



RESEARCH REPORT

Professional Development Supports for Home Visitors and Supervisors

Strengthening the Home Visiting Workforce

OPRE Report #2021-01

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January 2021



SUBMITTED TO:

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Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
Contract Number: HHSP233201500064I

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Suggested citation: Peters, Rebecca, Sarah Benatar, and Heather Sandstrom. 2021. *Professional Development Supports for Home Visitors and Supervisors: Strengthening the Home Visiting Workforce*. OPRE Report #2021-01, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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Acknowledgments

We would like to thank Tia Brown, Aleta Meyer, and Nancy Geyelin Margie from the Office of Planning, Research, and Evaluation, and Rachel Herzfeldt-Kamprath, Cristina Checa, and Kyle Peplinski from the Health Resources and Services Administration (HRSA) for their ongoing guidance and input.

We also thank our technical work group members: Claire Dunham, Start Early (formerly the Ounce of Prevention Fund); Jon Korfmacher, Erikson Institute; Lili McGuinness, Maternal and Child Health Access; Jordon Peugh, Social Science Research Solutions; Jessica Sowa, University of Delaware (formerly University of Baltimore); Jodi Whiteman, Public Consulting Group; and Paula Zeanah, University of Louisiana at Lafayette.

This project would not have been successful without the support of the home visiting model developers and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and Tribal MIECHV grantees. We thank the home visitors, supervisors, and managers from local implementing agencies who gave their time to participate in the data collection. We thank HRSA staff for connecting us with MIECHV awardees, and Tribal MIECHV program manager Moushumi Beltangady for supporting contact with tribal grantees.

Executive Summary

A strong body of evidence shows the positive impacts of home visiting on children and their families, including improvements in maternal and child health, child development, and parenting practices. Early childhood home visiting programs rely on well-trained staff to deliver interventions, but little research is available on the educational background or preservice preparation home visitors typically bring to the job or their experiences with ongoing professional development (Sandstrom et al. 2020).

This short report examines issues related to professional development for home visitors and home visiting supervisors. The findings presented are based on a national study of the home visiting workforce in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program-funded agencies and interviews with experts in higher education and in the home visiting field. The report also shares information from a scan of online resources related to training and professional development for home visiting program staff.

In particular, this report provides data and perspectives from the field to begin answering the following questions:

- What opportunities exist for professional development for home visitors and home visiting supervisors?
- How do these opportunities vary at different career stages?
- What are the perceived gaps in available trainings?
- What challenges exist for professional development for home visitors and supervisors at various points in their careers?

Key findings include the following:

- **Home visitors and supervisors have varying educational and professional backgrounds, reflecting the range of home visiting models used and the staffing needs of local home visiting programs. This wide variation also highlights a challenge in preparing people for home visiting as a profession.** Home visitors and supervisors have most commonly been trained in nursing, social work, or education. Though a few universities offer introductory courses on home visiting, no home visiting major that provides standardized preservice preparation for home visitors exists at an institution of higher education. Workers can enter the home visiting field with vastly different knowledge and skills from others in the same field, which is often

quite appropriate to meet program needs but poses some challenges for designing cross-model preservice preparation and professional development programs. Institutions of higher education may find it hard to develop a pipeline of students interested in home visiting and skilled in the soft skills required to be successful in the job.

- **Observational assessments and core competency frameworks can be useful tools to measure home visitor performance and guide professional development goals.** Home visiting models vary in target populations and focus, but certain foundational concepts are applicable across models. Home visiting agencies can use non-model-specific tools like supervisors' observations, staff self-assessments, reflective supervision,¹ and core competency frameworks to support quality improvement activities and identify individual staff training needs. These tools can also help home visitors track their own competencies and define their learning goals.
- **A widely used certification or endorsement for home visitors could help encourage standardization in the field, but this approach has benefits and drawbacks.** Currently, several organizations offer endorsements or certifications for home visitors or the broader early childhood workforce. In addition, some home visiting programs offer financial support to encourage certification but rarely require certification as part of the job. Wider adoption of certification may help “professionalize” the field—standardizing minimum qualifications and establishing a basic set of competencies all home visitors should have. Yet key informants interviewed expressed mixed feelings about whether that result is desirable, asking whether it could instead create unintended barriers and homogenize the workforce to the detriment of clients and programs more generally. Approaches that could provide consistent professional preparation while maintaining an appropriately diverse workforce demand further consideration.
- **A range of in-service training opportunities is available to home visitors, but cost and time can be constraints.** Various institutions—including home visiting models at central offices, state agencies, technical assistance organizations, and universities—offer on-the-job training and professional development opportunities for home visitors and supervisors. These opportunities cover a range of topics and can be offered in person, online, or a combination of the two. Home visitors generally reported appreciating the additional training, although some said cost and time made the opportunities difficult to pursue.
- **Although home visitors and supervisors receive job training in many forms, they identify topics they could benefit from learning more about to better serve families.** Home visitors in focus groups reported they would like more training on addressing sensitive situations such as

domestic violence and substance use. Some also noted they need help with issues specific to the populations they serve, like immigration-related concerns. Survey data indicate that home visitors' top training priorities include early childhood mental health, serving children or parents with disabilities, and law and public policy. Both study participants and experts in the field reported that some supervisors would appreciate more management training and training on how to implement reflective supervision well.

These findings may provide useful insights to professional development providers, home visiting program managers, and state and tribal MIECHV administrators looking for ways to better support home visitors and supervisors.

Introduction

A well-prepared workforce is essential for home visiting programs to provide effective services to children and families. High-quality professional development along the career pathway—from preservice training to in-service training, coaching, and supervision—can give home visitors the tools required to meet the diverse needs of the families they serve. Despite the importance of professional development and ongoing research on this topic, designing and implementing it for home visitors present several challenges. The professional development opportunities most critical to ensuring home visitors are prepared for the job remain unclear.

In this short report,² we summarize the current state of the professional development system for the home visiting workforce, with an emphasis on home visitors who provide direct services to families. We describe the perspectives of home visitors and home visiting supervisors working in MIECHV-funded agencies and stakeholders with expertise in professional development as it pertains to the field of home visiting. We also describe the ways in which professional development could be improved to help strengthen the home visiting workforce. We address the following research questions:

- What opportunities exist for professional development for home visitors and home visiting supervisors?
- How do these opportunities vary at different career stages?
- What are the perceived gaps in available trainings?
- What challenges exist for professional development for home visitors and supervisors at various points in their careers?

Our findings are based on multiple data sources, including a thorough scan of published literature and online resources; in-depth interviews with home visiting program managers, supervisors, and experts in home visiting and professional development; findings from a national survey of the home visiting workforce in MIECHV-funded local implementing agencies; and focus groups with home visitors. This study's methods are described with more detail in box 1.

BOX 1

Research Approach

Literature scan. We distilled the research questions into a set of broad search terms, including “home visit,” “professional development,” “training,” “technical assistance,” and “effectiveness.” Because research on these topics within the home visiting field is limited, we broadened our search to include studies from related fields, including early care and education, maternal and child health, nursing, social work, and mental health. In addition to scanning peer-reviewed journal articles, we gathered information from white papers and performed targeted searches for resources on home visiting model websites and national organization websites.

Key informant interviews. We interviewed 15 subject matter experts in home visiting professional development. These experts were from different types of organizations. They included academic experts (i.e., university-based faculty involved in research and curriculum development), training developers, MIECHV training and technical assistance providers, and MIECHV state administrators and agency staff. Each 60-minute phone interview was guided by a semistructured interview protocol that focused on interviewee knowledge of existing professional resources; the strengths and weaknesses of specific professional development opportunities available through institutions of higher education, home visiting models, state government, and national organizations; challenges and opportunities in designing and delivering effective professional development for home visitors; and strategies for building and supporting career pathways in home visiting. We also interviewed program managers and home visiting supervisors while visiting 26 local implementing agencies for in-person case studies. Professional development for themselves and their staffs was one of the many topics covered during these interviews, each of which lasted about 60 minutes.

Surveys. We fielded two surveys for the larger Home Visiting Career Trajectories (HVCT) study: one for program managers and one for home visitors and supervisors. All agencies receiving MIECHV funding were invited to participate. We used a two-stage design to first survey program managers and then supervisors and home visitors. The program manager survey collected information on staffing, funding sources, staff recruitment and retention, and program management. The staff survey collected information on educational attainment, work experience, compensation and benefits, job schedule and work environment, supervision, job satisfaction, training needs, and demographic characteristics. The surveys were web-based and designed to take 20–23 minutes to complete.

Focus groups. We conducted focus groups with home visitors at MIECHV-funded agencies in eight states: Arizona, Connecticut, Georgia, Maryland, Michigan, Montana, New Mexico, and Tennessee. We selected these eight states because they are diverse geographically in their urban-rural split, the models they implement, and the presence of Tribal MIECHV grantees. We visited between three and five agencies in each state, for a total of 26. We developed a semistructured focus group moderator guide based on the project’s research questions.

Note: See the full HVCT report for additional detail on study methods: Sandstrom et al. 2020.

We begin the report with a discussion of what we mean by “professional development” and why it is important. Next, we summarize findings from the literature scan and key informant interviews to describe the current state of the home visiting professional development system. We describe the background of the home visiting workforce based on survey analyses and discuss home visitors’ and supervisors’ self-identified training needs. We end the report with implications for the home visiting field and discuss how these findings may inform future professional development efforts.

What Is Professional Development, and Why Does It Matter?

Defining Professional Development

“Professional development” does not have a universally accepted definition, and expectations of professional development vary widely by discipline. The literature suggests that professional development includes a range of learning opportunities, including formalized courses, programs resulting in a degree, formalized supportive interaction, targeted training, and informal on-the-job training (Blood et al. 2015; Bruder et al. 2009; Campbell and Sawyer 2009; Mansouri and Lockyer 2007). For this report, we consider professional development to encompass a broad range of formal and informal learning opportunities.

The home visiting field also has field-specific terminology to refer to the timing of professional development activities. For example, home visiting experts typically refer to the training and preparation a home visitor receives before being employed as “preservice” and the continuing professional development a practicing home visitor receives on the job (including model-specific training and reflective supervision) as “in-service.”

The Importance of Professional Development

Preservice preparation and in-service professional development are both critical to ensuring home visitors have the tools and knowledge they need to provide high-quality services to their clients. They also help to promote model fidelity—how closely home visitors are delivering services as intended. When model fidelity is high, families are more likely to experience the benefits of home visiting. Although home visiting programs with different target populations and aims might require different approaches to training, many agree that all home visitors should have a common baseline of knowledge and skills, no matter which model they deliver.

Findings: The Current State of Professional Development in Home Visiting

Most home visitors receive extensive in-service training in multiple forms; however, the content of preservice training varies widely. No central body or credentialing agency certifies or implements trainings for home visitors. Although some home visiting models have integrated extensive professional development supports, others have less formalized approaches. Key informants generally characterized the professional development system supporting home visitors as fragmented and siloed.

Home visiting agencies that receive funding from the MIECHV Program are required to provide professional development opportunities and ongoing training for their staff. Specifically, the legislation that established MIECHV includes requirements that “the program employs well-trained and competent staff, as demonstrated by education or training...and provides ongoing training on the model being delivered.”³ The Health Resources and Services Administration (HRSA) and Administration for Children and Families outline some requirements but also allow awardees flexibility in their approaches. In turn, home visitors across different models and agencies often have understandably different training experiences. This variation is necessary to some degree, because home visiting agencies and models have different requirements to adhere to model fidelity, are training people with different qualifications, and serve different target populations (e.g., teen parents) that can influence the type of training necessary. No one-size-fits-all solution likely exists. But interviewees shared that identifying appropriate opportunities for professional development can be challenging because of diverse staff needs and the lack of centralized resources for professional development opportunities.

Preservice Training: How Does the Higher Education System Prepare Future Home Visitors?

Colleges and universities can play a role in preparing students to be home visitors. According to survey data, 73 percent of home visitors and about 90 percent of supervisors in MIECHV-funded agencies have a bachelor’s degree or higher. However, few undergraduate programs are designed specifically to train home visitors, and only a small share offer coursework in home visiting (box 2). Instead, most home visitors and supervisors receive academic training in nursing, social work, education, and other social

sciences (table 1). Other common majors include psychology, child development, and human development.

BOX 2

Examples of Postsecondary Courses in Home Visiting

As of late 2019, a small share of colleges and universities were offering coursework or academic tracks related to home visiting. Three examples identified in our scan are summarized below.

- *California State University Stanislaus* (Turlock, California) offers an elective called “Home Visiting in Early Intervention: Working with Families of Infants & Toddlers” within the child development department. Students lead 10 home visits for peers during the semester.
 - *Utah State University* (Logan, Utah) offers an advanced home visiting course within the human development and family studies department. The course focuses on using continuous quality improvement strategies to improve home visit quality.
 - *Western Kentucky University* (Bowling Green, Kentucky) offers a family home visiting certificate for undergraduate students who complete three specific courses and one elective in the family and consumer sciences department.
-

Interviewees suggested that colleges and universities offering home visiting courses could partner with local home visiting agencies to help strengthen the pipeline of trained home visitors. Students in home visiting courses could complete internships or practicums with local agencies through which they would gain hands-on experience. Interviews and focus groups with home visitors suggested this is already happening with some nursing programs; for example, one agency implementing the Nurse-Family Partnership hosted a nurse during rotational training and eventually hired her as a home visitor.

TABLE 1

Distribution of Home Visitors and Supervisors by Primary Major of Highest Degree

Primary major or area of study for highest degree	Home visitors	Supervisors
Nursing	32.8%	30.7%
Social work	13.7%	17.6%
Education, early education, or special education	13.4%	16.4%
Other social science (e.g., sociology, family science)	11.2%	12.4%
Psychology	9.9%	—
Child development or human development	8.2%	—
Public health	4.4%	—
Business administration and management or finance and accounting	2.6%	—
Humanities and liberal arts	2.2%	—

Source: Home Visiting Career Trajectories Home Visitor/Supervisor Survey.

Notes: The sample size is 746 home visitors, including those who are also supervisors, and 120 supervisors without a caseload. Categories are mutually exclusive. Percentages are calculated from valid responses and exclude missing cases. This question was asked only of respondents who indicated they had some education beyond high school (associates degree or beyond). Other responses were a small number of science majors (biology, chemistry, physics, computer science) and an unspecified major. Values of less than 1 percent are suppressed to reduce risk of disclosure.

There isn't a "profession" of home visiting. Good home visitors emerge from many different disciplines—nursing, anthropology, sociology... There is no standardized set of knowledge or skills. That's one of the challenges for on-the-job training; there is a wide range of backgrounds and competencies. There are some models where a college degree isn't even required. It would be helpful to have some standardization so that we know everyone is coming in with certain baseline knowledge and skills.

—Program manager

In-Service Training for Home Visitors and Supervisors

Continuous learning opportunities for home visitors and supervisors can help them strengthen their professional skills and feel valued by their employers. Home visiting agencies take different approaches to in-service training. Although all evidence-based home visiting models require some regular trainings after someone is hired, the content and format of these trainings vary across models because each has its own curriculum and required assessments, protocols, and data systems on which home visitors must be trained. Additionally, home visitors may be required to attend trainings provided by the state

MIECHV agency. Outside model-specific training opportunities, a range of educational resources is available to home visitors and supervisors.

Key informants emphasized that a one-size-fits-all approach to professional development and in-service trainings will not work for home visiting. Ideally, home visitors will have the opportunity to assess their own knowledge and skills (e.g., using an assessment tool described in table 2) and access training opportunities that meet their needs.

If people are coming to this job from all over the place, a one-size-fits-all process doesn't make much sense.

—Professional development expert

In-service trainings vary in both their structure and topics. Some trainings are held in person, while others are offered virtually. Interviewees discussed the relative benefits and drawbacks of each structure. In-person trainings tend to be more intensive and offer practitioners an opportunity to meet peers and engage in shared learning experiences. However, in-person trainings may not be accessible to all home visitors or supervisors because of cost and location. Virtual trainings can be an alternative, and some allow trainees to work at their own pace. Below are examples of online and in-person trainings that key informants mentioned during interviews.⁴

Online Trainings

- *Career Compass* is an online assessment tool created by the Institute for the Advancement of Family Support Professionals. It allows home visitors to measure their own competencies and create a personalized learning plan. The site includes online modules that correspond with each core competency outlined in the National Family Support Competency Framework.
- *The Essentials of Home Visiting* from Start Early (formerly *Achieve OnDemand* from the Ounce of Prevention Fund) is an online resource that features both self-paced courses (two to three hours each) and live one-hour webinars for home visitors and supervisors on various topics. Topics include infant mental health, domestic violence, substance abuse, trauma, and building collaborative relationships with families. Courses for supervisors include content on reflective

supervision. Program participants can receive a certificate stating the number of hours completed, and these certificates/hours of education can be applied to certain states' continuing education requirements for nurses, educators, and social workers. The hours can also count toward the education requirement for the Child Development Associate (CDA) Home Visitor Credential. As of December 2020, the Essentials of Home Visiting is an approved training opportunity in at least seven states.

- The *Arkansas Home Visiting Network Training Institute* is a collaboration between Arkansas's Department of Health, a hospital, and an academic institution. The Training Institute offers approximately 40 self-directed learning modules covering diverse topics, including parental depression, intimate partner violence, strategies for home visitor safety, and preventing and managing compassion fatigue. It also offers several modules for supervisors, including reflective supervision and reducing home visitor attrition. These online offerings are available at no cost to participants.
- The *Nebraska Home Visiting Core Practices and Principles Online Training* program offers seven core modules focusing on topics that include effective communication and cultural competency. The curriculum was adapted from a six-day, in-person training the state offers. The online version was made available at no cost after Nebraska received feedback that traveling to the in-person training was cost-prohibitive for some.

Of all the jobs I've had, this job has provided me with the biggest opportunity for learning to continue. That is something that I really appreciate. The work is always evolving, and it isn't one size fits all, so you have to continue to grow as new research comes out. And parenting is always changing, too. So, I appreciate the opportunity to enhance my knowledge base.

—Home visitor

In-Person Trainings

- The *University of Maryland Baltimore County MIECHV Training and Certificate Program* is offered as a 7-day series over a 12-week period to Maryland home visitors and their supervisors. Funded under a HRSA Home Visiting Innovation Award, it is available to participants free of

charge. Trainings cover communication, parenting, substance use, mental health, healthy relationships, and culture.

- The *Florida MIECHV Mindfulness and Compassion for Home Visitors* program focuses on mindfulness-based stress reduction and is targeted to home visitors, administrators, and supervisors. Launched in 2015, this program was initially offered as an 8-week online program with half-day, in-person retreats at the beginning and the end of the series. To help with sustainability, in 2020, Florida launched a new virtual training free of charge to local home visiting staff and guests and has plans to offer in-person sessions twice a year in different locations throughout the state.

Home visitors spoke highly of the professional development opportunities available to them and felt that the opportunities made them stronger in their roles. Even though home visitors underlined the importance of trainings, program managers emphasized the limited resources their agencies have and that time and cost can be barriers to offering trainings. Professional development experts echoed this sentiment.

We surveyed program managers about professional development and found they are looking for two things: is it free, and is it close by? So the default ends up being learning on the job.

They're working with limited resources.

—Professional development expert

Using Supervisor Observations and Assessment Tools to Support Home Visitors' Professional Development

For supervisors, conducting structured observations can help identify staff training needs and create individualized learning plans to ensure effective program implementation. Interviews with experts raised the importance of supervisors' observing home visitors in the field. Supervisors play an important role in supporting home visitors in achieving their professional development goals (Benatar, Coffey, and Sandstrom 2020). Recent evidence from the Mother and Infant Home Visiting Program Evaluation (MIHOPE) implementation study report suggests considerable variation in how often home visitors are observed by their supervisors (Duggan et al. 2018). The study found that approximately one-third of

home visitors were never observed by their supervisors in 12 months, while nearly one-tenth had five or more observations over the same period. This variation differs from other related fields (such as teaching and nursing), which have many regular opportunities for supervisor observation.

Supervisor observation can be used in conjunction with a standardized assessment tool to help structure an evaluation or skills assessments. In fact, approximately three-quarters of supervisors report they use a structured tool when observing visits, according to the MIHOPE implementation study (Duggan et al. 2018). Several such tools are used in the home visiting field, some of which are summarized in table 2. This list is not exhaustive, and inclusion in this report does not suggest endorsement.

TABLE 2
Examples of Assessment Tools for Home Visitors

Name of tool	Developer	Description
Facilitating Attuned Interactions (FAN)	Gilkerson (2010, 2019)	A set of self-reflection questions to help home visitors (or other early intervention providers) structure their home visits and improve parent-provider relationships.
Home Visit Characteristics and Content Form	Mathematica Policy Research (2009)	Designed to document content of home visits and time spent on various activities; can be adapted to measure specific aspects of the model and used to measure fidelity.
Home Visit Observation Form (HVOF)	McBride and Peterson (1993)	Quantitative description of who participates in a home visit, type of content delivered, and interaction type.
Home Visit Rating Scales–Adapted and Extended (HOVRS-A+)	Roggman, Cook, Innocenti et al. (2010)	Uses live or videotaped observation to assess home visitor performance on seven scales. The adapted version is intended to be used alongside reflective supervision to support goal-setting and a professional development plan. Self-reflection is also a component of HOVRS.
Supportive Interactions with Families: A Self-Rating Scale	Twombly, Waddell, and Harrison (2003)	Uses a live or videotaped observation to assess a home visitor on five items: home visit focus, communication skills, support of parent-child interactions, problem solving, and professionalism.

Note: This list is not exhaustive of all assessment tools for home visitors; these are examples mentioned by professional development experts interviewed for the HVCT study or identified through an internet scan of available resources.

Using Core Competency Frameworks to Support Professional Development

Because home visitors enter the field with a range of professional and academic experiences, creating professional development resources that meet all their needs can be difficult. As mentioned, home visiting programs with different target populations and aims generally require different approaches to training. However, home visiting experts agree that all home visitors should possess some foundational knowledge and skills, no matter which model they deliver.

One approach to defining these shared knowledge and skills is to create core competencies that can be used across models. A core competency framework provides shared language and expectations for the home visiting workforce (Peters and Sandstrom 2019). Based on our scan, more than 20 states have already developed or begun implementing a core competency framework for home visitors. In addition to individual state-led efforts, some organizations are creating frameworks intended for use across states.

For example, in 2018, the Institute for the Advancement of Family Support Professionals released the most recent version of the National Family Support Competency Framework.⁵ We highlight the Institute's framework in this report because it represents a truly comprehensive effort and integrates lessons and guidance gathered from core competency frameworks being developed across the nation. The Institute's competency framework was developed after an in-depth review of home visiting and early childhood workforce competencies developed in 29 states. According to professional development experts with whom we spoke, the framework is being adopted and implemented widely.

The Institute's framework is made up of 10 domains:

1. infant and early childhood development
2. child health, safety, and nutrition
3. parent-child interactions
4. dynamics of family relationships
5. family health, safety, and nutrition
6. community resources and support
7. relationships-based family partnerships
8. cultural and linguistic responsiveness
9. effective home visits
10. professional practice

Each domain is subdivided into a range of core competencies with a rating scale for each. This structure allows for home visitors, supervisors, and program managers to systematically evaluate whether a home visitor has the tools they need to be successful and to consider what training is needed.

Core competency frameworks like the one developed by the Institute have several potential applications for home visitor professional development, such as the following:

- Core competencies can be used for **self-assessment**. Staff can use competency frameworks to assess their skills and knowledge and identify areas where they could use more training.
- Core competencies can be used to develop **job descriptions, career ladders, and evaluation frameworks**. Home visiting program managers can use core competencies to help structure job descriptions and accurately describe the skills needed to be effective in a role. Managers and supervisors can also use competency frameworks to develop career ladders—for example, to indicate what level of performance is expected for different types of home visitors. Competencies can also be useful to help guide or structure annual or more frequent assessments that could be linked to promotion and salary increases.
- Core competencies can be used to develop **training materials and professional development resources**. For example, the Institute for the Advancement of Family Support Professionals used the National Family Support Competency Framework as the basis for the *Career Compass* tool. *Career Compass* is an online resource where home visitors can assess their skills and then receive targeted training materials to strengthen their professional practice.

There are core competencies recommended, but how do you apply that in the role? It's complex. Really supporting home visitors around the process, getting out there and shadowing home visitors, being consistent with reflective supervision. The mentorship component. I think there's a lot of classroom training, but how do they apply the approach?...Understanding professional relationships can help you figure out when you've overextended yourself with a client. That's also important for supervisors to know.

—Professional development expert

Professionalizing the Workforce through Required Endorsements and Credentials

Currently, there is no single agreed-upon credential, endorsement, or degree that all home visitors must have. This reflects, in large part, the diversity in home visiting program types and approaches. Home visiting is, after all, a service delivery mechanism and not a single intervention. Nonetheless, discussion is ongoing about whether the field would benefit from adopting a set of qualifications or trainings that would be required for all home visitors. Some experts suggest that establishing minimum requirements for consistency across models would “professionalize” the workforce and ensure some baseline knowledge for entry-level positions. A universal home visiting credential might also contribute to the credibility of the field and ensure some shared principles are conveyed to all home visitors. Some program managers expressed concern that a lack of public awareness around home visiting can lead to being “misunderstood” and “not respected.” Opportunities for credentialing might help attract graduating students and other qualified candidates to home visiting jobs and build a pipeline of workers from local institutions of higher education.

However, others noted that any standardization could negatively affect the field. Requiring a certain degree or certification might limit the diversity of job candidates and people interested in entering the field, including candidates from racially, ethnically, and socioeconomically diverse backgrounds. Programs may lose hiring flexibility and be unable to hire someone who has desired competencies but lacks educational requirements.

Some research suggests that when home visitors and clients have the same race and ethnicity, clients experience greater benefits, including family self-sufficiency, better birth outcomes, and less child maltreatment (Filene 2012). However, the Home Visiting Career Trajectories (HVCT) study documented that the home visiting workforce is less racially and ethnically diverse than the clients it serves, particularly with regard to Hispanic clients. National estimates indicate that 30 percent of families in evidence-based home visiting programs are Hispanic/Latino, 21 percent are Black, and 2 percent are Asian. By contrast, HVCT survey data found that approximately 66 percent of home visitors working in MIECHV-funded agencies are non-Hispanic white, 13 percent are non-Hispanic Black, 16 percent are Hispanic, and 2 percent are Asian (Sandstrom et al. 2020). If professionalizing the home visiting field would indeed lead to a less ethnically and racially diverse workforce, the racial/ethnic differences between home visitors and the clients they serve could become starker.

A challenge of professionalizing home visiting, though, is that you'll lose some of the diversity of the workforce. You'll end up with a more middle-class, college-educated sample. They're less likely to be ethnic minorities, and they're less likely to come from low-income areas. And that might not be a good thing.

—Professional development expert

Despite this ongoing debate in the field, key informants mentioned several examples of specific credentials and endorsements that include some home visiting content or are used among home visitors. Table 3 provides basic details about some of these efforts.

TABLE 3
Credentials and Endorsements That Include Home Visiting Content

Name	Agency	Description	Cost
Infant/Early Childhood Mental Health Endorsement®	Alliance for the Advancement of Infant Mental Health ^a	Competency-based system focused on infant mental health; four categories of certification based on experience or education level; requires in-service training, reflective supervision, references, and a written exam (for the higher categories).	< \$500, depending on category
Child Development Associate (CDA)® Home Visitor Credential	Council for Professional Recognition ^b	Requires early childhood education training and more than 480 hours worked in a home visiting program; application with professional portfolio required.	\$425
Family Development Credential®	University of Connecticut ^c	Requires 90 hours of classes, submission of a portfolio, and a standardized exam.	\$300 fee, plus \$65 handbook
Certified Family Life Educator Credential	National Council on Family Relations (NCFR) ^d	Provisional certification requires a bachelor's degree from an accredited university, demonstration of knowledge across 10 content areas, and passing a standardized exam; full certification is awarded to applicants with sufficient work experience (1,600–4,800 hours, depending on degree type).	\$220–\$410 depending on certification type and NCFR membership status

Note: This list represents examples raised through interviews with professional development experts and is not exhaustive of all credentials, endorsements, and certifications used in the home visiting field.

^a“Four Pathways to Endorsement,” Alliance for the Advancement of Infant Mental Health, accessed August 1, 2020, <https://www.allianceaimh.org/endorsement-requirements-guidelines>; “Four Pathways to Early Childhood Mental Health Endorsement,” Alliance for the Advancement of Infant Mental Health, accessed August 1, 2020, <https://www.allianceaimh.org/early-childhood-mental-health-requirementsguidelines>.

^b“Steps to Earn Your Home Visitor CDA Credential,” Council for Professional Recognition, accessed August 1, 2020, <https://www.cdacouncil.org/credentials/apply-for-cda/home-visitor>.

^c “Family Development Credential,” Center for the Study of Culture, Health, and Human Development at the University of Connecticut, March 7, 2017, <http://familydevelopmentcredential.org/nationalfdcprogram/nationalfdc.htm>.

^d “Certified Family Life Educator (CFLE) Credential,” National Council on Family Relations, accessed August 1, 2020, <https://www.ncfr.org/cfle-certification>.

The HVCT Home Visitor/Supervisor Survey provides information on how common some credentials are in the field. As illustrated in table 4, 6.4 percent of home visitors and 10.9 percent of supervisors reported they have the Infant Mental Health Endorsement. Additionally, 4.2 percent of home visitors and 1.6 percent of supervisors have the CDA Home Visitor Credential. Similar percentages reported they have other CDA credentials (i.e., preschool or infant/toddler).

TABLE 4
Professional Certifications and Licenses

	Home visitors	Supervisors
Nursing		
Registered nurse (RN)	34.3%	32.2%
Certified nurse midwife (CNM)	7.3%	4.9%
Certified nursing assistant	3.1%	0.0%
Education and child development		
Certified parenting educator	25.3%	20.5%
Certified lactation educator	17.2%	12.7%
State teaching certification (e.g., early childhood)	7.0%	11.4%
Infant Mental Health Endorsement®	6.4%	10.9%
Child Development Associate (CDA)—Preschool Credential®	4.8%	1.8%
Child Development Associate (CDA)—Infant/Toddler Credential®	4.5%	4.0%
Child Development Associate (CDA)—Home Visitor Credential®	4.2%	1.6%
Social work		
Licensed clinical social worker (LCSW)	2.0%	5.4%
Licensed graduate social worker (LGSW)	1.9%	3.8%
Licensed social worker associate (LSWA)	1.0%	4.6%
Other	8.7%	3.4%

Source: Home Visiting Career Trajectories Home Visitor/Supervisor Survey.

Notes: Estimates are weighted to be representative of home visitors and home visiting supervisors in MIECHV-funded agencies. Sample sizes range from 596 to 660 for home visitors and from 157 to 175 for supervisors. Percentages are calculated from valid responses and exclude missing data. In addition, 58 home visitors and 15 supervisors entered “other” certifications that were either recategorized to existing categories or were not professional certifications or licenses. Examples of other certifications mentioned include car seat safety certifications, child welfare certifications, and physical fitness certifications. A master’s in social work (MSW) was not captured in the list of certifications and licenses but recorded as a master’s degree.

Several professional development experts noted that some states, models, or local agencies encourage home visitors to seek such credentials. For example, Georgia uses its HRSA MIECHV Innovation Award to support MIECHV-funded home visitors in the state in completing the CDA–Home

Visitor Credential. Meanwhile, Connecticut supports home visitors in completing the Family Development Credential offered through the University of Connecticut.

Looking Forward: Where Do Home Visitors and Supervisors Say They Need Additional Training?

We asked home visitors and supervisors what kinds of trainings they wanted to access. Across states and models, home visitors and supervisors combined said they would benefit or benefit a lot from trainings on early childhood mental health (76 percent), serving children or parents with disabilities (73 percent), and laws and public policy affecting families they serve (71 percent; figure 1). Though home visitors and supervisors rated these topics as most beneficial, all topics listed on the survey were of interest to more than half of respondents. Not shown in the figure, supervisors rated reflective supervision more highly than home visitors did even though their top priorities were the same (see Sandstrom et al. 2020 for additional survey results).

Home visitors who participated in the study's focus groups echoed these priorities and added some of their own, such as how to deal with difficult topics like substance use, intimate partner violence, and parental depression; these findings also emerged in MIHOPE (Duggan et al. 2018). Some also said they could use help with boundary setting and self-care so they could feel like they were not "taking work home" at the end of the day.

Key informants added that the professional development system for supervisors is even less developed than the one for home visitors is and suggested that many supervisors do not receive needed leadership and management training before taking on a supervisory role.

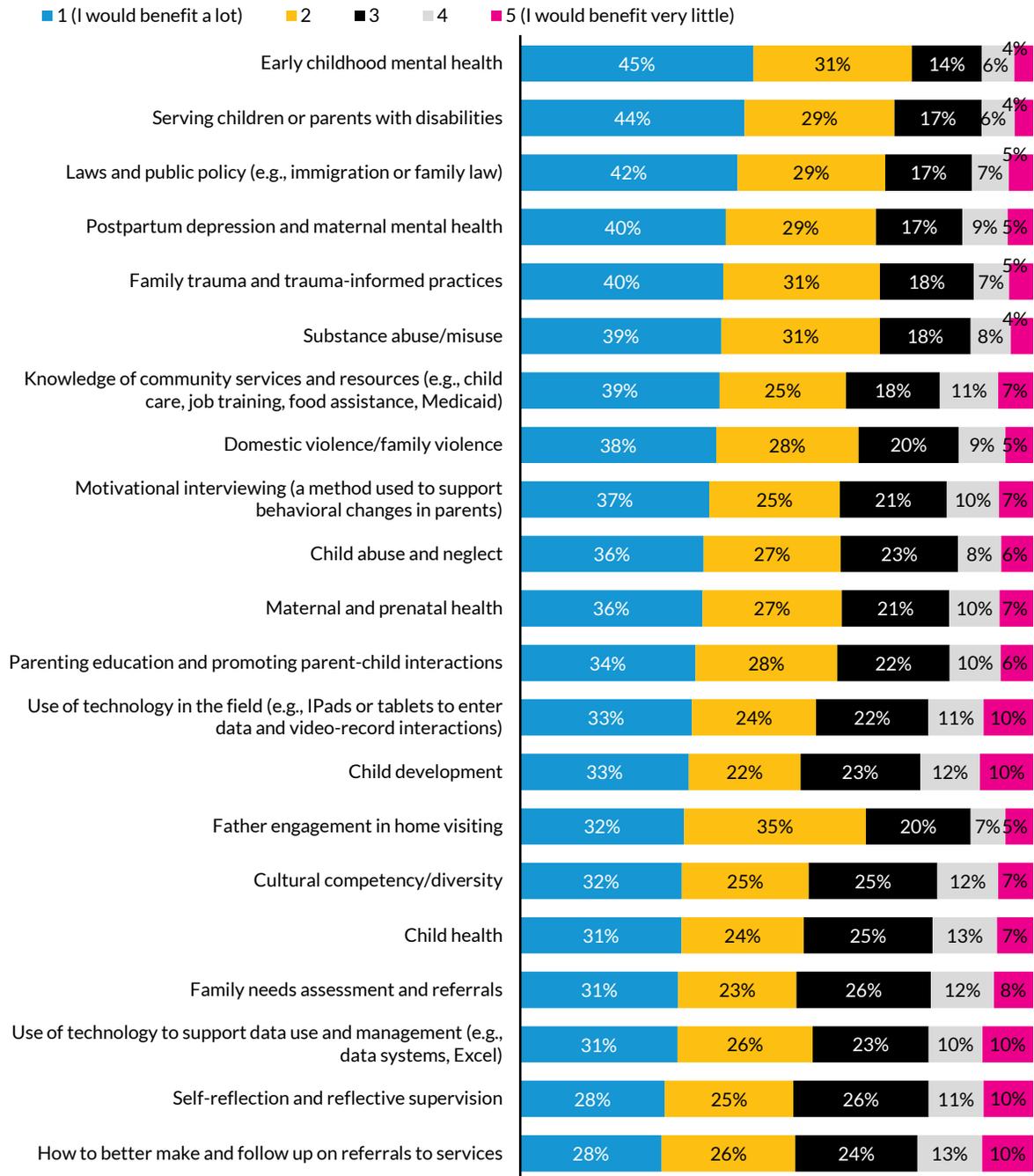
There are a set of challenges around the role of supervisor, balancing administrative and reflective responsibilities. You are kind of removed from the actual work that the home visitor is doing, so your way of evaluating is sort of indirect...In our system, we tend to have supervisors who are much more comfortable with the administrative stuff, making sure everyone checks in on time, versus some who are like, "I trust them." So it's a balancing act. The administrative stuff is necessary, but so is the part where they are a reflective, supportive person...That's where supervisors need more support and training.

—Professional development expert

FIGURE 1

Staff Members’ Training Priorities for Meeting Their Own Professional Development Goals

Self-reported by all home visiting staff, including home visitors and home visiting supervisors



Source: Home Visiting Career Trajectories Home Visitor/Supervisor Survey.

Notes: Sample sizes range from 734 to 738 home visitors and 119 supervisors. Percentages are calculated from valid responses and exclude missing data. Other topics specified include safety in the field, self-care, time management, and business development.

Strategies for Building a Pipeline of Qualified Home Visitors

Many people we interviewed—including experts in the field of home visiting professional development as well as home visitors, program managers, and supervisors—had suggestions for strategies the home visiting field could take to help strengthen the professional development system and build a pipeline of qualified home visitors.

Build and Expand Home Visiting Training Programs for Undergraduates

Home visiting curricula can be nested within early childhood education, nursing, and social work programs to expose a wider population of students to the field. Key informants suggested, for instance, that courses can include a practicum, which helps potential job candidates experience the field and helps build relationships between training institutions and agencies implementing home visiting programs. Those agencies could recruit directly from training programs, increasing the likelihood of hiring someone familiar with home visiting and prepared for the job. This could also improve retention because job candidates understand job requirements from the start. Early turnover is common when new home visitors realize the job is very different from what they expected (Sandstrom et al. 2020).

Implement Core Competency Frameworks

An agreed-upon set of fundamental core competencies can help diverse agencies and models build a cohesive workforce with shared skills, knowledge, and attributes, a recommendation widely endorsed by professional development experts interviewed for this study. Additional model-specific core competencies could be layered on this foundation, and together they could be used in hiring (to make job requirements clear) and promotions and to identify areas where staff require additional training. Some states, models, and other organizations have already developed core competency frameworks for home visitors, and the existing frameworks have many commonalities. The Institute for the Advancement of Family Support Professionals has developed a core competency framework and associated training modules that several states have already adopted.

Improve Career Advancement Opportunities

Implementing a career ladder and opportunities for advancement (e.g., senior home visitor, coach) can help home visitors feel like their work is recognized and that they are developing as professionals. It also helps build a pipeline of qualified staff; when there is room for home visitors to grow and move into more advanced roles, turnover may be reduced. This was a perspective shared by home visitors, supervisors, program managers, and experts consulted for this project. In addition, survey findings from the HVCT study indicate that more than half of home visitors reported being somewhat or completely dissatisfied with promotion opportunities (Sandstrom et al. 2020).

Collect Data from Staff about Perceived Training Needs

Home visiting work can be complex, and different agencies and models have varying approaches to meet the diverse needs of their clients. It is important that professional development activities match staff needs, a point that was raised by many stakeholders who were interviewed. Home visitors can have unique needs within and across programs. By implementing regular (e.g., annual or semiannual) surveys or having supervisors systematically collect information during staff check-ins, home visiting agencies can compile information from their staff about what tools they need to serve their clients and use it to help ensure staff are matched to the best professional development opportunities for them.

Conclusion

Some experts perceive professional development in early childhood home visiting as falling short of meeting the varied needs of the home visiting workforce, a workforce that is diverse in background and preparation. On the other hand, others are resistant to adding barriers to entry such as credentialing that would limit the diversity of job candidates (racially, ethnically, socioeconomically) and could prevent strong applicants from being considered. Despite these tensions, states, model developers, training and technical assistance providers, and program managers must offer adequate professional development opportunities to ensure the workforce continues to grow and is equipped with a baseline of shared knowledge. Though the current system is fragmented, several excellent resources are available to help current and future home visitors develop as professionals and deliver high-quality services to their clients.

Notes

- ¹ Reflective supervision is a relationship-based practice where a home visitor and supervisor reflect on the home visitor's experiences working with families in the context of their own feelings and reflections. The Home Visiting Career Trajectories Program Manager Survey found that 99 percent of local implementing agencies receiving MIECHV funding use reflective supervision but implementation techniques vary.
- ² This report is a companion to the *Home Visiting Career Trajectories Final Report* (Sandstrom et al. 2020), which describes research related to the characteristics, qualifications, and career pathways of the home visiting workforce.
- ³ Maternal, Infant, and Early Childhood Home Visiting Programs, Social Security Act, Title V, § 511 (42 U.S.C. § 711), https://www.ssa.gov/OP_Home/ssact/title05/0511.htm.
- ⁴ These programs represent those shared with us during interviews and are listed here as examples, not endorsements.
- ⁵ "National Family Support Competency Framework for Family Support Professionals," Institute for the Advancement of Family Support Professionals, July 1, 2018, https://cprpr-institute-prod.s3.amazonaws.com/modules/Approved%20National%20Family%20Support%20Competency%20Framework_FINAL_7_18_2018.pdf.

References

- Benatar, Sarah, Amelia Coffey, and Heather Sandstrom. 2020. "Home Visiting Careers: How Workplace Supports Relate to Home Visitor Recruitment and Retention." Washington, DC: Urban Institute.
- Blood, Emily A., Maria Trent, Catherine M. Gordon, Adrienne Goncalves, Michael Resnick, J. Dennis Fortenberry, Cherrie B. Boyer, Laura Richardson, and S. Jean Emans. 2015. "Leadership in Adolescent Health: Developing the Next Generation of Maternal Child Health Leaders through Mentorship." *Maternal and Child Health Journal* 19 (2): 308–13.
- Bruder, Mary Beth, Cristina Mogro-Wilson, Vicki D. Stayton, and Sylvia L. Dietrich. 2009. "The National Status of In-Service Professional Development Systems for Early Intervention and Early Childhood Special Education Practitioners." *Infants & Young Children* 22 (1): 13–20.
- Campbell, Philippa H., and Lawrence B. Sawyer. 2009. "Changing Early Intervention Providers' Home Visiting Skills through Participation in Professional Development." *Topics in Early Childhood Special Education* 28 (4).
- Duggan, Anne, Ximena A. Portilla, Jill H. Filene, Sarah Shea Crowne, Carolyn J. Hill, Helen Lee, and Virginia Knox. 2018. *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*, OPRE Report # 2018-76A. Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.
- Filene, Jill. 2012. *Meta-Analytic Review of Components Associated with Home Visiting Programs: Final Report*. Arlington, VA: James Bell Associates.
- Mansouri, Maliheh, and Jocelyn Lockyer. 2007. "A Meta-Analysis of Continuing Medical Education Effectiveness." *Journal of Continuing Education in the Health Professions* 27 (1): 6–15.
- Peters, Rebecca, and Heather Sandstrom. 2019. "Creating Core Competency Frameworks for Successful Home Visitors." National Home Visiting Resource Center Innovation Roundup Brief. Arlington, VA: James Bell Associates and Urban Institute.
- Sandstrom, Heather, Sarah Benatar, Rebecca Peters, Devon Genua, Amelia Coffey, Cary Lou, Shirley Adelstein, and Erica Greenberg. 2020. *Home Visiting Career Trajectories: Final Report*. Washington, DC: Urban Institute.

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