



ILLINOIS STAFFING AND SALARY SURVEY of Home Visiting Programs

FISCAL YEAR 2023



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EXECUTIVE SUMMARY

High quality home visiting improves children's experiences and developmental outcomes and contributes to a prepared, productive, and stable current and future workforce. The prenatal period and the first years of life are a critical time for brain development that lays the foundation for future success. Home visitors work with parents on practical parenting skills as well as family bonding before birth and as children grow. Through partnering with the home visitors, families learn how to improve their family's health and provide better opportunities for their children.

The Illinois Department of Human Services (IDHS) Bureau of Home Visiting (BHV) worked with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and Start Early to conduct a statewide home visiting workforce survey. All Illinois home visiting programs, regardless of funding stream, were invited to participate in the 2023 Illinois Home Visiting Staffing and Salary Survey. This was the first time this survey had been conducted. The survey was designed to be completed by home visiting supervisors or program managers, directors, or other home visiting leaders, and programs were asked to submit only one response per location. The survey asked about the number of home visitors, applicants and their qualifications, home visitor demographics, and the average salaries and benefits offered. Other areas assessed by the survey include information pertaining to fiscal management, enrollment patterns, staff turnover rates, and professional development. Information collected by this new survey is being used to guide state agency partners to strengthen recruitment and retention of the home visiting workforce. Advocates also hope to use this information to push for increased funding for home visiting programs, home visitor compensation, and support for the workforce, as well as improvements to the implementation of the home visiting system.

In addition, the 2023 report includes administrative data from the Gateways to Opportunity Registry (Registry). Because of the substantial population of home visitors and home visitor supervisors in the Registry, these administrative data are the best source for analysis of staff qualifications and salaries. The findings of this 2023 survey and analysis of administrative data profile, the qualifications, salary and benefits, turnover rates, and more from the sample of home visiting programs operating in Illinois as of February 2023.

HIGHLIGHTS

HOME VISITING MODEL IMPLEMENTED

- Program leaders were asked to select all home visiting models implemented at their site. Of the **175** who responded:
 - 89 (**50.9 percent**) implemented the Parents As Teachers (PAT) program
 - 49 (**28.0 percent**) implemented Baby TALK
 - 34 (**19.4 percent**) implemented Healthy Families America (HFA)
 - 14 (**8.0 percent**) implemented Early Head Start Home-Based
 - 1 (**0.6 percent**) implemented Home Instruction for Parents of Preschool Youngsters (HIPPY)
 - 1 (**0.6 percent**) implemented Family Connects.

EDUCATION LEVEL OF STAFF

- Out of 1,335 home visitors in the Gateways Registry with education data,
 - **91.0 percent** reported having some level of college education,
 - **87.3 percent** had completed a college degree (Associate's or higher),
 - **17.1 percent** had completed their degree (Associate's or higher) in early childhood education or child development, and
 - **0.6 percent** had completed a Child Development Associate (CDA) or Childcare Professional (CCP) credential.

SALARY

- The median hourly wage for a full-time home visitor supervisor was **\$27.75 per hour**, which is approximately equal to **\$57,720 per year**.¹
- The median hourly wage for a full-time home visitor was **\$20.19 per hour**, which is approximately equal to **\$41,995.20 per year** (see Footnote 1).

BENEFITS

- Most sites offered retirement or pension and insurance coverage (health, life, dental and disability) to their full-time staff:
 - **98.1 percent** of sites offered health insurance for their staff.
 - **93.3 percent** of sites offered dental insurance.
 - **90.9 percent** of sites offered life insurance.
 - **87.7 percent** of sites offered retirement/pension coverage for their employees.
 - **77.9 percent** of sites offered disability insurance.
- Most sites also provided paid time off benefits to their full-time staff:
 - **97.4 percent** of sites provided paid vacation leave to personnel.
 - **97.4 percent** of sites provided paid sick leave for employees.
 - **96.1 percent** of sites provided paid holiday leave for staff.

TURNOVER

- Nearly a quarter of sites, **21.0 percent**, experienced turnover of at least one home visiting supervisor during the last two years.
- Nearly three-quarters of sites, **74.5 percent**, experienced turnover of at least one home visitor during the last two years.
- Home visitor supervisors had been employed at their current program for an **average of 8.2 years** and home visitors had been employed for an **average of 5.3 years**.
- Overall, the largest reason for leaving all job positions was dissatisfaction with wages and benefits (**20.3 percent**). Burnout (**10.1 percent**) and transitioned to another role/program within the agency (but left the home visiting program) (**10.1 percent**) were the two second largest reasons.
- Overall, **65.0 percent** of program leaders reported that it has been somewhat or very difficult to fill all positions.

¹ Assumes 40 hours per week, 52 weeks per year.

INTRODUCTION

The Illinois Department of Human Services (IDHS) Bureau of Home Visiting (BHV) worked with the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) and Start Early to conduct a statewide home visiting workforce survey. All managers/supervisors from Illinois home visiting programs, regardless of funding stream, were invited to participate in the 2023 Illinois Home Visiting Staffing and Salary survey (one response per location). The survey evaluates:

- the number of home visitors, applicants, and their educational attainment/educational background,
- home visitor demographics, and
- the average salaries and benefits offered.

Other areas assessed by the survey include information pertaining to fiscal management, enrollment patterns, staff turnover rates, and professional development.

Information collected by this new survey is being used to guide state agency partners to strengthen recruitment and retention of the home visiting workforce. Advocates also hope to use this information to push for increased funding for home visiting and home visitor compensation.

In addition, the 2023 report includes administrative data from the Gateways to Opportunity Registry (Registry). Because of the substantial population of home visitors and home visitor supervisors in the Registry, these administrative data are the best source for analysis of staff qualifications and salaries.

METHODS

HOME VISITING STAFFING AND SALARY SURVEY

Survey Development

This was the first time there was a Staffing and Salary Survey of Home Visiting Programs. Questions from past Illinois Child Care Salary and Staffing surveys were retained with some minor changes in formatting and wording. A small amount of home visiting program specific questions were added as well. Respondents were provided with a link to the survey via email and completed the survey online, via SurveyMonkey.

Respondents

Respondents of the survey consisted of 195 home visiting supervisors or other program leaders who completed the survey to some degree. Survey recruitment began with the lists of home visitor staff available through the IDHS BHV News You Can Use e-newsletter, the Early Learning Council Health and Home Visiting Committee, the various home visiting models (Baby TALK, Family Connects, Healthy Families America, Nurse-Family Partnership, and Parents As Teachers), public funders (the Illinois State Board of Education (ISBE), Chicago Department of Family and Support Services (DFSS), and the Illinois Head Start Association (IHSA)), and the Start Early Home Visiting and Doula Network. There is not currently an accessible number of home visiting locations statewide, so a response rate cannot be determined.

Each home visiting program determines its own catchment areas. School districts tend to use their district boundaries as their catchment area.² Other programs may choose a city, town, county, or multiple adjoining cities/towns/counties for their catchment area. For this survey, we did not account for the catchment area and therefore cannot disaggregate data by region.

Administration of Survey

On February 14, 2023, an email blast was sent to program leaders with emails listed in the database, and the Raising Illinois Home Visiting Policy Workgroup, inviting them to participate in the Salary and Staffing Survey of Home Visiting Programs. The notification delineated the purpose of the study and invited the program leaders to participate by completing the survey online.³

The week of March 20, 2023, reminder emails were sent to program leaders. These emails thanked program leaders who had completed the survey and reminded program leaders of the survey's availability online. A separate reminder email went out on March 29, 2023, to the 51 respondents who started a survey but had not yet completed the survey. A final reminder email was sent out on April 12, 2023, to the 44 respondents who started a survey but had not yet completed survey. Some additional targeted outreach was also sent out between February 14, 2023, and April 12, 2023, by individual networks or funders. Analyses were based on all completed surveys returned by April 17, 2023.

Survey Data

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 $n =$).

GATEWAYS REGISTRY

Gateway Registry data from home visiting staff located in the Data Tracking Program (DTP) was used for some analyses. By participating in the Gateways Registry, home visitors and supervisors provide their demographic, employment, and educational qualifications, amongst other things. INCCRRA maintains this staff database for Illinois. Demographics from **1,414** staff registered in Illinois (**1,213** home visitors and **213** home visitor supervisors) listed in the database as working in home visiting as of February 2023 were analyzed.

² The area of a city, town, etc., from which children and families may be served by a given home visiting program.

³ A copy of the survey is included in Appendix A.

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.

RANGE – the range is the difference between the highest and lowest score. In the sample data set the range is (1-99).

PROFILE OF HOME VISITING PROGRAMS: KEY FINDINGS

The term “home visiting program” encompasses an assortment of models that have their own evidence-based approach to services as well as required trainings, staff qualifications, and other programmatic components. Types of programs include full-year and school year programs that implement program models such as Parents As Teachers (PAT), Baby TALK, Healthy Families America (HFA), Early Head Start/Head Start Home-Based Option (EHS), Nurse Family Partnership, Home Instruction for Parents of Preschool Youngsters (HIPPY) and light touch programs such as Family Connects.

Sources of capital for home visiting programs include public and/or private funding sources. Public funding sources include but are not limited to: Illinois State Board of Education (ISBE), Illinois Department of Human Services (IDHS) State funding/formerly Healthy Families Illinois, Early Head Start/Head Start, IDHS/Maternal Infant and Early Childhood Home Visiting (MIECHV), the Chicago Department of Family Support Services (DFSS) site contracts, other state or federal grants, and local funding. Examples of private funding sources include private donations, grants from foundations or agencies such as the United Way, corporate or employer subsidies and fundraisers. Programs often braid funding across these various sources.

All home visiting sites are non-profit entities, and may be housed in social service agencies, public health departments, school districts, hospitals, and other community-based organizations. Some are sponsored through funds from the federal, state, or local government. Some are single-site programs and others are multi-site programs. Home visiting programs do not have regulatory statuses. However, the programs are expected to be in good standing with the implemented home visiting model and comply with relevant state and/or federal program requirements and monitoring.

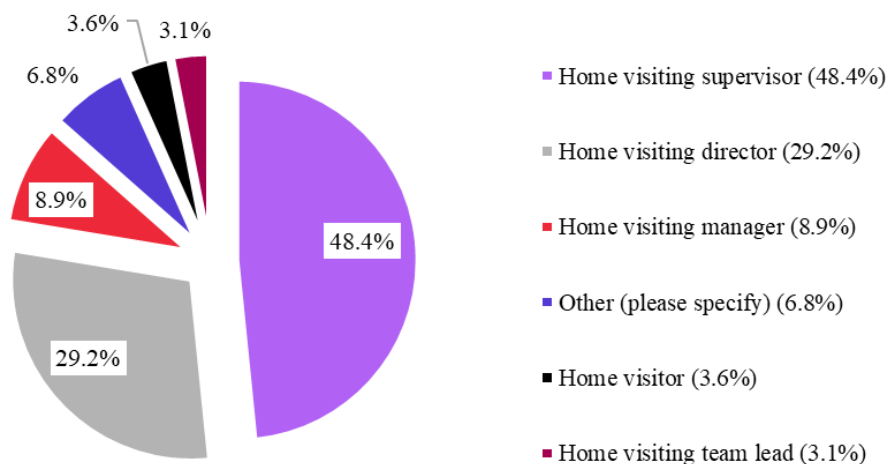
All of these types of sites represent variation in home visiting delivery that is considered in the survey analyses.

HOME VISITING STAFFING AND SALARY SURVEY

RESPONDENT ROLE

The survey was directed to program leaders and each home visiting program was asked to submit only one response per location. Respondents were asked to provide basic information about their programs. Out of 195 sites responding to the survey, 192 respondents indicated their role in the home visiting field. 93 (48.4 percent) were completed by home visiting supervisors, 56 (29.2 percent) by home visiting directors, 17 (8.9 percent) by home visiting managers, 13 (6.8 percent) by other staff, 7 (3.6 percent) by home visitors, and 6 (3.1 percent) by home visiting team leads. Figure 1 shows this breakdown. Since most respondents of the home visiting staffing and salary survey were program leaders in some form (86.5 percent; home visiting supervisors, managers, and directors), all respondents will henceforth be referred to as “program leaders”.

Figure 1. Respondent Role



Program leaders ($n = 190$) averaged 8.5 years (median = 5.5) of experience in their home visiting program leadership or administrative role with an overall average experience in the home visiting program (including their time as a program leader or administrator) of 12.3 years (median = 10.0).

TYPES OF SITES

Most home visiting program sites have been in operation for over 10 years (78 percent), 11.9 percent for 4 to 6 years, and 5.6 percent for 7 to 10 years. Program leaders were queried about their programs, specifically: (1) schedule of operation; and (2) whether it exists as a single or multi-site program.

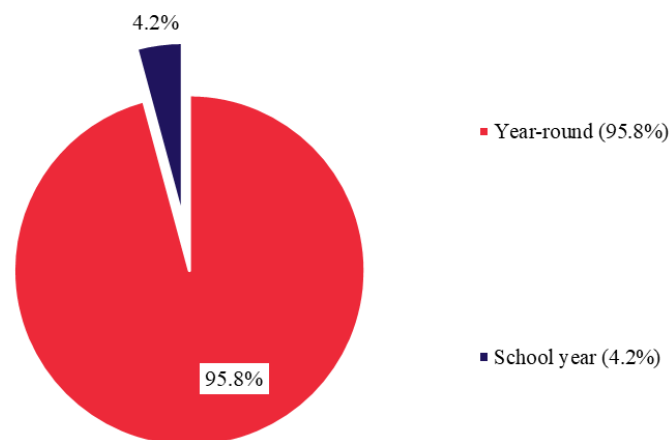
Program leaders were asked to identify their site's schedule of operation based on a year-round or school year schedule.

As shown in Figure 2 below, the 166 surveys yielded the following results:

- 95.8 percent ($n = 159$) of sites were defined as year-round.
- 4.2 percent ($n = 7$) of sites were defined as school year (from August to May or June).

Please note that unless it is otherwise specified, all further analyses will combine the data from both year-round and school year programs.

Figure 2. Schedule of Operations

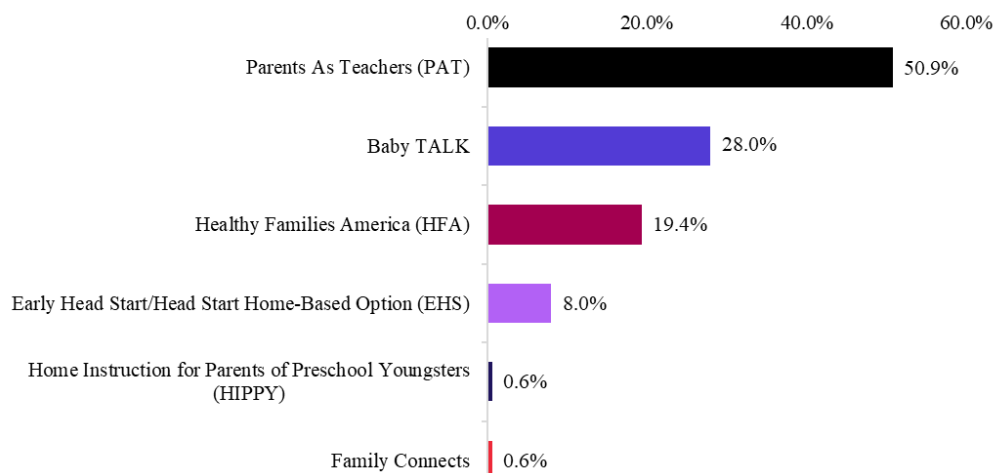


Program leaders were also asked whether their program was a single-site program or part of a multi-site program. Slightly more than half (54.2 percent, $n = 96$) indicated that their program was a single-site program; 44.6 percent ($n = 79$) were part of a multi-site program, and 1.1 percent ($n = 2$) did not know whether their site was single or multi-site.

PROGRAM MODEL

Program leaders were asked to select all models implemented at their site. As shown in Figure 3 below, of the 175 who responded, 89 (50.9 percent) implemented the Parents As Teachers (PAT) program, 49 (28.0 percent) implemented Baby TALK, 34 (19.4 percent) implemented Healthy Families America (HFA), 14 (8.0 percent) implemented Early Head Start/Head Start Home-Based Option (EHS), and 1 (0.6 percent) for both Family Connects and Home Instruction for Parents of Preschool Youngsters (HIPPY). Only 13 respondents indicated that their program was implementing more than one model. No responses were received from programs implementing the Nurse Family Partnership model.

Figure 3. Program Model Among Respondents ($n = 175$)



Note: Percentages will not add up to 100% due to being a select all that apply question.

SITE PROGRAM REVENUE

Next, program leaders were provided a list of funding sources and asked to indicate which ones their sites currently received. Figure 4 and Table 1 identify each revenue source, the percentage, and number of programs who reported receiving it. The findings reveal 72.2 percent of program leaders ($n = 176$) stated a portion of their funding base was comprised of Illinois State Board of Education (ISBE), Prevention Initiative funds. Illinois Department of Human Services (IDHS) state funding was the second most common source of funding (16.5 percent). After this initial analysis, cases were excluded throughout the remainder of the section to control for extreme outliers.

Figure 4. Type of Site Program Revenues ($n = 176$)¹

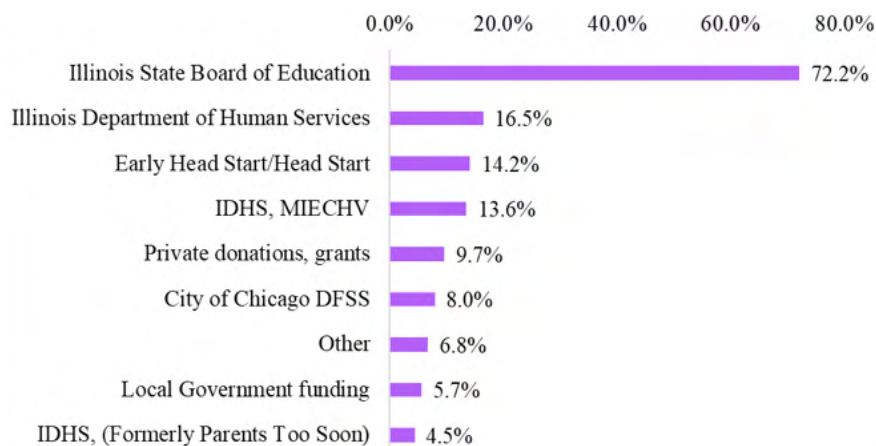


Table 1. Type of Site Program Revenues ($n = 176$)

Type of Program Revenue	Percentage of Programs ¹	<i>n</i>
Illinois State Board of Education, Prevention Initiative	72.2%	127
Illinois Department of Human Services, state funding	16.5%	29
Early Head Start/Head Start	14.2%	25
Illinois Department of Human Services, Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	13.6%	24
Private donations, grants (e.g., foundations, United Way), or fundraising	9.7%	17
City of Chicago Department of Family and Support Services (DFSS)	8.0%	14
Other	6.8%	12
Local government funding (e.g., county or city funds)	5.7%	10
Illinois Department of Human Services, Maternal and Child Home Visiting (formerly Parents Too Soon)	4.5%	8

Figure and Table should be read: "72.2 percent of home visiting sites received Illinois State Board of Education funds."

¹ Percentages add up to greater than 100 percent as respondents were asked to endorse all items applicable to their programs.

Not only were program leaders asked to identify the various sources of funding which comprised their site's revenue base, but they were also asked to estimate the percentage that each funding source contributed to their general revenue. ISBE, Prevention Initiative funds were reported to be the most common source of funding for sites (65.1 percent), comprising an average of 81.3 percent ($n = 123$, median = 100.0 percent), or most of these sites' revenue.

The average and median percentages for each additional funding source for the 185 respondents who had the funding information are provided below.

Table 2. Percentage of Total Revenue Base by Funding Source (*n* = 185)

Type of Program Revenue	Mean Percentage of Total Revenue Base	Median Percentage of Total Revenue Base
IDHS state funding	46.3%	100.0%
Early Head Start/Head Start	45.3%	100.0%
IDHS MIECHV	29.3%	50.0%
City of Chicago DFSS	27.7%	27.7%
Other	25.9%	15.0%
IDHS Maternal and Child Home Visiting (formerly Parents Too Soon)	23.9%	0.0%
Local government funds	11.9%	0.0%
Private donations and grants	7.7%	4.5%

Program leaders were asked to approximate the annual operating costs for their sites. A wide range of budgets emerged. Annual operating expenses averaged \$513,508.49 (*n* = 110), with a median of \$348,490.50.

Program leaders were asked how their annual operating costs changed over the past two fiscal years. They were to rate these changes on a scale from 1 (“decreased greatly”) to 5 (“increased greatly”). Program leaders rated the average change in operating costs as 3.78 (*n* = 135; median = 4.00), indicating that operating costs increased somewhat.

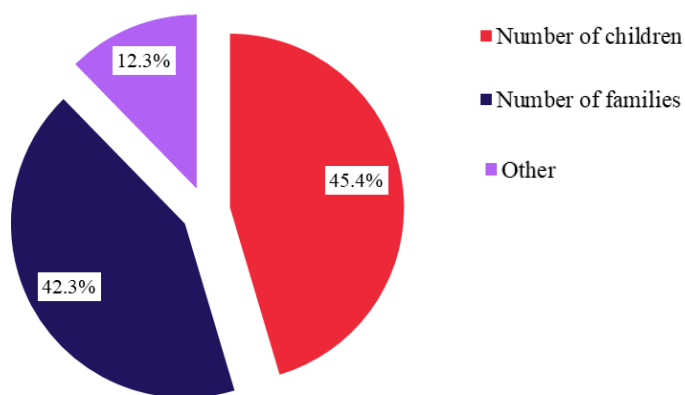
CAPACITY AND ENROLLMENT PATTERNS

Capacity is the number of currently enrolled families divided by the total number of funded slots. If you have 90 families currently enrolled and 100 funded slots, then your current capacity is 90%. Of the 141 responding sites, the average percentage of total capacity currently enrolled is 77.4 percent, with a median of 83.0 percent.

When asked to recount their current total enrollment of parents (how many parents are enrolled in their program), program leaders (*n* = 144) reported an average current total enrollment of 52.19 parents or caregivers, with a median of 45.50. When asked to recount their current total enrollment of children (how many children are enrolled in their program), program leaders (*n* = 145) reported an average of 57.06 children, with a median of 52.00.

Program leaders were asked about the total number of funded home visiting slots (referring to the maximum number of families or children that can be served at a single point) in their program. Program leaders (*n* = 142) reported, on average, 71.0 funded home visiting slots (with a median of 59.0) are available.

Program leaders reflected on how slots are defined. Figure 5 displays that, on average, 45.4 percent (*n* = 163) of program leaders defined slots by the number of children and 42.3 percent of program leaders defined slots by the number of families.

Figure 5. How Programs Define Slots (*n* = 163)

Program leaders were also asked to reflect on how enrollment had changed over the past 2 State Fiscal Years. On a scale from 1 (“decreased greatly”) to 5 (“increased greatly”), program leaders indicated that, on average, the change of enrollment was 2.9 (*n* = 144; median = 3.0). The number 3 on the scale designates that the current enrollment “stayed about the same.”

RACE AND ETHNICITY OF CHILDREN IN PROGRAM

The 148 home visiting program leaders responding to the items regarding race and ethnicity of children in their program estimated that, on average, 62.0 percent of the children in their programs were Caucasian/White, 37.3 percent were Hispanic/Latino, 29.8 percent were African American/Black, 13.8 percent were multi-racial, 6.2 percent were Asian, 2.4 percent were Native Hawaiian Pacific Islander, and 1.3 percent were Native American. The percentages are shown in Figure 6 below, with medians and ranges in Table 3.

Figure 6. Ethnicity of Children Served by Home Visiting Programs As Estimated by Respondents (n = 148)

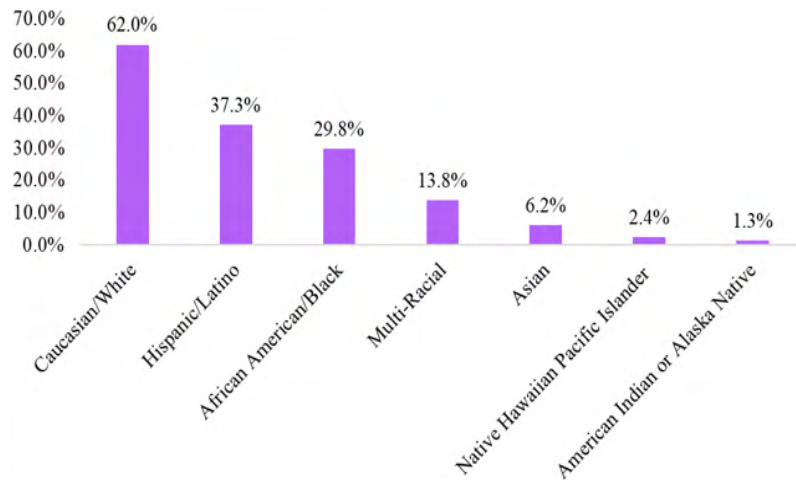
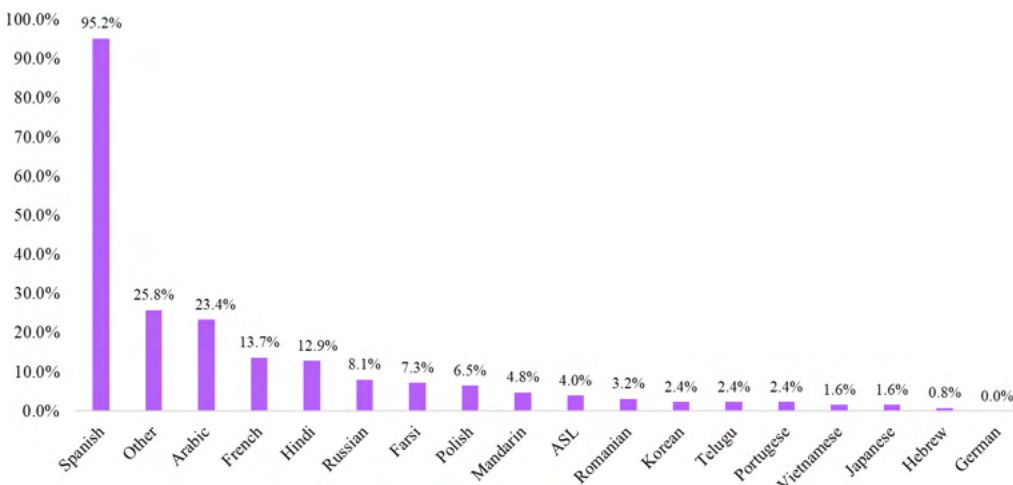


Table 3. Medians and Ranges of Children Served by Home Visiting Programs

Ethnicity	Median	Range
Caucasian/White	70.0%	0% - 100%
Hispanic/Latino	26.0%	0% - 100%
African American/Black	20.0%	0% - 100%
Multi-Racial	10.0%	0% - 80%
Asian	1.5%	0% - 59%
Native Hawaiian Pacific Islander	0.0%	0% - 79%
American Indian or Alaska Native	0.0%	0% - 39%

More than half (63.6 percent; $n = 195$) of program leaders indicated that their programs serve families whose primary language is not English. The percentages shown in Figure 7 represent the frequency of families who speak the indicated language in the 124 sites who responded to the question. Spanish (95.2 percent) was the predominant non-English primary language spoken by children in the responding programs. Other languages reported were Burmese, Pashto, Hakha Chin, Swahili, Yoruba, and West African tribal languages.

Figure 7. Families with a Primary Language Other Than English (n=124)



STAFFING PATTERNS

Program leaders were asked to provide information on the number of full-time and part-time staff employed on their sites. Table 4 depicts the breakdown of site staff by position and the mean and median number of employees in the positions. Table 5 depicts the breakdown of site FTE staff by position and the mean and median number of employees in the positions as well.

Table 4. Breakdown of Site Staff by Position

Position	Employees	Sites ¹	Mean Employees per Site	Median Employees per Site
Supervisor	179	157	1.1	1
Home Visitor/Parent Educator	822	153	5.4	4
Program Director or Manager	92	104	0.9	1
Administrative position	65	82	0.8	1
Community Partnerships	58	60	1.0	0
Group Coordinator	13	53	0.3	0
Doula	47	63	0.8	0
Coordinated Intake Worker	25	59	0.4	0
Other	43	55	0.8	0

¹Number of sites with one or more staff members of the designated title.

Table 5. Breakdown of Site FTE Staff by Position

Position	Employees	Sites ¹	Mean Employees per Site	Median Employees per Site
Supervisor	163	131	1.2	1
Home Visiting/Parent Educator	710	146	4.9	4
Program Director or Manager	76	85	0.9	1
Administrative position	39	61	0.6	0
Community Partnerships	17	43	0.4	0
Group Coordinator	10	39	0.3	0
Doula	38	52	0.7	0
Coordinated Intake Worker	12	44	0.3	0
Other	30	44	0.7	0.5

¹Number of sites with one or more staff members of the designated title.

The average home visiting program employs 11.5 staff members. Home Visitor/Parent Educator represented the single largest category of home visiting staff (61.1 percent of all staff). Also, the average home visiting program employs 10.0 FTE staff members. Home Visitor/Parent Educator represented the single largest category of full-time home visiting staff (64.8 percent of all FTE staff).

Staff Fluency in Languages Other Than English

To gauge staff capacity to speak a language other than English effectively, we asked program leaders to indicate how many of their staff were fluent in a non-English language. Table 6 presents the results of this inquiry. Exactly 10.4 percent of the 1,344 staff were reported to be fluent in a language other than English. Less than a quarter of all sites (23.1 percent) had at least one instructional staff member who was fluent in a non-English language.

Table 6. Number of Staff Who Are Fluent in a Language Other than English, by Position

Position	All Employees	# of Employees fluent in a language other than English	% of Employees fluent in a language other than English	All Sites ¹	# of Sites with employees fluent in a language other than English ²	% of Sites with Employees fluent in a language other than English ³
Supervisor	179	34	18.9%	157	28	17.8%
Home Visitor	822	313	38.1%	153	93	60.7%
Program Director	92	19	20.6%	104	17	16.3%
Administrator	65	11	16.9%	82	10	12.1%
Community Partnerships	58	7	12.0%	60	6	10.0%
Group Coordinator	13	1	7.6%	53	1	1.8%
Doula	47	14	29.7%	63	10	15.8%
Coordinator Intake Worker	25	7	28.0%	59	6	10.1%
Other	43	17	39.5%	55	11	20.0%
All Positions	1,344	141	10.4%	786	182	23.1%

¹Number of sites with one or more staff members of the designated title.

²Number of sites with one or more staff members of the designated title fluent in a non-English language.

³Percentage of sites with one or more staff members of the designated title who are fluent in a non-English language.

Table should be read: "Of the 157 sites who had supervisors, 28 or 17.8 percent had a supervisor who is fluent in a language other than English."

Note: See Note on Table 4

Multiple languages were reported as spoken fluently by site staff. Spanish was the most common, with 56.1% of all survey respondents having at least one staff person that speaks Spanish. Additional languages and percentages are shown in Figure 8. Staff language capacity and distribution may not match up to languages spoken by families, and a comparison is located in Figure 9.

Figure 8. Percentage of Home Visiting Staff Fluent in a Language Other Than English (n=166)

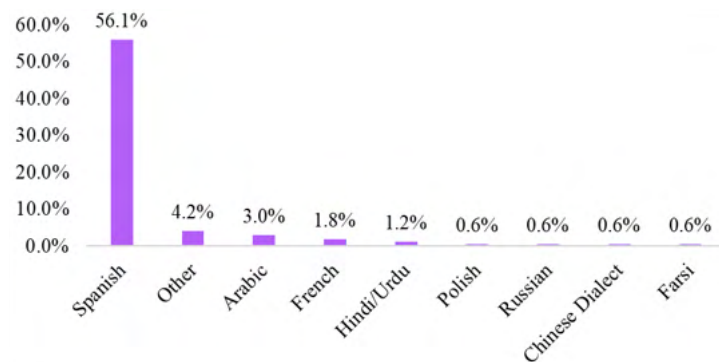
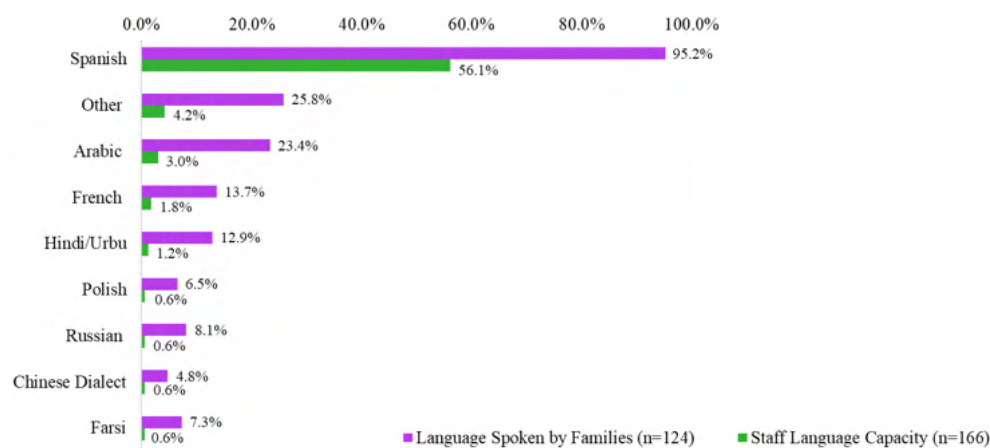


Figure 9. Comparison of Staff Language Capacity versus Languages Spoken by Families



PROFESSIONAL DEVELOPMENT

Professional Development Plan

Program leaders were asked whether they believe there are adequate training opportunities available to them and their staff. Of the 156 program leaders who responded, 85.3 percent believe there are adequate training opportunities available to them and their staff. Program leaders were also asked about training and development needs. Several program leaders commented about barriers to adequate training and professional development offered to home visiting personnel:

*“Start Early is mostly virtual. Childcare training for home visitors is often reduced or cut because of program operating costs.
Most accessible trainings are not applicable to home visiting.”*

*“There is adequate training, but not enough professional development funding in our budget to allow staff to attend trainings.”
“Topics are not relevant to the program.”*

Program leaders were asked if they had suggestions for trainings that are not currently available but would be helpful to staff or program leaders. Of the 93 program leaders who responded, 15.1 percent suggested training in areas of mental health, substance abuse, domestic violence, and child abuse or trauma informed practice. Themes derived from responses are in Table 7.

Table 7. Suggestions for Trainings

Theme	<i>n</i>	Percentage
Mental health, substance abuse, domestic violence, child abuse or trauma informed practice	14	15.1%
Trainings in Spanish--didactic, experiential, virtual, interactive, training /frequency of availability	11	11.8%
Supervisor, leadership, Professional Learning Communities	10	10.8%
Maternal post-and-pre-natal health, well-being trainings	8	8.6%
Child development, Infant/Toddler Rating Scale, special needs	8	8.6%
No suggestions	7	7.5%
Ability to travel outside of the program area for trainings	7	7.5%
Collaboration with governing systems involved in child welfare (DCFS)	7	7.5%
Culture, family development, HOVRS, or DEI trainings	5	5.4%
Time management, active listening, organizational	4	4.3%
Community dynamics (resources, tactics for recruitment of families (rural vs urban))	3	3.2%
Crisis intervention and safety	3	3.2%
Data collection, data management, or database training	3	3.2%
Documentation, preparation, and submission	2	2.2%
Recruiting	1	1.1%

STAFF TURNOVER

Turnover Rates

Program leaders were asked to report the number of full-time staff who left their program within the past two years. Temporary, substitute, and seasonal staff were excluded. To determine the percentage of turnover rate at the site level, the number of sites with staff exits within the past two years was compared to the number of sites employing staff with the given position. The percentage of sites experiencing staff turnover in the past two years is 21.0 percent for supervisors and 74.5 percent for home visitors. Additional staff turnover rates at the site level are presented in Figure 10 and Table 8.

Figure 10. Percentage of Sites Experiencing Turnover of a Position During the Last Two Years

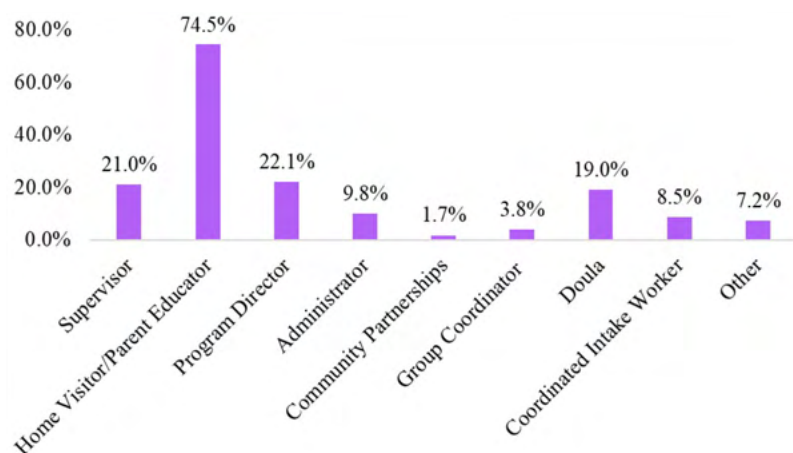


Table 8. Number and Percentage of Sites Experiencing Turnover in a Position During the Last Two Years

Position	Sites Employing Staff ¹	Sites who had Staff Leave in Past 2 Years ¹	Percent of Sites Experiencing Turnover
Supervisor	157	33	21.0%
Home Visitor/Parent Educator	153	114	74.5%
Program Director	104	23	22.1%
Administrator	82	8	9.8%
Community Partnerships	60	1	1.7%
Group Coordinator	53	2	3.8%
Doula	63	12	19.0%
Coordinated Intake Worker	59	5	8.5%

¹Number of sites reporting at least one staff member of the indicated position. See Table 4.

Figure and Table should be read: "21.0 percent of sites employing supervisors had one or more supervisor(s) leave their position in the past two years."

In order to calculate the turnover rate on an individual position level, the number of staff who left in the past two years was compared to the number of employees currently employed. Supervisor and home visitor positions displayed individual turnover rates of 25.7 and 43.1 percent, respectively. Figure 11 and Table 9 display the percentages of employees who left each position within the past two years.

Figure 11. Two-Year Individual Position Level Turnover Rate by Position

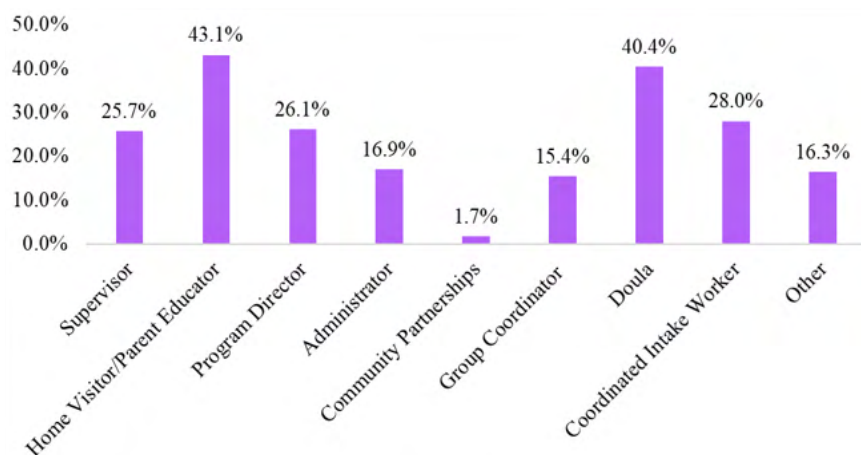


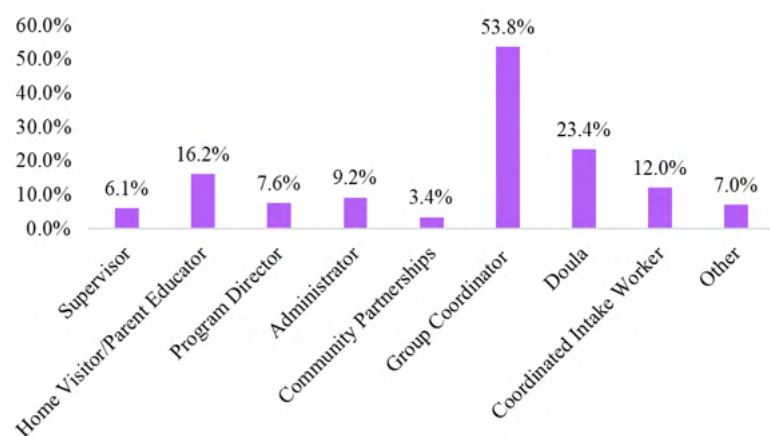
Table 9. Two-Year Individual Position Level Turnover Rate by Position

Position	Employees ¹	Staff Who Left in Past 2 Years ¹	Employee Turnover Rate
Supervisor	179	46	25.7%
Home Visitor/Parent Educator	822	354	43.1%
Program Director	92	24	26.1%
Administrator	65	11	16.9%
Community Partnerships	58	1	1.7%
Group Coordinator	13	2	15.4%
Doula	47	19	40.4%
Coordinated Intake Worker	25	7	28.0%
Other	43	7	16.3%

¹From Table 4

Figure and Table should be read: "20.2 percent of supervisor left their position within the two years preceding the survey."

When program leaders were asked about chronic vacancies that had not been filled for 6 months over the last 24 months, program leaders indicated that 53.8 percent of group coordinator positions were unfilled. Other unfilled positions were the doula (23.4 percent) and the home visitor positions (16.2 percent). Additional percentages are shown in Figure 12 and Table 10.⁴

Figure 12. Two-Year Chronic Vacancies for Individual Positions**Table 10. Two-Year Individual Position Chronic Vacancies**

Position	Number of Staff	Chronic Vacancies in Past 2 Years	Chronic Vacancy rate
Supervisor	179	11	6.1%
Home Visitor/Parent Educator	822	133	16.2%
Program Director	92	7	7.6%
Administrator	65	6	9.2%
Community Partnerships	58	2	3.4%
Group Coordinator	13	7	53.8%
Doula	47	11	23.4%
Coordinated Intake Worker	25	3	12.0%
Other	43	3	7.0%

⁴The percentages may not be a completely accurate representation of the chronic vacancy rate since the calculations included the current number of staff, rather than the number of positions that can be occupied at any time.

When examining the employee turnover rate of programs using each home visiting model, Healthy Families America programs had the highest turnover rate of 43.9 percent ($n = 246$). Early Head Start Home-Based programs had the second highest turnover rate of 40.0 percent ($n = 58$) and Parents As Teachers programs had the third highest turnover rate of 37.7 percent ($n = 738$). Table 11 depicts the breakdown of all site staff by model, in addition to the number of staff who left in the past two years and the percentages.⁵

Table 11. Position Turnover Rate by Model

Home Visiting Model	Number of Staff ¹	Staff Who Left in Past 2 Years	Position 2-Year Turnover
Baby TALK	275	67	24.4%
Early Head Start Home-Based	145	58	40.0%
Family Connects	33	4	12.1%
Healthy Families America	246	108	43.9%
Home Instruction for Parents of Preschool Youngsters	41	9	22.0%
Parents As Teachers	738	278	37.7%
Doula	47	11	23.4%
Coordinated Intake Worker	25	3	12.0%
Other	43	3	7.0%

Turnover Reasons

In this survey, we asked how many staff left in the past 24 months. Program leaders were then asked, for the staff who left by their own choice, their reasons for leaving to the best of the program leader's knowledge. When assessing staff turnover reasons by model, the largest reasons for leaving in BabyTALK programs were personal/family issues and burnout. When looking specifically at dissatisfaction with wages or benefits, 31.8 percent in Healthy Families Illinois, 20.0 percent in Early Head Start Home-Based, and 13.8 percent in Parents As Teachers left for this reason.⁶

When turnover reasons are assessed without considering differences by model, the largest reason for leaving all job positions was dissatisfaction with wages and benefits (20.3 percent). Burnout (10.1 percent) and transitioned to another role/program within the agency (but left the home visiting program) (10.1 percent) were the two second largest reasons ($n = 59$ each).

Table 12 shows the largest reason for leaving each position based on the program leader's knowledge. All positions with one respondent or less were removed from the table as a result of only representing one program.

Table 12. Percentage of Staff Departures by Reason for Leaving

Position	Largest Reason for Leaving	Staff Departures	Percentage of Departures
Supervisor	Transitioned to another social services / early childhood agency or school district (but left home visiting)	5	15.6% (32)
Home Visitor/ Parent Educator	Dissatisfied with work schedule	3	23.1% (13)
Administrator	Dissatisfied with wages or benefits	4	66.7% (6)
Doula	Dissatisfied with wages or benefits	2	66.7% (3)

Table should be read: "Program leaders reported that 15.6 percent of Supervisors that left in the past two years did so because they transitioned to another social services/ early childhood agency or school district (but left home visiting)."

(Percentages will not add to 100 as not all program leaders specified reasons, and some specified more than one.)

⁵This analysis took place within the Home Visiting Staffing and Salary Survey dataset, and the question that asks which model the program uses was a select all that apply question, so these results may not be a good representation of turnover.

⁶This analysis took place within the Home Visiting Staffing and Salary Survey dataset, and the question that asks which model the program uses was a select all that apply question, so these results may not be a good representation of turnover reason. There are also small sample sizes.

It is apparent from Table 12 that the most significant reasons for staff exit were dissatisfaction with wages or benefits; transitioned to another social services /early childhood agency or school district (but left home visiting); and dissatisfaction with work schedule.

Program leaders were asked about what impacts staff turnover had on the overall capacity and functioning of their program in the last two years. Of the 131 program leaders who responded, 21.3 percent reported there is increased time needed and additional cost in training (new employees), 20.6 percent reported increasing caseloads of current home visitors and supervisors, and 19.0 percent reported there are limited staff turnover effects. Themes derived from responses are in Table 13.

Table 13. Impacts of Staff Turnover

Theme	Total	Percentage
Increased time and cost needed to train in training new employees	28	21.3%
Additional caseloads	27	20.6%
Limited staff turnover effects or not applicable	25	19.0%
Family disengagement	24	18.3%
Staff burnout	12	9.1%
Reduced caseloads	7	5.3%
All of the above issues are reflected (caseload, training, waitlist, family disengagement, burnout)	5	3.8%
Waiting list limitations	2	1.5%
Other	3	7.0%

Applicants for Vacant Positions

Table 14 displays that when program leaders were asked to indicate the average number of applicants who had applied in the last two years, program leaders indicated that the highest average number of applicants were for home visitor positions (mean = 6.3) and the second highest average number of applicants were for doula positions (mean = 2.9).

Table 14. Applicants Who Applied in the Past Two Years

Position	Applicants	Mean per Site	Median per Site
Supervisor	134	2.2	1
Home Visitor/Parent Educator	836	6.3	5
Program Director	42	1.1	1.5
Administrator	41	1.5	0
Community Partnerships	3	0.1	0
Group Coordinator	4	0.2	0
Doula	84	2.9	0
Coordinated Intake Worker	58	2.4	0
Other	32	1.8	0

Overall, program leaders reported on the ease or difficulty of filling vacancies within the past two years. Of the 140 respondents, 65% of the program leaders indicated that it is somewhat or very difficult to fill these positions. Their responses are reflected in Table 15.

Table 15. Ease Filling Positions in the Past Two Years

Response	Frequency	Percent
Very easy	9	6.4%
Somewhat easy	23	16.4%
Neither easy nor difficult	17	12.1%
Somewhat difficult	43	30.7%
Very difficult	48	34.3%

Program leaders were also allowed to specify difficulties with filling positions. Of the 48 program leaders who responded, 54.1 percent indicated that applicants don't meet the qualification requirements. All responses were placed into corresponding themes displayed in Table 16.

Table 16. Difficulty with Filling Positions

Theme	Total	Percentage
Do not meet qualification requirements (skills, education, and credentials), bilingual requirements	26	54.1%
Salary Limitations	6	12.5%
Schedule aversions	4	8.3%
Internal Position Mobility	4	8.3%
Onboarding Process Time	3	6.2%
No Negative Effects with Position Fulfillment	2	4.1%
Factors Outside of Control	2	4.1%
Geographical Limitations	1	2.0%

Attraction to Employment in Home Visiting

In order to explore why people may potentially be disinclined to home visiting as a career option, program leaders were asked to rate a list of potential deterrents to working in home visiting programs on a scale of importance from 1 ("Not Important") to 5 ("Very Important"). "Low Salaries" (with a median of 5.0 and a mean of 4.5) was listed as the top reason that deterred people from the field of home visiting. Other reasons which yielded a mean or median of 3.7 or higher were: "better career opportunities in other home visiting professions," "burden/duties of the job are too hard/much," and "safety concerns." These results are shown below in Table 17.

Table 17. Perceived Deterrents to Employment in Home Visiting

Reason	Responding Centers	Mean	Median
Low salaries	149	4.5	5
Better career opportunities in other professions or child-oriented settings	148	3.8	4
Burden/duties of the job are too hard/much	148	3.8	4
Safety concerns	147	3.7	4
Inadequate benefits	148	3.6	4
Career opportunities not known	149	3.6	4
Amount of travel required	147	3.1	3

Several program leaders expressed other reasons which were not listed about why they think people are not attracted to employment in home visiting. All responses were placed into themes. The main themes found in the responses are presented below in Table 18, which indicates the most common response was unfamiliarity with the home visiting field.

Table 18. Reasons Applications Not Attracted to Employment in Home Visiting

Theme	Total	Percentage
Unfamiliarity with Home Visiting	7	35.0%
Position and Salary Imbalance	5	25.0%
Safety Concerns	4	20.0%
Documentation/Position Requirements	2	10.0%
Schedule Aversion	1	5.0%
Specific Personnel and Support Concerns	1	5.0%
Factors Outside of Control	2	4.1%
Geographical Limitations	1	2.0%

GATEWAYS REGISTRY

STAFF DEMOGRAPHICS

The launch of the Gateways to Opportunity Registry in July 2009 provided Illinois with a workforce data system that could assess staff demographics and understand the effects of the economy on the childcare industry. Home visiting staff and program leaders can join and maintain current membership in the Gateways Registry. Some funders (IDHS Home Visiting and MIECHV) require participation, while others encourage it. While it does not likely include the entire home visiting workforce and may not complete the picture, it does include over 1,200 home visitors. For that reason, the Gateways Registry data were used to provide results about staff demographics, education, and wages.

According to the Gateways Registry, there are 1,201 home visitors working in home visiting programs in Illinois and 213 home visiting supervisors. Figure 13 and Table 19 show the number of home visiting site employees per Registry defined position as a percentage.

Figure 13. Number of Staff per Position ($n = 1,414$)

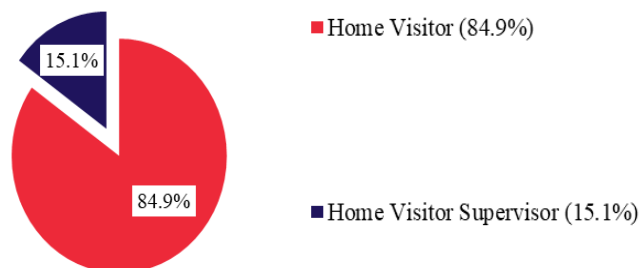


Table 19. Number of Staff per Position ($n = 1,414$)

Position	Employees	Percentages
Home Visitor	1,201	84.9%
Home Visiting Supervisor	213	15.1%

For the purposes of this report, full-time employment was defined as 40 hours per week.⁷ (Neither the Illinois Department of Labor nor the federal Fair Labor Standards Act⁸ distinguishes between part-time and full-time employees.) When completing the Gateways Registry membership form, individuals are asked to indicate the number of hours worked per week. Results indicate that overall, 61.7 percent of listed employees were defined as full-time and 36.6 percent as part-time. Figure 14 and Table 20 show the breakdown of full- and part-time employees by position.

Figure 14. Percentage of Full-Time and Part-Time Employees by Position ($n = 1,389$)

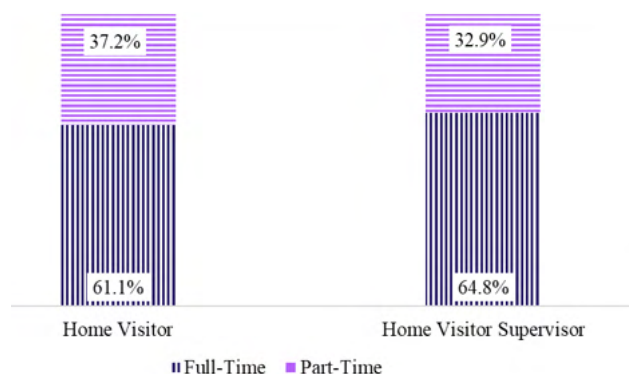


Table 20. Percentage of Full-Time and Part-Time Employees by Position ($n = 1,389$)

Position	Full-Time	Part-Time	n
Home Visitor	61.1%	37.2%	1,181
Home Visiting Supervisor	64.8%	32.9%	208

Figure and Table should be read: "61.1 percent of Home Visitors were full-time whereas 37.2 percent were part time."

⁷The work week was defined as 40 hours because the survey delineates a full-day as 8 hours/day.

⁸"The Fair Labor Standards Act (FLSA) does not define full-time employment or part-time employment. This is a matter generally to be determined by the employer." U.S. Department of Labor, <https://www.dol.gov/general/topic/workhours/full-time>

Education and Credentials

Individuals report their educational achievements in the Gateways Registry and can update their record as they gain more education. The educational requirements necessary to be a home visitor (see Appendix B) are stipulated by the home visiting models.

Table 21 shows that over 91.0 percent of all program staff attained some level of college education. A large percent of home visitors (74.2 percent) and home visiting supervisors (91.6 percent) had earned their bachelor's or master's degree. Moreover, 11.7 percent of home visitors and 4.5 percent of home visiting supervisors had achieved an associate degree. Nearly 2.8 percent of home visitors and 0.5 percent of home visiting supervisors attained some level of college education.

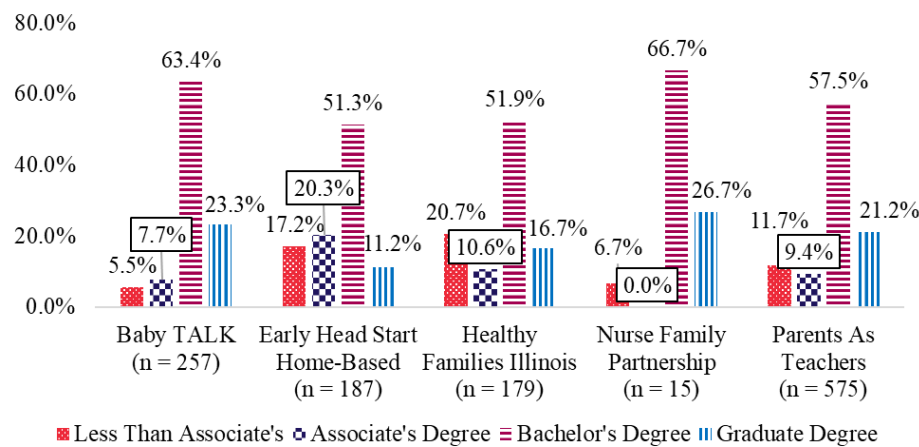
Table 21. Staff Educational Attainment by Position (column percentages)

Education Level	Home Visitor	Home Visitor Supervisor
High School Diploma/GED	9.4%	2.5%
CDA	0.6%	0.5%
Some College in ECE/CD3, no degree	1.3%	0.0%
Some College in other field, no degree	1.5%	0.5%
Approved Community College ECE Certificate	1.5%	0.5%
Associate's in ECE/CD	6.8%	1.5%
Associate's in other field	4.9%	3.0%
Bachelor's in ECE/CD	7.7%	8.4%
Bachelor's in other field	50.7%	39.1%
Master's in ECE/CD	2.6%	9.4%
Master's in other field	13.2%	34.7%
N	1,133	202

More than one fifth of home visitors and home visiting supervisors (17.4 percent) earned a degree in early childhood education or child development (ECE/CD).⁹ Nearly 10 percent (9.4 percent) of home visitors and 2.5 percent of home visiting supervisors reported a high school diploma/GED degree as their highest educational attainment.

Across all models, the highest educational attainment level for home visitors was most commonly a bachelor's degree. Figure 15 shows the highest level of education attainment for home visitors across home visiting models.

Figure 15. Highest Level of Education by Home Visiting Model



⁹This figure is likely under-reported as records that did not have a major listed were coded as "other" for purposes of this analysis.

There are also several Gateways to Opportunity Credentials that may be earned by individuals working in the field of early childhood education (ECE), as shown in Figure 16 and Table 22. Of the 1,201 home visitors in the Registry, 259 (21.6%) have the ECE Credential and 218 (18.2%) have the Family Specialist Credential (FSC). Thirty-eight (17.8%) of the 213 home visiting supervisors have the ECE Credential, while 41 (19.2%) hold the FSC. These credentials recognize the education, experience, and professional contributions of early childhood practitioners.

Figure 16. Gateways Credential Attainment by Position (column percentages)

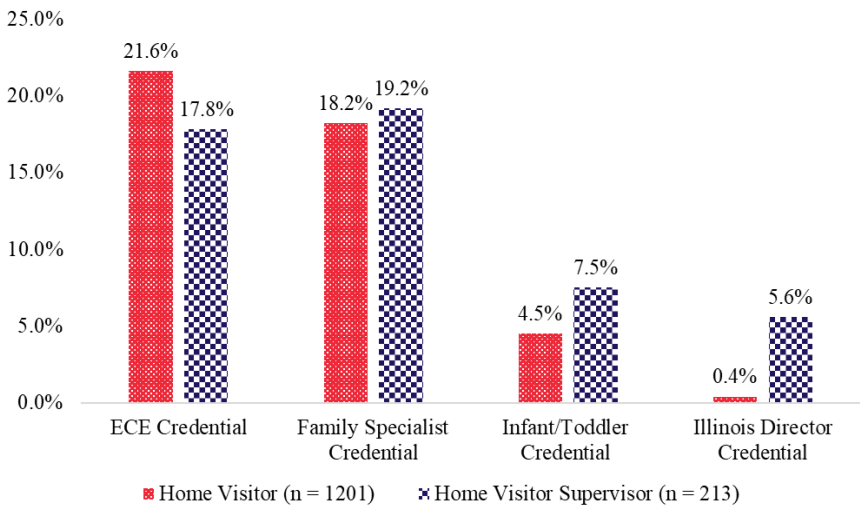


Table 22. Gateways Credential Attainment by Position (column percentages)

Position	ECE Credential	Family Specialist Credential	Infant/Toddler Credential	Illinois Director Credential
Home Visitor (n = 1,201)	21.6%	18.2%	4.5%	0.4%
Home Visiting Supervisor (n = 213)	17.8%	19.2%	7.5%	5.6%

Duration of Employment with Current Employer

The Gateways Registry collects information on how long individuals have been employed in their current place of employment by capturing their start date of employment. Table 23 shows that among all home visiting practitioners, the average years employed by their current employer was 5.7 years (median = 4.0 years). Home visitor supervisors have been employed in the same program longer than home visitors. These findings are similar to the average years of employment in the current position for administrative directors, director/teachers, and early childhood teachers in child care centers, with 9.5 years, 9.2 years, and 5.1 years, respectively.

Table 23. Number of Years Employed by Current Employer

Position	Mean	Median	n	Range
Home Visitor	5.1	3.6	1,200	0.0 – 40.6
Home Visitor Supervisor	9.3	6	213	0.8 – 42.4
Total	5.7	4	1,413	0.0 – 42.4

In the survey, program leaders indicated on average that supervisors and home visitors have worked for 8.2 and 5.3 years in their positions, respectively. All average years in positions are displayed in Figure 17 and Table 24.

Figure 17. Average Years of Employment

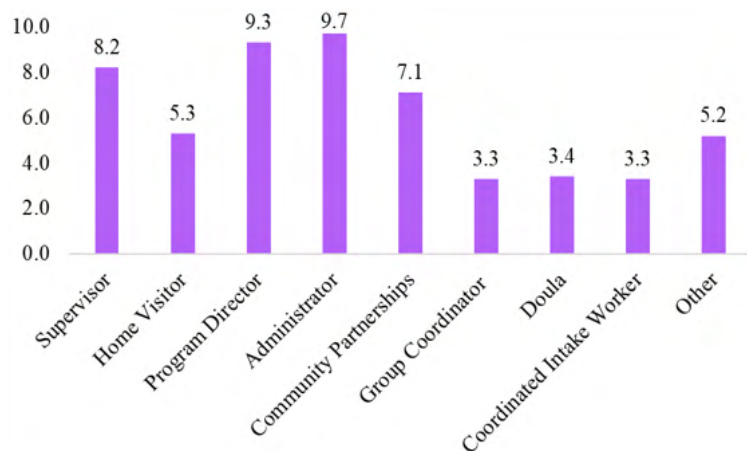


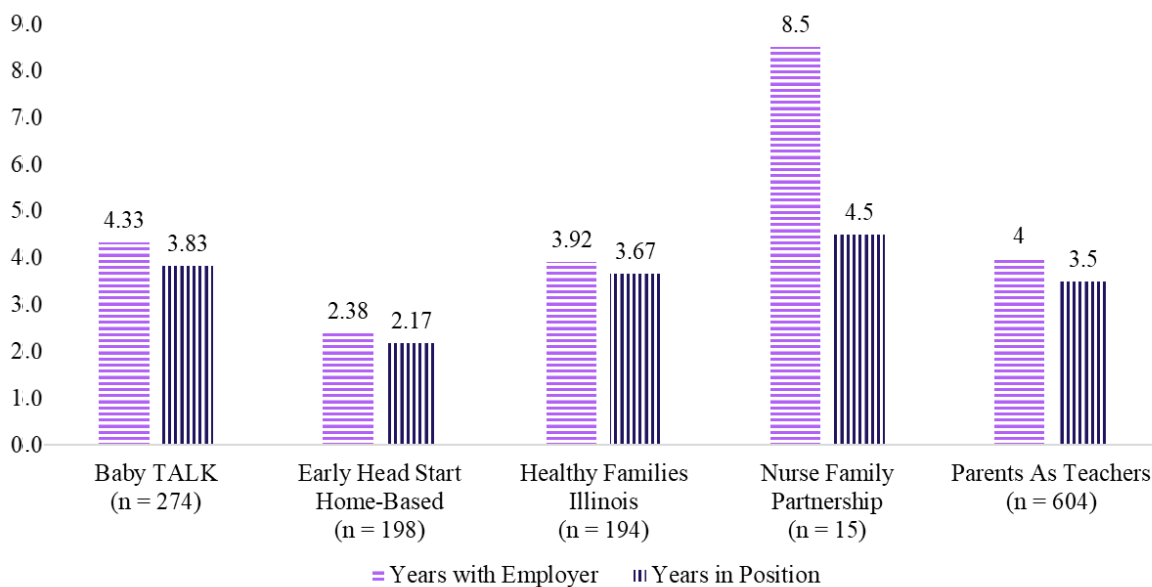
Table 24. Average Years of Employment

Position	Average years of employment	Responding employees
Supervisor	8.2	129
Home Visitor/Parent Educator	5.3	143
Program Director	9.3	67
Administrator	9.7	37
Community Partnerships	7.1	7
Group Coordinator	3.3	6
Doula	3.4	15
Coordinated Intake Worker	3.3	8
Other	5.2	13

Median Number of Years at Employer and Position by Model

Figure 18 displays that on average, Nurse Family Partnership (NFP) home visitors ($n = 15$) had been employed for 8.5 years on average with their employer and had been employed in their specific position for an average of 4.5 years. NFP home visitors tend to have been employed by their current programs, and in their current roles, longer than peers in other models.

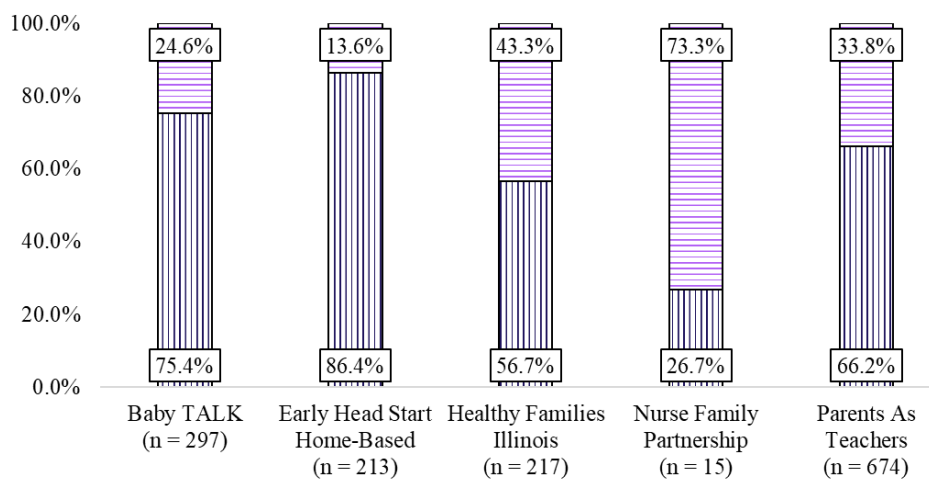
Figure 18. Median Number of Years at Employer and Position by Model



Home Visiting Model by Employer Type

Figure 19 displays that most home visiting models are being used by Early Childhood Education and Care programs. The Nurse Family Partnership model is mostly used by other agencies (e.g., health departments, hospitals, regional offices of education (ROE), and other community-based agencies that provide services).

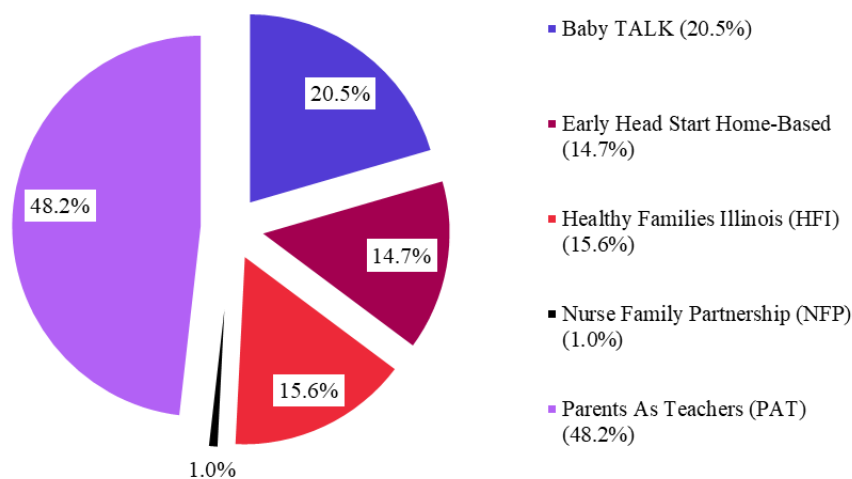
Figure 19. Home Visiting Model by Employer Type



Home Visiting Models Used

Figure 20 is a chart of all home visiting models used presently in the Gateways Registry. The percentages of models used in the Registry matches the trend found in the Staffing and Salary Survey.

Figure 20. Home Visiting Models Used (n = 1,568)



SALARY AND WAGES

This section includes responses from the Home Visiting Staffing and Salary Survey in addition to data collection from the Gateway Registry. For recruitment and retention efforts, acknowledgement of salary and wages is pivotal. Salaries and wages across the state need to be recognized and examined to be used to guide state agency partners to strengthen the home visiting workforce.

Salary Scale

HOME VISITING STAFFING AND SALARY SURVEY

As part of the Staffing and Salary Survey, program leaders were asked “Do you have a minimum salary level or compensation framework for your home visiting staff?” Of the 160 program leaders who responded to this item, 88.1 percent indicated that they did. Program leaders were then asked to select all ways salary scales were differentiated. When asked how salary scales were differentiated, also depicted in Figure 21:

- 73.1 percent (n = 117) of 160 respondents reported a salary scale differentiated by level of education,
- 50.6 percent (n = 81) of 160 respondents reported a salary scale differentiated by level of experience,
- 20.6 percent (n = 33) of 160 respondents reported a salary scale differentiated by seniority at the agency,
- 17.5 percent (n = 28) of 160 respondents reported a salary scale differentiated on some other basis (all percentages and themes developed from the other salary scale responses are in Table 25),
- 13.8 percent (n = 22) of 160 respondents reported a salary scale differentiated by attainment of a Gateways Credential (such as the Family Specialist Credential),
- 9.4 percent (n = 15) of 160 respondents reported a salary scale differentiated by attainment of an industry-recognized credential (other than a Gateways Credential), such as a CDA, and
- 5.6 percent (n = 9) of 160 respondents reported a salary scale differentiated by additional or supplemental training.

Figure 21. Salary Scale

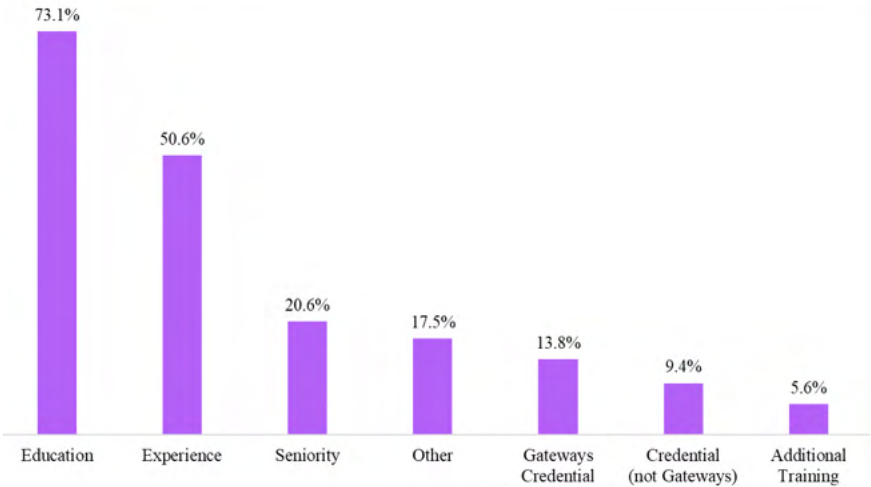


Table 25. “Other” Responses for Minimum Salary Framework

Theme	Total	Percentage
Agency/ Company Policy Requirements	9	64.3%
Skill Quality Level	2	14.3%
Grant Requirements	2	14.3%
Not Certain of Pay Scale or Not Applicable	1	7.1%

Program leaders were asked if there were any barriers to implementing a salary scale or raising minimum salaries for home visiting positions in their program. Of the 96 who responded, 51.5 percent believed agency policies and practices such as salary bands and educational requirements are barriers to raising the minimum salary scale, 20.6 percent believed there are not any barriers, and 17.5 percent believed union policies and practices are barriers to raising minimum salary scales. All themes derived from responses are displayed in Table 26. Some responses are attached to more than one theme.

Table 26. Barriers to Implementing Salaries

Theme	Total	Percentage
Agency Policies and Practices	50	51.5%
No Barriers	20	20.6%
Union Policies and Practices	17	17.5%
Limited Funding	8	8.2%
Grant Funding Policies and Practices	2	2.1%

GATEWAYS REGISTRY

Table 27 displays hourly wage by position and home visiting model. All data was collected from the Gateway Registry.

Table 27. Hourly Wage by Position by Model

Position		Baby TALK	Early Head Start Home-Based	Healthy Families Illinois	Nurse Family Partnership	Parents As Teachers
Home Visitor	Mean	\$25.90	\$21.61	\$23.12	\$31.42	\$25.03
	Median	\$22.73	\$19.18	\$18.64	\$30.19	\$20.80
	<i>n</i>	173	137	96	5	390
Home Visitor Supervisor	Mean	\$32.91	\$25.36	\$32.58	-	\$35.17
	Median	\$27.92	\$23.08	\$26.87	-	\$28.93
	<i>n</i>	20	13	30	-	60

Hourly Wage by Position

As part of the Gateways Registry, individuals have the option to report their hourly wages and/or annual salary with their employment data. The average hourly wage for all employees ($n = 1,006$ employees) was \$25.75 ($F = 64.15$, $p < .001$), which is equivalent to \$53,560 (assuming 40 hours per week, 52 weeks per year). Table 29 depicts hourly wages by position and shows that the median hourly wages earned by home visitors and home visiting supervisors were \$20.73 and \$27.34, respectively (the minimum wage in Illinois is \$15.00). Table 28 shows the breakdown of hourly wages by position and employment status.

Table 28. Hourly Wage by Position

Position	Mean	Median	<i>n</i>
Home Visitor	\$24.72	\$20.73	872
Home Visitor Supervisor	\$32.45	\$27.34	134

Staff Experience and Education

Table 29 ($n = 1,006$; $F = 1.22$, $p = .029$) reveals that length of time employed does not necessarily mean greater pay. However, Table 30 shows wages typically do increase as the level of education increases.

Table 29. Hourly Wages by Years Employed with Current Employer by Position ($n = 1,006$)

Years Employed		Home Visitor	Home Visitor Supervisor
0-2 years	Mean	\$24.57	\$37.33
	Median	\$20.35	\$36.00
	<i>n</i>	357	20
3-5 years	Mean	\$24.77	\$30.95
	Median	\$20.80	\$25.00
	<i>n</i>	321	43
6-9 years	Mean	\$25.82	\$32.19
	Median	\$21.79	\$24.72
	<i>n</i>	96	27
10-15 years	Mean	\$24.22	\$32.64
	Median	\$21.00	\$27.34
	<i>n</i>	45	19
16-20 years	Mean	\$23.72	\$28.71
	Median	\$22.00	\$28.00
	<i>n</i>	25	11
21+ years	Mean	\$24.21	\$33.33
	Median	\$20.61	\$31.57
	<i>n</i>	27	14

Table 30. Hourly Wages by Education by Position (n = 944)

Level of Education		Home Visitor	Home Visitor Supervisor	All Positions
High School/ GED	Mean	\$20.07	\$30.00	\$20.42
	Median	\$18.02	\$30.00	\$18.03
	<i>n</i>	84	3	87
Child Development Associate	Mean	\$18.16	-	\$22.14
	Median	\$15.76	-	\$17.00
	<i>n</i>	6	-	7
Some College in ECE/CD, no degree	Mean	\$18.82	-	\$18.82
	Median	\$18.10	-	\$18.10
	<i>n</i>	14	-	14
Some College in other field, no degree	Mean	\$15.32	-	\$15.53
	Median	\$15.80	-	\$15.86
	<i>n</i>	14	-	15
Approved Community College ECE Certificate	Mean	\$17.59	-	\$19.62
	Median	\$17.15	-	\$17.57
	<i>n</i>	15	-	16
Associate's in ECE/CD	Mean	\$21.42	-	\$21.76
	Median	\$18.19	-	\$18.41
	<i>n</i>	64	-	66
Associate's in other field	Mean	\$23.38	\$28.95	\$23.94
	Median	\$19.11	\$25.00	\$19.36
	<i>n</i>	36	4	40
Bachelor's in ECE/CD	Mean	\$26.97	\$34.70	\$28.00
	Median	\$22.66	\$27.11	\$23.00
	<i>n</i>	72	11	83
Bachelor's in other field	Mean	\$25.86	\$30.93	\$26.48
	Median	\$21.50	\$26.40	\$22.00
	<i>n</i>	396	55	451
Master's in ECE/CD	Mean	\$32.63	\$37.40	\$34.50
	Median	\$30.67	\$36.00	\$32.00
	<i>n</i>	17	11	28
Master's in other field	Mean	\$28.49	\$34.08	\$29.96
	Median	\$23.40	\$28.92	\$25.00
	<i>n</i>	101	36	137

Note: Statistics for which there were fewer than three observations were deleted.

As seen in Table 29, there is not always a positive relationship between the duration of employment and the hourly wages for home visitors; on average, home visitor supervisors employed with their current employer for 0-2 years earn more wages per hour than home visitor supervisors employed with their current employer for 3-5 years. However, as seen in Table 30, increased educational attainment does appear to translate to higher wages. Specifically, increased education and experience in early childhood education or child development typically leads to higher hourly wages. In Table 30 ($n = 944$; $F = 11.29$, $p < .001$), educational levels are defined by degree earned and the major field of study. Home visitor supervisors who hold a degree (bachelor's, master's) in early childhood education (ECE) or child development (CD) earn significantly more than those who hold the same degree but in another field or major ($p < .001$).

HOME VISITING STAFFING AND SALARY SURVEY

Hourly Wage by Primary Funder

The survey asked for the starting wage and the highest wage for each position. We were interested in investigating differences between wages depending on funding stream. Primary funder was determined by looking at the percentage of funds received by each agency. For example, if a program received 75% of funds from ISBE Prevention Initiative and 25% of funds from Early Head Start/Head Start, ISBE Prevention Initiative was considered the primary funder. Supervisors and home visitors that work for agencies primarily funded by City of Chicago DFSS or Early Head Start/Head Start have higher median wages than other funding sources. Table 31 shows the differences in wages between position and primary funder.

Table 31. Median Starting Hourly Wage by Position and Primary Funder

	Supervisor	Home Visitor	Program Director	Admin.	Community Partnership	Doula	CI Worker	Other
Funder	median (n)	median (n)	median (n)	median (n)	median (n)	median (n)	median (n)	median (n)
ISBE, Prevention Initiative	\$24.00 (58)	\$18.00 (80)	\$24.00 (20)	\$17.50 (16)	\$24.00 (4)	\$24.00 (5)	\$19.50 (4)	\$17.26 (12)
IDHS, state funding	\$23.00 (11)	\$18.00 (12)	\$26.00 (8)	-	-	-	-	-
Early Head Start/Head Start	\$25.00 (10)	\$19.43 (11)	\$29.88 (7)	-	-	-	-	-
IDHS, MIECHV	\$23.00 (6)	\$19.00 (6)	-	-	-	-	-	-
City of Chicago DFSS	\$28.00 (5)	\$21.00 (5)	\$33.00 (4)	-	-	\$22.00 (3)	-	-
Other	\$30.00 (3)	-	-	-	-	-	-	-
IDHS, Maternal & Child Home Visiting (formerly Parents Too Soon)	\$20.50 (3)	\$18.75 (3)	-	-	-	-	-	-

Note: Statistics for which there were fewer than three observations were deleted. The column for Group Coordinator and rows for "private donations, grants, fundraising" and "local government funding" have been removed due to having fewer than three observations per cell.

Note: 9 wages were excluded from the table due to having equal funding from two agencies.

UNION

When program leaders were asked "Are any staff in your agency represented by a union," 22.6 percent ($n = 35$) of 155 respondents indicated that they have staff in their agency represented by a union.

RECRUITMENT

When program leaders were asked to describe the typical recruitment strategies used for recruiting applicants, 35.0 percent of program leaders indicated that they used company advertisements or websites. 25.5 percent of program leaders used social media. All themes generated from open ended responses are in Table 32.

Table 32. Recruitment Strategies

Theme	Total	Percentage
Company advertisements	48	35.0%
Social media (Facebook, LinkedIn, etc.)	35	25.5%
Job posting websites (non-profit), Indeed	26	19.0%
Community organizations (colleges, churches, etc.)	19	13.9%
Company recruitment team	6	4.4%
Communally shared information (word of mouth)	3	2.2%

BENEFITS

Program leaders were asked about the types of benefits available to their employees. The survey includes a large list of benefits to get a more complete picture of what is offered in home visiting programs. In addition, the question was asked regarding benefits offered to full-time staff vs. part-time staff. As for full-time staff, Table 33 shows over 90 percent of responding sites offered health insurance, written personnel policies available to the employee, paid sick days, paid vacations, paid holidays, annual performance evaluations, dental insurance, and life insurance to its full-time employees. Other benefits that are offered to home visiting staff are working from home under extenuating circumstances such as COVID-19 or weather, flextime, days off, annual income increases, and reimbursement/bonuses.

Table 33. Benefits Offered to Full-Time Staff

Benefit	Programs Responding	Programs Offering Benefit	% Programs Offering Benefit
Health insurance	155	152	98.1%
Written personnel policies available to the employee	152	149	98.0%
Paid sick days	155	151	97.4%
Paid personal/vacation days	155	151	97.4%
Paid holidays	152	146	96.1%
Annual performance evaluation	153	147	96.1%
Dental insurance	150	140	93.3%
Life insurance	154	140	90.9%
Retirement or pension plan	154	135	87.7%
Mental health resources	149	120	80.5%
Flexible work schedule	151	120	79.5%
Disability insurance	149	116	77.9%
Payment/reimbursement for educational or training expenses	150	116	77.3%
Ability to work from home	147	88	59.8%
Formal mentoring/coaching	150	82	54.7%
Paid family leave	150	75	50.0%
Performance-based increase in wages	150	70	46.7%
Wage increase for educational advance	151	69	45.7%
Wage increase for credential attainment	145	29	20.0%
Other	195	20	10.3%

Over 60 percent of responding sites offered part-time staff written personnel policies available to the employee, annual performance evaluations, and flexible work schedules. Additionally, over half offered paid sick days, mental health resources, and payment/reimbursement for educational or training expenses to their part-time staff. In a comparison between the percent of programs offering benefits to full-time and part-time staff, the largest differences were in the offerings of health insurance (74.6% difference), dental insurance (70.3% difference), life insurance (63.1% difference), disability insurance (54% difference) and a retirement or pension plan (53.8% difference).

CONCLUSION

Home visiting is a vital family support service that helps strengthen child development and improve family well-being. Research has shown high quality home visiting contributes to young children's well-being, cognitive development, and reduces challenging behavior.¹⁰ Through a nurturing and stable relationship with a home visitor, families learn skills to support a child's brain development and health. Young children and families have much to gain from a well-educated, stable home visiting workforce; however, the high turnover rate among home visitors poses a challenge for program quality. As the state works to strengthen and expand support for families, it is critical to understand the demographics, educational attainment, compensation, and other workforce trends impacting home visiting program leaders.

As such, the Illinois Home Visiting Staffing and Salary Survey Report provides in-depth information about wages, salaries and benefits, professional development and support, recruitment, and other information pertinent to the work environment in home visiting programs. To complement the Illinois Home Visiting Staffing and Salary Survey, the Gateways to Opportunity Registry provides additional frequently collected and updated information regarding several workforce characteristics, including qualifications and salaries.

As is the case at the national level, job turnover among home visitors in Illinois is a continuing problem. Our findings suggest that the reasons for turnover are usually complicated. Since data for this survey are gathered from program leaders or other administrative staff and not the departing staff members, having staff respond directly with their reasons for leaving might yield richer findings.

When it comes to compensation, patterns of compensation for site positions varied in terms of experience level. There was an upward trend in compensation as the education level increased. The median hourly wages earned by full-time home visitors and home visiting supervisors were \$20.19 and \$27.75 respectively (the minimum wage in Illinois is \$15.00). Assuming a full-time home visiting position equals 40 hours per week, 52 weeks per year, gross annual salary would equal \$41,995.20 for home visitors and \$57,720.00 for home visitor supervisors.

Wages differed substantially according to the home visiting model implemented in the program. Home visitor employees at sites that implement the Nurse Family Partnership (NFP) earned a median hourly wage of \$30.19 per hour compared to home visitors at sites that implemented Early Head Start Home-Based who earned a median hourly wage of \$19.18, a difference of almost \$11.01 per hour. It is important to note, however, that the NFP employs nurses who have a very different educational background than other home visitors. The level of education also mattered, most staff with more education earned more than those without degrees. Moreover, teachers who majored in early childhood education (ECE) or child development (CD) and obtained an associate, bachelor's, or master's degree, earned more than teachers with a degree in another field.

Most sites offered at least one type of insurance in addition to time off benefits to full-time staff and benefits to part-time staff are minimal. There are still improvements to benefits needed, as dissatisfaction with benefits is a primary reason for staff turnover.

The Home Visiting Staffing and Salary Survey displayed a need for more effective recruitment and retention of home visitors and other related professionals. Success of home visiting programs is contingent upon recruitment and retention of qualified, dedicated, and satisfied staff.¹¹ Program leaders are having a very difficult time obtaining and retaining qualified employees. The reasons people are disinclined to home visiting as a career option is on account of several factors. Low salaries are the largest contributing aspect. Better career opportunities in other home visiting professions, difficulty of job duties, safety concerns, and inadequate benefits are other factors that confer reluctance to apply for positions in the home visiting workforce as well. On a positive note, staff who are currently employed on average have stayed in their position for a minimum of three years.

¹⁰ Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: a systematic review. BMC public health, 13(1), 1-14. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-17>

¹¹ Benatar, S., Coffey, A., & Sandstrom, H. (2020). How workplace supports relate to home visitor recruitment and retention. OPRE Report, 97.

This current Staffing and Salary Survey displays low wages and benefits as a concern of survey respondents. Aside from the obvious financial stress these factors create for program leaders, low wages are interpreted by some program leaders as representative of the lack of value and respect for the home visiting labor force. These dynamics continue to be a driving force for turnover in the home visiting field. Throughout the survey, program leaders and administrators repeatedly described the difficulty of finding qualified staff, and the need to increase familiarity of the field while also needing to make a living.

Despite these findings, survey results indicate there are some reasons for optimism. Survey respondents acknowledge that there are adequate training opportunities available to them and their staff members, which seem to be valuable supports to the home visiting field. The Gateways to Opportunity Credentials, such as the Family Specialist Credential, recognize the education, experience, and professional contributions of home visiting practitioners. According to the Registry, less than 20% of home visitors and supervisors have the Family Specialist Credential. More study is needed to understand if such credentials can help improve the compensation possibilities of practitioners, thus leading to lower turnover and ultimately higher quality of preventative care in Illinois.

APPENDIX A: SURVEY INSTRUMENT

STAFFING & SALARY SURVEY DISSEMINATION LANGUAGE

All Illinois home visiting programs are invited to participate in the 2023 Illinois Home Visiting Staffing and Salary survey, which is available via this link <https://www.surveymonkey.com/r/2023HV>.

The information collected by this new survey will be used to guide state agency partners to strengthen recruitment and retention of the home visiting workforce. Advocates also hope to use this information to push for increased funding for home visiting and home visitor compensation. The survey data will be reported out in aggregate only. **No personally identifiable, individual-level, or organizational-level data will be shared from this survey.** Responses to this survey will not have any impact on your current funding, or your future eligibility for any funding.

The survey asks about the following:

- 1) The number of home visitors in the workforce, applicants for vacant positions, and any problems encountered by programs in attracting and retaining qualified home visiting staff
- 2) the qualifications of home visitors
- 3) home visitor demographics in comparison to families served
- 4) average salaries and benefits paid to home visitors and related professionals

This survey should take about 45 minutes of your time. It need not be completed in one sitting - you can save your progress and return to complete the survey later - but we ask that you complete it within 2 weeks of beginning. We recognize that this is a long survey, and your time and attention is deeply appreciated.

This new survey is designed to be completed by home visiting supervisors, program managers, directors, or other home visiting program leaders.

- **Individual home visitors and doulas do NOT need to fill out the survey.**
- **Only ONE survey response is needed per home visiting site.**
- **For multi-site programs, please ensure that the program leader responsible for each site fills out the survey. Please confer within your agency and site(s) to decide who is best positioned to respond to the survey – a PDF version of the survey is attached so that you can preview the questions.**

Please complete this survey by April 14, 2023. For more information or questions about the survey, please contact DHS.HomeVisiting@illinois.gov

STAFFING & SALARY SURVEY

Personal Profile

1. What is your agency's name?
2. What is your program's address (the address at which services are operating/provided, not the corporate office) and email address?
3. What is your title? This survey is intended to be completed by home visiting supervisors/managers/directors/team leads and asks questions about the home visiting staff in their program.
 - a. Home visiting supervisor
 - b. Home visiting manager
 - c. Home visiting director
 - d. Home visiting team lead
 - e. Home visitor
 - f. Other (please specify)
4. How many years of experience do you have in a home visiting program leadership or administrator role?
5. How many years of experience overall do you have in home visiting (including your time as a program leader or administrator)?

About your program

1. How long has your program (site) been in operation?
 - a. 1 year or less
 - b. 2-3 years
 - c. 4-6 years
 - d. 7-10 years
 - e. Over 10 years
 - f. Don't know
2. Is your program ... (select one)
 - a. A single-site program
 - b. Part of a multi-site program of other early childhood or family service programs
 - i. If your site is part of a multi-site program or agency, what is the name of the parent organization?
 - c. Don't know
3. What home visiting model does your program implement? (select all that apply)
 - a. Baby TALK
 - b. Early Head Start/Head Start Home-Based Option (EHS)
 - c. Family Connects
 - d. Family Spirit
 - e. Healthy Families America (HFA)
 - f. Home Instruction for Parents of Preschool Youngsters (HIPPY)
 - g. Nurse-Family Partnership (NFP)
 - h. Parents As Teachers (PAT)
 - i. Other (please specify)

4. What funding streams currently support your home visiting program? (select all that apply)
- a. Illinois State Board of Education, Prevention Initiative
 - b. Illinois Department of Human Services, State funding (formerly known as Healthy Families Illinois)
 - c. Illinois Department of Human Services, Maternal and Child Home Visiting (formerly Parents Too Soon)
 - d. Illinois Department of Human Services, Maternal Infant and Early Childhood Home Visiting (MIECHV)
 - e. Early Head Start/Head Start
 - f. City of Chicago Department of Family and Support Services (DFSS)
 - g. Private donations, grants (e.g., foundations, United Way) or fundraising
 - h. Local government funding (e.g., county or city funds)
 - i. Other (please specify)
 - j. Don't know
5. Please estimate the percentage of funds that your home visiting program accessed last year on average from each of the following sources.
- a. Illinois State Board of Education, Prevention Initiative
 - b. Illinois Department of Human Services, State funding (formerly Healthy Families Illinois)
 - c. Illinois Department of Human Services, Maternal and Child Home Visiting (formerly Parents Too Soon)
 - d. Illinois Department of Human Services, Maternal Infant and Early Childhood Home Visiting (MIECHV)
 - e. Early Head Start/Head Start
 - f. City of Chicago Department of Family and Support Services (DFSS)
 - g. Private donations, grants (e.g., foundations, United Way) or fundraising
 - h. Local government funding (e.g., county or city funds)
 - i. Other (please specify)
 - j. Don't know
6. What are the approximate annual operating costs (expenses) for your home visiting program in the current State Fiscal Year, SFY23?
7. During the past two State Fiscal Years (July 1, 2021 through June 30, 2023) how did your annual operating costs change?
- a. Decreased greatly
 - b. Decreased somewhat
 - c. Stayed about the same
 - d. Increased somewhat
 - e. Increased greatly
8. Does your program operate year-round, or only during the school year?
- a. Year-round
 - b. School year
 - c. Other (please specify)

Enrollment

1. How many parents or caregivers are currently enrolled in your program?
2. How many children are currently enrolled in your program?
3. What is the total number of funded home visiting "slots" in your program? If working within a multi-site program, please specify within your specific site. ("Slots" refers to the maximum number of families or children that can be served at a single point in time)

4. How do you define “slots”?
 - a. Number of children
 - b. Number of families
 - c. Other, (please specify)
5. At what percent of total capacity is your program currently enrolled? (Capacity equals the number of currently enrolled families divided by the total number of funded slots. If you have 85 families currently enrolled and 100 funded slots, then your current capacity is 85%)
6. Using the following scale, select the response that best describes how your enrollment has changed in the past two State Fiscal Years (July 1, 2021 – June 30, 2023)
 - a. Decreased greatly
 - b. Decreased somewhat
 - c. Stayed about the same
 - d. Increased somewhat
 - e. Increased greatly
7. Does your program serve families whose primary language is not English?
 - a. Yes
 - b. No
8. If yes, please indicate which languages are spoken by families in your program?
 - a. Spanish
 - b. Chinese dialect; Cantonese or Mandarin
 - c. Korean
 - d. Vietnamese
 - e. Japanese
 - f. Polish
 - g. Russian
 - h. German
 - i. French
 - j. Farsi
 - k. Hebrew
 - l. Arabic
 - m. Hindu/Urdu
 - n. Portuguese
 - o. Romanian
 - p. Telugu
 - q. ASL/Sign Language
 - r. We do not serve families that speak a primary language other than English.
 - s. Other (please specify)

9. Please estimate the percentage of families in your program in each category

- a. Race
 - i. Black or African American
 - ii. American Indian or Alaska Native
 - iii. Asian
 - iv. Native Hawaiian Pacific Islander
 - v. White
 - vi. More than one race
 - vii. Other (please specify)
- b. Ethnicity
 - i. Hispanic/Latino
 - ii. Not Hispanic/Latino

About your Staff

1. How many staff are in your program? List the number and FTE staff within each category. If working within a multi-site program, please answer for your specific site. Chart with 2 columns, one for number of staff, one for FTE
 - a. Supervisor
 - b. Home Visitor/Parent Educator/Family Support Worker
 - c. Program Director or Manager
 - d. Administrative position
 - e. Community partnerships and engagement
 - f. Group coordinator
 - g. Doula
 - h. Coordinated Intake worker
 - i. Other (specify)
2. If you have staff who are fluent in another language other than English, please identify the language(s) they are fluent in.
 - a. Spanish
 - b. Chinese dialect; Cantonese or Mandarin
 - c. Korean
 - d. Vietnamese
 - e. Japanese
 - f. Polish
 - g. Russian
 - h. German
 - i. French
 - j. Farsi
 - k. Hebrew
 - l. Arabic
 - m. Hindu/Urdu
 - n. Portuguese
 - o. Romanian
 - p. Telegu
 - q. ASL/Sign Language
 - r. Other (please specify)

3. How many staff in your program are fluent in a language other than English? List the number of staff within each category who are fluent in a non-English language.
- Supervisor
 - Home Visitor/Parent Educator/Family Support Worker
 - Program Director or Manager
 - Administrative position
 - Community partnerships and engagement
 - Group coordinator
 - Doula
 - Coordinated Intake worker
 - Other (specify)

Professional Development

- Do you feel there are adequate training and professional development opportunities available to you and your staff?
 - Yes
 - No
 - Comments: (e.g., access, expense, logistics or scheduling, suitability of training offerings)
- What suggestions do you have for trainings that are not currently available but would be helpful to staff or program leaders?
- Do you have a minimum salary level or compensation framework?
 - Yes
 - No
- If no, do you have something other than a minimum salary level or compensation framework?
 - Yes
 - No
 - If you use something other than a minimum salary level or compensation framework, please specify what you use.
- If you DO have a minimum salary level or compensation framework, is it differentiated by: (select all that apply)
 - Education level
 - Credential attainment (Gateways Family Support Specialist or other)
 - Attainment of other industry-recognized credentials (e.g., CDA)
 - Level of experience
 - Additional or supplementary training
 - Seniority at your agency
 - Other (please specify)
- For each position listed, what is the a) starting wage/salary and b) highest/wage salary for the position? Please select the box to indicate whether you are providing an amount that is an hourly wage or an annual salary for 1.0 FTE.
 - Supervisor
 - Home Visitor/Parent Educator/Family Support Worker
 - Program Director or Manager
 - Administrative position
 - Community partnerships and engagement
 - Group coordinator
 - Doula
 - Coordinated Intake worker
 - Other (specify)

7. Aside from funding availability, are there any barriers to implementing a salary scale or raising minimum salaries for home visiting positions in your agency? (e.g. agency salary bands, salaries tied to degree attainment by agency policy, union agreements on salaries, etc.) Please describe.
8. Are any staff in your agency represented by a union?
 - a. Yes
 - b. No
 - c. Unsure

Staff Turnover and Replacement

1. How many chronic vacancies (positions that have not been filled at 6 months) have you had in the last 24 months? Write in the number of applicants by category of employee. Matrix with all positions above as columns, # as rows
 - a. Supervisor
 - b. Home Visitor/Parent Educator/Family Support Worker
 - c. Program Director or Manager
 - d. Administrative position
 - e. Community partnerships and engagement
 - f. Group coordinator
 - g. Doula
 - h. Coordinated Intake worker
 - i. Other (specify)
2. How many staff members have left your program in the last 24 months? Please refer to your permanent full-time and part-time staff members.
 - a. Supervisor
 - b. Home Visitor/Parent Educator/Family Support Worker
 - c. Program Director or Manager
 - d. Administrative position
 - e. Community partnerships and engagement
 - f. Group coordinator
 - g. Doula
 - h. Coordinated Intake worker
 - i. Other (specify)
3. Of the staff that left your program of their own choosing, please indicate the top three reasons staff in each role left in your program. Matrix with all positions above as rows, reasons repeated in 3 columns
 - a. Dissatisfied with wages or benefits
 - b. Dissatisfied with work schedule
 - c. Not enough opportunities for professional development or growth
 - d. Unhappy with job duties
 - e. Burnout
 - f. Retirement
 - g. Personal or family issues
 - h. Moved out of the area
 - i. Uncertain funding
 - j. Transitioned to another role/program within the agency (but left the home visiting program)

- k. Transitioned to another home visiting program
 - l. Transitioned to another social services/early childhood agency or school district (but left home visiting)
 - m. Transitioned to another field
 - n. Unknown / did not share a reason
 - o. Other (specify)
4. What is the average (or typical) length of employment/retention for staff in the following positions? Please enter your answers in years
- a. Supervisor
 - b. Home Visitor/Parent Educator/Family Support Worker
 - c. Program Director or Manager
 - d. Administrative position
 - e. Community partnerships and engagement
 - f. Group coordinator
 - g. Doula
 - h. Coordinated Intake worker
 - i. Other (specify)
5. Please report the number of applicants who applied when you sought to fill a vacancy in the last 24 months. Write in the number of applicants by category of employee. *Matrix with all positions above as columns, the number of qualified applicants, and the number of unqualified applicants as rows*
- j. Supervisor
 - k. Home Visitor/Parent Educator/Family Support Worker
 - l. Program Director or Manager
 - m. Administrative position
 - n. Community partnerships and engagement
 - o. Group coordinator
 - p. Doula
 - q. Coordinated Intake worker
 - r. Other (specify)
6. Generally, how easy or difficult has it been for you to fill positions in the past two years? (On a scale from 1=very easy to 5=very difficult). Please provide additional comments (open ended)
7. Below are some reasons cited by programs for why people may not seek employment in the home visiting field. Please use the scale to rate how important you think each of the following reasons is with 1 = Not important to 5 – Very important.
- a. Career opportunities in home visiting are not generally known by people choosing a profession
 - b. Career opportunities are perceived to be better in other professions or other child-oriented settings.
 - c. Salaries are low
 - d. Benefits are not adequate
 - e. Amount of travel required
 - f. Burden/duties of the job are too hard/much
 - g. Safety concerns
 - h. Other (please specify)
8. (Open ended) Please describe your typical recruitment strategies, including where you look for candidates, where jobs are posted, and any other feedback you have on the process of finding and hiring for home visiting and related positions?

9. Open ended) What impacts have staff turnover had on the overall capacity and functioning of your program in the last two years? (e.g., supervisors have to take on added caseload, time and money needed to train new staff, families disengage from services, waitlists, etc.)

Benefits Offered to Staff

1. For each of the benefits listed below, please select whether or not your program offers that benefit to staff. Matrix with full-time, part time (offered v. not offered, with a 'not sure' option).
- a. Paid sick days
 - b. Paid holidays
 - c. Paid personal/vacation days
 - d. Paid family leave
 - e. Periodic increase in wages based on performance
 - f. Increased in wages based on educational advancement
 - g. Increase in wages based on attainment of industry recognized credential (e.g., Gateways Credential or CDA
 - h. Retirement or pension plan
 - i. Health insurance
 - j. Dental insurance
 - k. Disability insurance
 - l. Life insurance
 - m. Payment/reimbursement for educational or training expenses (conference fees, tuition, travel costs, etc.)
 - n. Formal mentoring/coaching
 - o. Annual performance evaluation
 - p. Written personnel policies available to employees
 - q. Mental Health resources through an Employee Assistance Program or other benefit
 - r. Other (specify)

APPENDIX B: WORKFORCE REQUIREMENTS

This crosswalk was prepared by the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program, and was last updated on May 6, 2021.

Home Visiting Model	Workforce requirements
BabyTALK	The model suggests that professionals have a background in early childhood, social work, or nursing disciplines with a bachelor's degree.
Healthy Families America	Direct service staff (family support and family resource staff) have a minimum of a high school diploma. In addition: college coursework / degree preferred; experience providing services to families and children; knowledge of infant and child development; infant mental health endorsement preferred.
Parents As Teachers	The minimum qualifications for parent educators are a high school diploma or GED or equivalency and two years of previous supervised work experience with young children and/or parents. An additional quality standard states that the affiliate hires parent educators with at least a bachelor's degree.
Nurse Family Partnership	Nurse home visitors and nursing supervisors be registered professional nurses with a minimum of a bachelor's degree in nursing
HIPPY	Coordinators must have a minimum of a bachelor's degree in early childhood education, elementary education, family or adult education, social work, or a related field. A member of the program community is preferred.
Early Head Start Home-Based	Home Visitors must have a minimum of a home-based child development associate (CDA) or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree
Family Spirit	Home visitors must have at least a high school education plus two or more years of related work experience

APPENDIX C: ACKNOWLEDGEMENTS

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