FIGHT CRIME: INVEST IN KIDS
COUNCIL FOR A STRONG AMERICA
OREGON

REPORT

Strengthening Oregon's Home Visiting Workforce: A Powerful Way to Soar Above Crime

A strong workforce ensures that the needs of Oregon's children and families do not go unmet



Acknowledgements

Council for a Strong America is a national, bipartisan nonprofit that unites membership organizations, including law enforcement leaders, retired admirals and generals, and business executives that promote solutions ensuring that our next generation of Americans will be successful, productive members of society.

Fight Crime: Invest in Kids
Thousands of police chiefs, sheriffs, prosecutors and violence survivors protecting public safety by promoting solutions that steer kids away from crime.

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The law enforcement members of Fight Crime: Invest in Kids in Oregon recognize that evidence-based home visiting programs are a powerful way to foster positive parenting behaviors and support healthy development in young children to help them avoid crime in later life. Studies show that at-risk kids who participate in high-quality home visiting programs are more likely to display positive behaviors, and less likely to engage in crime as adults than children who do not receive such programs. A strong workforce is a prerequisite for high-quality home visiting. Oregon policymakers must focus on strengthening the home visiting workforce to help achieve home visiting's crime prevention potential.

Home Visiting Programs in Oregon

Oregon has long been a leader in home visiting. In 1993, legislation was passed establishing Healthy Families Oregon in all 36 Oregon counties. Since 2020, Oregon home visiting services have been augmented in 13 counties via the following evidence-based models, funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program:

- **Early Head Start–Home Based (EHS) -** an intensive program designed to provide comprehensive child development and family support services.
- **Health Families Oregon (HFO) -** an Oregon-based program, accredited by Health Families America®, focuses on strengthening parent-child interactions.
- **Nurse-Family Partnership (NFP) -** a program that pairs nurses with first time parents to improve pregnancy outcomes, child development, and family economic self sufficiency.

Recently, Oregon adopted Family Connects Oregon, a home visiting model based on



the Family Connects® model. This program supports parents by linking nurses, community resources, and families.

Home Visiting: A Path Toward Reducing Crime

Putting children on a positive path in their earliest years has long-term benefits. Research finds that evidence-based home visiting can buffer against adversities and result in more successful outcomes, particularly for at-risk children from families with low incomes. Evidence-based home visiting programs can also help reduce racial and ethnic disparities by providing support and linkages for families with the highest needs at the earliest stages of child development.

Reduced child maltreatment and child welfare involvement

Nearly 11,500 children in Oregon were victims of abuse in 2020. Of those victims, 2,709 (22 percent) were removed from their homes.[1] Child welfare involvement, particularly loss of parental custody, can have serious and long-lasting implications for the well-being of children, including later criminal activity.[2] While most child maltreatment victims do not become criminals, childhood maltreatment increases the risk of future criminality. For example, maltreated children have been found to be two-to-six times more likely to engage in criminality in young adulthood compared to those who have not experienced maltreatment.[3]

Evidence-based home visiting programs provide a solution to help combat both child maltreatment and child welfare involvement.[4] The longest-running home visiting study followed Nurse-Family Partnership participants and demonstrated that, by age 15, children in the Nurse-Family Partnership program had half as many verified incidents of maltreatment as children in the control group who didn't participate.[5] Similarly, reductions in punitive discipline was found among participants in the Early Head Start program.[6]

- **Improved Mental Health:** Children whose parents struggle with mental illness are at greater risk for juvenile delinquency.[7] Home visiting programs can play an important role in screening for parental mental illness, providing resources and referrals, and teaching coping mechanisms.[8] These programs have proven to be effective in helping to foster social and emotional competence in young children and their parents. For



example, in a Healthy Families Oregon study, mothers who received home visiting reported lower parenting-related stress.[9] Additionally, mothers who participated in the Family Connects® program were 30 percent less likely to experience possible postpartum depression or anxiety.[10]

- **Better school performance:** Home visiting programs offer an early intervention for school preparedness. For example, Healthy Families America® studies found that children who participated in the program showed improved cognitive development at one and two years, and fewer problem behaviors. These early impacts led to success in school, with more children in gifted programs and fewer receiving special education services.[11] Similarly, a study found that children born to Nurse-Family Partnership mothers were three times more likely to graduate from high school with honors than nonparticipants.[12] These results are particularly important given the association between lower levels of education and crime.[13]
- **Improved environmental health:** Home visiting programs foster safe and healthy communities, and promote health and well-being. Participation in home visiting programs has been associated with reductions in medical emergencies, hospitalizations, and domestic violence. A study of the Family Connects® program found that participating infants had 59 percent fewer emergency medical care episodes than did infants whose families did not receive home visiting services.[14] Among families who participated in the Nurse-Family Partnership program, emergency room visits for accidents and poisonings were reduced by 56 percent.[15] Further, a Healthy Families America® study found less intimate partner violence and fewer incidents resulting in injury among participating parents.[16]

In sum, home visiting programs can set children on a path to productive adulthood. However, to achieve lasting results, a stable workforce is critical.

Workforce Stabilization is Vital for High-Quality Home Visiting

Achieving a stabilized home visiting workforce is one of the top ten priorities recommended by the Home Visiting Research Network.[17] Investments in the home visiting workforce, including staff



recruitment and retention, professional development, quality supervision, and compensation have been identified as high-priority needs in efforts to achieve home visiting workforce stabilization.[18] To navigate and support families dealing with a myriad of complex challenges, home visiting professionals need professional development that reflects the needs of the families they serve. As home visiting programs serve ethnically and gender diverse populations, including immigrant and refugee families, recruiting a diverse workforce, and ensuring that home visiting professionals receive training that is culturally competent, responsive, and language appropriate is necessary to meet the needs of families served.[19] Similarly, supportive work conditions, such as regular reflective supervision, fosters greater satisfaction on the job, which improves staff retention.[20] Intentional investment of funds to ensure that compensation is adequate and equitable in the home visiting workforce is also critical to achieving stability.[21]

Key Investments for a Stabilized Home Visiting Workforce

Staff recruitment and retention

Recruitment of high-quality home visiting professionals is essential to providing continuity of care to vulnerable families. However, for a large majority of states and jurisdictions implementing MIECHV-funded programs, recruitment of home visiting professionals has been cited as a high needs issue.[22] This issue is exacerbated by the fact that the home visiting workforce lacks gender diversity, and is not as racially and ethnically diverse as the families served.[23] In Oregon, less than 50 percent of home visiting professionals share common racial, ethnic, or cultural traits with the families they serve, and approximately one-third of families speak a different

language than their home visitors.[24] Lack of available home visiting staff and lack of diversity in the workforce can also negatively impact retention among vulnerable families.[25]

Turnover in the early childhood workforce is also a significant problem.[26] Within the broader early childhood workforce, turnover rates are typically 30 percent or higher.[27] The Oregon home visiting workforce faces a similar challenge. The average annual turnover rate in Oregon is 24 percent among home visiting professionals, with more than half of staff being in their roles less than two years.[28] Challenges with retaining home visiting professionals poses a significant issue that has implications for program quality, family engagement, and family retention.[29]



Professional development training

To successfully perform their role and meet the needs of vulnerable families, home visiting professionals need interpersonal, organizational, problem-solving, and cognitive skills.[30] As it stands today, few colleges and universities offer academic tracks related to home visiting. Professional development training offers an opportunity to fill in gaps in formal coursework training and build skills needed to successfully perform. Unfortunately, the current home visiting training system is fragmented, and home visiting professionals are often "learning as they go."[31] This is particularly the case concerning training on acute issue areas such as intimate partner violence, substance use, mental health, and immigration. National survey data indicate that home visiting professionals' top training priorities include early childhood mental health and serving children or parents with disabilities.[32] At the state level, a 2019 survey of Oregon home visiting professionals (representing about 80 percent of the MIECHV-funded home visiting programs) found that 67 percent indicated that they would benefit from more training in parental mental health, 80 percent reported the need for more training in substance abuse disorders, and 71 percent felt they needed more training on intimate partner violence.[33]

Reflective supervision

The role of the home visiting professional can be both stressful and anxiety-inducing. As a result, some home visiting professionals experience job burnout and secondary traumatic stress.[34] These experiences have been found to contribute to turnover, which has negative impacts on family engagement.[35] To successfully support home visiting professionals, a higher, more intense level of supervision,



such as reflective supervision is needed.[36] Reflective supervision is a process in which the home visiting professional and the supervisor discuss the thoughts, feelings, and reactions evoked in the course of working closely with families. Experts recognize reflective supervision as the gold standard in the home visiting workforce.[37] In the Region X Workforce Study, 69 percent of Oregon's home visiting professionals reported participating in regular reflective supervision. However, roughly 19 percent of home visiting professionals reported lack of supervision specific to supporting families with substance abuse, mental health, and/ or intimate partner violence issues. Notably, those who received reflective supervision and were supported by their agencies, remained in their positions longer.[38]

Compensation

The compensation and pay parity challenges within the home visiting workforce are well-known. Approximately 70 percent of home visiting professionals hold bachelor's degrees or higher,[39] yet pay for home visiting positions remains low. In Oregon, 68 percent of home visiting professionals report earning less than $20 per hour, with 12 percent reporting earnings of less than $15 per hour.[40] On average, the reported salary is just above $38,800 for an Oregon home visiting professional[41]—below the state's average salary of roughly $58,443,[42] and below 185 percent of the federal poverty level for a family of three ($42,606).[43] In addition, there are disparities in pay across ethnic groups. In Oregon, home visiting professionals of color make, on average, $18.46 per hour and white home visiting professionals make, on average, $22.30 per hour.[44] Poor compensation has been identified as a major barrier to recruiting high-quality home visiting professionals, as well as one the primary reasons home visiting professionals leave their positions.[45] When home visiting professionals resign, this inhibits family engagement, which results in fewer children and families receiving needed services, and even family disengagement.[46]

The Path Forward for Oregon's Home Visiting Workforce

To effectively serve the vast needs of Oregon families, a strong home visiting workforce is essential. This requires that policymakers make investments to stabilize the home visiting workforce. In fact, findings from Oregon's Statewide MIECHV 2020 Needs Assessment report show that staff recruitment and retention, professional

development, supervision, and compensation are high-priority issues in our state.[47]

To ensure the efficacy and stabilization of the home visiting in Oregon, investments in diversifying and expanding the workforce are necessary. Recruiting multi-lingual, male, and racially and ethnically diverse home visiting professionals can help better meet the needs of at-risk children and families. Concerning workforce retention, adopting reflective supervision as the gold standard across models is recommended.[48] A small qualitative study found that home visiting professionals who left their roles reported that more reflective support and supervision, greater organizational flexibility, and broader organizational and community appreciation of their work may result in improved retention.[49]

Given the research demonstrating the need for professional development in key issue areas, Oregon policymakers should increase funding to expand these efforts, and when possible, create pathways for specialized, focused training to build capacity. With regard to compensation, adequate and equitable pay for home visiting professionals is a must for stabilizing the workforce. A stronger public investment in home visiting programs that allows for higher rates of compensation for the workforce is necessary to fully achieve positive impacts among at-risk families.

Each of the workforce areas must be addressed in a comprehensive manner to optimize impact. This is essential, as the areas are interrelated; for example, if compensation remains low and inequitable, it will be difficult to recruit and retain competent professionals. Further, the professional development and supervision needs will be even greater as those with more experience and education may not find the compensation attractive.

Conclusion

High-quality home visiting can be an effective means to prevent crime in Oregon. However, programs will only realize this potential through stabilization in the home visiting workforce, which requires competent and diverse staffing, professional development, reflective supervision, and sufficient, equitable compensation. Policymakers must ensure that policies and resources support each of these components to strengthen the home visiting workforce.

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