

***Promoting DEIB in the Home Visiting Workforce:
Professional Development and Career Pathways***



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Introduction

This paper provides highlights of the observations, insights, challenges and strategies collected through a series of discussions among 25 members of a project team convened between November, 2022, and January, 2023. Contributing members held a common interest in the role of professional development and career pathways to promote diversity, equity, inclusion and belonging (DEIB) in the home visiting workforce. Members brought multidisciplinary perspectives to the conversation informed by experience gained in direct services to families, community-based program administration, training and technical assistance, curriculum and program model development, state network administration, research and institutions of higher learning. Given the national reach of the Community of Practice-Professional Development, project team members also brought perspectives from many states; rural and urban settings, diverse racial and cultural backgrounds and a wide range of life and career experience.

This year's project was initially conceived to be addressed in two distinctive tracks; one being the role of professional development to advance DEIB and the other to focus on career pathways. Based on the initial question posed to members, "What is it that interests you most about our topics?" that it became clear that neither track could be pursued without addressing the shared complex, multi-faceted issues of the home visiting workforce crisis. This paper summarizes the challenges our members identified as encountered by the workforce at the systems, state and network, and community program levels with an emphasis on improving the representation, advancement, and voice of people of color in home visiting. It also seeks to offer strategies, research, innovations and resources for use by others in their own setting.

The content of the project team's discussions represented in this paper, is acknowledged as a sampling of observations and just the start to a much-needed, ongoing discourse. We must commit to hearing from every corner of the field to benefit from their experiences, ideas, means and ways to improve conditions for the home visiting workforce. We must act on what we learn as if the access to and quality of home visiting that families experience depend on it; because it does. To this end, we invite the reader to note challenges that resonate with your own experience but more importantly, to identify a difference you could make to improve conditions for home visitors and supervisors in your own setting.

Systems: *This level includes those whose work has a national or statewide reach to: determine the allocation of resources, conduct research, establish program best practices and protocols, and influence or determine policies.*

Challenges: Summarized in this section are a sampling of key issues ideally addressed at a systems level to fundamentally effect change to improve workforce conditions and quality of services at large.

Systems providers in the home visiting field experience several challenges and opportunities to improve conditions and the quality of home visiting services. First, the home visiting workforce is not culturally or ethnically representative of the population home visitors work with. There are many more ethnic minority families than home visitors, which can be an issue in that an ethnic match between home visitor and client is more effective for home visiting interventions. Additionally, several prescribed or widely used developmental and screening tools in home visiting have not been developed and scaled for effective use with a racially and economically diverse population. This affects the use of the tools by some home visitors (especially BIPOC home visitors,) and the very outcomes of screening.

Home visiting as a service, is also misperceived in terms of its purpose by families who could benefit most. It is viewed as risk-based instead of being seen as a means of positive growth and development for caregivers and children. Uninformed potential parents and caregivers mistake home visiting as a part of Child Protective Services, in which their homes will be investigated for suspected child abuse. Families may view home visiting as a mandated intervention, rather than as a voluntary option. A universal definition of home visiting that clarifies its purpose and delivery methods is warranted to help change these perceptions for families, but also for those considering home visiting as a career.

Systems Strategies: Summarized in this section are strategies that can be used at the systems level to strengthen the role of professional development and development of career pathways for practitioners.

The world for families and the workforce has dramatically changed in the last few years due to several factors including COVID, improved attention to economic, health and racial inequities. Studies on the home visiting workforce need to be conducted to better understand the strengths and supports of the home visiting practitioners who have stayed in the field and to re-examine demographics and workforce needs. Finding ways to improve the exposure of the workforce to more sectors of the home visiting field would be one way to support improved career pathways. The workforce that is directly involved with families also needs a greater voice in decisions, policies, and program requirements. Home visited families should have a voice that is central to these issues, as well. Systems level support for statewide and local forums for the direct input by the workforce and families is needed. Additionally, continued systems support for ongoing, state and network training is essential support for practitioners given evolving environmental conditions and current issues that impact the practice of home visiting. The most obvious example is the need in recent years to provide visits virtually given the effects of the COVID-19 pandemic on their work.

System level recruitment and retention strategies were identified in discussion as well. Strategies for promoting the home visiting field can assist with attracting more home visitors to the workforce. Home visiting should be promoted as a continuum of care, ranging from parenting interventions to more crisis-oriented work. Descriptions of home visiting as

relationally based may make the field seem more appealing to potential workers. It was also noted that attention needs to be translated into structures that support BIPOC members of the home visiting workforce to reduce the experience of isolation and promote retention. Structures, such as communities of practice for BIPOC practitioners or opportunities for mentoring by BIPOC leaders could be provided.

Systems Level Support for Change: Identified in this section are research efforts, current innovations in practice and resources for use or to learn more.

New research is being conducted and projects launched that aim to better understand and support BIPOC home visitors. First, the Iowa/Virginia Innovation Grant Project /Workforce Study (MIECHV) is getting underway with a multi-state workforce analysis. This study has several potential impacts for improving workforce conditions for recruitment, retention, career pathing and professional development. One goal is to better understand the dynamics experienced by the home visiting workforce, especially for BIPOC home visitors. It has been a long standing, known condition that home visitors, especially BIPOC practitioners have difficulty advancing in the hierarchy of positions within home visiting, such as being promoted to supervisors or directors. Start Early's Leadership Pathways for BIPOC Home Visitors project is another example of an effort focused on understanding how BIPOC home visitors can advance through the hierarchy of the field. Start Early also provides a DEIB Toolkit designed for those providing professional development but can be used by almost anyone to advance their own journey to be more actively cognizant of their own beliefs and actions related to being inclusive and equitable in their sphere of influence. Below are websites that explore these issues:

Research resources: <https://familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2022/08/MIECHV-RR-2022.08.22.pdf>;

https://www.swhd.org/wp-content/uploads/2020/06/Advancing-Equity-in-the-Early-Childhood-Workforce.Byars_.Diaz_.Paul_.pdf

<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/staff-recruitment-retention.pdf>

<https://www.ncsl.org/human-services/home-visiting-improving-outcomes-for-children>

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-13010-5>

State and Network: *This level includes those whose work has a statewide or network reach to: provide community programs with resources, technical assistance, training and continuous quality improvement supports.*

Challenges: Summarized in this section are a sampling of key issues ideally addressed at a state or network of programs level to fundamentally effect change to improve workforce conditions and quality of services at large.

The fragmentation and non-alignment of criteria for the distribution of home visiting resources across funding entities is a major challenge at the state and network level. It perpetuates issues at the community level of salary differences across home visiting programs and disunified, equitable approaches to the distribution of the whole of funding available. This lack of coordination and collaboration contributes directly to the dynamics that perpetuate the workforce crisis, and neglect of state level attention to families; many BIPOC families who are without

access to services, period. The lack of equitable BIPOC representation in the workforce with families receiving home visiting is even worse at the systems, state and network leadership levels. First, there needs to be greater recruitment and cultivation of BIPOC leaders responsible for fund administration and decisions. Second, funding requirements are not aligned across funding sources to ensure equity in distribution and that minority and economically disadvantaged families have equal access to services.

There are also several workforce issues to be addressed at the state level. Workforce stress stemming from high caseloads, dealing with crisis situations, paperwork requirements, and other aspects of the home visiting job can impede performance of direct service providers. The pervasive workforce shortage suggests a need for better methods of recruiting home visitors that is not just a problem to be solved at the local level. It was noted that it is difficult to describe the home visiting profession in a way that is not intimidating for potential home visitors. Given the scope of work with families, the low salary for this work is unjustifiable. Experienced home visitors and staff may leave the home visiting field due to the low pay and stresses inherent in the work. There are funding restrictions that partially account for low salaries.

Lastly, it was acknowledged in discussion of our project members that our country has a long history of systems that are not equitable and lack equal representation of voices at decision making tables. It is also deeply divided politically on matters of diversity, equity, inclusion and belonging. It is important to note that not everyone (at any level) is committed or motivated for change to increasingly have systems and practices attuned to DEIB. One member noted that not even all home visiting staff are willing to discuss DEIB issues. Several other members agreed and added that some staff may feel uncomfortable with exploring cultures that are different from their own or their own biases regarding marginalized groups. It is difficult to create buy-in from all staff (leaders and all others) to be reflective, prioritize being inclusive of all perspectives, and be receptive to learning about other cultures which hold the promise to improve conditions for everyone.

State and Network Strategies: Summarized in this section are strategies that can be used at the systems level to strengthen the role of professional development and development of career pathways for practitioners.

There are several steps that can be taken to make the home visiting field more inclusive. There are several existing sets of home visiting workforce competencies that need to be reviewed and revised to ensure an equity “lens” is being applied to see all competencies from multiple perspectives. Training materials also should be developed that speak to BIPOC home visitors’ issues and concerns. Training materials should also include BIPOC home visitors as examples and use them for illustrations of home visiting scenarios to make the trainings more representative of the entire workforce. BIPOC practitioners should be given more support through affinity groups and communities of practice that enable them to meet with similar staff, share their experiences, and get and provide support. BIPOC staff should also be encouraged to share their experiences with all members of the home visiting workforce for fuller representation. All clients should be eligible for home visiting services regardless of cultural or ethnic background.

There are several means of attracting potential home visitors and maintaining the home visiting workforce. Positive experiences and benefits of home visiting as shared by practitioners can be included in recruitment materials to advertise home visiting employment. Potential home

visitors should learn about multiple aspects of the home visiting field, such as research, technical assistance, and advocacy to present a fuller and more appealing picture of the field. Once hired, home visitors should be retained through giving incentives, such as rewards for strong work performance, a significant amount of vacation days, good benefits, and flexible schedules to reduce stress and provide a positive work experience.

State and Network Level Support for Change: Identified in this section are research efforts, current innovations in practice and resources for use in state or program network settings and to learn more.

Home visiting should be marketed as an established profession, as some potential employees may not view it as such or think about it from this perspective. Leverage the reach of social media, for example. Home visiting recruitment materials should include testimonials from home visitors addressing their enjoyment and the meaning that home visiting holds for them personally and professionally. Once home visitors are hired, a range of recognitions for excellence in work performance should be given to encourage and validate effective home visitors over their years of service.

The use of human centered design in home visiting curriculum and training development was discussed as a way to elevate the expertise and rich cultural perspectives of home visitors and families. A representative from Great Kids, Inc., shared about such methods used to develop training on secondary trauma. It was also suggested that a tool be developed that supports and guides supervisors in having sensitive conversations with staff regarding DEIB issues.

A website noting statewide innovations that improve DEIB in practice and workforce strategies is: Equity Initiatives in Home Visiting: <https://nhvrc.org/product/equity-initiatives-in-home-visiting/> Other state, network and professional development initiatives, examples and resources for further information include:

<https://www.startearly.org/where-we-work/washington/home-visiting-core-competencies/>

<https://odh.ohio.gov/know-our-programs/help-me-grow/professionals/homevisitingcredential>

[Start Early. DEIB TOOL KIT.pdf](#)

Nationally available training at no charge: <https://rrvhv.earlyimpactva.org/webinars;>

<https://institutefsp.org/>

Community Programs: *This level includes those whose work is in direct practice with families. It includes supervisors, administrators and leaders of community-based programs who hold decision making responsibilities that affect the work environment and conditions of practitioners and the quality of services to families.*

Challenges: Community based program project members noted several issues regarding attracting and maintaining their local home visiting workforce. First, it is difficult to recruit home visitors who meet job requirements for educational degrees. These requirements are most often set outside of local or agency discretion without recourse or voice in finding alternatives that are inclusive of other types of qualifications such as life experience, language and other attributes that are important to success with families. Second, it is difficult to recruit BIPOC and bilingual home visitors; often because they do not hold a degree. Third, home visitors may not remain in their positions due to low salaries and a unclear, equitable salary structure or career pathway.

The fundamental need to make a livable wage and lack of clear opportunities for advancement may encourage experienced staff to leave the field.

Project members from community programs also reported issues with families often misunderstanding the purpose of home visiting. Some viewed home visiting services as a means through which to sign up for and receive additional services such as childcare. Others hold the misconception that home visiting is a mandated service and do not recognize it as voluntary. The issue to clearly communicate what home visiting is for the benefit of potential home visitors and families to engage in services needs to be addressed not only at the local level, but at state and systems levels, as well.

Another community identified issue is that home visiting programs in the same local area may be in competition to recruit and retain families, as well as staff. Coordinated intake or other ways to clearly differentiate types of home visiting programs to match family needs to specific programs will support both improvement of the use of resources by families as well as improve the understanding of potential home visitors.

Community Program Strategies: Summarized in this section are strategies that can be used at the community level to strengthen the role of professional development and development of career pathways for practitioners.

Several strategies were identified for community-based programs that are relevant to recruitment and retention of culturally diverse home visitors. First, to fill a shortage in bilingual home visitors, bilingual skills can serve as a substitute in terms of job requirements for attaining a specific degree. Discussions in home visiting programs regarding “brave spaces” for DEIB discourse are needed to create an environment where home visitors of all cultures feel comfortable sharing their views and struggles. Home visiting staff are encouraged to join cultural consciousness affinity groups to understand different cultural perspectives better and identify any potential biases. More resources and supports are needed for BIPOC staff, which include addressing microaggressions or negative treatment of BIPOC staff within the agency.

Strategies for the general recruitment, onboarding, and retention of staff were also identified. Mentoring of new home visitors by experienced home visitors during the onboarding process is recommended to prepare new staff for the challenges of home visiting work. Home visitors should be offered benefits, flexible scheduling, and not working on weekends to accommodate their needs. Consideration should be given to ways to hire and support staff to meet educational requirements while they are on the job. A culture of care including the support of regular, skilled reflective supervision at the home visiting agency also supports retention of home visitors.

The retention of families in home visiting was also addressed as related to the quality of relationships they have with home visitors. The skills of building positive relationships with families through use of soft skills is essential to the retention of families and to the success of the home visitor. Assessment of the needed attributes and skills applicable to being a home visitor need to be part of the interview process beyond an assessment of job requirements. Additionally, it was suggested that community programs recruit home visitors directly from their communities including former parents and caregivers in the program.

Community Program Level Support for Change: Identified in this section are research efforts, current innovations in practice and resources for use in community-based settings and to learn more.

There are several websites that discuss BIPOC-related and recruitment and retention-related issues as discussed above. The Harvard Implicit Bias tests uncovers one's personal biases regarding multiple disenfranchised populations such as ethnic minorities and disabled individuals. It can be used for taking one's own bias inventory or for use as a group. The Talking About Race website addresses ways to sensitively discuss racial issues with staff and families. These two and other websites are listed below to address relevant issues related to the home visiting workforce, the role of professional development and career pathways and ways to advance an ongoing discourse about DEIB in home visiting.

<https://www.projectimplicit.net/>

<https://nmaahc.si.edu/learn/talking-about-race/audiences>

<https://www.acf.hhs.gov/opre/report/management-practices-promote-home-visitor-retention-what-does-national-study-home>

<https://eclkc.ohs.acf.hhs.gov/publication/staff-recruitment-retention>

<https://policycommons.net/artifacts/1425939/home-visiting-careers/2040304/>

<https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/strengthening-miechv-workforce.pdf>

Final Comments & Acknowledgements

In closing, while this year's project team's discussion only scratches the surface of very complex issues, we hope value is found in the insights and strategies summarized in this paper and corresponding poster. We invite everyone with interest in these workforce issues of DEIB, professional development and career pathways to be an active participant in the continued discussions being planned for in the year ahead. Thank you to the contributing members listed below for their passion to make a difference to the quality of services families receive in home visiting through the professional development of the workforce and improvement of the conditions in which they work.

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