

Family Support Workforce Study

Final Report

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**The
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FAMILY SUPPORT WORKFORCE STUDY

Executive Summary of the Iowa Family Workforce Study

The National Resource Center for Family Based Services (NRC) created this profile of Iowa's family support workforce under sponsorship of the Iowa Department of Public Health (IDPH). The purpose was to gain a greater understanding of the family support workforce and its organizational contexts with the goal of strengthening the workforce and improving the quality of family support services.

The workforce survey asked employees questions relevant to their backgrounds, work experiences, and work environments. Topics included: demographics; geographic information; educational and employment background; organization and job responsibilities; workload; professional development; supervision; promotion and job transfers; pay and benefits; perceptions of the work environment; future plans; and challenges and rewards of family support work. The NRC distributed the survey via email to family support professionals listed within a statewide database. Over 60% of the respondents were direct service workers, supervisors made up over 23% of the sample, administrators about 11%, and a small percentage whose positions did not fit within the standard categories.

The Iowa family support workforce in Iowa is overwhelmingly female, Caucasian, and non-Hispanic. About 69% of the respondents are married and nearly 80% are raising a child currently or did so in the past. The average number of people living in their household is 3.2. As such, Iowa's family support workforce continues to differ demographically from its consumers who are more diverse in terms of racial and ethnic background and family size and structure.

The family support workforce is well-educated. More than three-quarters of the workforce has a bachelor's degree or higher. The majority of employees had educational preparation in human services, social work, education, or in a related field related. The percentage of the workforce with no more than a high school diploma is less than nine percent. More than 70% reported that a desire to help others interested them in the field. The average family support professional has worked in an agency for five years and in their current position for three years. Employees have, on average, nine years of experience in family support. About 5% have less than one year of total experience.

Respondents commonly work in private non-profit organizations (40.8%), public health (23.8%) and community action organizations (16.3%). Over three-quarters of the respondents reported that they worked full-time. Over three quarters of the family support workforce described themselves as highly competent in their positions with nearly another 24% saying they were somewhat competent. The respondents say they are generally satisfied with their jobs and offered positive comments about their service orientation, their role, coworker support, and supervisor support, and job satisfaction. They do not perceive their job as dangerous or that the workload burden as excessive. The majority of respondents anticipate staying in the same agency five years from now. About 25% of family support workers say that funding instability is the greatest challenge to doing their job, followed by paperwork (20.5%) and inadequate pay (16.5%).

We asked family support employees about what qualities are important in a family support worker and what factors affect parents' decisions to stop participating in a family support program. The data reveals that family support workers gave the highest ratings for: family support worker treats parent

with respect, family support worker listens carefully to parent, parent finds family support worker easy to talk to, family support worker is very interested in building a good relationship with parent, family support worker is very sincere, and family support worker is committed to helping client grow as a parent.

Respondents identified their biggest challenges and rewards through open ended questions. The most frequently cited challenges include funding instability, paperwork, and inadequate pay. The rewards centered primarily on satisfaction from helping families and seeing positive outcomes for children and families.

We asked family support administrators about actual turnover, and asked all employees about their perception of the level of turnover in their agency. In terms of turnover reported by family support administrators, actual numbers were relatively small and most frequently due to workers taking another job for higher pay, benefits, or more job security. Regarding broader perceptions of turnover by all employees, those who perceived agency turnover as high also demonstrated a lower commitment and intention to stay in the organization and in the field of family support. Individuals with high perceived agency turnover found working conditions more hazardous and believed there were more job opportunities available to them outside of the agency. Interestingly, the broader perception of level of turnover was not always consistent with administrators' reports of the number of staff departures. These findings illustrate the complex and far-reaching effects of perceived work environment.

As part of the family support workforce study, seven programs administered a parent survey to assess parents' experiences with their home visitor and home visiting program. The parents were primarily female, Caucasian, and not Hispanic, with about half belong to single parent families. (The percentage of those self-identifying as non-Caucasian was much higher than that of the family service workers.) Monthly income level is concentrated at lower income levels. The majority of households have one or two children, though 10% have four or more children. There is great variability in how long respondents have been involved with the program, ranging from five years to being new to the program). The majority of parents report having had one home visitor (65%); about 22% have had two home visitors, and the others, three or more. The survey also asked how frequently the parent met with their home visitor. The modal response category was "weekly" (51% of respondents); about 30% met every other week, and 15% met about once a month.

The parents' ratings of what qualities were important for a family support worker matched the ones reported by the home visitors themselves. We are cautious in interpreting results from these correlations between the two as this is the first effort at examining these items in relation to parents' self-reports, and there are confounding issues related to the timing and survey completion. We do note that there was low variation in many of the parent survey scales, as parents rated their home visitors overall very highly. This makes it difficult to identify whether specific attributes of the home visitor or home visiting program are related to program outcomes. The consistency between family support workers' and parents' assessment of important attributes of home visitors does suggest that the family support workers and parents share similar values regarding the program.

Findings from the Iowa Family Support Workforce Survey

The NRC created this profile of Iowa's family support workforce using a statewide survey of family support program employees under sponsorship of the IDPH. The purpose of was to gain a greater understanding of the family support workforce and its organizational contexts with the goal of strengthening the workforce and improving the quality of family support services. The survey was administered three times: in 2013, 2015, and 2017. This report presents findings from the most recent (2017) survey of family support professionals.

Methodology

The Iowa family support workforce survey covers a broad range of topics pertinent to the backgrounds, work experiences, and work environments of family support employees. The NRC constructed the survey using REDCap, a software program that allowed most of the responses to be pre-programmed into appropriate categories. Use of this program reduced the likelihood of data entry errors.

The NRC distributed the survey in February 2017 to family support employees through an email that contained a direct link to the electronic survey. The survey recipients email addresses came from a statewide database. After the initial message, the NRC sent two follow-up messages as reminders. The survey was distributed to 611 individuals: 67 were returned as not deliverable or that the individual had left the organization and 18 with an "out of office" message. We eliminated these from the survey response rate since these individuals did not receive the survey. Out of 526 recipients, 299 responded to the survey, for a response rate of 57%.

Using the statistical software SPSS v. 24, the NRC analyzed the data and used the statistics of frequencies, percentages, means, standard deviations, and medians. For testing differences between groups, we used chi-square statistics, independent and paired samples t-tests, and one-way analysis of variance.

The NRC organized the findings in the following manner: First, findings from the 2017 survey are presented according to key areas covered by the survey beginning with workforce demographics, geographic representation, education, work experience, organization and job responsibilities, promotion, pay and benefits, perceptions of the work environment, future plans, qualities of effective family support workers and parent engagement in services, challenges and rewards of family support work, family support supervisor certification, and turnover. Next, we present findings from the parent survey of home visitors and results of this pilot.

The survey respondents come from different positions within family support programs—direct service, supervisor, administrator, or "other" (those whose position did not fit within these standard categories). Because it is reasonable to expect differences by position on work-related questions, many of the results are presented according to position. When the NRC conducted statistical tests to determine whether responses differed significantly by position, we only included direct service workers, supervisors, and administrators in these tests because the "other" category contained too small a number of individuals with varying job types that could not be reliably compared. Five individuals did not report a position, and are therefore excluded from those analyses which present results by position.

Table 1 illustrates the number and percentage of respondents according to their position. Direct service workers comprise the largest group, over half (62.2%) of the sample. The small number of

“other” responses include various positions including interpreter, administrative assistant, and coordinator.

We note that throughout the survey some respondents did not answer every question; for this reason the number of responses do not always total 299. Percentages are calculated based on the number of valid cases responding to that question.

Table 1. Survey respondents by position

Position	Number	Percent of sample
Direct service worker	183	62.2%
Supervisor	69	23.5%
Administrator	32	10.9%
Other	10	3.4%

Demographic Profile

Results of the survey reveal that the Iowa family support workforce in Iowa is overwhelmingly female (98.6%), Caucasian (95.9%), and non-Hispanic (95.5%). About 69% of the respondents are married and nearly 80% are raising a child currently or did so in the past. The average number of people living in their household is 3.2, but this varies widely from one to seven. Iowa’s family support workforce continues to differ demographically from its consumers who are more diverse in terms of racial and ethnic background and family structure.

Table 2 presents the demographic characteristics by position and illustrates the demographic similarities across positions. Although age varies widely (as illustrated by large standard deviations), direct service workers are generally younger than administrators.

Table 2. Demographic characteristics by position

Variable	Direct Service n=183		Supervisor n=69		Administrator n=32		Other position n=10		Total n=299	
	n	%	n	%	n	%	n	%	n	%
Gender										
Female	178	98.9%	66	100%	30	93.7%	10	100.0%	284	98.6%
Male	2	1.1%	0	--	2	6.3%	0	--	4	1.4%
Race										
Caucasian	173	96.1%	66	95.7%	30	93.8%	10	100.0%	279	95.9%
African-Am	4	2.2%	1	1.4%	2	6.3%	0	--	7	2.4%
Asian	0	--	1	1.4%	0	--	0	--	1	.3%
Native Am	1	.6%	0	--	0	--	0	--	1	.3%
Multiple	2	1.1%	1	1.4%	0	--	0	--	3	1.0%
Hispanic ethnicity	8	4.5%	4	5.9%	0	--	1	10.0%	13	4.5%
Marital stat										
Married	119	66.1%	50	73.5%	27	84.4%	5	50.0%	201	69.3%
Partnered	12	6.7%	3	4.4%	0	--	1	10.0%	16	5.5%
Single	36	20.0%	7	10.3%	2	6.3%	2	20.0%	47	16.2%
Divorced	9	5.0%	8	11.8%	2	6.3%	1	10.0%	20	6.9%

Separated	2	1.1%	0	--	1	3.1%	0	--	3	1.0%
Widowed	2	1.1%	0	--	0	--	1	10.0%	3	1.0%
Raised a child	138	76.2%	62	91.2%	23	74.2%	8	80.0%	231	79.7%
Age**	X=41.2 (SD=12.3)		X=44.7 (SD = 10.9)		X=48.3 (SD = 11.0)		X=40.4 (SD = 13.5)		X=42.8 (SD = 12.1)	
N people in household	X=3.2 (SD = 1.4)		X=3.3 (SD=1.4)		X=3.0 (SD=1.5)		X=3.4 (SD=1.3)		X=3.2 (SD=1.4)	

** p < .01

Geographic Representation

Survey respondents geographically represent of the state of Iowa. When respondents were asked about the number of counties in which they worked, the mean response was 1.9 (SD=1.7), ranging from one county to ten or more. When we asked for the county in which they worked the *most*, 81 out of Iowa's 99 counties were mentioned by at least one individual. Counties with the largest numbers of respondents were Woodbury (n=22), Scott (n=17), and Black Hawk (n=14).

With ongoing concerns about the cultural diversity of the workforce in relation to the consumer population, we examined the geographic locations of family support employees by race and ethnicity. Hispanic/Latina employees were concentrated in Marshall and Muscatine counties, and the largest concentration of African-American employees was in Black Hawk County. This is consistent with the populations in these areas.

As depicted in Table 3, counties in which respondents worked are representative of each IDPH region. The largest proportion of survey respondents indicate that the county in which they work the most is located in Regions 1 (Central Iowa) and 6 (East Central Iowa), and the smallest proportions work in Regions 2 (Northeast Iowa) and 4 (Southwest Iowa).

Table 3. Geographic distribution of survey respondents

Region	Number	Percent of respondents
Region 1 – Central	64	21.9%
Region 2 – Northeast	32	11.0%
Region 3 – Northwest	50	17.1%
Region 4 – Southwest	34	11.6%
Region 5 – Southeast	49	16.8%
Region 6 – East Central	63	21.6%

Table 4 presents results of the question “How would you describe the area that you serve?” with options including mostly urban, suburban, small town, or rural. Respondents most frequently reported that they served an area that was “mostly small town” (40.5%) and least frequently reported that they served an area that was “mostly suburban” (6.2%).

Table 4. Primary area served

Primary area	Number	Percent of respondents
Mostly urban	73	25.1%
Mostly suburban	18	6.2%

Mostly small town	118	40.5%
Mostly rural	82	28.2%

Education

The results presented in Table 5 show that the family support workforce is well-educated. Respondents most frequently indicated that they possessed a four-year college degree (64.2%) and 13.3% possessed a Master's degree; this means that three-quarters of the workforce has a bachelor's degree or higher. Nearly 13% have an Associate's degree. The percentage of the workforce with no more than a high school diploma is small (8.9%).

Table 5. Highest level of education attained

Variable	Direct		Supervisor		Administrator		Other		Total	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
GED	2	1.1%	0	--	0	--	0	--	2	.7%
H.S. diploma	22	2.0%	1	1.4%	0	--	1	10.0%	24	8.2%
Associate degree	25	3.7%	8	11.6%	1	3.2%	3	30.0%	37	12.6%
Bachelor's degree	115	62.8%	48	69.6%	19	61.3%	6	60.0%	188	64.2%
Master's degree	18	9.8%	12	17.4%	9	29.0 %	0	--	39	13.3%
Doctorate	1	.5%	0	--	2	6.5%-	0	--	3	1.0%

The majority of family support employees with college degrees had educational preparation in human services, social work, education, or in an allied field related to one of these areas, as shown in Table 6. Examples of related fields of study were counseling, child development, and human relations. Examples of fields that were not related to education, health or human services were varied and included animal science, business, journalism, and political science.

Table 6. Field of study

Field	Number (n=283)	Percent of respondents
Human services	60	21.2%
Education	54	19.1%
Social work	44	15.5%
Health care	40	14.1%
Other field related to education, health, human services	63	22.3%
Other field not related to education, health, human services	22	7.8%

The survey asked respondents how well they felt that their academic work prepared them to do their job. As shown in Table 7, the largest proportion of respondents (57.2%) felt that their academic work had prepared them somewhat for their job, while another 38.3% felt very well prepared. A small percentage (4.5%) indicated that their academic work did not prepare them well at all. Responses to preparation for the job were not consistently correlated with level of education.

Table 7. Academic preparation for job

Variable	Direct	Supervisor	Administrator	Other	Total
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	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Prepared very well	70	38.7%	21	31.3%	15	46.9%	5	50.0%	111	38.3%
Prepared somewhat	102	56.4%	42	62.7%	17	53.1%	5	50.0%	166	57.2%
Not well at all	9	5.0%	4	6.0%	0	--	0	--	13	4.5%

In the area of linguistic competence, relatively few individuals ($n=17$, 5.8% of the total sample) self-reported fluency in languages other than English. Spanish was the modal language noted, with 13 respondents reporting fluency in Spanish. Arabic, Romanian, and French were each noted by one individual. Most bilingual respondents were found in Marshall, Muscatine, Woodbury, and Johnson counties.

Work Experience

The workforce survey asked several questions related to work experience: about how long the employee had worked in their current agency, time spent in their current position in the agency, and their total amount of work experience in family support. As was true of the two previous workforce surveys, responses to these items reveal considerable variation; therefore, we examined both the means and medians. In addition we examined the percent of respondents with less than one year of experience, by position and in the aggregate. All of these data are presented in Table 8.

Because of the discrepancies between means and medians, the median length of time is a better indicator of “average” than the mean, which is affected by very low and very high numbers. These data reveal that the average family support professional has worked in the agency for five years and in their current position for three years. Employees have, on average, nine years of experience in family support. Direct service workers have spent significantly fewer years in the agency and in family support compared with both supervisors and administrators, though there are no differences across groups in the average numbers of years in their current position. This is illustrated by the asterisks, which indicate differences that are statistically significant.

We also looked specifically at the percentage of respondents who reported having less than one year of experience in each of the items in Table 8. We note that 10.5% of respondents have less than one year in their current agency and 14% have been in their current position for less than one year. About 5% have less than one year of total experience in family support.

Table 8. Work experience

Average number of years	Direct <i>X</i> (<i>SD</i>) <i>Mdn</i>	Supervisor <i>X</i> (<i>SD</i>) <i>Mdn</i>	Administrator <i>X</i> (<i>SD</i>) <i>Mdn</i>	Other <i>X</i> (<i>SD</i>) <i>Mdn</i>	Total <i>X</i> (<i>SD</i>) <i>Mdn</i>
Years in agency***	6.2 (6.4) 4	10.8 (8.6) 9	10.4 (7.8) 11	4.6 (4.3) 4	7.7 (7.4) 5
Years in position	5.2 (5.2) 3	5.0 (4.9) 4	5.8 (5.6) 4	3.2 (3.9) 1.5	5.1 (5.1) 3
Total years in family support***	8.6 (7.7) 5	12.1 (7.0) 13	17.2 (8.7) 16.5	9.6 (8.9) 9.0	10.4 (8.2) 9
Percent with less than one year	N %	N %	N %	N %	N %
Less than one year in current agency	21 11.5%	4 5.8%	4 12.5%	2 20.0%	31 10.5%
Less than one year in current position	25 13.8%	7 10.1%	6 18.8%	3 30.0%	41 14.0%
Less than one year in family support*	11 6.3%	2 3.0%	0 --	1 10.0%	14 4.9%

***p<.001

The survey asked respondents about their motivations to enter the family support field. Respondents most frequently reported that a desire to help others interested them in the field, with 71.2% of respondents selecting this answer. Flexibility of the positions (43.8%), fit with personal belief system (37.1%), and job availability (33.8%) were also noted frequently by respondents. These data are shown in Table 9. Examples of other motivations offered by respondents included an interest in child development or serving children, a desire to work in early intervention, a desire to be involved with the whole family instead of an individual, and a desire to be involved with both education and public health. Please note that respondents could chose more than one response.

Table 9. What interested respondents about the family support field

Motivations	Number	Percent of respondents
Desire to help	213	71.2%
Flexibility of the position	131	43.8%
Fit with personal belief system	111	37.1%
Job availability	101	33.8%
Personal experience with family support	47	15.7%
Other	24	8.0%

Organization and Job Responsibilities

Type of organization. Family support programs in Iowa are administered through a variety of organizational auspices, and the survey asked respondents to describe the type of organization for which they worked. Table 10 illustrates the number and percentage of respondents employed in various types of organizations. Respondents are most frequently employed in private non-profit organizations, which represent 40.8% of the sample. Public health (23.84%) and community action

organizations (16.3%) were also reported frequently. Examples of other types of organizations noted by individuals were community colleges, county extension offices, and early childhood initiatives.

Table 10. Type of organization

Organizational type	Number	Percent of respondents
Private, non-profit	120	40.8%
Public health	70	23.8%
Community action	48	16.3%
Governmental	16	5.4%
Hospital	10	3.4%
Other health organizations	6	2.0%
Public School District	5	1.7%
AEA	4	1.4%
Other	15	5.1%

Program models and sources of funding. Survey respondents were asked to identify the family support program models used by their agency. They were able to select multiple models and to specify programs not listed in the question. Results show that the survey respondents represent a variety of family support program models. Table 11 illustrates the number and percentage of respondents from specific programs.

Parents as Teachers (PAT) is the most frequent single program model with 38.1% of respondents working in a PAT program. Healthy Families America is the second most frequent (35.1%). Other locally developed home visitation programs were noted by 21.4% of respondents, and many different models were listed, including: Best Care for Better Babies, Bright Beginnings, FADSS, Families Together, Family Connections, Family Foundations, Family NEST, Family STEPS, Growing Great Families/Kids, Head Start, Healthy Beginnings, Healthy Start, HOPES, Incredible Years, Nurturing Parents, KIDS, Parent Connection, Partners for a Healthy Baby, Partners for Healthy Families, Project WIN, and varied program hybrids without a specific name.

Most respondents reported only one program model (n=254, 84.9%); however, 29 (9.7%) reported two programs models, and 12 individuals (4%) indicated that their agency offered three or more different family support program models.

Table 11. Program models

Program model	Number	Percent of respondents
Parents as Teachers	114	38.1%
Healthy Families America	105	35.1%
Early Head Start	38	12.7%
Nurse Family Partnership	8	2.7%
Other locally developed home visitation program	64	21.4%
Other group based parenting program	25	8.4%

With regard to funding sources, respondents were asked which sources of funding support their program, with four options offered: MIECHV, HOPES, ECI, and Shared Visions. Individuals could select as many as applied to their program; there was also an option of “other.” Results are shown in Table 12.

The largest number respondents reported a single source of funding for their program (n=177); 44 individuals reported two funding sources; 23 reported three funding sources; and four individuals noted four sources of funding. An additional 51 individuals did not respond to this question; they might not know the number of different funding sources.

Table 12. Sources of funding

Funding Source	Number	Percent of respondents
MIECHV	73	24.4%
HOPES	63	21.1%
ECI	190	63.5%
Shared Visions	24	8.0%
Other	111	37.1%

Full-time or part-time status. Respondents were asked whether they were considered to be full-time or part-time employees in their family support programs. Full-time employees represented 76.3% of respondents (n=222); part-time employees represented 23.7% of the sample (n=69).

Workload. The survey asked respondents to characterize their typical workloads, with direct service workers asked about their caseload size and supervisors and administrators asked about their supervision responsibilities and additional caseload responsibilities. The results in Tables 13, 14, and 15 are organized by position. We looked at workloads separately for full-time and part-time employees

Direct service worker caseloads. The overwhelming majority of direct service workers (n=158, 91.9%) described their primary job duty as home visiting, with parent education noted by 11 respondents. Caseload sizes varied substantially for both full-time and part-time employees, with the modal range for both groups at 11-20 cases.

Table 13. Caseload size for direct service workers

Caseload	Full-time		Part-time	
1-10	22	15.9%	13	31.0%
11-20	70	50.7%	20	47.6%
21-30	34	24.6%	5	11.9%
31-40	10	7.2%	1	2.4%
41-50	0	--	2	4.8%
51+	2	1.4%	1	2.4%

Supervisor workloads. The majority of full-time supervisors, and all part-time supervisors reported managing staff sizes between one and ten. Supervisors primarily reported that their amount of supervisees was “about right” (81.5% for full-time, 78.6% for part-time). In addition, 22 full-time supervisors and 4 part-time supervisors in this sample also carried caseloads. Among supervisors

who also carried caseloads, most full-time supervisors and all part-time supervisors reported 1-10 families on their caseloads.

Table 14. Workload for supervisors

Staff supervised	Full-time (n=54)		Part-time (n=14)	
1-10	48	88.9%	14	100%
11-20	5	9.3%	0	--
21-30	1	1.9%	0	--
Number of staff supervised seems				
Too high	4	7.4%	1	7.1%
About right	44	81.5%	11	78.6%
Too low	6	11.1%	2	14.3%
Number of Cases Carried by Supervisors				
1-10	14	63.6%	4	100%
11-20	6	27.3%	0	--
21-30	2	9.1%	0	--

Administrator workloads. Administrators, both full-time and part-time, most frequently report that the number of staff supervised is between 1 and 10, and zero respondents felt that the number of employees was too high. Most believed that this number was “about right.” In this sample, only one administrator also carried a caseload.

Table 15. Workload for administrators

Staff supervised	Full-time (n=22)		Part-time (n=6)	
1-10	14	63.6%	5	83.3%
11-20	3	13.6%	1	16.7%
21-30	2	9.1%	0	--
31-40	0	--	0	--
41-50	0	--	0	--
51+	3	13.6%	0	--
Number of staff supervised seems				
Too high	0	--	0	--
About right	19	86.4%	5	83.3%
Too low	3	13.6%	1	16.7%
Number of Cases Carried by Administrators				
1-10	1	100%	0	--

Professional development. The survey sought to assess the availability of professional development opportunities by asking how many hours family support workers spent in continuing education in the last 12 months. Table 16 highlights responses to this question. There were no significant differences by position.

Table 16. Hours of continuing education in the last 12 months

Variable	Direct		Supervisor		Administrator		Other		Total	
	<i>X</i>	(<i>SD</i>)	<i>X</i>	(<i>SD</i>)	<i>X</i>	(<i>SD</i>)	<i>X</i>	(<i>SD</i>)	<i>X</i>	(<i>SD</i>)
Hours	18.3	(9.6)	19.7	(8.9)	18.6	(8.7)	17.6	(10.0)	18.7	(9.3)

Job competence. Research shows that employee satisfaction and retention are related to the self-reported level of competence. The survey asked respondents to rate themselves in terms of how competent they felt they were in their current position. The rating options were “highly competent,” “somewhat competent,” and “not very competent.” Results are depicted in Table 17.

The family support workforce self-reports primarily as highly competent in their positions (75.3%), with nearly another 24% believing themselves to be somewhat competent. Only three individuals felt “not very competent” in their current position.

Table 17. Self-reported level of competence in current position

Variable	Direct		Supervisor		Administrator		Other		Total	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
Highly competent	140	76.5%	52	76.5%	22	71.0%	6	60.0%	220	75.3%
Somewhat competent	41	22.4%	16	23.5%	9	29.0%	3	30.0%	69	23.6%
Not very competent	2	1.1%	0	--	0	--	1	10.0%	3	1.0%
							--			

Table 18 presents the results of another set of items which asked respondents to assess their level of preparation to deal with specific problem areas that they might encounter in family support work. The rating options were “not well prepared,” “somewhat prepared,” and “very well prepared.”

Table 18. Degree of preparedness in specific problem areas

Topic area	Not well prepared		Somewhat prepared		Very well prepared	
Developmental delays (child)	6	2.0%	53	18.0%	236	80.0%
Child maltreatment	8	2.7%	79	26.8%	208	70.5%
Household/environmental hazards	6	2.0%	96	32.7%	192	65.3%
Developmental delays (adult)	25	8.5%	114	38.9%	154	52.6%
Mental health (adult)	18	6.2%	128	44.1%	144	49.7%
Intimate partner violence	15	5.1%	142	48.1%	138	46.8%
Mental health (child)	16	5.4%	143	48.5%	136	46.1%
Substance abuse	16	5.5%	152	52.4%	122	42.1%

Overall, survey respondents felt either somewhat prepared or very well prepared to deal with most of the issues presented to them. Respondents most frequently rated themselves as being very well prepared to deal with child developmental delays, child maltreatment, and household/environmental hazards. Respondents least frequently rated themselves as very well prepared to deal with substance abuse, child mental health, and intimate partner violence. Still, this does not seem an issue as over 90% of respondents said they were at least somewhat prepared to deal with these problems.

In light of the national competency framework adopted for family support, the 2017 workforce survey also asked respondents about their perceived level of preparedness in the nine domains of family support. These are depicted in Table 19. Results show that the strongest degree of self-reported preparedness is in the domains of parent-child interaction, infant and early childhood, and family health, safety and nutrition. In the domains of dynamics of family relationships and relationship-based family partnerships, lower percentages of employees described themselves as very well prepared. However, even these percentages were over 60%, indicating overall high perceived preparedness. Overall, between 97% and 100% felt either somewhat prepared or very well prepared in each domain.

Table 19. Degree of preparedness in domains of family support

Domains	Not well prepared		Somewhat prepared		Very well prepared	
Parent-child interactions	1	.3%	45	15.4%	247	84.3%
Infant and early childhood	3	1.0%	52	17.6%	240	81.4%
Family health, safety, nutrition	0	--	55	18.6%	240	81.4%
Effective home visits	9	3.1%	46	15.7%	238	81.2%
Professional practice	2	.7%	55	18.9%	234	80.4%
Child health, safety, nutrition	1	.3%	58	19.7%	235	79.9%
Community resources and support	5	1.7%	71	24.3%	216	74.0%
Dynamics of family relationships	0	--	96	32.7%	198	67.3%
Relationship-based family partnerships	3	1.0%	104	35.6%	185	63.4%

Supervision received. Due to the importance of supervision in workforce retention, the survey inquired about frequency and quality of supervision for different methods of supervision: in-person individual supervision, group supervision, and electronic supervision.

Individual supervision. Table 20 shows reported frequency and quality of individual supervision. Out of the 172 who responded to the question, 156 (90.7%) reported receiving individual, in-person supervision. The vast majority of respondents reported receiving this type of supervision weekly (40.4%) or monthly (35.9%). Nearly one-half of the respondents characterized this supervision as excellent quality and another 35% as good quality.

Table 20. Frequency and quality of individual, in-person supervision

Frequency of supervision	Number (n=156)	Percent of respondents
Daily	1	.6%
Several times a week	3	1.9%
Weekly	63	40.4%
Every other week	24	15.4%
Monthly	56	35.9%
Less than monthly	6	3.8%
Only as needed	3	1.9%
Quality of supervision	(n=156)	Percent of respondents
Excellent	77	49.4%
Good	54	34.6%
Fair	22	14.1%
Poor	3	1.9%

Group supervision. Table 21 reports the frequency and quality of group supervision. Out of the 172 who responded to the question, 111 indicated they received group supervision (64.5%). Respondents most frequently reported this occurred monthly (51.4%). The perceived quality of group supervision was excellent for about 52.3% and good for about 35% of respondents. No one reported the quality of supervision as poor.

Table 21. Frequency and quality of group supervision

Frequency of supervision	Number (n=111)	Percent of respondents
Several times a week	2	1.8%
Weekly	21	18.9%
Every other week	18	16.2%
Monthly	57	51.4%
Less than monthly	10	9.0%
Only as needed	3	2.7%
Quality of supervision	(n=111)	Percent of respondents
Excellent	58	52.3%
Good	39	35.1%
Fair	14	12.6%
Poor	0	--

Electronic supervision. The frequency and quality of electronic supervision, including methods such as email, Skype, and phone, are displayed in Table 22. Out of the 171 who responded to the question, 69 individuals (40%) indicated that they received this type of supervision. The frequency of electronic supervision shows great variability, though respondents most frequently stated that they received electronic supervision “only as needed” (30.4%). More than one-half rated the electronic supervision they received as excellent, 26.5% as good and 19.1% as fair.

Table 22. Frequency and quality of electronic supervision

	Number (n=69)	Percent of respondents
Frequency of supervision		
Daily	11	15.9%
Several times a week	16	23.2%
Weekly	11	15.9%
Every other week	3	4.3%
Monthly	7	10.1%
Less than monthly	0	--
Only as needed	21	30.4%
Quality of supervision	(n=68)	Percent of respondents
Excellent	36	52.9%
Good	18	26.5%
Fair	13	19.1%
Poor	1	1.5%

Promotions, Pay and Benefits

Promotion and job transfers. Tables 23, 24 and 25 present the results of questions related to vertical and lateral movement within the organizations employing the family support workforce. The survey asked how many times individuals had been promoted within their current agencies at a higher salary, how many times they were promoted within their current agency but with no salary increase, and how many times they voluntarily transferred to a different position at the same pay scale.

Results indicate that direct service workers are significantly less likely than others to have ever had a promotion. Promotion to a higher position without a pay raise is more likely for supervisors than for direct service workers. Lateral voluntary transfers within the same agency (different position at the same pay level) do not differ significantly across positions.

Table 23. Promoted in current agency at a higher salary

Variable	Direct		Supervisor		Administrator		Other		Total	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Never***	127	70.9%	20	30.3%	12	37.5%	5	50.0%	164	57.1%
1-2 times	42	23.5%	38	57.6%	13	40.6%	4	40.0%	97	33.8%
3-4 times	6	3.4%	6	9.1%	3	9.4%	1	10.0%	16	5.6%
5 or more times	4	2.2%	2	3.0%	4	12.5%	0	--	10	3.5%

***p < .001

Table 24. Promoted in current agency to higher level position with no salary increase

Variable	Direct		Supervisor		Administrator		Other		Total	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Never***	168	93.9%	48	73.8%	25	78.1%	7	77.8%	248	87.0%
1-2 times	10	5.6%	17	26.2%	7	21.9%	2	22.2%	36	12.6%
3-4 times	1	.6%	0	--	0	--	0	--	1	.4%
5 or more times	0	--	0	--	0	--	0	--	0	--

***p<.001

Table 25. Voluntarily transferred to a different position at same pay

Variable	Direct		Supervisor		Administrator		Other		Total	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Never	148	82.2%	45	66.2%	25	78.1%	7	77.8%	225	77.9%
1-2 times	29	16.1%	23	33.8%	6	18.8%	2	22.2%	60	20.8%
3-4 times	3	1.7%	0	--	1	3.1%	0	--	4	1.4%
5 or more times	0	--	0	--	0	--	0	--	0	--

The family support workforce survey asked respondents about the salary and benefits available to them in their job, their use of benefits, and their satisfaction with their compensation. For the analysis of salary, we separated workers who were considered by their agency to be full-time from those who were part-time. These data are shown in Table 26 (full-time) and Table 27 (part-time), and indicate that salaries of the family support workforce vary considerably both within and across positions.

Among full-time employees, satisfaction with pay was significantly lower for direct service workers than for administrators; this was not the case among part-time employees. Within full-time and part-time groups, satisfaction with raises did not vary significantly by position, nor did agreement with a question about whether or not their salary provided a living wage.

Comparing full-time and part-time employees, there are significant differences in reported salary—as expected, part-time employees as a whole earn less annually than full-time employees. Part-time employees were significantly more satisfied with their pay and with their pay raises than full-time employees. They did not differ on the question of whether their salary provides a living wage. These findings are similar to the 2015 survey.

Table 26. Total yearly income from family support job: full-time employees

Income range	Direct		Supervisor		Administrator		Other		Total	
	n	%	n	(%)	n	(%)	n	(%)	n	(%)
Less than \$15,000	1	.7%	0	--	0	--	0	--	1	.5%
\$15,000 to \$19,000	5	3.6%	0	--	0	--	0	--	5	2.3%
\$20,000 to \$24,999	17	12.3%	0	--	0	--	2	33.3%	19	8.6%
\$25,000 to \$29,999	44	31.9%	3	5.6%	0	--	1	16.7%	48	21.8%
\$30,000 to \$34,999	37	26.8%	13	24.1%	2	9.1%	1	16.7%	53	24.1%
\$35,000 to \$39,999	21	15.2%	9	16.7%	4	18.2%	2	33.3%	36	16.4%
\$40,000 to \$44,999	4	2.9%	11	20.4%	2	9.1%	0	--	17	7.7%
\$45,000 to \$49,999	4	2.9%	8	14.8%	2	9.1%	0	--	14	6.4%

\$50,000 to \$54,999	1 .7%	7 13.0%	3 13.6%	0 --	11 5.0%
\$55,000 to \$59,999	2 1.4%	2 3.7%	3 13.6%	0 --	7 3.2%
\$60,000 to \$64,999	2 1.4%	1 1.9%	2 9.1%	0 --	5 2.3%
\$65,000 to \$69,999	0 --	0 --	0 --	0 --	0 --
\$70,000 to \$74,999	0 --	0 --	2 9.1%	0 --	2 .9%
More than \$75,000	0 --	0 --	2 9.1%	0 --	2 .9%
Agree that salary provides a living wage	70 50.4%	34 63.0%	16 72.7%	2 33.3%	122 55.2%
	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>
Satisfaction with pay*	2.5 (1.2)	2.8 (1.2)	3.4 (1.3)	2.0 (1.3)	2.7 (1.2)
Satisfaction with raises	2.6 (1.3)	2.9 (1.3)	3.3 (1.1)	2.5 (1.5)	2.8 (1.3)

*p<.05

Table 27. Total yearly income from family support job: part-time employees

Income range	Direct		Supervisor		Administrator		Other		Total	
	n	%	n	(%)	n	(%)	n	(%)	n	(%)
Less than \$15,000	12	29.3%	1	7.1%	1	12.5%	0	--	14	20.9%
\$15,000 to \$19,999	5	12.2%	3	21.4%	0	--	2	50.0%	10	14.9%
\$20,000 to \$24,999	7	17.1%	1	7.1%	0	--	0	--	8	11.9%
\$25,000 to \$29,999	7	17.1%	3	21.4%	0	--	1	25%	11	16.4%
\$30,000 to \$34,999	2	4.9%	1	7.1%	1	12.5%	1	25%	5	7.5%
\$35,000 to \$39,999	3	7.3%	1	7.1%	0	--	0	--	4	6.0%
\$40,000 to \$44,999	2	4.9%	0	--	0	--	0	--	2	3.0%
\$45,000 to \$49,999	2	4.9%	1	7.1%	1	12.5%	0	--	4	6.0%
\$50,000 to \$54,999	1	2.4%	1	7.1%	0	--	0	--	2	3.0%
\$55,000 to \$59,999	0	--	0	--	4	50.0%	0	--	4	6.0%
\$60,000 to \$64,999	0	--	1	7.1%	0	--	0	--	1	1.5%
\$65,000 to \$69,999	0	--	0	--	0	--	0	--	0	--
\$70,000 to \$74,999	0	--	0	--	1	12.5%	0	--	1	1.5%
More than \$75,000	0	--	1	7.1%	0	--	0	--	1	1.5%
Agree that salary provides a living wage	19	46.3%	9	64.3%	7	87.5%	0	---	35	52.2%
	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>	<i>X (SD)</i>
Satisfaction with pay	3.4	(.9)	3.9	(1.1)	4.0	(.5)	1.5	(.6)	3.5	(1.0)
Satisfaction with raises	3.3	(1.0)	3.6	(1.2)	3.7	(.7)	2.0	(.8)	3.3	(1.1)

Table 28 presents the results of a survey question about which benefits were available to employees and which they utilized when they were available. The benefits available and utilized most often

include vacation leave (92.4%), flexible work hours (92.4%), and sick leave (84.5%). Respondents most frequently indicated that tuition for classes and training was not available to them (39.4%). However, when these benefits are available they are used; 49% of respondents did take advantage of this opportunity while 11.6% did not.

Table 28. Availability and use of benefits

Benefit type	Not available		Available/ doesn't use		Available/uses	
	N	%	N	%	N	%
Medical insurance	34	11.6%	85	29.0%	174	59.4%
Dental insurance	50	17.1%	73	24.9%	170	58.0%
Vacation leave	12	4.1%	10	3.4%	269	92.4%
Sick leave	30	10.3%	15	5.2%	246	84.5%
Flexible work hours	16	5.5%	6	2.1%	267	92.4%
Tuition for classes/training	115	39.4%	34	11.6%	143	49.0%

The survey asked respondents an open-ended question regarding other available benefits that they used. Among those described were: retirement plans (n=24), life, disability, and/or injury insurance (n=15), vision insurance (n=7), paid time off/personal days (n=11), and flexible spending accounts (n=12). A few individuals noted coverage for cellphone, travel/other work-related expenses, wellness plans/gym memberships, discounted child care, and Employee Assistance Programs.

Part-time employees were significantly more likely than full-time employees to report that medical and dental insurance, sick leave and vacation leave, were not available to them. Among survey respondents, 47.3% overall believed that their benefit package provided a safety net. These responses did not differ significantly by position, nor by full-time or part-time status.

Perceptions of the Work Environment

The family support workforce survey contained a set of scales measuring various aspects of the work environment that research has found to be related to job satisfaction, commitment to the agency and to the field of practice, and intentions to remain in the organization and the field of practice. Table 29 provides a list of these scales, brief definitions, the means and standard deviations for all the respondents, and the scale reliabilities. Most of the scales contained three items, each measured on a five-point Likert-type scale: 1 (strongly disagree); 2 (agree); 3 (neither agree nor disagree); 4 (agree); 5 (strongly agree).

The work environment scales are presented in order of the highest to the lowest mean scores. The most positive average ratings are in the areas of service orientation, role clarify, coworker support, supervisor support, and job satisfaction. At the lower end, the mean rating on other job opportunities reveals employees, on average, do not feel that there are many alternative job opportunities available outside of the organization. The lower means on job hazard and work overload show that employees, on average, do not perceive their job as dangerous and that the workload burden is not excessive.

Table 29. Work environment scales

Scale	Description	X	SD	Reliability A
Service orientation	degree to which employee believes that family support is a valuable service to society	4.51	.54	.90
Role clarity	degree to which employee is clear about her/his work role	4.27	.63	.73
Coworker support	Extent to which employee believes that peers are supportive	4.21	.76	.87
Supervisor support	extent to which employee believes immediate supervisor provides instrumental (knowledge or skill) and affective (emotional) support	4.16	.80	.89
Job satisfaction	degree of employee's overall satisfaction with the job	4.15	.70	.84
Commitment-family support	relative strength of individual's identification with and involvement in the field of family support	4.10	.66	.78
Commitment-agency	relative strength of individual's identification with and involvement in the employing organization	4.09	.73	.85
Organizational support	degree to which employee feels supported by the employing organization	3.95	.78	.84
Community support	degree to which employee perceives the organization's work is supported by the community	3.92	.67	.78
Intent to stay-family support	likelihood of remaining in the field of family support	3.81	.75	.77
Intent to stay-agency	likelihood of remaining with the current employing organization	3.74	.82	.79
Communication	degree to which employee believes that communication within the organization is clear and timely	3.72	.81	.75
Agency fairness	degree to which employee believes the system of rewards and punishments within the organization is fair	3.26	.91	.73
Job security	extent to which employee believes her/his job is stable	3.26	.73	.62
Promotional opportunity	extent to which employee believes that opportunities for advancement within the organization are available	3.10	.83	.77
Work overload	extent to which employee believes that performance expectations of the job are excessive	3.00	.86	.83
Job hazard	degree to which job exposes employee to physically harmful or risky conditions	2.83	.90	.69
Other job opportunities	perceived availability of employment opportunities outside of the organization	2.73	.85	.80

We also examined scale means according to position in the agency; these are displayed in Table 30. The scales noted with asterisks are those which demonstrated significant differences between at least two positions among direct service workers, supervisors, or administrators. Significant differences suggest that the magnitude of the differences between positions on these items are large enough to conclude that they represent real (not chance) differences.

Specifically, we note that direct service workers perceive less opportunity for advancement within the organization and lower job security than supervisors or administrators; less fairness compared with administrators. Direct service workers also perceive a higher degree of job hazard—exposure to unsafe or dangerous conditions—compared with supervisors and administrators. Administrators perceived stronger agency support compared with direct service workers and supervisors.

One additional item was a yes/no question asking whether the respondent felt supported at the state level. Overall, 63.1% of respondents indicated that they did feel supported. There was no significant difference by position with regard to this item.

Table 30. Work environment scales by position

Scale	Direct service		Supervisor		Administrator		Other position	
	X	(SD)	X	(SD)	X	(SD)	X	(SD)
Service orientation	4.50	(.52)	4.50	(.60)	4.56	(.59)	4.53	(.59)
Role clarity	4.31	(.63)	4.16	(.64)	4.40	(.52)	3.90	(.77)
Coworker support	4.23	(.84)	4.13	(.65)	4.31	(.51)	4.10	(.75)
Supervisor support	4.19	(.83)	4.12	(.75)	4.07	(.74)	4.20	(.79)
Job satisfaction	4.12	(.71)	4.15	(.66)	4.29	(.65)	4.10	(.90)
Commitment-family support	4.10	(.66)	4.04	(.64)	4.20	(.70)	3.97	(.84)
Commitment-agency	4.04	(.75)	4.13	(.76)	4.25	(.59)	4.03	(.67)
Organizational support**	3.89	(.82)	3.93	(.72)	4.36	(.57)	3.95	(.93)
Community support	3.88	(.68)	3.92	(.60)	4.18	(.70)	3.90	(.74)
Intent to stay-family support	3.83	(.78)	3.76	(.72)	3.85	(.61)	3.67	(.82)
Intent to stay-agency	3.71	(.86)	3.70	(.79)	3.88	(.70)	3.87	(.72)
Communication	3.66	(.83)	3.75	(.76)	3.98	(.82)	3.83	(.61)
Agency fairness**	3.16	(.92)	3.29	(.86)	3.82	(.75)	3.10	(.89)
Job security***	3.12	(.71)	3.48	(.75)	3.66	(.58)	3.17	(.88)
Job hazard***	3.05	(.81)	2.55	(.92)	2.19	(.87)	3.00	(.98)
Promotional opportunity***	2.93	(.83)	3.34	(.69)	3.68	(.79)	2.90	(.94)
Work overload	2.90	(.87)	3.12	(.84)	3.28	(.86)	3.23	(.47)
Other job opportunities	2.76	(.87)	2.65	(.84)	2.76	(.83)	2.73	(.81)
	N	%	N	%	N	%	N	%
Feel supported at the state level N/%	111	62.0%	42	63.6%	21	70.0%	5	50.00%

*p<.05 **p<.01 ***p<.001

Future Plans

The NRC asked respondents where they expected to be five years from now to assess the likelihood of retention and turnover. Table 31 highlights the responses to the question “When thinking about where you expect to be in five years, which of the following seems most likely?” with options including being in the same agency (either in the same position or a different position); being employed in a different agency (either in the same position or a different position); working in a different field; or being retired from the workforce.

The majority of respondents anticipate staying in the same agency five years from now, with more than one-half in the same position (50.9%) and another 14.1% in a different position in the same agency. About 15% expect to be working in a different agency, 2% in a similar position and 13% in a different position. Few (7.2%) plan to be employed in a different field. Nearly 13% of the workforce plans to be retired in five years.

Table 31. Future plans

Plans	Direct		Supervisor		Administrator		Other		Total	
	n	%	n	%	n	%	n	%	n	%
Same position in same agency	94	51.9%	36	52.2%	13	41.9%	5	50.0%	148	50.9%
Different position, same agency	24	13.3%	11	15.9%	5	16.1%	1	10.0%	41	14.1%
Different position, different agency	27	14.9%	6	8.7%	3	9.7%	2	20.0	38	13.1%
Retired	18	9.9%	9	13.0%	9	29.0%	1	10.0%	37	12.7%
Different field	14	7.7%	6	8.7%	0	--	1	10.0%	21	7.2%
Same position, different agency	4	2.2%	1	1.4%	1	3.2%	0	--	6	2.1%

A follow-up question, “What would it take to keep you in the field of family support?” received 51 responses. The most frequently cited factors, shown in Table 32, were higher salary (5.8% of sample), better benefits (3.7%), and more opportunity for career advancement (3.4%) as necessary to keep them in the field.

Table 32. What would it take to keep you in the field of family support?

Variable	Direct		Supervisor		Administrator		Other		Total	
	n	%	n	%	n	%	n	%	n	%
Higher salary	11	6.0%	5	7.2%	0	--	1	10.0%	17	5.8%
Better benefits	6	3.3%	4	5.8%	0	--	1	10.0%	11	3.7%
More opportunity for career advancement	5	2.7%	4	5.8%	0	--	1	10.0%	10	3.4%
Better recognition by management	2	1.1%	2	2.9%	0	--	0	--	4	1.4%
Better supervision	2	1.1%	2	2.9%	0	--	0	--	4	1.4%
More educational opportunities	1	.5%	2	2.9%	0	--	0	--	3	1.0%
Other	2	1.1%	0	--	0	--	0	--	2	.7%

Qualities of Effective Family Support Workers and Parent Engagement in Services

In seeking to understand parents' participation/engagement in family support services, we included questions for family support professionals about the qualities that are important in a family support worker and about factors that affect parents' decisions to stop participating in a family support program.

The items were derived from a review of the literature on attributes related to engagements in family support programs. We identified nine dimensions, each of which is represented in these questions: 1) Sociable/Likeable; 2) Trustworthy; 3) Non-judgmental; 4) Empathic; 5) Respectful/culturally competent; 6) Motivated to help; 7) Flexible; 8) Helpful; and 9) Encouraging. These concepts parallel those on the parent survey of home visitors (discussed later in this report).

Respondents were asked to rate the importance of each quality in an effective family support worker, on a 1-4 scale with 1=not important, 2=slightly important, 3=moderately important, and 4=extremely important. Table 33 presents the number and percent of responses for each category, as well as the means and standard deviations for comparative purposes.

These data reveal that most of the attributes are rated as extremely important by the majority of survey respondents. The highest ratings were given for the items: family support worker treats parent with respect (98.6%), family support worker listens carefully to parent (96.2%), parent finds family support worker easy to talk to (94.9%), family support worker is very interested in building a good relationship with parent (92.5%), family support worker is very sincere ("real") (92.5%), and family support worker is committed to helping client grow as a parent (91.4%). Items rated as extremely important by smaller percentages of respondents include: family support worker is very open to rescheduling visits (34.4%), family support worker is likeable (64.3%), and family support worker is flexible when it comes to how time is spent with parent (69.7%). When we compared responses to these items by position, none differed significantly.

Table 33. Qualities of effective family support workers

Quality of family support worker	Not important		Slightly important		Moderately important		Extremely important		Mean (SD)
	n	%	n	%	n	%	n	%	
Family support worker treats parent with respect	0	--	0	--	4	1.4%	289	98.6%	3.99 (.11)
Parent finds family support worker easy to talk to	0	--	0	--	15	5.1%	277	94.9%	3.95 (.22)
Family support worker listens carefully to parent	0	--	0	--	11	3.8%	281	96.2%	3.96 (.19)
Family support worker is very interested in building a good relationship with parent	0	--	0	--	22	7.5%	272	92.5%	3.93 (.26)

Family support worker is very sincere (“real”)	0	--	0	--	22	7.5%	270	92.5%	3.92	(.26)
Family support worker is committed to helping client grow as a parent	1	.3%	0	--	24	8.2%	267	91.4%	3.91	(.32)
Family support worker helps parent feel more confident	0	--	1	.3%	32	11.0%	258	88.7%	3.88	(.33)
Family support worker truly accepts parent for who she/he is	0	--	1	.3%	37	12.7%	253	86.9%	3.87	(.35)
Family support worker is honest with parent	0	--	4	1.4%	35	11.9%	254	86.7%	3.85	(.39)
Family support worker provides information that parent finds useful	0	--	2	.7%	42	14.3%	249	85.0%	3.84	(.38)
Family support worker does not criticize parent	0	--	3	1.0%	49	16.7%	241	82.3%	3.81	(.42)
Family support worker is flexible when it comes to how time is spent with parent	0	--	5	1.7%	83	28.6%	202	69.7%	3.68	(.50)
Family support worker is likeable	0	--	10	3.4%	95	32.3%	189	64.3%	3.61	(.55)
Family support worker is very open to rescheduling visits	3	1.0%	37	12.7%	151	51.9%	100	34.4%	3.58	(.57)

Next, respondents were asked to rate, from their experience, the importance of specific factors in parents’ decisions to stop participating in the family support program. The same 1-4 rating scale was used (with 1=not important, 2=slightly important, 3=moderately important, and 4=extremely important). Results are presented in Table 34.

The responses to factors contributing to parents’ decisions to stop participating in a family support program are variable, but the items most frequently rated as extremely important are: family’s life circumstances change (62.3%) and parent and worker do not have a good relationship (61.5%). The items with the fewest ratings of extremely important are: parent is overwhelmed with many competing demands (34.4%), family support services or hours of service offered don’t meet family’s needs (35.4%), and parent is not motivated to use family support assistance (35.9%). None of these items differed according to the respondent’s type of position in the agency.

Table 34. Factors affecting parents’ decisions to stop participating

Factors	Not important		Slightly important		Moderately important		Extremely important		Mean (SD)
	n	%	n	%	n	%	n	%	
Family’s life circumstances change	3	1.0%	20	6.9%	86	29.8%	180	62.3%	3.53 (.67)

(move, change of custody)							
Parent and worker do not have a good relationship	12 4.2%	32 11.2%	66 23.1%	176 61.5%	3.42	(.85)	
Parents' goals are reached or needs have been met; services no longer needed	12 4.2%	38 13.4%	88 31.0%	146 51.4%	3.30	(.86)	
Services are not culturally appropriate for the family.	23 8.1%	40 14.1%	74 26.1%	146 51.6%	3.21	(.97)	
Parent is overwhelmed with many competing demands	3 1.0%	37 12.7%	151 51.9%	100 34.4%	3.20	(.69)	
Parent never really wanted the service, but felt like she/he "had to" enroll	9 3.1%	44 15.4%	116 40.6%	117 40.9%	3.19	(.82)	
Parent is not motivated to use family support assistance	8 2.8%	60 20.7%	118 40.7%	104 35.9%	3.10	(.82)	
The family support services or hours of service offered don't meet family's needs	37 12.8%	49 17.0%	100 34.7%	102 35.4%	2.93	(1.02)	

Challenges and Rewards of Family Support Work

Two open-ended questions were included: "What do you feel are the challenges that make it difficult to do your job in family support?" and "What do you feel are the greatest rewards in family support work?" This questions afforded respondents an opportunity to mention issues of greatest importance to them and to identify other issues not addressed in the survey.

Additional comments regarding the challenges of family support work were provided by 224 respondents (75% of the sample), and 226 (76%) offered additional comments regarding the rewards. We examined all comments individually and identified a set of key themes that emerged from these open-ended comments. Tabulating the number of individuals whose comments reflected each of these themes provides information about which were mentioned most frequently. These are presented in Tables 35 and 36. We note that some respondents offered multiple challenges and/or rewards.

A greater number and variety of themes emerged from the open-ended question about challenges compared to rewards. The challenges represented a range of issues from job demands to work

environment to resource constraints. The rewards of family support centered primarily on satisfaction from helping families and seeing positive outcomes for children and families.

Table 35. Challenges of family support work

Challenge	n	% of individuals who added comments (n=224)
Funding instability (includes budget cuts)	57	25.4%
Paperwork (includes reporting demands, data entry)	46	20.5%
Inadequate pay (including raises)	35	15.6%
Client motivation (missing/cancelling appointments, not putting forth effort)	29	12.9%
Workload (caseload sizes, getting everything done in the available time)	27	12.0%
Client problems (severity, complexity, low progress, safety)	16	7.1%
Support in agency (from administration, supervisor)	15	6.7%
Availability of resources to help families with their needs	12	5.4%
Client recruitment	9	4.0%
Inadequate community support (interagency communication)	8	3.6%
Turnover and burnout	6	2.7%
Inadequate technologies (cell phone, tablet)	5	2.2%
Language or cultural barriers	5	2.2%
Communication in the agency	5	2.2%
Inadequate training	5	2.2%
Issues specific to rural areas	5	2.2%

Below are examples of the most frequently noted challenges, in the words of survey respondents:

Funding instability

“Funding and the uncertainty of what will be available on a long term basis. This makes it very difficult to maintain staff morale when 'budget cuts' are impacting the ability to provide services.”

“The lack of funding to our field is the main issue. We just can't adequately help these families with our limited budget. The more families and children we can't serve the more it will end up costing society in the end. Our services are much of the time preventative in nature. So, if we aren't able to prevent these negative outcomes in our children then it is going to end up costing us much more in the future as damage control costs.”

“It's a challenge to not constantly worry about the status of future funding, especially if cuts are large enough to have to let staff go or decrease their hours.”

Paperwork

“Burnout, stress, high workload, TOO MUCH TYPING AND PAPERWORK - can't stress this one enough.”

“Getting the paperwork done and not letting the paperwork get in the way of the relationship.”

“The amount of paperwork that continues to compound such as, entering the same data over and over into different data systems. It seems at times the paper work part of the job seems to be more important than the face to face work that we provide.”

Inadequate pay

“Amount of pay in relation to the amount of work and the stress amount of work.”

“As a supervisor, I feel it's hard to keep quality staff at times when the hourly rate is lower and raises are disappointing to staff. The past family support worker left due to money.”

“Having a salary that can adequately pay bills (housing, transportation, student loans, etc.).”

“Very low pay. I make less money than many of my clients. I have 34 years of human service experience and I started at the bottom of the pay scale.”

Client motivation

“Families that could benefit the most, are unresponsive or unavailable.”

“If the family has many 'bigger' issues: housing, job, health concerns then sometimes these issues 'take over' the visit and child development and parenting practice take a backseat.”

“Keeping up with each family and the extreme needs they have. I have learned things don't change overnight and there are many baby steps we have to take to help them be aware of the strengths they have to support their children and themselves.”

Workload

“The biggest challenge is the heavy caseload. Many of our families are in crisis situations, so it is difficult to plan effective home visits and help the family with that situation when we are required to support so many families. Added on the amount of assessments and screenings that are required and having a reasonable amount of time to enter those into data bases.”

“The caseload we are expected to carry is overwhelming and does not allow for us to flexibly schedule with our families and best serve some of our families that are high needs.”

“High expectations for caseload and unrealistic expectations for the amount of time that it takes to complete all of the responsibilities associated with the job.”

Client problems

“Seeing kids that are in a very dirty home and mom is doing her best. Seeing a family struggle with bugs and trying to be supportive of them without being worried about taking the bugs back to the office with you. Seeing kids that have witnessed domestic violence and had to have a parent removed last night. Seeing a family that is going to lose their home because they have no job and there is nothing that you can do because they have exhausted all the help they could get.”

“Many families in our program are unable to access many resources in the county due to lack of transportation. Some families are unable to be employed due to lack of education or inability to get to a job. Many families are unable to complete regularly scheduled therapy visits or doctors’ visits due to lack of transportation as well. In my job, I am able to connect families to many resources but they are unable to receive the entire benefit due to other circumstances, particularly lack of transportation.”

“Parents who have mental health issues that prevent them from being the best parents.”

Support

“A board of supervisors that is not supportive of the work done by our dept. of health and frequent budget cuts.”

“Lack of community support-when there is stats that show the need.”

“Level of funding is too connected to current political parties and climate. Funding should not be dependent on who is in office. Support for families does not become more or less depending on how much funding is available, yet this is a main deterrent in serving families.”

Table 36. Rewards of family support work

Reward	n	% of individuals who added comments (n=226)
Seeing families grow and develop	63	28%
Helping others (families, children)	51	23%
Making a difference	43	19%
Seeing family successes/ success stories	39	17%
Helping families achieve their goals	37	16%
Building relationships (families, parents, children)	21	9%
Seeing children’s growth and development	12	5%
Receiving positive feedback, thanks from families	9	4%
Working with great coworkers	3	1%
Seeing employees succeed	1	.4%

Examples of the rewards of family support work are offered below:

Seeing families grow and develop

“Inspiring and empowering families to overcome barriers, to grow individually and as a family

“Seeing a family grow and change for the better over the years.”

“Working with families and seeing their confidence develop, and in turn their kids develop on track or above average.”

Family successes

“Seeing families succeed and become independent.”

“Seeing our families become successful in life.”

“The greatest reward is seeing a family be successful.”

Helping families achieve their goals

“I love working with my families. I enjoy spending time with them and enjoy helping them make goals and to help them reach their goals.”

“Seeing the families achieve a goal they never thought possible. The smiles tell it all”

“The greatest reward for me is working with my families and watching them meet their goals.

Helping others

“Helping parents learn to love and understand their child so that they put the time and effort into parenting.”

“Helping families and making a difference (no matter how small) for future generations.”

“Knowing that you have helped families, helped parents learn how to be the best teachers, providers, and parent for their children.”

Making a difference

“Making a difference in the lives of children and families by empowering parents in their journey as their child’s most important teacher.”

“Seeing the final result. When families age out of the program and verbally tell you the difference the program has had on them!”

“The greatest rewards in family support work are making a difference in their lives and watching their family realize what it takes to be a family in every respect.”

Building relationships

“Building a relationship with families where they trust you and are comfortable enough to come to you as well as share the positives that are going on in their lives.”

“Building relationships with families in need and seeing positive change that will affect these children for a lifetime.”

Building relationships with my families and seeing them grown and get a job or completing a goal they have set for their family.”

Seeing children’s growth and development

“Parents 'aba' moments. Watching them and their children grow in a positive, safe environment.”

“Seeing a kiddo learn a new task or hearing that a former kiddo is doing well in school.”

“Seeing children grow and develop and be ready for school.”

Receiving positive feedback, thanks from families

“Hugs, smiles, and successes.”

“Having a family thank you for everything you have done or are doing for them.”

“Hearing from parents that they look forward to your visits and value the time they spend with you.”

Family Support Supervisor Certification Training

The 2017 family support workforce survey asked several questions pertaining to the supervisor certification program. Out of the 69 survey respondents who identified as supervisors, 47 (68.1%) reporting having completed the certification training. Those who completed the training were asked to assess their supervisory performance in specific areas. Responses are depicted in Table 37 and indicate that most individuals felt that their skills in each area had improved, either a little or a lot. Few reported no change in their skills in each area.

Table 37. Assessment of supervision performance

Supervision Skill	No change	Improved a little	Improved a lot
Adapting supervision to staffs' developmental levels and learning styles	0 --	20 43.5%	26 56.5%
Leadership skills (leading change, running effective meetings)	1 2.2%	22 47.8%	23 50.0%
Addressing staff's stress, resilience, and safety	1 2.1%	23 48.9%	23 48.9%
Culturally competent supervision (generational, race, ethnicity, sexual orientation, workplace diversity)	4 8.5%	21 44.7%	22 46.8%
Strength based, reflective supervision	1 2.2%	24 52.2%	21 45.7%
Providing feedback to impaired or underperforming staff	4 8.7%	21 45.7%	21 45.7%

To further gauge the impact of supervision training, respondents were asked to provide a specific example of how they have implemented the supervision training in their own work with staff. These examples, in respondents' own words, are listed below.

Learning styles

"I look at each staff person's learning style and adjust for how each relates and we have also used this same concept to provide services to families. I tell staff you learn this way but have you tried teaching the family in this way to see if that get it easier or better. We completed the learning styles handout and I adapt teaching to their learning style."

"Learning styles, focusing on longevity and experience of staff in the types and amount of supervision required."

Reflective supervision

"I use reflective supervision and go from a positive standpoint."

"Supporting staff with reflective strategies."

"My skills in reflective supervision and motivational interviewing are greatly improved, which has helped me to empower my family support staff and help them achieve autonomy in the workplace."

"My reflective supervision has gotten more intuitive as I help get to the root of some of the challenges staff have working with families."

Leadership

“Structuring the schedule of our staff meetings for efficiency. Instead of jumping to a solution for a problem a staff presents, I am now asking them, ‘what do you think?’ or ‘what have you thought of already?’ to help them reflect before jumping to a solution.”

Better staff meetings.

“I use the Family Support Worker Practice Competencies when doing yearly evaluations with my staff. The information provided in the tool helps staff to know where I feel they are and how to move themselves to the next level.”

“I use the Supervision Logs when meeting with my staff and we have used this as agenda of items to discuss, so they come prepared when we meet.”

“While performing our annual performance reviews we use the competencies to help staff and supervisors see where they are and what areas they need growth in. This helps us create strategies to improve those areas.”

Resilience, stress, safety

“Our agency did not have a safety policy in place that was specific to home visiting programs. We are currently working as a team to identify and address the safety concerns of home visiting staff in order to create and adapt a new policy. At this time I have ensured that safety procedures and tips are being discussed during bi-weekly staff meetings until a concrete policy can be put into action.”

“During team meetings have completed self-care exercises. Supervisor self-assessments.”

Overall

“We had many discussions about secondary trauma, safety in the workplace, identifying strengths and skills regarding caseload assignment, and learning from those I supervise - we have a reciprocal learning environment.”

“Implemented the use of FSW competencies, case review file form, supervisor evaluation tool.”

“Negotiating to a win-win solution with issues; strength based approach; show appreciation for good work reflective supervision.”

“I have used lots of information from the training. Example: unstuck handout.”

“I just completed this training 2 weeks ago. I plan on using a lot of information from the class in my supervision with my staff and conducting meetings.”

An additional open-ended question asked respondents to give an example of how using supervision strategies learned in training has had an impact on staff. The following are examples provided by supervisors:

Learning styles

“More aware of learning styles.”

Reflective supervision

“After attending the training we began to do more reflective supervision, giving the staff time to think through how things are going in the homes and strategies they can use to help move families forward instead of having the supervisor tell them the strategies they can use.”

“I feel that the strength based approaches taught has had a positive impact on staff. Not just in how I work with them but how they work with clients.”

“My staff does not enjoy reflective supervision techniques. I have to use a different approach with them.”

“The modeling/feedback I provide during monthly one on one meetings has helped them practice that with families.”

“We currently do a lot of reflective supervision prior to this training. I did receive a lot of ideas on how to incorporate what I learned. Again, I just completed this course (test) 2 weeks ago.”

Leadership

“I definitely feel that we work as a team much better now that I have had this training. We did not have issues before the training regarding teamwork but I feel that the FSS certification really enlightened me on the importance of being a leader and how to really promote a positive work environment.”

“I think my staff are more confident in coming to me with questions or concerns. We conduct an annual engagement survey, and our department’s engagement scores have improved, specifically regarding confidence in leadership ability.”

“Providing consistent supervision with feedback has given a great opportunity for them to value the work that they do, hear my direct observations, and to feel good about their performance.”

“Staff has responded favorably to the new tools being used, they have made supervision sessions more effective and focused.”

“Staffing agendas are formatted to follow requirements of model. Agendas are detailed and staff receive a copy. Staffing sessions are more purposeful.”

Resilience, stress, safety

“I also do home visits so I can still relate to what they are going through. Home visitation can be very frustrating, hard, emotional and rewarding. Need to be with staff through all of that.”

Overall

“I believe the staff I supervise trust me and that brings about them wanting to do the best job they can.”

“More open with me and calls on me for needs and questions...works together as a team more effectively.”

“My staff comes to me with more specific challenges when they occur rather than wait for our meeting times.”

“They feel like they can air their frustrations with families or policies, procedures so it helps with retention. They feel like they are in a win-win environment.”

“Increased timely documentation and higher Home visit percentage rates.”

Turnover

In the 2017 workforce survey, individuals who identified their position as an administrator were given a set of questions about turnover of direct service staff, supervisors, and managers. For each level of position, they were asked how many staff worked for the program during a specified 12-month period and how many left for each of the following reasons: to take a job for higher pay or benefits; to take a position with more job security; for a promotion; for personal reasons (including health and family responsibilities); terminated for cause; laid off for budget reasons; retired; or other.

Turnover of supervisors and managers was minimal. Three programs experienced turnover of supervisors; in one program 2 out of 4 left (50%), in another program 2 out of 2 supervisors left (100%), and in a third program 2 supervisors left but the respondent did not indicate how many total supervisors were employed during the year. Because only 3 of 30 programs (10%) lost supervisors, the average supervisor turnover across all programs is very low (median of 0).

Among managers, turnover was also infrequent. Two programs reporting losing managers during the one-year period; in one case this was one manager out of one employed (100%) and in the other program one out of two managers left (50%). Across all programs, though, average management turnover was very low (a median of 0).

Direct service worker turnover was the only level of substantial staff turnover. Out of 30 administrators responding, 17 (56.6%) reported turnover among direct service staff. The annual turnover rate was calculated by dividing the total number of direct service employees who left for all of the reasons by the total number of direct service staff who worked during the 12-month period multiplied by 100. Using this measure, direct staff turnover rates ranged from 0 to 100%, with a mean of 21.4% and a large standard deviation of 29.2, which indicates significant variability. The median of 12.5% is the best indicator of average turnover across these 30 programs.

In terms of actual numbers of direct services staff that left, 13 of 30 programs did not report any turnover, and nine programs lost one direct services employee. Table 38 shows the total number of direct services staff reported to have left within a year's time frame. These data show that most agencies lost few workers, but four lost between four and six employees. In a program with a small number of staff to begin with, this level of staff turnover can have important consequences.

Table 38. Number of direct services staff leaving in one-year time frame

Number of staff that left	n	%
0	13	43.3%
1	9	30.0%
2	2	6.7%
3	2	6.7%
4	2	6.7%
5	1	3.3%
6	1	3.3%

We also examined reason for turnover among direct services staff. Table 39 presents the number of staff who reportedly left for the following reasons: to take a job with higher pay or benefits, to take a position with more job security, for a promotion, for personal reasons (including health and family responsibilities), terminated for cause, laid off due to budget cuts, retired, or “other.” The denominator in Table 39 is the total number of direct services staff reported to have left by administrators in these agencies (n= 38).

Table 39 shows that the largest percentage of direct services staff left to take a job for higher pay and/or benefits (28.9%). The second most frequent reason was for personal reasons (23.7%), followed by leaving for a promotion (15.8%). One staff left for a job with greater job security and one was laid off due to budget cuts. When the category “other” was selected, this indicated either that the reason was unknown or that the employee was generally dissatisfied with the position.

Table 39. Reasons for turnover of direct services staff

Reason for turnover	n	%
Pay/benefits	11	28.9%
Personal reasons	9	23.7%
Promotion	6	15.8%
Terminated for cause	4	10.5%
Job security	1	2.6%
Laid off	1	2.6%
Retired	1	2.6%
Other	5	10.5%

Perceived turnover among all employees. An additional survey question asked respondents about their perception of the amount of staff turnover in their agency: “Thinking about staff turnover in your agency, does it seem (low, average, or high)?” Results, depicted in Table 40 show most respondents perceive their turnover in equal proportions as low or average, whereas fewer than 25% characterize their turnover as high. These perceptions seem congruent with the turnover data reported by program administrators.

Table 40. Perceived level of turnover

Variable	Direct		Supervisor		Administrator		Other		Total	
	n	%	n	%	n	%	n	%	n	%
Low	74	40.4%	19	27.9%	15	48.4%	4	40.0%	112	38.4%
Average	61	33.3%	33	48.5%	14	45.2%	4	40.0%	112	38.4%
High	48	26.2%	16	23.5%	2	6.5%	2	20.0%	68	23.3%

We also compared MIECHV funded programs with non-MIECHV programs to determine if perceived turnover was higher in MIECHV funded programs. Respondents from MIECHV programs were significantly more likely to rate their turnover as high (34.7% compared with 19.4% non-MIECHV) and less likely to consider their turnover as low (26.4% compared with 42.3% non-MIECHV). The modal category for MIECHV was still average, with nearly identical proportions of MIECHV and non-MIECHV staff (38%) describing their turnover as average.

Perceived turnover and work environment

The relationship between organizational culture and climate and turnover is a concern in human service organizations. We examined whether employees' perceived level of turnover in their agency was related to their perceptions of aspects of the work environment, as measured by the scales discussed earlier. We found that employees who perceived turnover in their agency as high had significantly lower scores on perceived opportunity for advancement, communication in the agency, fairness in the agency, role clarity, as well as lower perceived community support, supervisor support, organizational support, and job satisfaction. Those who perceived agency turnover as high also demonstrated a lower commitment and intention to stay in the organization and in the field of family support. Individuals with high perceived agency turnover found working conditions more hazardous and believed there were more job opportunities available to them. Interestingly, the perception of level of turnover was not always consistent with administrators' reports of the number of staff departures. These findings illustrate the complex and far-reaching effects of perceived work environment.

Parent Survey of Home Visitors

Another component of the Iowa Family Support Workforce Study involved surveying a sample of parents about their experiences with home visiting: their perception of the qualities of their home visitor, their own engagement in the program, the extent to which the program was a priority for them and whether that priority had changed, and other factors that place competing demands on their time. Parents' responses were then examined in relation to outcomes that were available: scores on Life Skills Progression items and length of time in the program. These activities were conducted with the assistance of seven home visiting programs that volunteered to participate in the study.

The parent survey sought to develop and begin to validate two multidimensional scales to capture personal attributes that are related to initial engagement and to engagement over time within the context of the parent-home visitor relationship. The personal attributes scale could be used to develop a screening tool that would allow organizations to hire staff that had the personal attributes that would help families relate to them and decrease drop-out rates. The engagement scale can help to understand whether and how home visitor personal attributes are related to engagement over time.

Research on parent engagement and retention in home visiting programs suggests that these predict better outcomes for parents and children (Raikes et al., 2006). However in practice, most parents are enrolled in programs for less than a year (i.e., Anisfeld & Guterman's, 2004). There is little research explaining attrition; one study (Wagner et al., 2000) reported that lack of parental interest accounted for 70% of dropouts from a Parents as Teachers program.

To understand why some parents leave programs early, we need to better understand how personal attributes of home visitor are related to engagement *over time*. Personal attributes including, for example, the home visitors' likeability, may help explain less engagement early in the relationship building process. In the marketing industry, an assessment of likeability is called a Q score. A Q score, typically, includes only two questions: how familiar they are with and how appealing is, for example, the brand or celebrity. We believe the nature of the parent-home visitor relationship is far more complex; therefore, the field needs a scale that includes several relationship building personal attributes.

Methods

Scale development. We developed these scales by (a) reviewing results from several studies that surveyed or interviewed parents in home visitor programs to find out what they “liked” about their home visitor, (b) drawing on interpersonal attraction theory, (c) interviewing subject experts, and (d) completing a content validation activity with 15 subject experts.

Scale dimensions: attributes of home visitors. We identified nine dimensions or personal attributes that, based on the literature, appear to be related to parent engagement. They include 1 – Sociable/Likable, 2 – Trustworthy, 3 – Non-judgmental, 4 – Empathic, 5 – Respectful/Culturally Competent, 6 – Motivated to help, 7 – Flexible, 8 – Helpful, and 9 – Encouraging. Dimensions 1 – 5 are foundational soft relationship building skills. Dimensions 6 – 9 are advanced soft relationship skills that are needed to help parents meet their instrumental goals. Most dimensions contain three items; all items are rated on a Likert-type scale (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=somewhat agree, 5=agree, 6=strongly agree).

Scale dimensions: engagement. The engagement scale includes four dimensions. Dimension 1 measures parents' motivation and commitment before, during and after the home visit. Dimensions 2 and 3 draw on Finkel and Eastwick's (forthcoming) interpersonal theory of attraction and measure changes in the parents' motivational priorities or goals over time. These items do not measure engagement *with their home visitor*, but, instead, can be used to understand changes in parents' competing and changing priorities that occur over time as parents, for example, gain a greater sense of parenting efficacy. The last dimension, coercion, accounts for the possibility that a parent may have joined the program due to external pressure. All items are rated on a Likert-type scale (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=somewhat agree, 5=agree, 6=strongly agree).

Analysis. The scales were administered to parents participating in a small number of home visitor programs. The personal attributes scale is assessed for internal consistency of the nine dimensions. Concurrent validity is assessed by correlating the personal attributes scale with the Family-Centered Practices Scale (Dunst & Trivette, 2003), a 12-item scale that was included in the parent survey. Items on the Family-Centered Practices Scale are rated on an ordinal scale (1=never, 2=very little, 3=some of the time, 4=most of the time, 5=all of the time). The engagement scale is used to test predictive validity, assessing engagement over time.

Results from the Pilot

Study sites. Initially four programs volunteered to participate in the pilot study; subsequently three additional programs participated in a second pilot. In both pilots, the researcher walked staff through the study procedures at each site and answered questions about administering the survey. It

was important to offer every eligible parent the opportunity to participate in the study; eligible parents were those who had been enrolled in the home visiting program for at least three months, and thus would have had sufficient contact with their home visitor to complete the survey. We emphasized the importance of offering the opportunity to all eligible parents in hopes of obtaining diverse responses to the survey items—parents who were fully involved with services and parents who used the services sporadically. In three of the initial four programs, parents were given a paper version of the survey and surveys were mailed back to the National Resource Center for Family Centered Practice for data entry. In one program, parents completed the survey using a web-based REDCap version of the survey; in the additional three sites, all used the REDCap version. Program staff at each site kept track of the participant ID numbers of parents who were eligible but, for one reason or another, did not complete the survey.

Sample size. A total of 144 parents completed the survey. An additional 73 parents who met the criterion of having been enrolled in the home visiting for at least three months did not complete the survey. The resulting response rate was 66%. Table 41 presents the number of completed and not completed surveys in each of the two pilots.

Table 41. Survey respondents in two pilots

	Pilot 1	Pilot 2	TOTAL
Completed survey	112	32	144
Did not complete survey	67	6	73

There were various reasons for parents not completing the survey: the parent had been dropped or discharged from the program, the parent was not available or unable to be reached, the parent declined to complete survey, absences or irregular meetings, or translation problems.

Demographic profile. In addition to the home visitor scales, the parent survey gathered some demographic information from respondents. The sample is primarily female, Caucasian, and not Hispanic. About half of the sample are single parent families. Monthly income level, while demonstrating variability, is concentrated at lower income levels. The majority of households have one or two children, though 10% have four or more children. Demographic information is presented in Table 42, though we note that some parents declined to complete these items. The percentages are based on valid percentages (that is, based on the number of responses to each item).

Table 42. Demographic characteristics of respondents

Variable	n=144	%
Gender		
Female	135	97.8%
Male	3	2.2%
Race*		
Caucasian	109	73.2%
African American	26	17.4%
Asian	3	2.0%
Am.Ind/Alaska Nat.	7	4.7%
Hawaii/Pacific Is	1	.7%
Multiple	14	9.4%
Ethnicity		
Hispanic	15	12.6%
Non-Hispanic	74	87.4%
Single parent household		
Yes	60	49.6%
No	61	50.4%
Monthly income		
None	7	5.2%
1-\$981	34	25.4%
\$982-1327	21	15.7%
\$1328-1674	21	15.7%
\$1675-2021	8	8.2%
\$2022-2367	4	6.0%
\$2368-2714	9	3.0%
\$2715-3061	4	6.7%
\$3062-3407	15	3.0%
\$3408 or more	13	11.2%
Number of adults relying on income		
1	59	45.0%
2	63	48.5%
3+	8	6.2%
Number of children relying on income		
1	54	40.9%
2	47	35.6%
3	18	13.6%
4	6	4.5%
5+	7	5.3%

*percentages exceed 100 due to multiple responses

Home visitor attributes scale. Parents' ratings on the attributes of their home visitor across the nine domains: Sociable/Likable, Trustworthy, Non-judgmental, Empathic, Respectful/Culturally Competent, Motivated to help, Flexible, Helpful, and Encouraging were exceptionally positive.

From the perspective of program performance, these ratings speak well of the home visitors' relationship with parents. From a research perspective, when there is little variability it is difficult to discern relationships with other variables of interest.

Table 43 displays five pieces of information. The first is the scale domain. The second is the number of items used to measure that domain. The third is the mean score (average) of each domain, where the lowest possible score is one and the highest is 6. Next, the standard deviation represents the spread of scores around the mean; a low standard deviation suggest that the mean is a sound indicator of the average score. Finally, the alpha (Cronbach's alpha) is a measure of internal consistency of the scale. Alphas that are .70 or higher show that the scale items correlate highly together, which is indicative of a consistent measure, and all domains had alphas above .70. Examining Table 43, the average (mean) is close to the top of the scale for all domains, and the low standard deviations indicate relatively low variability in scores. Few respondents expressed any level of disagreement with the scale items. Clearly the parents who completed the survey have a very high regard for their home visitor on all domains.

Table 43. Attributes of home visitor scale domains

Domain	N of items	Mean	SD	Alpha
Sociable/Likable	4	5.82	.39	.82
Trustworthy	4	5.85	.37	.89
Non-judgmental	3	5.82	.42	.87
Empathic	3	5.77	.45	.84
Respectful	3	5.79	.44	.78
Motivated to help	3	5.81	.43	.87
Flexible	6	5.82	.37	.91
Helpful	3	5.73	.51	.80
Encouraging	3	5.76	.47	.81

Engagement scales. The parent motivation and engagement scales include four dimensions: engagement (parents' motivation and commitment before, during, and after the home visit); motivational priority (importance of the home visits); changing priorities (degree to which other priorities were taking precedence over home visits); and coercion (degree to which the parent felt pressured to participate in the home visiting program).

Table 44 provides the number of items, scale mean, standard deviation, and reliability coefficients (alpha) for each dimension of the engagement scales. The high average on the engagement and motivational priority domains (which, like the home visitors attributes scales, range from a low of 1 to a high of 6), indicate that parents are highly engaged with visits and place a high priority on the home visits. Changing priorities and coercion received relatively low mean scores, but higher standard deviations (greater variability). This means that most parents did not report that other priorities have reduced their interest in the home visits, but some did; and most parents did not report feeling pressured to participate in the program, but some did.

Table 44. Parent motivation and engagement scale domains

Domain	N of items	Mean	SD	Alpha*
Engagement	8	5.43	.56	.76
Motivational priority	3	5.27	.83	.80
Changing priorities	4	2.34	1.35	.86
Coercion	2	2.32	1.38	.67

*all alphas are over .70 (acceptable), with the exception of the coercion scale, which is slightly lower

Family-Centered Practices Scale. The 12-item Family-Centered Practices Scale (Dunst & Trivette, 2007) was included in the survey for purposes of assessing concurrent validity with the home visitor attribute scale. The analysis found significant positive correlations between each of the domains on the home visitor attribute survey and the family-centered practices scale, as indicated in Table 45. This means that positive assessments on each home visitor attribute domain are empirically associated with high ratings on a previously validated scale measuring family-centered practices. Or, the more Sociable/Likable, Trustworthy, Non-judgmental, Empathic, Respectful/Culturally Competent, Motivated to help, Flexible, Helpful, and Encouraging the home visitor was considered to be, the more family-centered the home visitor was regarded by parents, according to the established scale.

Table 45. Correlations between home visitor attribute domains and family-centered practices scale

Domain	Correlation	Sig	n
Sociable/Likable	.60	.000	143
Trustworthy	.75	.000	143
Non-judgmental	.65	.000	143
Empathic	.77	.000	143
Respectful	.63	.000	143
Motivated to help	.69	.000	143
Flexible	.68	.000	143
Helpful	.77	.000	143
Encouraging	.78	.000	143

Satisfaction with home visitor. The parent survey also included an item assessing overall satisfaction with the home visitor. As with the family-centered practices scale, this item correlated significantly with the home visitor attribute scale domains: the more Sociable/Likable, Trustworthy, Non-judgmental, Empathic, Respectful/Culturally Competent, Motivated to help, Flexible, Helpful, and Encouraging the home visitor was considered to be, the higher the parent's rating on overall satisfaction with their home visitor. These correlations are presented in Table 46.

Table 46. Correlations between home visitor attribute domains and overall satisfaction.

Domain	Correlation	Sig	N
Sociable/Likable	.68	.000	142
Trustworthy	.72	.000	142
Non-judgmental	.61	.000	142
Empathic	.66	.000	142
Respectful	.63	.000	142
Motivated to help	.77	.000	142
Flexible	.75	.000	142
Helpful	.76	.000	142
Encouraging	.58	.000	142

Additional factors. In seeking to understand parents' engagement with home visiting programs, the survey included some questions about additional responsibilities and/or burdens that might affect parents' ability to engage with services over time. Table 47 presents responses to these items, which include: parents' employment and educational participation; whether they are raising children with different types of special needs; and whether they are caring for their own parents or experiencing their own health problems which demand their time and energy. Results indicate that about half of the parents involved with home visiting programs are also employed, and nearly one-third are dealing with their own health problems. Smaller percentages are caring for their own parents, are currently enrolled in school, or are rearing children with different special needs.

Table 47. Additional factors affecting parent engagement with services

Variable	n	%
Currently employed		
Yes	70	50.4%
No	69	49.6%
Currently attending school		
Yes	19	13.7%
No	120	86.3%
Children special needs*		
No special needs	108	75.0%
Developmental delay	12	7.9%
Emotional/behav.	16	10.6%
Learning	8	5.3%
Physical/medical	9	6.0%
Speech/language	16	10.6%
Other	5	3.3%
Multiple needs	19	13.2%
Caring for own parents		
Yes	22	16.8%
No	109	83.2%
Dealing with own health concerns		
Yes	42	32.1%
No	89	67.9%

*percentages exceed 100 due to multiple responses

Participation. The parent survey asked a few questions to assess the degree of participation in home visiting services. There appears to be great variability in how long respondents indicate they have been involved with the program, ranging from 2011 (five years) to 2016 (relatively new to the program). The majority of parents report having had one home visitor (65%); about 22% have had two home visitors, and the others, three or more.

The survey also asked how frequently the parent met with their home visitor. The modal response category was “weekly” (51% of respondents); about 30% met every other week, and 15% met about once a month.

Parents’ open-ended responses. The last survey item was an open-ended question in which parents were asked “Is there anything else you would like to say about your home visiting program?” Fifty-five people responded to this question, and several of their comments are listed below verbatim. The blanks indicate where respondents named a particular worker or program; these are de-identified to protect confidentiality. However, the overwhelming majority of the comments depict a very favorable view of home visitors and the program.

“My home visiting program is just amazing. I would recommend it to anyone who asked. I don't know what I would have done without it.”

“My home visitor is magnificent! She rocks my socks!”

“I am so happy to have been a part of the _____ program and to have had _____ as my home visitor. She has been a big part of my family's life and I am blessed to have had her. Thank you for everything the program has done to help and support my family.”

“_____ is a huge asset to my daughter and I, her visits are a priority to me and I always look forward to them. I'm dreading the day when we no longer qualify for the program.”

“I am very thankful for this program. It has helped my child and I work together better. It also helped me by teaching me how to be a mom, this is my first child and I would of had a much harder time without my worker. Thank you for this program.”

“_____ is awesome :)”

“I really find this program beneficial for everyone! My worker is the most outgoing, understanding, respectful person, and is always giving me ideas on things and answers any questions or concerns I have! I am extremely grateful for this program!”

“_____ is wonderful.”

“Love meeting with my care provider/ home visits not only help me learn things but assure me that things are going the way they should for growth and development.”

“Awesome program 100% recommend. Loved the worker _____.”

“I really find this program beneficial for everyone! My worker is the most outgoing, understanding, respectful

person, and is always giving me ideas on things and answers any questions or concerns I have! I am extremely grateful for this program!"

"I was very skeptical at first but _____ is wonderful."

"This program is a lifeline for me. I have learned so much and gotten wonderful support and advice."

"_____ is just the best at what she does. From the beginning I knew I would like her even more so now 3 years later."

"She is awesome, kind, caring, loving, non-judgmental. She truly has a passion for her job. By the grace of God I was able to meet her!"

"She is my safety net, doesn't push me to do things I'm not ready to do. I'm in a domestic abuse marriage but can't leave, she has given me so many resources to help, but doesn't push. My worker is the only person my husband let in our house! It makes me feel safe knowing she will be coming to check on me and my kids."

"I love visiting with _____ she is the best and as long as she is my worker I plan to stay in this program as long as possible!"

"That my home visitor goes above and beyond for our family and I hope that this program can continue for a longer period of time because it's a positive difference to every family."

"This program has been beneficial for me on a social level as well as being a parent. Without my home visitor, I wouldn't have an outside source of what's ok as a parent and what is not."

"Would be lost without this program. My worker has become a part of my family and has been a huge help with all of my struggles and continues to help with all of the struggles we have. With kids such as mine with disabilities there is always new behaviors and outbursts that arise and she has always gave great advice or if what we think works don't she will help find solutions to help."

"I'm glad I'm in the program. My home visitor cares about me and my daughter. _____ is the best."

"Love it! Plan to continue for a long time! My home advisor is great!"

"It is amazing! It does so much for so many people! Thank you for all that you do!"

"No, I love my home visitor. She's great, caring, respectful and like she's a part of the family."

"Love it! Plan to continue for a long time! My home advisor is great!"

"I love visiting with _____ she is the best and as long as she is my worker I plan to stay in this program as long as possible!"

"I really enjoy my home visiting program and would recommend it to anyone."

"I love this program and my worker."

"I'm glad I joined this program."

"It's awesome and _____ is amazing, wonderful, kind, caring person who I really enjoy and look forward to seeing!"

Parent surveys and family support outcomes. The next step in this study involved connecting parents' responses on the survey to available data on length of time in the program and Life Skills Progression (LSP) scores from the DAISEY database. Because DAISEY is relatively new in Iowa, much of the data was originally located in REDCap (for MIECHV) and other data was originally located in the statewide Family Support Services Database. In combining LSPs from these three sources, the data were recoded to match the scale currently used in DAISEY, with LSP scores ranging from 1 – 10. Three LSP items were examined in this analysis: (9) Relationship with Home Visitor, (10) Use of Information, and (11) Use of Resources.

To combine parent surveys with data from DAISEY, we matched cases using the DAISEY or REDCap identifier. Out of 217 cases in this study (which includes 144 survey respondents and 73 non-respondents), we were able to match parent survey data with DAISEY data for 115 cases. Some cases were not able to be matched because of incorrect identifiers used in the parent survey. We consider the results below as suggestive rather than definitive because they are based on a small number of programs with incompletely matched cases. This is the first time that these data sources have been examined together.

Length of time in home visiting. Parents in this study have been participating in the home visiting program for a mean of 21 months (SD=14) and a median of 12 months. There is considerable variation in the amount of time parents in this study have been involved with their program.

Length of time in the program was not correlated with the measures of engagement, priority of home visits, changing priorities, coercion, or any of the domains of attributes of the home visitor (Likeable, Trustworthy, etc.).

LSP items. Out of the 43 items on the LSP, the NRC considered three of them most relevant to parents' responses on the home visitor survey: LSP 9, Relationship with Home Visitor; LSP 10, Use of information; and LSP 11, Use of Resources. We examined these LSP items measures by analyzing the initial rating, the most recent rating, and the amount of change from the initial to the most recent rating. Then we correlated these measures with the scales from the parent survey. Tables 48 and 49 depict the correlations between parent survey scales and these LSP measures.

LSP 9. There were few significant associations between parents' assessment of their home visitor's attributes and the LSP ratings. Curiously the home visitor's initial rating on LSP 9 (Relationship with Home Visitor) has the greatest number of significant correlations with parents' ratings of their home visitor's attributes. Specifically, parents ratings of their home visitor on the domains of Likable/Sociable, Trustworthy, Nonjudgmental, Empathic, Motivated to Help, Flexible, Helpful, and Encouraging were positively (though weakly) correlated with the home visitor's initial rating on LSP 9 but not with their most recent rating which would be closer to the time the parent took the parent survey. With regard to the amount of change from the initial to the most recent rating, on LSP 9 three of these scales (Trustworthy, Nonjudgmental, and Empathic) were actually negatively correlated with change on this LSP item. In other words, the more positively the parents felt about the home visitor on these three attributes on the survey, the more negative changes on the LSP 9.

LSP 10. On LSP 10 (Use of Information), parents' ratings of their home visitor on the Empathic and Encouraging domains were positively correlated with the initial and recent LSP scores. In addition, Trustworthy and Flexible were associated with initial scores on LSP 10 only but not with the recent scores. There were no associations between home visitor attributes and the amount of change on LSP 10.

LSP 11. Finally, LSP 11 (Use of Resources) demonstrated no significant associations with any of the home visitor attribute domains. Table 48 shows where the correlations were significant between parents' ratings of home visitor attributes and the three selected LSPs.

Table 48. Correlations between LSPs and Parent Survey Home Visitor Attributes

Attributes	LSP-9 Initial	LSP-9 Recent	LSP-9 Change	LSP-10 Initial	LSP-10 Recent	LSP-10 Change	LSP-11 Initial	LSP-11 Recent	LSP-11 Change
Likeable	.21*	--	--	--	--	--	--	--	--
Trustworthy	.29**	--	-.20*	.19*	--	--	--	--	--
Nonjudgmental	.25**	--	-.23*	--	--	--	--	--	--
Empathic	.26**	--	-.21*	.22*	.19*	--	--	--	--
Respectful	--	--	--	--	--	--	--	--	--
Motivated to help	.27**	--	--	--	--	--	--	--	--
Flexible	.29**	--	--	.21*	--	--	--	--	--
Helpful	.26**	--	--	--	--	--	--	--	--
Encouraging	.32**	--	--	.25**	.24*	--	--	--	--

*p < .05; **p < .01

Table 49 shows the correlations between the same LSP measures and parents' scores on the Engagement, Priority of home visits, Changing priorities, Coercion, Length of time in the program, overall satisfaction with the home visitor, whether the parent was currently employed, currently attending school, and experiencing burden related to caring for her/his own parents.

LSP 9. Parents' rating on Engagement, family-centered practices, and overall satisfaction with their home visitor were also positively correlated with the initial LSP 9 rating but not with the most recent one or with change from the initial to the most recent LSP. We also found that parents' rating on the coercion scale and on the changing priorities scale were negatively related to their home visitors' most recent rating on LSP 9. That is, the more strongly the parent expressed that they had felt pressed to participate in the home visiting program, and the more strongly they felt that other priorities had reduced their interest in the home visiting program, the more negatively they were rated on their last LSP 9. Similarly, parents who reported on the survey that they were going to school were rated more negatively on their last LSP 9. These findings may reflect that parents' had new priorities and perhaps some ambivalence toward the program, which are reciprocated in the home visitor's assessment of their relationship.

Length of time in the program was positively related to the most recent rating and change over time in the LSP 9. In other words, the longer the parent stayed in the program, the higher the most recent rating and the greater the assessed improvement in relationship with the home visitor.

LSP 10. We found positive correlations between the initial and most recent LSP 10 and parents' responses on Engagement, Family-Centered practices, and Changing Priorities scales. We also noted positive associations between the most recent LSP and Parental employment. Length of time in the program was positively associated with the most recent LSP 10 rating and the amount of change on this item over time. Prioritizing of home visits was negatively correlated with change, a finding that is difficult to interpret: the more strongly the parents prioritized home visits, the more negative the change in their use of information.

LSP 11. On Use of Resources, we found that length of time in the program was positively associated with the most recent LSP rating and with the degree of change over time. The initial rating on this item was positively associated with Priority of Home Visits, and negatively associated with the parent attending school (as reported by the parent). The most recent rating on LSP 11 was associated with parents' Engagement. Parental employment was positively associated with the degree of change over time.

Table 49. Correlations between LSPs and Parent Survey Scales

Attributes	LSP-9 Initial	LSP-9 Recent	LSP-9 Change	LSP-10 Initial	LSP-10 Recent	LSP-10 Change	LSP-11 Initial	LSP-11 Recent	LSP-11 Change
Engage- ment	.26**	--	--	.19*	.25**	--	--	.20*	--
Family- Centered	.30**	--	--	.22*	.28**	--	--	--	--
Priority of home visits	--	--	--	.22*	--	-.21*	.23*	--	--
Changing priorities	--	-.24*	--	.22*	.19*	--	--	--	--
Coercion	--	-.26**	--	--	--	--	--	--	--
Length of time	--	.20*	.265**	--	.25**	.23**	--	.20*	.27**
Overall satisfaction	.25**	--	--	--	--	--	--	--	--
Parent employed	--	--	--	--	.29**	--	--	--	.20*
Parent in school	--	-.25*	--	--	--	--	-.23*	--	--

*p < .05; **p < .01

As an overall observation, we are cautious in interpreting results from these correlations between the LSP items and parent survey scales. This is the first effort at examining the LSP items in relation to parents' self-reports, and there are confounding issues related to the timing of LSP administration and survey completion that are not accounted for in this analysis. We also note that there was low variation in many of the parent survey scales, as parents rated their home visitors overall very highly. This makes it difficult to identify relationships with other variables.

Survey completion. As a final step in the analysis, we examined completion of the parent survey in relation to length of time in the program and LSPs. Parents that completed the survey participated for a longer amount of time than those who did not ($X=23.3$ months, $SD=14.6$ compared with $X=15.2$ months, $SD=12.4$).

Parents that completed the survey were assessed with higher scores on the most recent administration of the LSP in relationship with the home visitor (LSP 9), use of information (LSP 10), and use of resources (LSP 11). Those who completed the survey were also assessed as having improved more on the LSP 9 and LSP 10 (though there was no difference on LSP 11). These findings suggest that completion of the survey itself may be an indicator of engagement and that seeking feedback from parents early on may be a useful strategy for gauging their response to the program and preventing premature attrition.

We also note that the reason some parents did not complete the survey was due to language barriers. In some cases interpreters were used, but they was not available for everyone. Obtaining feedback

from all consumer populations will require that surveys are translated into the languages with which consumers are comfortable.

Discussion

Results from the 2017 survey of Iowa's family support workforce are largely consistent with findings from surveys conducted in 2013 and 2015. The workforce is well-educated and fairly experienced, predominantly female, Caucasian, and non-Hispanic, and respondents represent most of Iowa's counties and all six IDPH regions. The largest proportion of survey respondents are in direct service positions, though the perspectives of supervisors and administrators who work in a range of types of organizations are also represented. Most employees are married, have parented children themselves, and have been drawn to the field of family support predominantly out of a desire to help others.

In this report we have perspectives of both the workforce and a sample of consumers. The data show many positives. Employees value the work that they do, feel competent in their jobs, and overall are satisfied with numerous aspects of their job including supervision, workload, role clarity, and support from colleagues, and importantly, most of the workforce expects to stay in their organization. They articulate the rewards of family support work in seeing results in families' and children's growth, development, goal achievement, and successes. On the consumer side, parents who completed the survey of home visitors have high regard for their home visitor on all important qualities and many stay with their program for long periods of time. Parents also expressed, in their own words, their affection for their home visitor and the benefits they have gained from participating in the program. All of this speaks well to the value of family support and the family support workforce.

Many of the challenges discussed in this report are known issues that have been identified previously and continue to warrant attention. The demographic composition of the workforce continues to be less diverse than the consumer population in race, ethnicity, and family structure. Instability in funding, low pay, and extensive documentation continue to emerge as difficult issues for the family support workforce. Anything that can be done toward stabilizing funding for these programs, increasing salary and benefits packages, and finding ways to make reporting requirements and data entry more efficient and less time-consuming will be welcomed by the workforce. Addressing salary and benefits may or may not result in greater workforce diversity, though enhancing recruitment efforts in more heterogeneous communities might be useful.

Assessing turnover continues to be challenging because there are many programs located in many different types of organizations. Data provided by family support administrators indicate that turnover is variable. At the levels of management and supervisors, turnover was very low; most of the reported turnover occurred at the level of direct service staff. But even at this level, some agencies lost no workers in a year's time, while others had complete turnover; and for small programs, the loss of a couple of staff can be overwhelming. A general question about perception of agency turnover (asked of all employees) showed that less than 25% believed that turnover was high; however, those that felt turnover was high also perceived many other aspects of their work environment more negatively than those who felt turnover was low to average.

With the addition of the Parent Survey component we hoped to better understand the relationship between workforce attributes and client outcomes, but results from this component are hampered by sample size and low variability. The most consistent findings were that parents improved more

on selected LSP items the longer they stayed in the program, and that parents' assessments on attributes of their home visitors were more consistently and positively related to their initial LSPs than to the most recent LSP or change in the LSP over time. Finally, we note that parents who completed the Parent Survey had been in the program longer and were assessed with higher scores on the most recent LSPs and greater change on 2 of the 3 LSP items. This suggests that completing the survey in itself indicates a level of engagement. Seeking parent feedback at a more tenuous stage in their program involvement may help to prevent premature attrition; it might also generate more variability in perceptions of the home visitor, which would be useful for future efforts to understand the relationship between the family support workforce and client outcomes.

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