
- To reach more families from the target population, hybrid group members believe wages need to be increased and more home visitors need to be hired.
 - "Higher wages and paid for education and experience." – *hybrid group member*

- “Hire more people.” – *hybrid group member*
- When virtual only participants were asked to compare their home visiting program to other similar home visiting programs in their community, in terms of compensation, the Spanish speaking interviewee, BIPOC, and home visiting supervisor small group members stated they were aware of how their home visiting program compares to other home visiting programs in their community. Staff from other programs are questioned about compensation to ensure everyone is receiving comparable compensation. They believe their compensation is higher than other home visiting programs in their community. As for the small open group, compensation varies from program to program based on several factors such as education, work experience, and grant money available to the home visiting program. Open group members believe their salaries are not comparable to home visiting staff who work in a social service agency in their community; however, they believe their compensation is comparable to other home visiting programs that are not housed in social service agencies. The small group of rural home visitors are not aware of how their home visiting program compares to other home visiting programs in their community. The participants indicated that in their experience, staff of home visiting programs usually do not communicate with one another.
 - “We’re leading the pack in our community versus the other programs that are also in our community that’s offering home visiting. Salaries are very competitive. We offer a lot more of it than most home visiting programs within the community.” – *BIPOC group member*
 - “We’re all equal, but the other social service home visiting people in the area get paid about \$15,000.00 to \$20,000.00 more than we do.” – *open group member*
 - “I don’t know what they earn now.” – *rural home visitor*

THEME: CHARACTERISTICS OF THE FAMILY

All families supported by home visitors have individual characteristics that need to be acknowledged. Acknowledgement of these characteristics aids in constructing close relationships with families. Hybrid group members spoke about how they use family characteristics to meet the needs of families. They answered these questions by notating on easel paper.

- According to the focus group participants, the age of the primary caregiver is 25.4 years old (median = 25; $n = 38$). The ages of the children mostly range between prenatal to 36 months.
- As for the marital status of families, participants serve a substantial number of families who are either married or in a domestic partnership. Many are single as well, but most are in romantic relationships.
 - “Married and domestic partnership” – *hybrid group member*
 - “Some are single, some are in a domestic partnership, and some are married.” – *hybrid group member*
- The focus group participants have come to find that the number of people in the household matters. Larger families require more planning to minimize distractions during delivery of services. However, participants noted their current number of household members to be reasonable and usually consists of four people.
- Focus group participants take pride in ensuring that children and families who speak languages other than English can navigate their lives in a society where English is the primary language spoken. Currently, home visitors serve English (27.6 percent), Spanish (20.7 percent), and bilingual (both English and Spanish) (20.7 percent) speaking families ($n = 29$). Additional languages are presented in Table 1.

Table 1. Language Spoken in the Home

Theme	Frequency	Percentage
English	8	27.59%
Bilingual (Spanish/English)	6	20.69%
Spanish	6	20.69%
Arabic	2	6.90%
Bengali	1	3.45%
Burmese	1	3.45%
Mandarin	1	3.45%
Pashto	1	3.45%
Turkish	1	3.45%
Uzbek	1	3.45%
Other	1	3.45%

- Currently, focus group participants serve families of many different ethnicities. Most participants of the focus groups stated that their families are White. However, others mentioned that their families were also Black, bi-racial, and Hispanic.
 - “My families are White.” – *hybrid group member*
 - “White, bi-racial, and Black” – *hybrid group member*
 - “All families are Hispanic.” – *hybrid group member*
- Slightly more caregivers are employed rather than not employed.
- When asked about the last grade completed by caregivers of children in home visiting programs, participants stated that most caregivers have received their high school diploma.
 - “High school” – *hybrid group member*
 - “75 percent have completed high school, 15 percent have their Bachelors, and 10 percent have their GED.” – *hybrid group member*
- Home visitors assess the number of children who have had Adverse Childhood Experiences (ACEs) to provide effective support to children and families they serve. Focus group participants ($n = 37$) believe an average of 3.4 children (median = 4) of their current caseloads have had ACEs. Many types of ACEs were mentioned in equal proportion. The different types ranged from emotional abuse, physical abuse, sexual abuse, and mental abuse.
- Participants were asked to rate the level of resilience children have in home visiting programs on a scale from 1 (“Not Resilient”) to 5 (“Very Resilient”). Of the 38 home visitors who responded, children were rated as somewhat resilient (mean = 3.5; median = 4).

THEME: SATISFACTION

- Collectively, hybrid focus group members feel satisfied after an encounter with the family that involved improvement in parenting that supports the health and development of the child.
 - “When the parents know how to use resources and no longer need the program.” – *hybrid group member*
 - “When parents successfully parent their children.” – *hybrid group member*

THEME: KNOWLEDGE

- When pertaining to academic backgrounds and work experiences, hybrid group members found work experience in a child care environment and degrees in early childhood development to be the most applicable to their role as home visitors.
 - “I have worked in a daycare center [in the past, and] even in college.” – *hybrid group member*
 - “My original background was early childhood education, so I originally went in to be a teacher.” – *hybrid group member*
- Participants’ knowledge content that supports working in the home visiting field is mostly early childhood development.
 - “I took some online classes and got my CDA, but also working in the child care field for a lot of years.” – *hybrid group member*
- Many courses of training were found to be effective by home visitors. Focus group participants mostly preferred Facilitating Attuned Interactions (FAN) training⁷, mental health training, and home visiting model training. Although model training may be required by the implemented home visiting model, participants believe model training is vital for delivery of services.
 - “The new curriculum (Baby TALK) is more family friendly and comprehensible for the population that we’re serving. I am primarily right by St. Louis and there’s a heavy population of Hispanic people. Having pictures and those types of things is so beneficial. So just learning that new curriculum and being able to incorporate that more.” – *hybrid group member*
 - “FAN training and I prefer in-person training.” – *hybrid group member*
 - “Mental health training” – *hybrid group member*
- Focus group participants were invited to enter a list of knowledge content in a Zoom chat they believed to be necessary in the home visiting field. Their responses indicated that knowledge content that was most effective for home visiting was child development, active listening, knowledge of resources, and empathy.⁸

⁷ Facilitating Attuned Interactions (FAN) practice is a tool used for relationship building and reflective practice. The goal is to create a connection with parents and to open the environment to change.
 Spielberger, J. Burkhardt, T., Winje, C., & Gouvea, M. (2017). Impact of FAN training on home visitors over time (waves 3,4,5). Chicago, IL: Chapin Hall at the University of Chicago.

⁸ This session took place on zoom. Data for this question was collected from home visitors in the zoom chat and a word cloud was created from all content knowledge listed.

- “Child development, active listening, empathy, reflective listening skills, motivational interviewing, relationships, experiences, child development, trauma, creativity, honesty, compassion, understanding, effective listening, non-judgmental, knowledge on studies, personality, boundaries, resources, parenting behavior, developmental challenges, ACES, developmental stages, school readiness, academic development, social/emotional development, SIDS, cultural competence, and cultural competence” – *hybrid group member*
- “Active listening, local resources, child development, time management, mindfulness, relatable, child development, resources, boundaries, domestic violence, and substance abuse” – *hybrid group member*

THEME: CREDENTIALING FOR RECRUITMENT AND RETENTION OF HOME VISITORS

- Many home visitors have educational backgrounds or experience in child care or child development; however, we found there are also home visitors with other educational backgrounds and experiences that benefit the home visiting field. Credentialing for home visitors would allow for their applicable education and experience to demonstrate they are competent in the field. Hybrid and virtual only group members collectively believe credentialing in the home visiting field would be helpful.
 - “I think it's a good idea to take lots of stuff into consideration because I think there's no one degree and there's no one way to define what happens in home visiting.” – *hybrid group member*
 - “Some people will say, ‘I'm taking advantage of this opportunity, they're offering x, y, z training or credentials, and I need you to give me x, y, z for the training or credential,’ which I completely understand. That's their journey [...] I like the thought of it; to offer those credentials especially to individuals who are invested long term.” – *BIPOC group member*
 - “I'd say if we must do it, I would much rather get paid to do it than not get paid.” – *rural home visitor*
- In addition to the focus group participants who agreed with credentialing in the field of home visiting, all participants began to agree when credentialing included increased compensation.
 - “I mean, to be honest, if they come with a higher pay I'm all for credentialing.” – *hybrid group member*
 - “Having the incentive, like you're going to learn more to be able to better provide for your families and children you are serving, but also getting that incentive. I think you're going to have everyone across the board do it, even if they do have a lot of experience. Not making it mandatory. Saying this opportunity is here. If you utilize it, this is what you get. Kind of how the Gateways has the ECE levels like you can do one to whatever and incentivizing each of those levels.” – *home visiting supervisor*
- All focus group participants believed credentialing should be aligned with their career path. Credentialing aligned with a home visiting career path would provide opportunities for career advancement.
 - “I would have some of that structure and progress there. Like you're working on something and seeing that skill increase and giving you that practice and knowing that you're moving forward with something. That would help with the idea of working towards a goal. Credentialing would be valuable in that way.” – *open group member*
 - “I like that. It kind of acts like a to do list. It's like, okay, this is where I'm at, this is where I want to go and here are the steps to get there.” – *BIPOC group member*
- Education should not be the only factor considered when credentialing home visitors. Education and experience should contribute to credentialing. When deciding how education and skills can be demonstrated to gain credentials in home visiting, all virtual only group members agree that training and licensing should be considered as well.
 - “I believe that credentialing would make home visiting a bit more standardized for everyone [...] However, I also believe that requiring someone with experience to go through a lengthy credentialing process might be a bit unfair. So that would be something to evaluate depending on each person's experience, because I think working with families and visiting homes is a bit different than just having a credential in education or development.” – *Spanish speaking interviewee*
 - “I feel this is like a professional job and you do need a special set of skills to be able to do it. Like what you said: levels or maybe based on work experience and education.” – *hybrid group member*
 - “If you don't have the education, but you can display that you have the skill level by taking an assessment. I think that's perfectly fine.” – *BIPOC group member*

THEME: ONBOARDING

- Hybrid group members believe having informative onboarding is necessary. Most participants predominately felt shadowing another home visitor provided an easier entry into the home visiting role. Mentorship programs completed with the supervisor or coworkers, and Standard Operating Procedures (SOP) available to some home visitors, made entry in the role of home visitors easier as well.

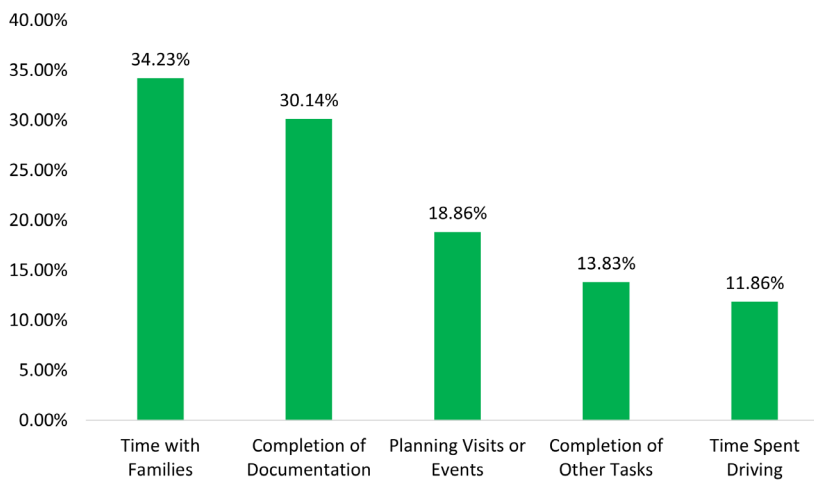
- “A lot of shadowing helps.” – *hybrid group member*
- “Support, meeting one on one, shadowing other parent educators, good supervision, being able to ask questions.” – *hybrid group member*
- “Mentor program with a person other than the supervisor, and use of my purple binder, which is a procedural book.” – *hybrid group member*
- When asked what made entry in the home visiting role challenging, most focus group participants said lack of mentorship.
 - “I got thrown in and it was stressful.” – *hybrid group member*
 - “No mentor to help in early intervention, nothing easy about entering early intervention, you need to get the early intervention credentialing.” – *hybrid group member*
 - “Thrown to the wolves due to being understaffed.” – *hybrid group member*
- Home visitors learned about the fit of their role in the system of their home visiting program by shadowing supervisors and other home visitors.
 - “I learned with procedure books and shadowing.” – *hybrid group member*
 - “Observing other people is kind of learning for the home visitor. So, when I started home visiting in 2014, I learned about home visiting by modeling other home visitors, it was just very different. And I took a series of trainings.” – *hybrid group member*
- Effective onboarding in the home visiting field is essential. Most new employees do not receive training specific to home visiting before they are hired. For this reason, focus group participants regard shadowing and participating in a mentorship program as the most preferred methods for effectively onboarding new home visiting staff. Newly hired home visitors with previous home visiting experience are included in this group. Home visiting programs operate differently based on the needs and characteristics of the community the program is serving. More specifically, home visiting model and community resource training suitable for the needs and characteristics of the community being serviced is essential.
 - “Shadowing for at least a month. We also have a mentorship program on top of just the shadowing. But that never ends. I think that it has to do with retention and is key because when our mentorship program is large, someone from every single department will mentor the new hires regardless of whether they are new to home visiting or not so that they understand each entity of our agency. We do some model training and community resources training.” – *hybrid group member*
- Coaching and reflective consultation received internally from the home visitor supervisor or infant/early childhood mental health consultant (I/ECMHC) is beneficial to home visitors. Participants believe coaching assists with the achievement of professional goals.
 - “I think that the I/ECMHC can serve a number of different roles. One is, you know, tough cases. You’ve mentioned some tough cases, you’ve mentioned “chasing”⁹ So, I would think that they would reflect with you on number one, what feelings does it call up in you? But number two, what are some strategies and what do you think they’re meaning by that? As opposed to really developing professionally within yourself.” – *hybrid group member*
- New home visitors need to shadow a seasoned home visitor or home visiting supervisor. Focus group participants agree that shadowing was essential in their development as a home visitor during the onboarding process.
 - “I would love to do that [allow a new home visitor to shadow me]. I would love it.” – *hybrid group member*

THEME: USAGE OF THE WORKDAY

- Hybrid group members usually have many tasks to complete. Participants were asked to display what their days look like (in percentages) when regarding time with families, completion of documentation, planning visits or events, time driving to visits, and time spent on other tasks. Averages of the percentages provided by home visitors are listed below and located in Figure 1.
 - 34.2 percent of time is used for time with families,
 - 30.1 percent of time is used for completion of documentation,
 - 18.9 percent of time is used for planning visits or events,
 - 13.8 percent of time is used for completion of other tasks,
 - 11.9 percent of time is used for driving to visits.

⁹ Chasing an appointment implies that home visitors are requesting a home visit after a missed home visit.

Figure 1. Usage of the Workday (n = 35)



THEME: FLEXIBILITY

- Hybrid group members believe their work week consists of several unexpected adjustments to day-to-day work tasks such as cancellations and rescheduling of home visits. However, when asked if these unexpected adjustments affect day-to-day tasks, most home visitors stated there is no effect because they are prepared and use flexibility to meet the needs of families.
 - "It goes well due to flexibility. I leave Monday and Friday open for adjusted plans and meet with families Tuesday through Thursday." – *hybrid group member*
 - "I just adjust if somebody cancels. Squeeze in some documentation or some pictures or something." – *hybrid group member*
- Unexpected adjustments occur often for home visitors and having flexibility helps with accommodating adjustments to their schedule. When asked about supports that assist with being flexible, hybrid home visitors stated that flextime and support from the supervisor are prominent factors.
 - "Flextime and others sharing the workload." – *hybrid group member*
 - "Reflective supervision helps with this and being allowed to set my own schedule." – *hybrid group member*
- When deciding whether the support in place is appropriate for the caseloads provided, hybrid focus group participants mostly agreed that they have the appropriate support to be effective at managing their caseload.
 - "We have a caseload cap. We can't have more than 12. Which is probably appropriate if they're all on the same level or if they're all level ones." – *hybrid group member*
 - "My caseload right now is appropriate. It's about 15. It's hard when I have a lot that's on level one. Level one visits are more intense. I have to meet with the families every week. Now, that everyone is out of level one, it's a decent caseload and it's not as hard." – *hybrid group member*

THEME: COMPENSATION

- Overall, many hybrid and virtual only home visitors are not satisfied with their salaries and, on average, believe the base salary for home visitors should be at least \$50,000.00 annually.
 - "I think if you had a base salary, yes, I think \$50,000.00, but if you have more experience and academics, we should go in the \$65,000.00 to \$70,000.00 range." – *hybrid group member*
 - "I would say \$50,000.00." – *hybrid group member*
- All hybrid group members were asked to provide their annual salary in a zoom survey and the average salary for all focus group members is \$44,823.33 (median = \$45,000.00) (n = 36)¹⁰. When considering a combination of hybrid focus group members from Northern counties, Collar counties, and the city of Chicago, the average annual salary is \$45,932.85 (median = \$45,766.25; n = 28). Hybrid focus group members from Central counties and Southern counties combined have an average annual salary of \$40,940.00 (median = \$40,760.00; n = 8). Salaries higher than \$70,000.00 were removed. Groupings for Northern, Collar, Central, and Southern counties can be found in Appendix G.

10 The average salary reported by focus group members is lower than the average salary reported in the Illinois Home Visiting Staffing and Salary Report: FY 2023 from the Gateways Registry, but the median is consistent. Of 872 home visitors in the Registry, the average salary is \$51,417 (median = \$43,118).

- When focus group participants were asked about other benefits and support they believed were insufficient, all but the BIPOC small group stated that insurance premiums provided by their home visiting programs are too expensive. The health insurance plans are good but, the premiums are consuming a substantial amount of home visitors' income. Conversely, BIPOC small group members do not believe they are lacking anything. Recently, health insurance premiums have lowered and BIPOC group members are pleased.
 - "Insurance premiums are too expensive, \$335.00 every two weeks if I add one child." – *hybrid group member*
 - "Well, I think our insurance through the school is considered good insurance, but it literally eats up most of my paycheck." – *rural home visitor*
 - "It's not just affecting me, like our insurance rates are so high, we have staff members that don't even have a paycheck essentially because they're paying for insurance." – *home visiting supervisor*
 - "Yeah, I don't have complaints. I know in the past our medical insurance was pricey but it is beautiful now. That was my complaint in the past." – *BIPOC group member*
- Home visiting supervisors and rural small groups also believe they need more guidance on selecting appropriate training for home visits. Home visiting supervisors have access to several forms of training however, they are unsure where to begin when selecting training courses.
 - "I don't know if I have the correct classes. If I had something to go by, I could check it off [...] I don't know what to take." – *rural home visitor*
 - "I guess more training based on what they want us to do." – *home visiting supervisor*
- Open small group members believe they need onsite child care to be provided. According to open small group members, home visiting programs in St. Louis, Missouri provide onsite child care for home visiting staff. The Spanish speaking home visitor believes economic supports and funding for education are needed. Economic supports can be provided in the form of a bonus or pay increase. Completion of many different forms of training and furthering education by obtaining a college degree or attending one course is important in the field of home visiting. Funding for those opportunities should be provided.
 - "There is a lack of child care here. There are certain employers here in the St. Louis market who have onsite daycare, which is nice, or they get funding to pay their daycare fees." – *open group member*
 - "I think economic support and support in accessing education are beneficial. Both training and perhaps going to college to obtain a college degree. Also, any kind of credential. I feel we don't have as much access to that, and in this field, it's important." – *Spanish speaking interviewee*
- Benefits and support are appreciated by all virtual only groups. Currently, all virtual only group members receive several benefits and support to enhance their ability to complete job tasks. Benefits and support consist of reflective supervision, health insurance along with dental, vision, and flex spending, retirement, time off (personal time and sick time), flextime, and mileage.
 - "We see our I/ECMHC once a month. I think that is vital. [...] We also have insurance that takes up a lot of our grant money. So that's a little tough but we do have it. We do have retirement also and days off. The flexibility is huge. I get to make my schedule if I get home visits done. That is a huge support for me. I can work around things, and I don't feel like I must be at the office." – *rural home visitor*
 - "We get health insurance. Obviously, there's the retirement 401k and life insurance policy. It's flexible. We can always roll over part of our PTO. We have sick and vacation time." – *BIPOC group member*
- According to the small groups of rural home visitors and home visiting supervisors, a barrier to receiving benefits and support is lack of access to mental health services for the families being served. Children need mental health support that home visitors are unable to provide. This is a barrier for staff support and home visiting family support. According to open small group members, a barrier to receiving benefits and support is being unable to use the mental health days. If open small group members use a mental health day, their workload will be overwhelming when they return to work.
 - "Resources are not available locally where we live. The families we serve are on wait lists for counseling. The same would occur for us. I think it would be just as hard as it is for our families." – *home visiting supervisor*
 - "I would say for us specifically is supports for our families to make referrals to mental health is a huge one. There is no one willing to take a kid under the age of five. I've heard it's because of billing. They can't bill for services, which makes it very difficult when we have children in our age group that we're seeing that need these mental health consultations and early intervention." – *rural home visitor*
 - "We are experienced in the aftermath of having stressed out in the early part of COVID and the reality of what life is like right now. So, mental health was supposed to be our number one project this year for our staff and for our clients. [...] If you're asking people to take care of other people, then we have to take care of our people." – *open group member*

- According to the Spanish speaking interviewee and BIPOC small group members, a barrier to receiving benefits and support is high turnover. When staff leave and new staff arrive with different ideas and personalities, the work culture changes, and this is a barrier. Promises such as higher wages may not be upheld. The interviewee believes this causes a sense of instability.
 - “I think one of the barriers could be that there are many changes within the organization in terms of leadership, and that sometimes prevents us from receiving the promised compensations. [...] Also, there’s difficulty in finding people willing to work in this area. I believe the change in work culture has a large impact because some individuals have left the organization because of the change, others have been moved to different positions, and I think this creates some sense of instability in general. The work environment changes in instructions sometimes. You get used to one person’s way of working, and then the work culture changes again.” – *Spanish speaking interviewee*

THEME: HOME VISITING SKILLS

- During this portion of the focus group session, hybrid group members were asked to identify skills necessary for the completion of tasks in the home visiting field via a Zoom poll. There is a complex set of skills necessary to implement home visiting. Acquiring the specificity of each skill will assist in effective replication of the skill set in other home visitors. Home visitors were given four sets of skills believed to be crucial in the field of home visiting. The skill sets were administrative skills, relationship building skills with parents, parent-child relationship building skills, and mutual learning skills. Each skill set was a category containing several subset skills actively being implemented by home visitors. All subset skills were rated by home visitors from 1 to 3, 1 being the most important and 3 being the least important. Averages are listed in Tables 2 through 5 below.

Table 2. Administrative Skills

Administrative Skills	Mean	<i>n</i>
Time management	1.28	35
Documentation	1.54	35
Perform an assessment tool	1.65	35

Table 3. Relationship Building Skills with Parents

Relationship Building Skills with Parents	Mean	<i>n</i>
Active listening	1.11	34
Awareness of biases	1.17	34
Self-awareness	1.20	34
Holding importance of the family in mind	1.26	34
Holding difficult conversations	1.52	34
Setting boundaries with families	1.52	34
State matching ^{11,12}	1.76	34

Table 4. Parent-Child Relationship Skills

Parent-Child Relationship Skills	Mean	<i>n</i>
Pivot ¹³	1.38	34
Facilitation/Observation of parent-child interaction	1.41	34
Strategies for engagement	1.45	34
Narrating the child’s behavior to get parent’s meaning of a behavior	1.51	33
Use the play interactions of the P-C in their natural environment (use of family’s toys)	1.52	34
Wondering stance ^{14,15}	2.00	34

11 State matching consists of the ability of a home visitor to assess the emotional state of the parent upon arrival to determine how to engage and connect with the parent demonstrating empathy through recognition of the parent’s state and bring their own state into a compatible match.

12 The mean may not be reliable as there seemed to be confusion from the participants on this skill after the rating was completed.

13 The pivot consists of bringing conversations back to the child and their developmental agenda.

14 The wondering stance approach involves curiosity in all interactions with the understanding that the home visitor is going to learn more about a family than the home visitor is going to offer advice or information to this family (seeking to listen for understanding).

15 The mean may not be reliable as there seemed to be confusion from the participants on this skill after the rating was completed.

Table 5. Mutual Learning Skills

Mutual Learning Skills	Mean	<i>n</i>
Cultural humility	1.23	34
Observation	1.35	34
Being reflective	1.38	34
Assessment of environment	1.38	34
Motivational interviewing	1.70	34

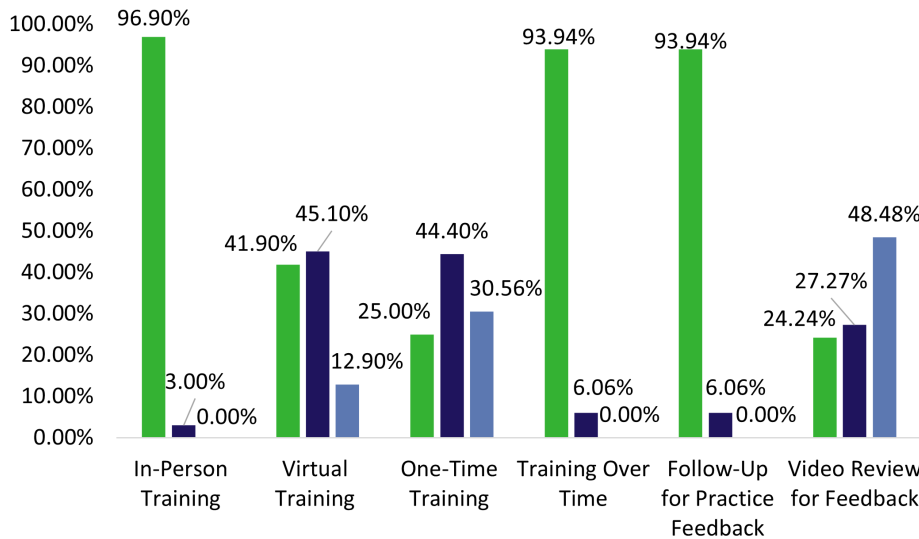
- Review of administrative, relationship building, parent-child relationship, and mutual learning skills during the focus group meeting helped home visitors realize how complex their job position is. Home visitors regarded all skills mentioned as important and vital to completion of job tasks.
 - “All skills listed were important.” – *hybrid group member*
 - “I was almost trying to not pick all 1s, but they were all very, very important.” – *hybrid group member*
- Many participants believe all skills listed are used daily and encourage effectiveness in the home visiting field. Relationship building skills with parents are necessary to be used daily over other skills listed to achieve effectiveness during home visits.
 - “They are important, very important to me. I think we must consider including all during our visit. Their cultural belief is important. It’s very important. The way that we respond to them.” – *hybrid group member*
 - “Relationship skills are the most effective.” – *hybrid group member*
 - “I think building that relationship is much more important than documenting. Otherwise, if you don’t have that, it’s the engagement. All of it kind of goes together.” – *hybrid group member*

THEME: NEW SKILLS

- Hybrid group members were asked to explain how they know when they need to learn a skill, and many mentioned a lack of progress on home visits and lack of skill in an area. Home visits become stagnant and home visitors begin to reflect on progress with the families and question their abilities.
 - “Well, if I feel like I’m not getting through to a family or making progress, I think “What am I missing? What? What do they need that I am not seeing?” [...] trying to figure out more, like how I can help them. [...] weekly supervision helps with that. Talking to my supervisor [...]. It helps to talk about these things with somebody else.” – *hybrid group member*
 - “I’m just thinking of a particular family that I had that didn’t seem to be opening up to me or trusting me after meeting her for about six months, and she was still not sharing much about herself. I would come and ask my coworkers is it just me? Am I doing something wrong? I do want to know something about them, or I wanted to know if they were interested in the program, but I think that’s a challenge for me, and that’s something that made me learn new skills. They wouldn’t open up.” – *hybrid group member*
- When discussing challenges derived from learning a skill, home visitors mostly agreed that implementing a new skill can be challenging. Participants admit being stuck in their routine and not knowing which training courses to attend. The role training plays in the process of gaining a new skill is pivotal. Training provides home visitors with the knowledge necessary to complete their daily tasks. Meeting with a supervisor alleviates this challenge. Discussing practice, training, and implementation of the skill with the supervisor contributes to practice and retention of the skill.
 - “Implementing it. Because you may be stuck in your ways, so once you’re learning this new skill, you’re trying to see how you can navigate it. So, that’s why it’s a good, good, good practice to have someone to follow up with. To see how well you are retaining the new skill.” – *hybrid group member*
 - “Probably remembering to do it, and then just practicing it without it sounding robotic.” – *hybrid group member*
 - “I think training is very important. I think that there’s so much information out there, sometimes it can be overwhelming to find the correct training to meet the needs that you’re having at the moment.” – *hybrid group member*
- Hybrid focus group participants were asked to express their preference for various types of training by being provided with forms of training and replying yes, no, or neutral to the acceptance of the form of training. Options discussed were in-person, virtual, one-time training, training over time, follow-up for practice feedback, and video review for feedback. Percentages are listed below and shown in Figure 2.
 - 96.9 percent of home visitors answered yes for in-person training (*n* = 33);
 - 45.1 percent of home visitors answered neutral, and 41.9 percent answered yes for virtual training (*n* = 31);

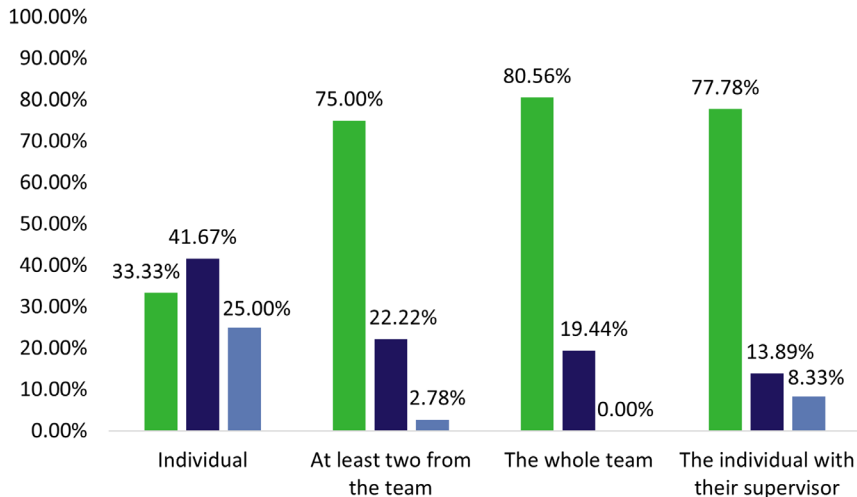
- 44.4 percent of home visitors answered neutral, and 30.6 percent answered no for one-time training ($n = 36$);
- 93.9 percent of home visitors answered yes for training over time ($n = 33$);
- 93.9 percent of home visitors answered yes for follow-up for practice feedback ($n = 33$);
- 48.5 percent of home visitors answered no for video review for feedback ($n = 33$).

Figure 2. Preference on Types of Training



- In addition to the different preferences for types of training, who attends the training can aid in effectively ensuring that the skill is retained in the home visiting program and implemented during home visits. Hybrid home visitors were asked to express their preference for who should attend training by replying yes, no, or neutral to the acceptance of attendance. Forms of attendance discussed were individual attendance, at least two people in attendance from the team, attendance of the entire team, and attendance of the individual with their supervisor. Percentages are listed below and shown in Figure 3.
 - 41.7 percent of home visitors answered neutral, and 33.3 percent answered yes for individual attendance ($n = 36$).
 - 75.0 percent of home visitors answered yes, for attendance of two people from the team ($n = 36$).
 - 80.6 percent of home visitors answered yes for attendance of the entire team ($n = 36$).
 - 77.8 percent of home visitors answered yes for attendance of the individual and supervisor ($n = 36$).

Figure 3. Preference on Who Attends Training



THEME: INCORPORATION OF A SKILL

- Hybrid group members believe they know when they have incorporated a skill into practice by reflecting on visits. They are able to see results and acknowledge incorporation of a skill with this technique. Focus group participants also agreed that effectiveness and measurement of the appropriate support in place for families can be captured with reflective practice.

- “FAN training teaches us how to do this. Then you know what conversations you will have, and you know what points you wanted to get to.” – *hybrid group member*
- “For me, it’s probably waiting a little bit by implementing into my day-to-day and then coming back to my notes and my stuff when I was learning it and going through it.” – *hybrid group member*

THEME: REFLECTIVE PRACTICE AND REFLECTIVE SUPERVISION

- All hybrid and virtual only group members were provided with a definition of reflective practice¹⁶ and were asked to explain the role of reflective practice in being effective home visitors. As a collective, all focus group participants agreed that reflective practice aids in planning visits and assessing the effectiveness of their capabilities as a home visitor. Implementing reflective practice grants rural home visitors the ability to reflect on their practices as a home visitor and care for themselves mentally. The small group of rural home visitors can interpret the conversations and interactions that happen during the visits in preparation for the next visit. BIPOC small group members ask families to debrief their week and this activity helps home visitors meet parents where they are. The small group of home visiting supervisors use reflective supervision to assist home visitors with processing and evaluating their thoughts about the families’ circumstances and how to best serve children and their families. Open small group members believe they must have the ability to evolve with their family’s needs. Reflecting allows for home visitors to recognize new skills they may need to develop to best serve the family.
 - “Well, when you reflect, I mean, when you’re thinking about how things in that visit were brought up, you decide we didn’t address that completely. Do I need to bring more information to them to address it better, to help them through it? It helps you plan your next visit.” – *hybrid group member*
 - “Our I/ECMHC really helped pave the way with all of it, and I mean, I feel like I’ve used it not only in my home visiting work life, but also in life in general. With reflective practice, I’m kind of going back through what was said and what I saw. Reflecting over how I interpreted it versus how they meant it; instead of just going on about my day. There’s been times when I realized that maybe I misunderstood something that was said. [...] I feel like reflective practice captures that. Did I understand what was said and how can I help you next time and do I need to follow up on that? It’s become second nature now since we’ve learned how to do it.” – *rural home visitor*
 - “I think doing reflective practice shows us what we don’t know so we can seek out those trainings and opportunities. Also, it helps to create a roadmap of what we are doing and what is working. When things are changing, we can see the ways we can do better and bring more stuff into the program that’s going to help more families. It’s a way to learn, and I use it a lot to seek out what I need help with. I can go to my leadership and say this is something I’m noticing, but usually I find training on my own to improve the skill or issue I’m having.” – *open group member*
- During the focus group meetings all participants were given a definition of reflective supervision¹⁷ and were asked to explain the role of reflective supervision in their practice as home visitors. All focus group participants agreed that reflective supervision is necessary for effectively progressing with families. Examining issues discovered during home visits and discussing different options that may yield better outcomes for children and their families can occur with effective reflective supervision. Implementing frequent reflective supervision meetings supports the home visitor’s ability to be accountable. Overall, participants believe reflective supervision consists of active listening and thoughtful questioning by the supervisor.
 - “I think reflective supervision is super helpful and a powerful tool here [...] our supervisor helps me out a lot. I can bring back stuff from my visits to her, or if I had like, a heavy day, I can go and talk to her about it and she will give me new things to try out or tell me, ‘why don’t you try this’. She gives me resources and she lets me vent sometimes, which is necessary for the type of work that we do.” – *hybrid group member*
 - “I am a big fan. I don’t know how else to put it. It helps with learning how to improve my work and time management, you know, training and things like that. That is why I’m still here, because I was able to talk about it and process those things with my supervisor. The supervisor was very good about helping me prioritize, saying that ‘this is something you can do something about, and this is something you can’t do anything about’. So, you need to put into perspective what exactly you can do or how you can help versus, you got to let this go because there’s nothing you can do, those kinds of things. So, big fan. Yep.” – *hybrid group member*

16 Reflective practice is the ability to reflect on one’s actions to engage in a process of continuous learning.

Watson, C. L., Bailey, A. E., & Storm, K. J. (2016). Building capacity in reflective practice: A tiered model of statewide supports for local home-visiting programs. *Infant mental health journal*, 37(6), 640-652.

17 Reflective supervision is the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked while working closely with young children and their families. The essential features of this supervisory relationship are reflection, collaboration, and regularity of occurrence.

Watson, C. L., Bailey, A. E., & Storm, K. J. (2016). Building capacity in reflective practice: A tiered model of statewide supports for local home-visiting programs. *Infant mental health journal*, 37(6), 640-652.

- “The supervisor has a responsibility to ensure that there is continuity, a set time, a safe space, and to make the environment welcoming. They must also allow the home visitor to reflect on some of these things, but also the supervisor [...] is not there to take over the conversation, but to facilitate the conversation or prompt so that the home visitor has the opportunity to think a little deeper about their actions, the family’s actions, and their practice and so forth.” – *home visiting supervisor*
- Implementing reflective supervision has benefits and challenges. Hybrid group members believe a benefit of reflective supervision is the provision of knowledge and support by a home visiting supervisor throughout the process. Home visitors are welcome to bring their notes from home visits and videos to the meeting to share details about child and parent interactions or individual behaviors and concerns. Once information about families is discussed, both the home visiting supervisor and home visitor can collaborate to refine knowledge and promote self-efficacy in the home visitor. Other benefits derived from reflective supervision are better service quality and family outcomes in addition to staff retention.
 - “I find it very helpful for questions like, what am I missing? What else would you do? [...] It’s good. It is helpful to have somebody to bounce that off of. We cannot save them all, but I really want to.” – *hybrid group member*
- A challenge in reflective supervision can be lack of resources within a rural community such as professional development that impacts the experience of the home visiting supervisors. Preparation for reflective supervision is vital. Notes or verbal accounts of home visits must be provided during the meeting to be utilized as topics of discussion and home visitors should be questioned to assess their rationale. Hybrid group members need reflective supervision topics to be relevant. Another resource that impacts reflective supervision in rural communities is time available for reflective supervision. If home visiting supervisors cannot balance administrative duties and reflective supervision with the allotted time available, effectively supporting home visitors will be difficult.
 - “It’s good if you’ve got somebody that can stay on topic for you. [...] You can have a very effective reflection that doesn’t have to be that exact hour.” – *hybrid group member*
 - “No one on one reflective supervision, so it’s not one on one time, it is a group. [...] I would like information from someone who has at least been on the job for more than 5 to 10 years to kind of sit me down and kind of tell me which strategies worked and what hasn’t worked in my skill development.” – *hybrid group member*

THEME: DISPOSITIONS

- All focus group participants received a handout of lists of knowledge, skills, and dispositions believed to be necessary for the home visitor job position (Appendix A, Session 4). After reviewing the lists, home visitors were asked whether they believed the listed dispositions were innate or learned. Many agreed they have certain characteristics that they were born with, such as being empathetic and many also agreed that they have learned to have a disposition, such as trustworthiness. Focus group participants share the idea that some dispositions are innate, and some are learned.
 - “I think you can develop trustworthiness, or I mean, I think you can develop all these things. I think some people are lucky because we grew up from square one with all these things. [...] I think that these things can all be developed in people, but it doesn’t have to be that you’re born with it.” – *hybrid group member*
 - “You could probably teach somebody how to be empathetic, but it’s not going to look natural. Yeah, that can be a tricky one because some of it depends on the culture, your upbringing. Of course, it can come off as natural or like you’re faking it. Teachable; can be a bit natural.” – *BIPOC group member*
 - “Reflective and teachable. Maybe holding families in their minds. I think that would be it. I think some of the dispositions, not all of the dispositions, can be learned because to do this work, you have to be open, you must be flexible, you must be trustworthy, and you must be willing to learn and to adapt. That’s something that cannot be learned. That’s something that you must come in with.” – *home visiting supervisor*
- When discussing whether dispositions were innate or could be learned, focus group participants agreed that almost all dispositions can be learned. Application in the field with families, job training, life experiences and assistance from colleagues and consultants are possible pathways for gaining these dispositions.
 - “You could learn them by applying them in the field. Because these are the basic skills you need to be a home visitor. I have been trained to talk about cultural differences and things like that.” – *hybrid group member*
 - “I think they’re all learned [...] I think you can learn to be all of them.” – *rural home visitor*
 - “I think that they can be learned if you’re put into the right situation. You’re going to understand what these things are by implementing them. I think a lot of this stuff kind of goes into even some of the like parent child interaction stuff that we’re bringing out; that some of what the parent is doing with the child is being patient with them. So, they’re figuring out how to do something, and the parents are like, ‘oh, being patient and playing is something that I could do.’ And being able to

implement that patience is necessary.” – *open group member*

- Ultimately, all participants regardless of group believed all content listed on the knowledge, skills, and dispositions lists were necessary for completion of job tasks. When all participants were asked about the influence of knowledge, skills, and dispositions in home visitors’ delivery of services, home visitors agreed that all factors influence their effectiveness in the home visiting profession.
 - “I think all of these dispositions are needed to build that rapport.” – *rural home visitor*
 - “This is our daily work. It’s kind of nice to see it all together, too. I think we’ve talked about this before how it’s such an abstract kind of job where it really is nice to say, here’s what you need to know, here’s what you need to study, here’s how you need to act.” – *hybrid group member*
 - “I think someone who has these skills, or a combination of these skills would be better equipped to provide services to families because it would be easier for families to trust the home visitor with whatever problems they have and/or to seek the support.” – *BIPOC group member*

THEME: PATHWAYS TO GAIN KNOWLEDGE, SKILLS, AND DISPOSITIONS

- When considering possible pathways to obtain knowledge, skills, and dispositions, hybrid group members believe completion of home visitor training or credentials are the best place to start. Many hybrid group members mentioned useful training located on the Gateways to Opportunity and Start Early websites. The possibility of adding home visiting courses to college curriculums was discussed as well.
 - “We do Gateways, but we don’t have requirements. Like there’s no set, ‘you have to have this many things.’” – *hybrid group member*
 - “Develop pathways by creating awareness-in colleges, social services, educators, parents, grandparents, medical professional, high school, college practicums, and college chairs for the curriculum.” – *hybrid group member*
 - All groups want more opportunities for advancement in the home visiting field. They believe there should be levels based on experience, education, and demonstration of home visiting skills. Home visiting staff should receive an increase in compensation based on their level in the home visiting career path and professional growth.
 - “Yes, there should be levels. Home visitor level one, lead home visitor.” – *hybrid group member*
 - “I think pay should go along with it. If somebody did have that college degree you should start them off at a higher level of pay than a level one home visitor, they would be getting paid more than somebody who just went through the training without the educational background that comes in as an entry level. As you make your way up, then you would have a pay raise.” – *rural home visitor*
 - “I think it should be based on how many families you recruit and can hold on to. Just your work with families, and, some of those dispositions can be learned in a class that you could take to say, ‘hey, I can be empathetic because I took this class,’ I don’t know how that goes because I wouldn’t want to get rid of someone or not give someone a raise just because they didn’t have a class when I know they’re better than someone who has other degrees.” – *home visiting supervisor*
 - “I think we do need different titles. We may have someone who better fits a certain family. So, maybe they specialize in this area versus working with a family in this other area, but it also helps you looking forward to having something to attain if you want to continue your education and progress yourself.” – *open group member*

THEME: RECRUITMENT OF HOME VISITORS

- The home visiting workforce needs to recruit dedicated and skilled home visitors to support families. Continuing to build the appropriate workforce may require the creation of a career pathway to the field of home visiting, and this can be fulfilled by selecting people who have access to fundamental home visiting knowledge, skills, and dispositions. Hybrid group members agreed that high school students, college students, early childhood educators, and parents who have graduated from the home visiting program are among the people who should be recruited.
 - “We’re going to colleges nearby for a knowledge fair. It’s for the students to learn about resources within the community. [...] I think we should go to university psychology, sociology, and education classes to explain to them what home visiting is.” – *hybrid group member*
 - “We just got a new home visitor. She came from teaching preschool to now working directly with the parent and the child, and she seems calmer. She really enjoys this job.” – *hybrid group member*
- Recruitment of early childhood educators for employment in the home visiting field was mentioned by rural and open small groups as well.
 - “We are adding more people who do have a little bit of early childhood experience right now.” – *open group member*
- All groups, except the open and supervisor groups, believed that parents in general, and parents who have graduated from the

home visiting program, should be recruited. BIPOC small group members also believe grandparents should be considered for recruitment as well. Parental experience in general is good for the field, especially when the parents have graduated from the home visiting program.

- "I felt like we should recruit parents. The more parents that you're recruiting, the better things will be [...] because everybody's experience is different as a parent. So, I feel like just recruiting more parents will be good." – *BIPOC group member*
- "We just hired a girl that graduated from the program she started last month." – *rural home visitor*
- "I think grandparents should be highly involved." – *BIPOC group member*
- However, all groups but the hybrid group members mentioned recruiting college graduates from the Human Development and Services programs comprised of fields such as psychology, philosophy, public health, sociology, social work, biology, and education.
 - "We have interns that are social work interns [...] they're able to plan a visit, document a visit and execute a visit." – *rural home visitor*
 - "I have a social work degree. One of my best home visitors has a degree in public health. And she's pretty good. I have another one who was a teacher. She's also very good. And then I have a girl who has a business degree. She is not very good." – *home visiting supervisor*
- When considering how people could be recruited to join the home visiting workforce, hybrid group members agreed that attending job fairs, promoting community involvement, and speaking with high schools and colleges about home visiting as a career option are possible ways to recruit hybrid group members. All groups except for the BIPOC small group want to speak with high school and college students about home visiting as a career option. Collaborating with administrators to develop courses and pathways to the field could increase the number of skilled applicants. According to rural and BIPOC small group members, sharing home visiting resources, information, and job applications at job fairs can be a useful approach for increasing awareness of the home visiting field and recruiting new home visitors as well.
 - "Part of my career is going to job fairs or job career events." – *hybrid group member*
 - "We need to be in the colleges. I know they go to high schools. We could be sharing what a degree in early childhood could get them, and then they're seeing what the world looks like. They have a choice on which direction they want to take, but I think in the colleges, because you have different age levels of people, you might have a 20-year-old, or you might have a 38-year-old being able to go in and be at career center days or have conversations with their early childhood programs and go into the classes and share with them. This is an option for you. You're getting this degree, but this is an option." – *hybrid group member*
- According to hybrid and BIPOC small group members, recruitment of home visitors occurs with the promotion of community involvement. Home visiting staff attend community gatherings to provide insight and resources to build relationships with potential applicants. BIPOC small group members discussed the possibility of organizing workshops in the community that display the benefits of grandparents being employed as home visitors.
 - "I know some of us do like picnics or park days with our clients where we meet other clients there, or it's just random people that may be at the park that day that we communicate with and let people play with, and that's pretty good. So yeah, simple things like that, as simple as just going out into the community is good when it comes to getting the word out there and what we are doing." – *BIPOC group member*
- Lastly, social media platforms such as Facebook have been utilized for recruitment by rural and BIPOC small group members.
 - "I do a lot of sharing on Facebook. I have a lot of people that follow my community on our Facebook. We share a lot of the information there to get it out to as many people as possible." – *rural home visitor*

THEME: RETENTION

- Currently, hybrid group members believe more advancement opportunities in the home visiting career field will increase retention of home visitors. Many want advancement in the home visiting career field as their career goal. Focus group participants were asked to describe what levels in the home visiting field should look like based on a list of potential levels: home visitor, lead home visitor, supervisor, program administrator, professional development or training associate, and state employee. Participants stated that in addition to this list they would add a level 1 home visitor, level 2 home visitor, and a level 3 home visitor before the lead home visitor position. Several home visitors do not have an aspiration for the supervisor position, but they enjoy their current position as a home visitor.
 - "I think you can actually have levels of the home visitor too: home visitor level one, home visitor level two." – *hybrid group member*
 - "Well, I don't want to do any budget[ing] [in a supervisor position]. Money is not my thing." – *hybrid group member*
 - "The amount of work that a supervisor has to do for their program is insane. [...] They don't really have healthy boundaries. I feel like they're working long hours, and there's just not enough time for a home visitor to finish their work. There is not enough time and hours in the day for my supervisor to finish everything she needs to do. She has always told me [...] you should think of maybe becoming a supervisor next. [...] That's just not what I want. I want to have a personal life. I feel like it's a lot of work." – *hybrid group member*

- According to home visitors, barriers to advancement are lack of positions available, low wages, and education requirements. Many home visitors believe higher level staff will stay in their job positions until they retire. Promotions seem unlikely.
 - “The size of the program and education requirements are barriers. Unless our supervisor retires there is no advancement. We don't have many positions in our area.” – *hybrid group member*
 - “Inadequate compensation, no place to go.” – *hybrid group member*
 - “They want that degree [...] there's a glass ceiling. Even if you all implement like lead and different levels of home visiting, even possible supervisor assistant where I work. I know I won't get any further than that because I don't have a degree.” – *hybrid group member*

THEME: RECOGNITION

- When asked about ways home visitors would like to receive recognition, hybrid group members stated that they would like to receive yearly pay increases, an award or letter of recognition, and yearly or incremental bonuses.
 - “Why are we not getting a continual salary increase? It should be continual. You know, I don't think there should just be a cap on it.” – *hybrid group member*
 - “Well, we do an award every year for home visitor of the year.” – *hybrid group member*
 - “Sign on [bonus]. And then like every five years.” – *hybrid group member*

THEME: ADDITIONAL INFORMATION

- Finally, hybrid group members were asked to express any additional information about the home visiting field that they would like funders to be aware of, and home visitors stated they would like for the home visiting field to receive more recognition and to lessen documentation. Focus group participants believe the field is vital for child wellness and development, but many people are unaware of its capabilities. As for documentation, home visitors believe an overabundance of their time is allocated for completion of documentation.
 - “It's a hard job. I feel we need to be recognized just as much as the teachers that are in a brick-and-mortar building. We need to be recognized because I do feel we are teachers.” – *hybrid group member*
 - “Paperwork is contributing to the possibility of burnout.” – *hybrid group member*

THEME: CHALLENGES SPECIFIC TO GROUP CHARACTERISTICS

- Virtual only focus groups were asked if they are experiencing challenges specific to their group characteristics. Focus group responses are below.
- A challenge believed to be specific to both rural and open small groups is lack of access to in-person health and wellness services for the families they are serving. Many therapists such as speech pathologists are providing treatment to children virtually and rural home visitors do not believe all virtual therapy is sufficient. Treatment administered in-person is preferred; however, rural families lack access to in-person health and wellness services. Families are on waiting lists to receive in-person health and wellness services and for this reason, open group members believe home visitors are struggling to effectively support families.
 - “The lack of resources in the community, trying to fill those needs, and trying to point families in the right direction. However, no one has funding, no one has the resources. They're out of this or out of that. So, it just feels like you're in that continuous cycle with the family. We are still kind of working through this. We're trying to keep our heads above water.” – *open group member*
- Other challenges the small group of rural home visitors believed to be specific to their group are the amount of driving required and lack of child care. Driving their vehicles for many miles on difficult terrain in addition to the increased cost of car maintenance is problematic. Finding child care is also a challenge for rural home visitors. There are not many child care centers in rural towns, and home visitors are forced to send their children to babysitters that lack early childhood education. On the other hand, a challenge believed to be specific to the small group of home visiting supervisors is managing caseloads with other managerial responsibilities. Home visiting supervisors are required to attend several types of meetings, complete reflective supervision with all home visiting staff, and complete many other organizational matters. There is not enough time to manage a caseload of families and other managerial duties. Contrarily, the small group of BIPOC members do not believe they experience any challenges that are specifically related to their group.
 - “I got a new girl I have to go see Monday. She lives in a different county, so it's a 55-minute drive to her house but, there's no good way to get there. All country roads. I'm not looking forward to doing that Monday. It's something different every time. [...] And you just got to be ready to either buy a new tire or have good insurance.” – *rural home visitor*
 - “I think the other thing that's important is that I make sure that what I'm always advocating for is that if you're a supervisor, you shouldn't have a caseload of families. It's difficult, very, very difficult to do.” – *home visiting supervisor*

CONCLUSION

LIMITATIONS

There are a variety of limitations that may have impacted the study and the data, including:

- limited ability for consistent attendance from all participants;
- limited ability to maintain group focus, participation, and group dynamics in all sessions;
- technical issues with the voice recording device during the in-person sessions; and
- technical and connectivity issues during Zoom sessions.

There were two question options in session 3 that may have been misunderstood by participants:

1. The rating of “state matching” on a scale of 1 (least important) to 3 (most important); and
2. The rating of “wondering stance” on a scale of 1 (least important) to 3 (most important).

IMPLICATIONS

The study was built on previous PDG B-5 projects through data analysis and focus groups to inform how to best support the home visiting workforce and reduce staff turnover. More specifically, the study analyzed home visiting salaries across program models and funding streams, and held focus groups with rural home visitors, home visitor supervisors, and BIPOC home visitors to collect their thoughts and recommendations about salary increases, incentives, credentials, as well as any related barriers.

Findings of this study are derived from multiple focus groups and are crucial pieces that need to be implemented for the betterment of the home visiting workforce. The findings express the need to:

- elicit recommendations for increasing home visiting staff wages;
- utilize various online, community, and academic networks for recruitment of home visiting staff;
- improve insurance premiums and implement popular insurance programs;
- supply supportive organizational structures, work cultures, and supervising personnel;
- provide reasonable time allotment and funding for continued education and necessary trainings; and
- collaborate with other departments within the program to promote role awareness.

This study recognizes the impacts of limited staffing retention and the influence it carries into the homes of families within the programs¹⁸, and those within the workforce who may not meet the requirements of the study. Results indicated that reflective supervision is a key component of burnout reduction in home visitors. With reflective supervision, home visitors can reflect on parent-child interactions and use critical thinking with assistance from supervisors to develop plans for better children and family outcomes.

Most staff believe there is minimal opportunity for career advancement. Creating more credentials designed to substantiate home visiting career levels will present the opportunity for advancement. The success of home visiting programs is contingent upon recruitment and retention of qualified, dedicated, and satisfied staff.¹⁹ Home visiting programs are having a very difficult time recruiting and retaining qualified staff. A reason people are disinterested in applying for home visiting job positions is low wages. Future research concerning credentialing and career levels is greatly encouraged for the promotion and creation of further recommendations to provide constructive advancements to the home visiting workforce.

Advocates who promote reforms within the home visiting sector are advised to employ the findings of this study to best influence policy makers, at both state and federal levels, as well as those within administrative levels of home visiting programs. Furthermore, it would be beneficial for those in advocacy positions to expand upon the current research and various gaps in this study to allow for a universal understanding of the home visiting workforce and its needs.

Home visiting program administrative bodies are advised to implement our recommendations into their respective programs. The application of these recommendations will hopefully allow for a substantial growth in home visiting staff retention. Recommendations

18 Kleinman, Rebecca, Catherine Ayoub, Patricia Del Grosso, Jessica F. Harding, Ruth Hsu, McMillan Gaither, Christina Mond-Rago, Mary Kalb, Joseph O'Brien, Joanne Roberts, Emily Rosen, and Mindy Rosengarten. "Understanding Family Engagement in Home Visiting: Literature Synthesis." OPRE Report #2023-004. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health, and Human Services, 2023.

19 Benatar, S., Coffey, A., & Sandstrom, H. (2020). How workplace supports relate to home visitor recruitment and retention. OPRE Report, 97.

aim to provide home visiting staff with the necessities to best supply those in the workforce with the fundamental tools to support themselves and their families. Additionally, the study shows the need of the various home visiting programs to self-advocate to those within state and federal agencies for greater funding.

Finally, the study encourages the entities of both federal and state agencies to proactively increase the funding streams that provide for their respective home visiting programs to best allow for the implementation of these recommendations. Additionally, the support of federal and state agencies would allow home visiting programs to develop and establish regulations to best support the recommendations within the study to grant the home visiting programs the ability to promote better staff retention and the retention of families within the respective programs.

APPENDIX A: FOCUS GROUP QUESTION OUTLINES AND HANDOUTS

SESSION 1

1. Participants

- a. HV in what funding stream?
- b. How long in your role as HV?
- c. Why HV as a career choice? What draws you to HV? Why work with families with young children?
- d. What is your case load?
- e. What is a typical day for you?
- f. How did you find your job as a HV?
- g. How would you recruit others to be a HV in your program?
- h. What would be a financial incentive to be a HV?
 - i. Will incentives help recruit and retain home visitors? What kinds of incentives?

2. Program demographics

- a. Type of program—school district, health dept, community agency, etc.?
 - i. How does your program compare with other similar programs in your community in terms of compensation?
- b. What funding streams are blended in your program?
- c. What is your program's target population?
 - i. Are you reaching that population?
 - ii. Barriers to reaching your target population?
 - iii. What do you wish you were able to do to reach your target population?

3. Families

- a. Characteristic of the average family served.
 - i. Age of primary caregiver (parent, grandparent, guardian)
 - ii. Age of child
 - iii. Marital status
 - iv. Language spoken in the home
 - v. Employment outside of the home
 - vi. Academic background—last grade completed
 - vii. Number of people in the home
 - viii. Ethnicity
 - ix. Number of ACE's—Level of resiliency 1-5

4. After an encounter with a family, what brings you satisfaction about the visit?

SESSION 2

1. From your academic background and work experiences what do you find most applicable to your role as HV?

2. What content knowledge did you learn?

3. What trainings did you find the most applicable to your role as HV?
4. What content knowledge does a HV need to be effective?
5. Would credentialing be helpful or is it unnecessary in recruiting and retaining home visitors?
6. What role might/should credentialing have in:
 - a. Increased compensation?
 - b. Demonstrating education/skills?
 - c. Creation of a career path?
9. What was “on boarding” like?
 - a. What activities made your entry in the role of HV easier?
 - b. What aspects of onboarding were challenging?
 - c. How did you learn about the fit of your role in the system of your organization/school district?

Survey:

10. What does your day look like?
 - a. % of time with families
 - b. % of time doing documentation
 - c. % of time planning for visits, groups, or events
 - d. % of time driving to visits
 - e. % of time for other tasks
 - i. What other tasks?

Follow up to survey:

14. How do unexpected adjustments in your job affect your day-to-day work?
15. What supports do you have in place to assist you to be flexible? (catch-up day?)
16. We gathered case load last time on index cards—we will ask “Is it appropriate for the work that needs to be done?”

Compensation

17. What is your salary?
18. What do you think a HV should get paid? Based on education? Based on experiences?
19. Other benefits and supports—what do you receive? What is lacking? Barriers?

SESSION 3

List of skills for effective home visiting

Administrative skills

- Time management
- Documentation/administrative paper work
- Perform an assessment tool

Relationship building skills with parent

- Active listening
- State matching with parent
- Self-awareness
- Holding what is important to the family in your mind from one visit to the next
- Awareness of your biases, setting them aside
- Having a difficult conversation
- Setting boundaries with families

The heart of the work – P-C relationship

- Facilitation/observation of parent-child interaction
- Wondering stance
- Narrating the child's behavior to get parent's meaning of a behavior
- Pivot—Bringing conversations back to the child and his developmental agenda
- Strategies for engagement
- Use the play interactions of the P-C in their natural environment (use of family's toys)

Mutual learning

- Cultural humility, setting your beliefs aside to learn about the family's beliefs
- Observation
 - Family members for understanding of current child behaviors related to child's development
 - Child for understanding of current behaviors related to development (where is the child in his/her developmental agenda)
 - P-C for understanding of current behaviors/looking for mutual engagement (serve and return)
 - Mutual language engagement between P-C
 - Parenting reading the child's cues (serve and return)
 - Child reading the parent's cues (serve and return)
- Being reflective (in the moment of the visit, after the visit)
- Assessment of environment—body language of the people present, your own body language, who is in the home, safety considerations, etc.
- Motivational interviewing

Provide a survey (during Zoom) to rank the above skills with a 1, 2, or 3 with (1) being most necessary, (2) being less necessary, (3) being least necessary.

1. What were you thinking about in the process of ranking skills?
2. Why did you rank the skills with a (1)?
3. What skills do you find you use most on a daily basis?
4. What skills do you find are most effective?
5. What are ways in which you learn a skill/new skill?
 - a. How do you know you need to learn a skill or a new skill?
 - b. What is the difference between having knowledge of a skill and application of the skill?
 - c. What does understanding that difference make in your learning process?
 - d. What is challenging about learning a skill/new skill?
 - e. What role does a training play in this process?

- f. What would a skills training look like?
 - i. In-person?
 - ii. Virtual?
 - iii. One time training?
 - iv. Training over time?
 - v. Follow-up for practice feedback?
 - vi. Video review for feedback?
 - vii. Who should attend to a skills training: individual, at least two from a team, the whole team, individual and supervisor together?
- g. How do you know you have incorporated a skill/new skill in your practice?
- h. How do you know the skill is effective and supports your work with families?

6. What is the role of reflective practice in being an effective HV?

Reflective practice is the ability to reflect on one's actions so as to engage in a process of continuous learning.

7. What is the role of reflective supervision in your practice as a home visitor?

Reflective supervision is the process of examining, with someone else, the thoughts, feelings, actions, and reactions evoked in the course of working closely with young children and their families. The essential features of this supervisory relationship are reflection, collaboration, and regularity of occurrence.

SESSION 4

Lists of knowledge, skills, and dispositions

Knowledge

Human Growth and Development (Focus on prenatal, newborn, infancy, and toddlerhood)

Correlation between the four developmental domains

Identify Illinois Early Learning Guidelines and their relationship to child development and appropriate parent-child interactions

Emergent Literacy

Administer, analyze, and communicate the results of a global assessment tool

Typical and atypical child development

Adult Learning Theory

Health and nutritional information application prenatal through adulthood

Building Relationship

Motivational Interviewing

Family interactions/systems

Strength-based practice

Verbal and non-verbal communication

Confidentiality

Reflective practice and supervision

Professional boundaries

Cultural Humility

- Understand own biases and prejudices
- Impact of trauma and/or stress from prenatal through adulthood
- Understand values, traditions, strengths and needs of individual families
- Understand the roles of racism, discrimination, and poverty on families
- Objective Documentation

Behavioral and environmental health and safety issues

- Mandated Reporting
- Understand characteristics and needs of families experiencing substance abuse, child abuse or neglect, grief and loss, mental illness, domestic violence, and/or homelessness
- Recognize signs of resilience
- Stress management

Community resources and personal contacts

- Referral procedure
- Transition procedures
- Advocacy

Skills

Administrative skills

- Time management
- Documentation/administrative paper work
- Perform an assessment tool

Relationship building skills with parent

- Active listening
- State matching with parent
- Self-awareness
- Holding what is important to the family in your mind from one visit to the next
- Awareness of your biases, setting them aside
- Having a difficult conversation
- Setting boundaries with families

The heart of the work – P-C relationship

- Facilitation/observation of parent-child interaction
- Wondering stance
- Narrating the child's behavior to get parent's meaning of a behavior
- Pivot—Bringing conversations back to the child and his developmental agenda
- Strategies for engagement
- Use the play interactions of the P-C in their natural environment (use of family's toys)

Mutual learning

Cultural humility, setting your beliefs aside to learn about the family's beliefs

Observation

Family members for understanding of current child behaviors related to child's development

Child for understanding of current behaviors related to development (where is the child in his/her developmental agenda)

P-C for understanding of current behaviors/looking for mutual engagement (serve and return)

Mutual language engagement between P-C

Parenting reading the child's cues (serve and return)

Child reading the parent's cues (serve and return)

Being reflective (in the moment of the visit, after the visit)

Assessment of environment—body language of the people present, your own body language, who is in the home, safety considerations, etc.

Motivational interviewing

Dispositions

Trustworthy

Empathic

Responsive

Conscientiousness and persistence with families

Non-judgmental

Optimistic attitude

Patience

Creativity

"Holding families in their minds"

Reflective

Respectful

Cultural humility

Teachable

Accepts Responsibility

Flexible

Collaborative

Expresses emotions constructively

Focus Group Questions

1. Provide above list of dispositions (character traits, way of being) of effective home visitors.

a. Which of these are innate (born with)?

b. Which can be learned?

c. How do knowledge, skills and dispositions influence a HV delivering services on a daily basis?

Small groups or individuals work to develop:

1. Who and how do we recruit for HV?

2. Possible pathways to obtain knowledge, skills, dispositions.
 - a. Should there be levels in our field?
 - b. Based on what?
 - c. How does compensation relate to this?
3. Effective onboarding
4. What does ongoing knowledge, skill, and disposition development look like? (Professional growth)
 - a. What role does professional development coaching play in the field?
 - b. What about shadowing seasoned home visitors? Effective?
 - c. Accompanying supervisor on home visits as a role model?
 - d. Using materials on the Head Start ECLKC for HV training?
5. What is necessary for retention?
 - a. Do you want to advance in the field? Is that your career goal?
 - b. What does that look like to you?
 - Lead HV
 - Supervisor
 - Program administrator
 - PD/TA provider
 - State employee
 - c. What are barriers to advancement?
 - d. If you want to stay in your current role, what types of recognition is important to you?
 - Pay increases
 - Acknowledgement
 - Bonuses

APPENDIX B: ILLINOIS HOME VISITING PROGRAM MODELS

BABY TALK

Baby TALK is a familial engagement model built upon the principles of infant-mental health. Allowing for the inclusion of a framework that includes intentional and individualized engagement with families, the mission of the program is to promote positive child development and to nurture the growth of healthy and responsive relationships during the critical developmental years during the life of the child.²⁰

PARENTS AS TEACHERS

Parents as Teachers (PAT) intends to guide and increase parental knowledge concerning the needs of the child. This includes the increase of the parent's knowledge of early childhood development, improvement of parental practices, provide early detection of developmental health and delay issues, increase the child's school readiness and success, and to be a preventative measure combating child abuse and neglect.²¹

HEALTHY FAMILIES AMERICA

Healthy Families America (HFA) is an evidence-based home visiting program that is nationally recognized program of the Prevent Child Abuse America.²² HFA ensures model fidelity through a rigorous accreditation process set of Best Practice Standards allowing the HFA to prioritize flexibility and support for communities and families.²³

HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a parent involved and parent directed home visiting model for the promotion of early learning. HIPPY's mission is to offer services to parents, who work with their own children of ages 2-5 years old, to best prepare their children for success in school and beyond.²⁴

EARLY HEAD START HOME-BASED OPTION

The Early Head Start Home-Based Option (EHS) focuses on school readiness of children aged birth to three in low-income households. The program provides specialized services by focusing on cognitive, social, and emotional development.²⁵

FAMILY CONNECTS

The mission of Family Connects Illinois (FC IL) is to ensure the well-being of every baby, new mother, and family in Illinois by bridging the gap between a family's unique needs and wishes and community resources and local systems of care. This universal approach ensures that all families are less dependent on seeking out these types of services on their own and strengthens the collaboration, coordination and availability of a community's support services available for families.²⁶ It is distinguished from the other programs listed because it is a short-term intervention that can support families enrolling in other home visiting programs.

NURSE FAMILY PARTNERSHIP

Nurse-Family Partnership (NFP) is an evidence-based program that involves registered nurses delivering home visits to new mothers beginning early in pregnancy until the child turns 2 years of age. The goal of NFP is to reduce maternal morbidity and mortality in addition to improving the health, relationships, and economic well-being of families.²⁷

20 Baby TALK Model Profiles. National Home Visiting Resource Center. (2023, September 15). https://nhvrc.org/model_profile/baby-talk/

21 Welcome to parents as teachers. Parents as Teachers. (2023, May 10). <https://parentsasteachers.org/>

22 Evidence of effectiveness - healthy families America. (n.d.-a). https://www.healthyfamiliesamerica.org/wp-content/uploads/2022/03/HFA_Evidence_of_Effectiveness_2022_Website.pdf

23 Evidence of effectiveness - Healthy Families America. Healthy Families America Our Impact and Evidence of Effectiveness. (2022). https://www.healthyfamiliesamerica.org/wp-content/uploads/2022/03/HFA_Evidence_of_Effectiveness_2022_Website.pdf

24 Implementing home instruction for parents of preschool youngsters (hippy)®. Home Visiting Evidence of Effectiveness. (2020). <https://homvee.acf.hhs.gov/implementation/Home%20Instruction%20for%20Parents%20of%20Preschool%20Youngsters%20%28HIPPY%29%C2%AE/Model%20Overview#:~:text=Home%20Instruction%20for%20Parents%20of%20Preschool%20Youngsters%20%28HIPPY%29,their%20children%20for%20success%20in%20school%20and%20beyond.>

25 Model Profiles: Early Head Start Home-Based Option. National Home Visiting Resource Center. (2023). https://nhvrc.org/model_profile/early-head-start-home-based-option/

26 Family connects Illinois. Family Connects Illinois. (2020, March 4). <https://familyconnectsil.org/>

27 Child Welfare Information Gateway. (2023, October 23). [childwelfare.gov](https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/homevisitprog/nursefamily/). Retrieved from Child Welfare: <https://www.childwelfare.gov/topics/preventing/prevention-programs/homevisit/homevisitprog/nursefamily/>

APPENDIX C: HOME VISITING STATE AND FEDERAL FUNDING STREAMS FOR ILLINOIS

Program Title	Defining the Program	Type of Funding
HRSA Maternal Infant and Early Childhood Home Visiting (MIECHV) Program	The Illinois Maternal, Infant, and Early Childhood Home Visiting Program supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.	Federal Funding
Illinois Department of Human Services Division of Early Childhood (IDHS-DEC) State Home Visiting (formerly known as Healthy Families Illinois)	The IDHS-DEC State Home Visiting Program supports pregnant people and parents with young children ages 0-5 who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.	General Revenue Funds
Illinois Department of Human Services Maternal Child Home Visiting (formerly known as Parents Too Soon)	The Maternal Child Home Visiting program supports home visiting program models including: Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT), that provide support services to new and expectant parents, through home visitation, parent support groups, and community education to assist them to: improve the parent-child relationship; promote healthy growth and development for the child; and reduce the likelihood of child maltreatment.	General Revenue Funds, Title XX Social Service Block Grant Funds
Illinois State Board of Education Prevention Initiative	Research based, and comprehensive child development and family support services for expectant parents and families with children from birth to age 3.	Early Childhood Block Grant, General Revenue Funds
Office of Head Start, Administration for Children and Families	<p>Head Start and Early Head Start are federal programs that promote the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services. Head Start is administered by the U.S. Department of Health and Human Services (HHS). Federal Head Start funds are provided directly to local grantees rather than through states.²⁸</p> <p>The Illinois Head Start Association (IHSA) provides assistance to Illinois Head Start and Early Head Start programs to ensure their ongoing viability and vitality to operate a high impact, community driven Head Start/Early Head Start program. IHSA advocates for its members at the federal, state, and local level to secure more funding and achieve beneficial policy changes and better serve Illinois' most vulnerable children and families.</p>	Federal to Local Funding

28 Illinois Head Start Association. (n.d.). <https://www.ilheadstart.org/index.php>

APPENDIX D: HOME VISITOR VIRTUAL FOCUS GROUP INTEREST SURVEY

Information

The Illinois State Board of Education (ISBE) and Illinois Department of Human Services (IDHS) have partnered with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to conduct a needs assessment of the Home Visiting workforce. This work is funded through the 2023 Preschool Development Grant Birth through Five Planning Grant (PDG B-5). Previous PDG B-5 projects created a Home Visiting credentials crosswalk report, expanded the inclusion of home visitors in the Gateways Registry, and published the state's first demographic profile of the Home Visiting workforce. We propose to build on these foundations through additional data analysis and focus groups (needs assessment) to inform how we can best support the field and reduce staff turnover. Specifically, we propose to analyze home visiting salaries across program models and funding streams, and hold focus groups with rural home visitors and BIPOC home visitors to collect their thoughts and recommendations about salary increases, incentives, and credentials, as well as any related barriers. This important data from programs and professionals will inform how state agencies can work together to stem the HV workforce shortage. This survey provides more information and will be used to gauge interest in participating in the focus groups.

1. We are interested in focus groups of Home Visitors or Supervisors. Please select your role below.

- ☐ Home Visitor
- ☐ Home Visitor Supervisor
- ☐ Other (please specify)

2. The focus groups are intended to begin in June or July and end in late October or early November, with one focus group session per month for a total of 4 focus groups. Are you willing to meet once a month for 4 months for the focus groups?

- ☐ Yes
- ☐ No

3. There will be a total of 4 focus groups for your location. The first focus group and the final focus group will be in person with mileage paid for at the state rate. Please select all locations below you are willing to drive to for the focus groups

- ☐ Winnebago County
- ☐ Lake County
- ☐ City of Chicago
- ☐ DuPage County
- ☐ Kane County
- ☐ Lee County
- ☐ Whiteside County
- ☐ LaSalle County
- ☐ Peoria County
- ☐ McLean County
- ☐ Champaign County
- ☐ Adams County
- ☐ An East Central County
- ☐ Madison County
- ☐ St. Clair County
- ☐ A Southern County

4. The in person focus groups will be approximately 2 hours long. The virtual focus groups will be approximately 1 hour long. This totals to 6 hours of focus group time (outside of any travel time). Are you willing to give 6 hours of your time across 4 months for the focus groups?

- ☐ Yes
- ☐ No

5. If you are interested in participating in the focus groups, please leave your contact information below.

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

APPENDIX E: HOME VISITOR VIRTUAL FOCUS GROUP INTEREST SURVEY

Information

The Illinois State Board of Education (ISBE) and Illinois Department of Human Services (IDHS) have partnered with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) to conduct a needs assessment of the Home Visiting workforce. This work is funded through the 2023 Preschool Development Grant Birth through Five Planning Grant (PDG B-5). Previous PDG B-5 projects created a Home Visiting credentials crosswalk report, expanded the inclusion of home visitors in the Gateways Registry, and published the state's first demographic profile of the Home Visiting workforce. We propose to build on these foundations through additional data analysis and focus groups (needs assessment) to inform how we can best support the field and reduce staff turnover. Specifically, we propose to analyze home visiting salaries across program models and funding streams, and hold focus groups with rural home visitors and Black, Indigenous and People of Color (BIPOC) home visitors to collect their thoughts and recommendations about salary increases, incentives, and credentials, as well as any related barriers. This important data from programs and professionals will inform how state agencies can work together to stem the HV workforce shortage. This survey provides more information and will be used to gauge interest in participating in the focus groups.

La Junta de Educación del Estado de Illinois (ISBE) y el Departamento de Servicios Humanos de Illinois (IDHS) se han asociado con la Red de Agencias de Recursos y Referencias de Cuidado Infantil de Illinois (INCCRRA) para realizar una evaluación de las necesidades de la fuerza laboral de visitas domiciliarias. Este trabajo está financiado a través de la Subvención de planificación para el desarrollo preescolar desde el nacimiento hasta los cinco años de 2023 (PDG B-5). Proyectos anteriores PDG B-5 crearon un informe de cruce de credenciales de visitas domiciliarias, ampliaron la inclusión de visitantes domiciliarios en el Registro de Gateways y publicaron el primer perfil demográfico del estado de la fuerza laboral de visitas domiciliarias. Proponemos aprovechar estas bases mediante análisis de datos adicionales y grupos focales (evaluación de necesidades) para informar cómo podemos apoyar mejor el campo y reducir la rotación de personal. Específicamente, proponemos analizar los salarios de las visitas domiciliarias en todos los modelos de programas y fuentes de financiamiento, y realizar grupos focales con visitantes de hogares rurales y visitantes de hogares negros, indígenas y de color (BIPOC) para recopilar sus opiniones y recomendaciones sobre aumentos salariales, incentivos y credenciales, así como cualquier barrera relacionada. Estos importantes datos de programas y profesionales informarán cómo las agencias estatales pueden trabajar juntas para detener la escasez de fuerza laboral de HV. Esta encuesta proporciona más información y se utilizará para medir el interés en participar en los grupos focales.

1. We are interested in virtual focus groups of Home Visitors or Supervisors. Please select your role below.

Estamos interesados en grupos focales de visitantes del hogar o supervisores. Seleccione su función a continuación.

- ☐ Home Visitor (Visitante casera)
- ☐ Home Visitor Supervisor (Supervisora de visitas a domicilio)
- ☐ Other (please specify) [Otra (por favor especifique)]

2. There will be 2 focus group sessions per group of participants. Please select the option below that best fits your characteristics and your schedule.

Habr  2 sesiones de focus group por grupo de participantes. Por favor selecciona a continuaci n la opci n que mejor se ajuste a tus caracter sticas y a tu horario.

- ☐ **This group is reserved for Spanish speaking participants only**
Session 1: Monday, Nov. 6, 9:00 - 10:30 AM
Session 2: Monday, Nov. 13, 9:00 - 10:30 AM
Este grupo est  reservado solo para participantes de habla hispana.
Sesi n 1: lunes 6 de noviembre, 9:00 - 10:30 a. m.
Sesi n 2: lunes 13 de noviembre, 9:00 - 10:30 a. m.
- ☐ **This group is reserved for Supervisors only**
Session 1: Monday, Nov. 6, 12:30 - 2:00 PM
Session 2: Monday, Nov. 27, 12:30 - 2:00 PM
Este grupo est  reservado solo para supervisores
Sesi n 1: lunes 6 de noviembre, 12:30 - 2:00 p.m.
Sesi n 2: lunes 27 de noviembre, 12:30 - 2:00 p.m.
- ☐ **This group is reserved for Supervisors only**
Session 1: Tuesday, Nov. 7, 9:00 - 10:30 AM
Session 2: Tuesday, Nov. 28, 9:00 - 10:30 AM
Este grupo est  reservado solo para supervisores
Sesi n 1: martes 7 de noviembre, 9:00 - 10:30 a. m.
Sesi n 2: martes 28 de noviembre, 9:00 - 10:30 a. m.
- ☐ **This group is reserved for Rural participants only**
Session 1: Tuesday, Nov. 7, 12:30 - 2:00 PM
Session 2: Tuesday, Nov. 28, 12:30 - 2:00 PM
Este grupo est  reservado solo para participantes rurales.
Sesi n 1: martes 7 de noviembre, 12:30 - 2:00 p.m.
Sesi n 2: martes 28 de noviembre, 12:30 - 2:00 p.m.
- ☐ **This group is reserved for Rural participants only**
Session 1: Wednesday, Nov. 8, 9:00 - 10:30 AM
Session 2: Wednesday, Nov. 29, 9:00 - 10:30 AM
Este grupo est  reservado solo para participantes rurales.
Sesi n 1: mi rcoles 8 de noviembre, 9:00 - 10:30 a. m.
Sesi n 2: mi rcoles 29 de noviembre, 9:00 - 10:30 a.m.
- ☐ **This group is reserved for those who identify as BIPOC only**
Session 1: Wednesday, Nov. 8, 12:30 - 2:00 PM
Session 2: Wednesday, Nov. 29, 12:30 - 2:00 PM
Este grupo est  reservado solo para aquellos que se identifican como BIPOC.
Sesi n 1: mi rcoles 8 de noviembre, 12:30 - 2:00 p.m.
Sesi n 2: mi rcoles 29 de noviembre, 12:30 - 2:00 p.m.
- ☐ **This group is reserved for those who identify as BIPOC only**
Session 1: Thursday, Nov. 9, 9:00 - 10:30 AM
Session 2: Thursday, Nov. 30, 9:00 - 10:30 AM
Este grupo est  reservado solo para aquellos que se identifican como BIPOC.
Sesi n 1: jueves 9 de noviembre, 9:00 - 10:30 a. m.
Sesi n 2: jueves 30 de noviembre, 9:00 - 10:30 a. m.
- ☐ **This group is open to any participants**
Session 1: Thursday, Nov. 9, 12:30 - 2:00 PM
Session 2: Thursday, Nov. 30, 12:30 - 2:00 PM
Este grupo est  abierto a cualquier participante.
Sesi n 1: jueves 9 de noviembre, 12:30 - 2:00 p.m.
Sesi n 2: jueves 30 de noviembre, 12:30 - 2:00 p.m.
- ☐ **This group is open to any participants**
Session 1: Friday, Nov. 10, 9:00 - 10:30 AM
Session 2: Friday, Dec. 1, 9:00 - 10:30 AM
Este grupo est  abierto a cualquier participante.
Sesi n 1: viernes 10 de noviembre, 9:00 - 10:30 a. m.
Sesi n 2: viernes 1 de diciembre, 9:00 - 10:30 a. m.

3. If you are interested in participating in the focus groups, please leave your contact information below.

Si está interesado en participar en los grupos focales, deje su información de contacto a continuación.

Name (Nombre)	<input type="text"/>
Company (Compañía)	<input type="text"/>
Address (DIRECCIÓN)	<input type="text"/>
Address 2 (Dirección 2)	<input type="text"/>
City/Town (Ciudad/Pueblo)	<input type="text"/>
State/Province (Provincia del estado)	<input type="text"/>
ZIP/Postal Code (Código Postal/Código Postal)	<input type="text"/>
Email Address (Dirección de correo electrónico)	<input type="text"/>
Phone Number (Número de teléfono)	<input type="text"/>

APPENDIX F: METHODS

There were two rounds of focus groups with two separate groups of participants. The first round was in a hybrid format in which two sessions were in-person and two were held virtually using the Zoom platform. These will be referred to as the hybrid focus groups. The second round was virtual only and will henceforth be referred to as the virtual only focus groups.

HYBRID FOCUS GROUPS

HOME VISITOR FOCUS GROUP INTEREST SURVEY

Development

The Home Visitor Focus Group Interest Survey was created on the SurveyMonkey website to recruit home visiting staff for participation in the Home Visiting Workforce focus groups. The survey asked questions concerning the respective home visiting staff roles, availability to attend four focus group sessions between the months of June 2023 through November 2023, contact information, and provided details regarding the available in-person locations for participation. Recruitment of rural and BIPOC home visiting staff was a priority; however, participants were not eliminated from consideration of participation if they did not meet these characteristics. The Home Visitor Focus Group Interest Survey allowed the INCCRRA research team to easily filter through responding program staff and place them into specific focus groups based on their location. Even though the survey was implemented successfully, other limitations may have impacted the data quality and the scope of findings.^{29,30} Notable limitations include the survey only being available online and only available in English. A copy of the survey can be found in Appendix D.

Administration & Respondents

On May 18, 2023, an email was disseminated by INCCRRA to all home visitors with email addresses available in the Gateways Registry ($n = 1,356$). The email explained the focus group project and asked those who were interested in participating to complete the Home Visiting Focus Group Interest Survey online via SurveyMonkey by May 26, 2023. A link to the survey was provided in the email.

The INCCRRA Research Team asked their partners at the Illinois Head Start Association, the Illinois Department of Human Services (IDHS), the Raising Illinois Home Visiting Workgroup, and the Illinois State Board of Education (ISBE) to support recruitment by sending the suggested email language and survey link to their respective networks of home visitor staff.

There were 196 home visitor staff that completed the survey to express interest in participating in the focus groups. Groups were limited to 15 participants; thus 93 home visitors were contacted to confirm their interest and were invited to participate in the focus group sessions. Forty-seven (47) out of 93 home visitors attended one or more focus group sessions. Of the 47 participants, 44 provided demographic information. These 44 participants identified as female ($n = 43$; 97.7%) or non-binary ($n = 1$; 2.3%) and had an average age of 41 years (median = 40 years). Nearly three-quarters ($n = 27$; 64.3%) had a bachelor's degree as their highest level of education, and 19% had a graduate degree ($n = 8$). Almost half were Caucasian/White ($n = 21$; 47.7%), 13 were Hispanic/Latino (29.5%), and 9 (20.5%) were African American/Black.

Hybrid Focus Group Design

Participants were divided into 10 groups based on their work or home locations. Each group was limited to 10-15 participants; nearly all had fewer than 10 participants. Each group participated in four focus group sessions, for a total of 40 sessions across the study. The four focus group sessions began in late June/early July and concluded in late October/early November. They took place in-person (first and final sessions) and virtually (second and third sessions). In-person was selected for the first and final sessions to build a sense of belonging and to connect with the group in the first session, and to wrap up in-person for the final session. The Zoom platform was selected for the second and third sessions to provide ease of participation with a virtual environment.

The in-person sessions were held in 10 locations across the state of Illinois based on Child Care Resource & Referral locations, and participant locations. The chosen cities were Chicago, Gurnee, Addison, Rockford, Sterling, Bloomington, Quincy, Edwardsville, Carterville, and Charleston. See Appendix H for a breakdown of each focus group location listed by county. In-person sessions were conducted primarily in Child Care Resource & Referral facilities, and a few of the sessions were held at Young Women's Christian Association (YWCA) facilities and Start Early in Chicago. Table 6 displays specific details of each focus group session, including the location, session number, meeting type, date, and number of attendees.

29 Fowler, F. J. (2014b). Types or Error in Surveys. In K. Guarino, J. Miller, & V. Knight (Eds.), *Survey research methods* (5th ed., Ser. Applied Social Research Methods, pp. 8–13). Essay, Sage Publication.

30 Blair, J., Czaja, R., & Blair, E. (2014). *Designing surveys a guide to decisions and procedures*. Pine Forge Press.

Table 6. Hybrid Focus Group Design Details

Hybrid Group	Session 1		Session 2		Session 3		Session 4	
Lake County	<i>n</i> = 4 In-person	06/21/2023	<i>n</i> = 3 Virtual	08/22/2023	<i>n</i> = 4 Virtual	09/19/2023	<i>n</i> = 2 In-person	11/07/2023
Chicago	<i>n</i> = 1 In-person	06/21/2023	<i>n</i> = 3 Virtual	08/22/2023	<i>n</i> = 1 Virtual	09/19/2023	<i>n</i> = 2 In-person	11/07/2023
DuPage & Kane	<i>n</i> = 6 In-person	06/22/2023	<i>n</i> = 6 Virtual	08/23/2023	<i>n</i> = 6 Virtual	09/20/2023	<i>n</i> = 5 In-person	11/08/2023
Winnebago	<i>n</i> = 8 In-person	06/28/2023	<i>n</i> = 8 Virtual	08/23/2023	<i>n</i> = 6 Virtual	09/20/2023	<i>n</i> = 7 In-person	11/09/2023
Lee, Whiteside, & La Salle	<i>n</i> = 2 In-person	06/28/2023	<i>n</i> = 2 Virtual	08/24/2023	<i>n</i> = 1 Virtual	09/21/2023	<i>n</i> = 2 In-person	11/21/2023
Peoria, Mclean, & Champaign	<i>n</i> = 5 In-person	07/06/2023	<i>n</i> = 6 Virtual	08/24/2023	<i>n</i> = 2 Virtual	09/21/2023	<i>n</i> = 2 In-person	10/24/2023
Adams County	<i>n</i> = 3 In-person	07/11/2023	<i>n</i> = 2 Virtual	08/29/2023	<i>n</i> = 4 Virtual	09/26/2023	<i>n</i> = 3 In-person	10/25/2023
Madison & St. Clair	<i>n</i> = 2 In-person	07/12/2023	<i>n</i> = 3 Virtual	08/29/2023	<i>n</i> = 3 Virtual	09/26/2023	<i>n</i> = 3 In-person	10/26/2023
Southern IL	<i>n</i> = 2 In-person	07/13/2023	<i>n</i> = 2 Virtual	08/30/2023	<i>n</i> = 2 Virtual	09/27/2023	<i>n</i> = 1 In-person	11/01/2023
East Central IL	<i>n</i> = 2 In-person	07/19/2023	<i>n</i> = 2 Virtual	08/29/2023	<i>n</i> = 2 Virtual	09/26/2023	<i>n</i> = 2 In-person	11/02/2023

The in-person sessions were scheduled for two hours, and the Zoom sessions were scheduled for 1.5 hours. All in-person sessions were recorded with a Philips audio recording device, and each Zoom session was aurally and visually recorded; only audio recording was used in data analysis. Prior to each recording, the research analyst and consultant collected verbal responses from all participants of their consent to the usage of the data collecting tool.

The mediums of data collection for the focus group sessions included, but were not limited to, answering forms of questionnaires noted upon easel, paper and notecards, audio tape recordings, Zoom audio and video recordings, Zoom polls, Zoom chat log, worded transcripts created through the software program of NVivo and Microsoft Excel to best collect and theme the participant responses.

Questions for the focus groups were created by INCCRRA's consultant for this project, Deb Widenhofer, and reviewed by the Advisory Committee.³¹ All session questions can be found in Appendix A.

VIRTUAL ONLY FOCUS GROUPS

INCCRRA decided to conduct virtual only focus groups subsequent to the hybrid focus groups to increase the sample size and response rate of some questions asked during the hybrid focus groups.

HOME VISITOR VIRTUAL FOCUS GROUP INTEREST SURVEY

Development

The Home Visitor Virtual Focus Group Interest Survey was created similarly to the Home Visitor Focus Group Interest Survey. The survey asked about home visiting staff roles, contact information, and gave details on the nine available groups to join and the two focus group session dates and times for each group, which were between November 6, 2023, and December 1, 2023. Regarding the virtual only focus groups, recruitment of rural and BIPOC home visiting staff was still a priority; however, INCCRRA allowed two supervisor groups and an interview conducted in Spanish with one Spanish speaking interviewee. Participants were not eliminated from consideration of participation if they did not meet these characteristics. A copy of the survey can be found in Appendix E.

31 The Advisory Committee included Cerathel Burgess-Burnett at City of Chicago Department of Family Support Services, Jean Davis at Illinois Department of Human Services, Donna Emmons at Illinois Head Start Association, Kayla Goldfarb at Start Early, Carisa Hurley at Illinois State Board of Education, Allison Lowe-Fotos at Start Early, Lauri Morrison-Frichtl at Illinois Head Start Association, Lesley Schwartz at Illinois Department of Human Services, Joanna Su at Illinois Department of Human Services, Mark Valentine at Start Early, Whitney Walsh at Start Early, and Wendy Williams at Illinois Department of Human Services.

Administration & Respondents

Survey administration was completed similarly to the Home Visitor Focus Group Interest Survey. The Home Visitor Virtual Focus Group Interest Survey was emailed to 1,275 home visiting staff on October 10, 2023. This email was identical to the Home Visitor Focus Group Interest Survey that was previously disseminated, with the exception of specifying that respondents should not complete the survey if they were already participating in the hybrid focus groups. The email provided the SurveyMonkey link and asked those who were interested to complete the survey by October 18, 2023.

The INCCRRA Research Team asked their partners at the Illinois Head Start Association, the Illinois Department of Human Services (IDHS), the Raising Illinois Home Visiting Workgroup, and the Illinois State Board of Education (ISBE) to help with recruitment for the virtual focus groups.

There were 45 home visitor staff that filled out the survey to express interest in participating in the focus groups. Invitations to attend the sessions were only emailed to 39 survey respondents due to some not providing an email address and some respondents who were already participating in the hybrid sessions. Only 15 participated in at least one of the two sessions. Of the 15 participants, 14 provided demographic information. These 14 participants identified as female and had an average age of 40 years (median = 36 years). Seven (50%) had a Bachelor's degree as their highest level of education, and 4 (28.6%) had an Associate's degree. Six were Caucasian/White (42.9%), 4 were African American/Black (28.6%), 3 were Hispanic/Latino (21.4%) and 1 was Multi-Racial (7.1%).

VIRTUAL ONLY FOCUS GROUP DESIGN

Participants selected their group of choice in their response to the survey. There were two groups offered for BIPOC home visitors, two groups for rural home visitors, two groups for supervisors, two groups for anyone (open group), and one group for Spanish speaking home visitors. The Home Visitor Virtual Focus Group Interest Survey allowed INCCRRA to create eight groups (only one BIPOC group instead of two). There were 16 planned sessions, two sessions per group, but due to attendance issues only 13 sessions were completed. Table 7 displays specific details of each focus group session, including the group, session number, date, and number of attendees.

Table 7. Virtual Only Focus Group Design Details

Virtual Only Group	Session 1		Session 2	
Spanish	<i>n</i> = 1	11/06/2023	No attendance	
Supervisor A	<i>n</i> = 1	11/06/2023	<i>n</i> = 1	11/27/2023
Supervisor B	<i>n</i> = 2	11/07/2023	<i>n</i> = 1	11/28/2023
Rural A	<i>n</i> = 2	11/07/2023	<i>n</i> = 1	11/28/2023
Rural B	<i>n</i> = 2	11/07/2023	<i>n</i> = 2	11/29/2023
BIPOC	<i>n</i> = 3	11/08/2023	<i>n</i> = 3	11/29/2023
Other A	No attendance		No attendance	
Other B	<i>n</i> = 2	11/10/2023	<i>n</i> = 3	12/01/2023

Each session was held on Zoom and scheduled for 1.5 hours, though the majority were completed less than or around one hour. Each session was recorded, and data collection tools were the same as the hybrid focus groups with the exception of the use of easel, paper, and notecards. Limited questions were selected from each hybrid focus group session and two additional questions were created: (1) "is there a high turnover in your home visiting program" and (2) "are there any struggles that you deal with specific to being a Spanish speaking/Rural/BIPOC/Supervisor in the home visiting field?" The questions that were selected for the virtual only sessions from the hybrid questions are marked with an asterisk in Appendix A.

FOCUS GROUP DATA AND ANALYSIS

Themes were generated before the focus groups began and all discussion guide questions were designed to address the theme. All focus group audio recordings were uploaded to NVivo, a qualitative data analysis software, for transcription. Following transcription, thematic analysis was conducted.

An Excel file was created for each focus group session and individual sheets were created within the Excel file for each discussion guide question. Responses were extracted from each transcript and placed on the excel sheet with the corresponding discussion guide question. Focus group regions were listed next to each response in the excel file as well. Sub-themes were developed from the responses and a qualitative research codebook was constructed from these themes. Codes were provided for each theme and used to organize and analyze the data obtained from these focus groups. This created a qualitative dataset. Overall, there were 1,951 quotes (1,617 in the hybrid focus groups and 334 in the virtual focus groups) 62 from home visitors (47 hybrid focus group participants and 15 virtual focus group participants).

A discrepancy in the number of responses to each question exists because not all respondents completed each question. The number of raw responses to a question is denoted by the symbol (n or $n =$).

STATISTICAL NOTES

Using this data set as an example:

1 2 2 2 3 3 4 5 6 6 7 8 99

n (lowercase)- the number responding to a single question (in this dataset $n = 13$)
whereas N (uppercase) is the number of respondents in total for the survey. Respondents sometimes skip a question or it is inapplicable so the **n** for each question or analyses is noted.

MEAN – the average, the result of adding all values in a data set and dividing by the number of values. Means are sensitive to each number in a data set but can be easily affected by extreme values. In the example data set above, the mean is calculated as:
 $(1+2+2+2+3+3+4+5+6+6+7+8+99) \div 13 = 11.23$. If the extreme value, 99, was to change to 9, the mean would change dramatically, $1+2+2+2+3+3+4+5+6+6+7+8+9 \div 13 = 4.31$.

MEDIAN – the number that falls in the center of a list of data when scores are ordered by value. The median is not affected by the relative size of extreme scores. The median in the data set above is 4. Changing the 99 to 9 has no effect on the median.

APPENDIX G: ILLINOIS GEOGRAPHIC REGIONS

Northern Counties:

Boone, Bureau, Carroll, DeKalb, Grundy, Henry, Jo Daviess, Kankakee, Kendall, LaSalle, Lee, McHenry, Mercer, Ogle, Putnam, Rock Island, Stephenson, Whiteside, Winnebago

Collar Counties:

DuPage, Kane, Lake, Will

City of Chicago

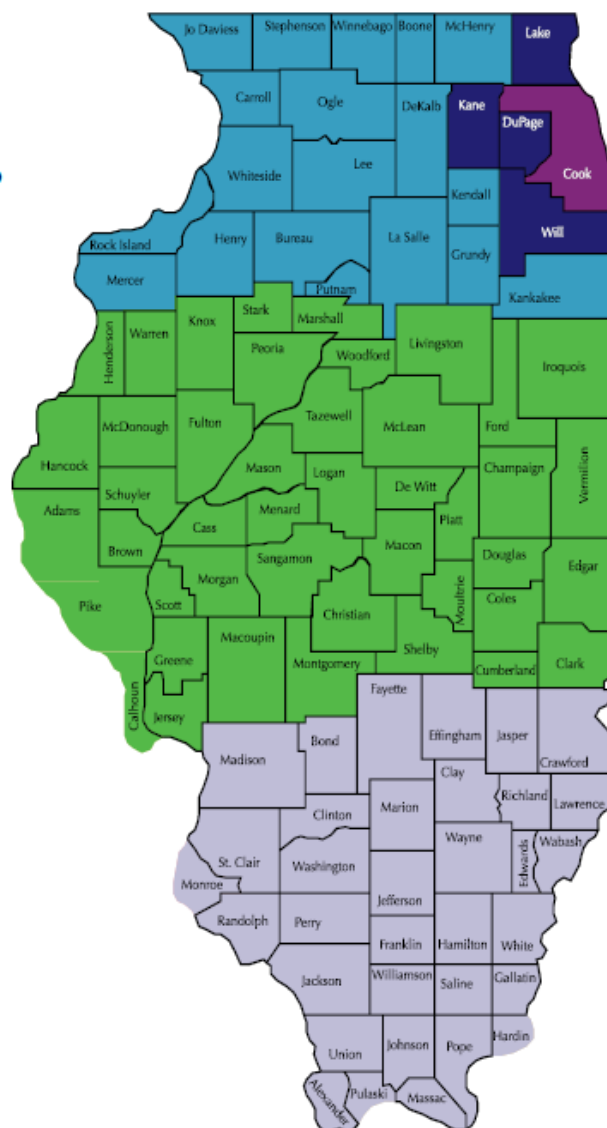
Suburban Cook County

Central Counties:

Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Fulton, Greene, Hancock, Henderson, Iroquois, Jersey, Knox, Livingston, Logan, Macon, Macoupin, Marshall, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Peoria, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby, Stark, Tazewell, Vermilion, Warren, Woodford

Southern Counties:

Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, St. Clair, Saline, Union, Wabash, Washington, Wayne, White, Williamson



Illinois Geographic Regions

- Northern Counties
- Collar Counties
- City of Chicago & Suburban Cook County
- Central Counties
- Southern Counties

APPENDIX H: FOCUS GROUP LOCATIONS AND PARTICIPATING COUNTIES

Chicago – City of Chicago

Gurnee/Waukegan – Lake County

Addison – DuPage and Kane Counties

Rockford – Winnebago County

Sterling – Lee, Whiteside, Carroll, LaSalle Counties

Bloomington – Peoria, McLean, Champaign Counties

Quincy – West Central Counties

Edwardsville – St. Clair and Madison Counties

Carterville – Southern Counties

Charleston – East Central Counties



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