

Joyful, Joyful

Virginia Early Childhood
Home Visiting *Joy in Work*
Project Summary



EARLYIMPACT
— VIRGINIA —



“This project really brought our team together and was a teambuilding experience. There were staff that felt alone in their feelings before the project. This project allowed me to dig deeper with my staff and hear their feelings, it brought out their strengths and made me aware of where I could support/guide them.”



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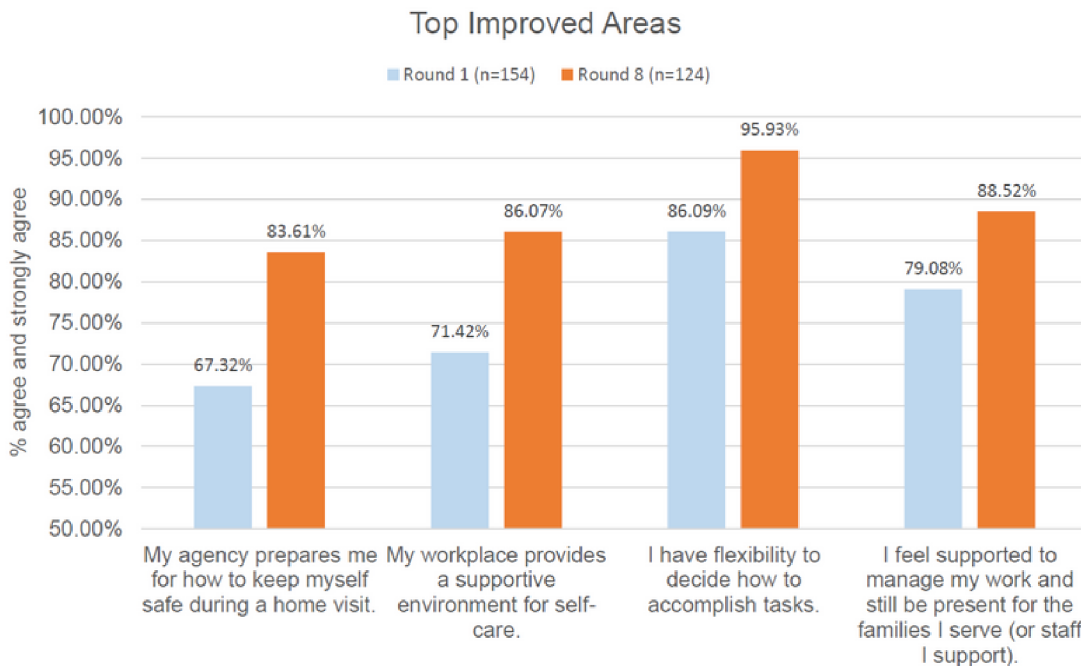
1. Summary

The Virginia Maternal, Infant, and Early Childhood Home Visiting (MIECHV) team implemented a continuous quality improvement (CQI) project focused on *Joy in Work* to improve staff well-being from February-October 2023. Home visiting staff and supervisors completed a monthly survey to assess their efforts around seven key areas:

- Meaning and Purpose
- Physical and Psychological Safety
- Choice and Autonomy
- Camaraderie, Teamwork and Support
- Recognition and Rewards
- Participative Management
- Wellness and Resilience

By the end of the 9-month *Joy in Work* Learning Community project, teams discovered what strategies worked to build the culture of wellness within their teams and organizations. The results showed an increased satisfaction in each of the seven primary drivers as well as in 90% of the 21 survey questions.

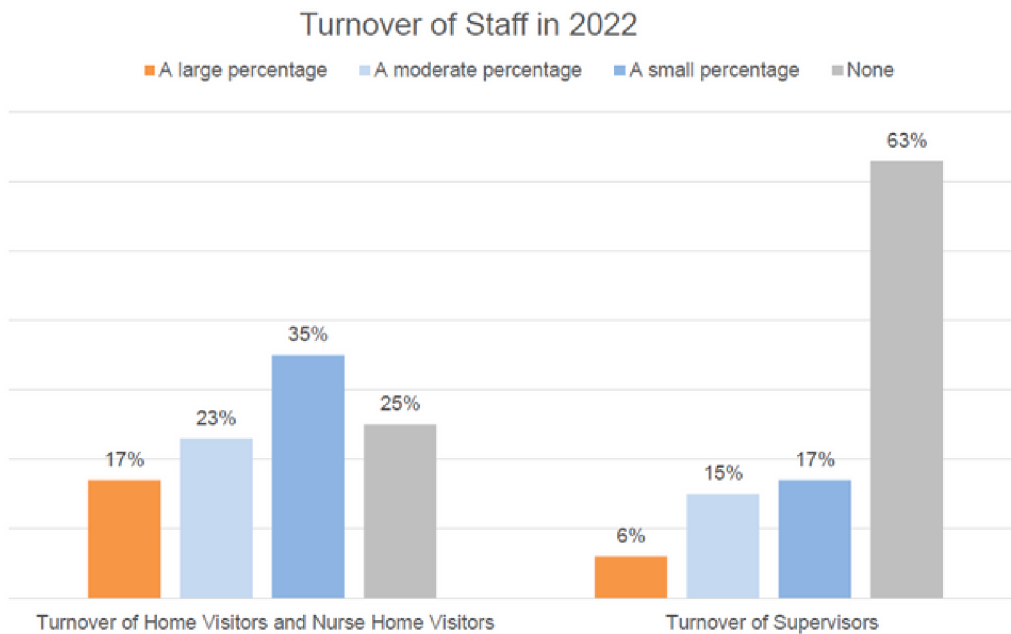
The chart below shows the four questions with the most significant increases in respondents agreeing and strongly agreeing.



2. Background

In 2022, Virginia MIECHV worked to shift the CQI infrastructure and move from programs working on many topics to a more thematic approach to use data for improvement and provide targeted resources and support. In January 2023, the MIECHV funded programs voted on a topic and selected *Joy in Work*. This topic appealed to programs due to high numbers of staff turnover.

Coined the “great resignation” in 2021, following the COVID-19 pandemic, this tremendously affected the home visiting field. It is well documented that home visitors experience burnout and secondary trauma while serving Virginia’s most under resourced populations. This combined with low wages and lack of a career ladder contributes significantly to staff turnover. In a 2022 program survey, 40% of the 48 participating supervisors reported either a “large percentage” or “moderate percentage” of staff turnover.



With the understanding of the need to support workforce retention, Virginia MIECHV reached out to the Technical Assistance Resource Center to meet and learn more about resources around staff well-being and to connect with other state CQI leads that worked on similar projects in Oregon, Idaho, and Texas.

3. Joy In Work Framework

The Institute of Healthcare Improvement (IHI) researched the importance of staff well-being and created many CQI support tools. The **IHI Joy in Work Framework**¹ describes the importance of joy in work, the components of a system for ensuring a joyful, engaged workforce, and steps leaders can take to improve joy in work. Guided by this framework and the conceptual model of well-being from **Improving Home Visitor Professional Well-Being**², the Virginia MIECHV team created a structure and used seven key drivers for the project.



The 7 Drivers Defined

Meaning & Purpose

Home visitors and staff feel like their purpose and values connect to their daily work. They understand their role in contributing to the organization’s mission, purpose, and goals. Staff also see the purpose represented in the words and actions of leaders.

Physical & Psychological Safety

Home visitors and staff feel safe and free from physical and psychological harm. Staff feel that adequate precautions are in place to protect them. There are respectful interactions among all employees. People feel comfortable asking questions, expressing concerns, seeking feedback, admitting mistakes, and proposing ideas or differing viewpoints.

1 Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. "IHI Framework for Improving Joy in Work". IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

2 Sparr, M., Johnson, H., & Quigley Clark, M. (2022). "Improving Home Visitor Professional Well-being: A Resource for State and Tribal Home Visiting Programs, Model Representatives, and Local Programs" (OPRE Report No. 2022-139). Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services.

The 7 Drivers Defined (continued)

Choice & Autonomy

Staff have flexibility, freedom and trust to make choices in their daily responsibilities, while following clearly identified necessary rules and guidelines.

Camaraderie, Teamwork, & Support

The workplace encourages camaraderie and connections among staff. Team meetings and team building activities promote social cohesion and trusting relationships. The organizational culture supports a range of professional development opportunities and staff have the necessary tools to do their job.

Recognition & Rewards

Colleagues, supervisors and leadership at the larger organization understand the daily work of home visitors and regularly provide meaningful recognition of their contributions and successes. The workplace celebrates individual and team outcomes and accomplishments.

Participative Management

Leadership creates a safe space to listen, understand, and involve home visiting staff in providing input into decisions. Decision-making involves clear communication and consensus building. Leadership involves others in the beginning stages of an initiative to explain why the work is needed and gain commitment before implementing changes, keeps individuals informed of future changes that may impact them, and encourages employees to share.

Wellness & Resilience

Home visitors and staff feel that the workplace provides a supportive environment for self-care. The organization appreciates the whole person and supports staff in building personal resilience and stress management, maintaining work-life balance, and utilizing mental health supports.



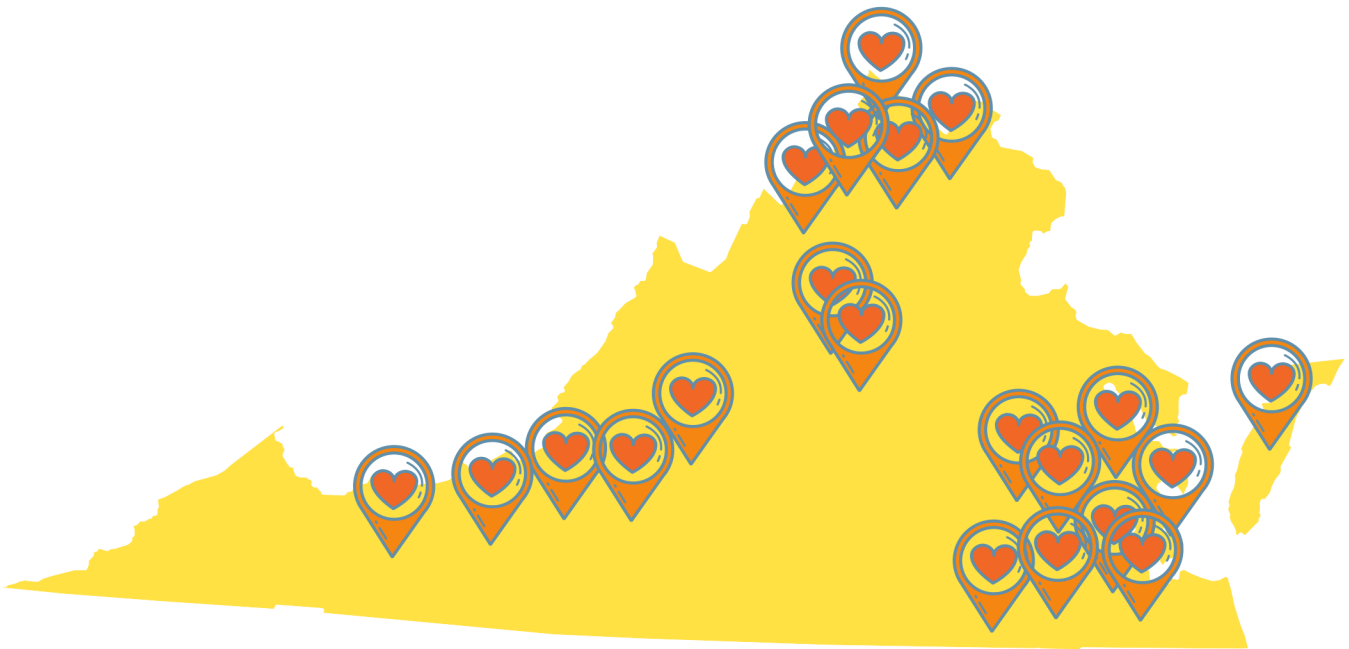
4. Project Overview

Purpose

The Joy in Work Learning Community met virtually each month to learn about CQI tools and more importantly, learn from one another. Programs worked to identify and test strength-based approaches to increasing staff well-being. Beyond preventing burnout and increasing staff satisfaction, programs sought to foster a work culture of well-being while understanding the parallel positive impacts on organizational performance and quality of services for families.

Program Participation

Across Virginia, 21 programs participated in the Joy in Work Learning Community, representing 5 of the state models in addition to a MIECHV-funded Centralized Intake program, First Spark. Participating local implementing agencies (LIAs) represented Parents as Teachers (PAT), Healthy Family Virginia (HFV), Nurse Family Partnership (NFP), Early Head Start (EHS), and Comprehensive Health Investment Program (CHIP).



All programs attended monthly CQI webinars and MIECHV funded programs submitted a completed Plan Do Study Act (PDSA) cycle every other month for written feedback from the CQI Coordinator. CQI teams met quarterly with the CQI Coordinator to reflect on the process, discuss their projects, and receive individualized resources and support.

Aim Statement

By October 31, 2023, Learning Community programs will increase Joy in Work for home visiting staff by 10%, (from 4.04 to 4.44) as measured by the average score of a 21-item *Joy in Work* survey.

Measures

The MIECHV team administered the Virginia *Joy in Work* pulse survey monthly to participating Learning Community programs. The survey was available in English and Spanish to meet the needs of Virginia's diverse workforce. Teams were encouraged to share the survey with any home visiting program staff in their organization and not limit it to MIECHV funded staff. Home visitors and supervisors received individual links to the survey through email. The survey utilized a Likert scale from 1-5 and included an open-ended question for staff to share comments and ideas for supporting well-being. Along with demographic data, the survey asked about length of time in the field and role.

Programs received survey results each month showing the overall program average with a run chart and the average for each primary driver. If three or more staff filled out the survey, programs received a detailed summary report of each survey question. The CQI Coordinator reviewed the overall learning community results on the monthly CQI webinar calls.

In addition to the outcome measures using the *Joy in Work* survey, programs were encouraged to use process measures to better understand if tests of change were successful. For example, several programs created surveys to understand the effectiveness of staff training and to get anonymous feedback about team building days. Tally marks tracked the number of wellness buddy check-ins and the frequency of days that paired staff checked-in with each other about their location. Qualitative data represented a large part of the work from group conversations to individual feedback provided throughout the project.

5. Project Implementation & Results

Meaning and Purpose

In February 2023, the CQI Coordinator shared the Joy in Work Framework with programs and talked about the importance of using an asset-based approach, instead of solely looking at staff burnout, to focus on the positive of what team members love and have control over. During the planning stages of the project, teams were encouraged to have conversations with their staff about what matters to them and what stands in the way.

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“Being able to provide support, resources and information to my clients is very rewarding and fulfilling.”

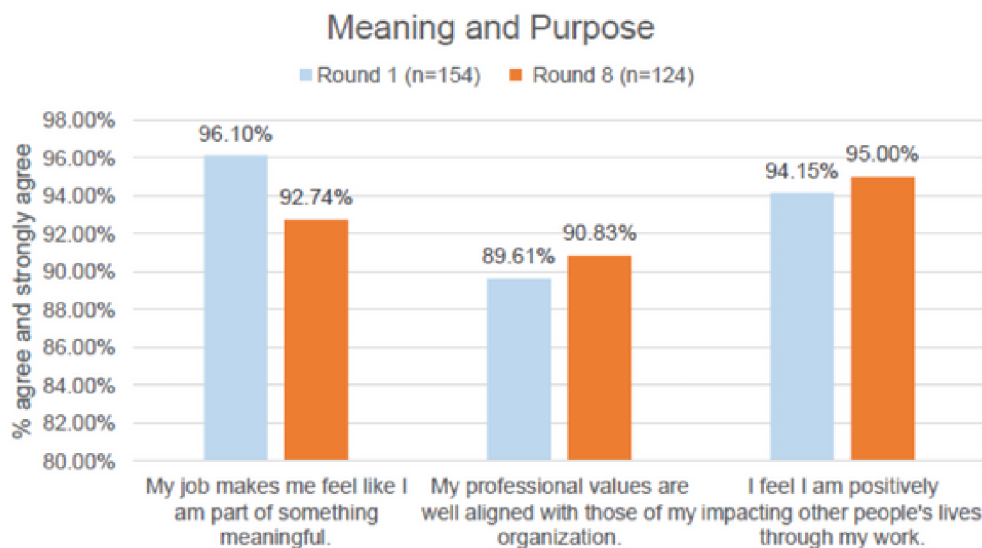


Teams tested:

- Creating a compilation of short videos allowing each staff member to share their “why”, what brought them into home visiting, and what keeps them in this work.
- Making a wall for staff to add inspirational messages for the team.

Lessons learned/recommendations:

- Allow space for staff to share their “why” with videos, written statements, or stories.
- Leaders should connect individual work with the organizational mission.
- Continue to foster a sense of purpose in the daily work for home visitors and ask about success stories during team meetings or use supervision time for staff to share something good that happened during a home visit and their role in it.



The first survey yielded 154 responses and we learned that home visitors and supervisors feel deeply connected to the meaning and purpose in their work. The Learning Community responded positively to the first round of the survey, surprised at the high scores and noted that the outcomes show significant resilience on the part of the home visitor considering the work they do.

Interestingly, "My job makes me feel like I am part of something meaningful" was one out of two questions from the survey that was lower in the last round of the survey compared to the first. However, at the end of the project, with 92.74% agreeing or strongly agreeing that they feel like they are part of something meaningful is something to celebrate as a home visiting field.

Physical and Psychological Safety

Physical and psychological safety scored at 3.89 out of 5 for the first round and ranked as one of the three lowest areas. Over half of the teams focused their attention on safety, and after three months of testing, the survey results showed an increase in these scores. Teams had group and individual conversations with home visitors to understand the shifting needs around safety due to changing landscapes of neighborhoods and the need to move attention from COVID protocols to situational awareness for in-person visits.

“

"Safety is also an issue and we do not have a "checking in system" and often work late and no one knows where we are if something did happen."



“

"Leaders need to listen more compassionately about hidden dangers."

”

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"The organization has an employee driven safety committee"

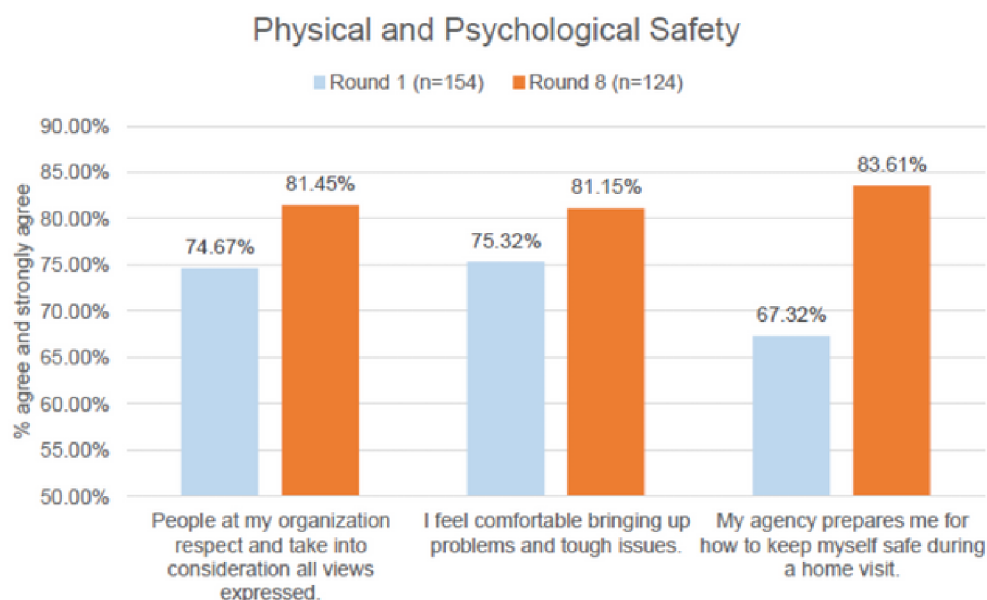
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Teams tested:

- Training around mental health first aid, drug awareness, personal safety, crisis de-escalation, and/or self-defense classes.
- Revising policies on after-hours visits; new schedule and final stop time based on seasons and sundown times.
- Asking questions about animals in the home at enrollment to ensure home visitor safety.
- Pairing up with team members to communicate their location and visits each day.
- Maintaining an updated list of unsafe areas and high-risk behaviors for staff awareness
- Making professional badges and writing policies and procedures for wearing them in the homes.
- Using breakaway lanyards and purchasing personal alarms for all staff.
- Creating a color-coded service area map reflecting crime and showing locations that are safer at certain times of the day.

Lessons learned/recommendations:

- During the height of COVID, virtual visits were utilized extensively and as programs shifted back to more in-person visits they recognized the need to refocus efforts around safety and going back into neighborhoods.
- Prioritizing safety means understanding regularly how staff feel and implementing an annual safety training that meets the staff's needs.
- The MIECHV team worked together with local program providers to develop a Home Visitor Personal Safety app and updated Personal Safety Training to reflect changing needs and environmental issues. This e-learning training is available on the Institute for the Advancement of Family Support Professionals in English with the Spanish version currently under development.



Survey results showed that physical and psychological safety improved more than any of the other areas and specifically the question, “My agency prepares me for how to keep myself safe during a home visit” improved by 16.29%.

Choice and Autonomy

Initially, choice and autonomy ranked the second highest scoring driver for the overall Learning Community and therefore not many teams tested strategies in this area except when it overlapped with safety. For example, some programs had conversations with staff around their autonomy to determine whether to do a virtual or in-person visit to ensure their own personal safety. Another program looked at processes and created digital links to forms to decrease feelings of burnout and increase autonomy.

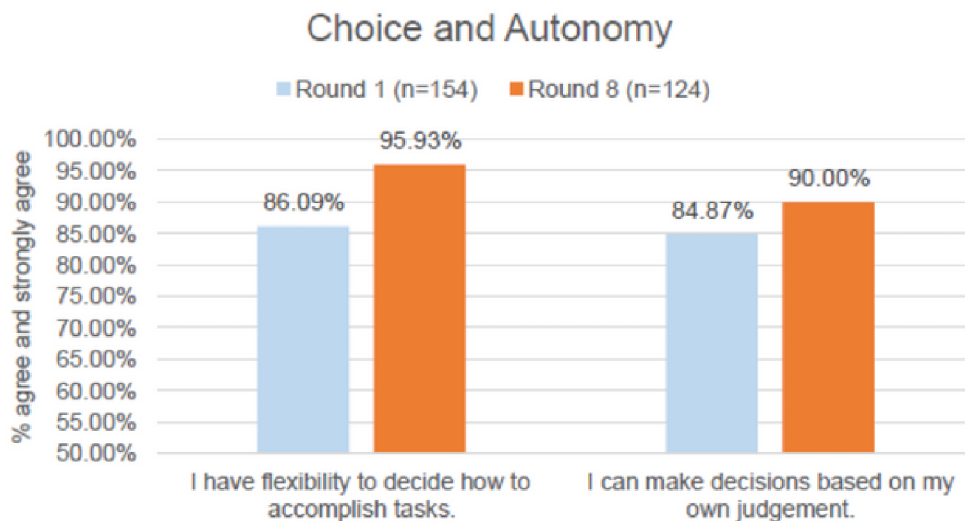


Teams tested:

- Creating policies and procedures for staff to choose when to do a virtual or in-person visit.
- Streamlining participant documentation by creating digital forms and links when possible, allowing staff to choose how they do their best work.

Lessons learned/recommendations:

- Digital forms emailed or sent in a text to families meant that staff did not have to compromise their safety by going into homes or neighborhoods where they felt unsafe to obtain the needed participant documentation.
- The definition of work flexibility has shifted after COVID. A flexible work environment for many people prior to the pandemic meant flex hours but now it reflects the ability to work from home.



Camaraderie, Teamwork and Support

More than half of all the teams tested strategies around camaraderie, teamwork and support. While neither a high scoring nor low scoring area, many teams worked to bring the staff together for in-person collaboration and bonding. With home visitors in the field instead of the office, various multisite programs and ongoing virtual meetings, many sought to balance this hybrid work with more time spent together.



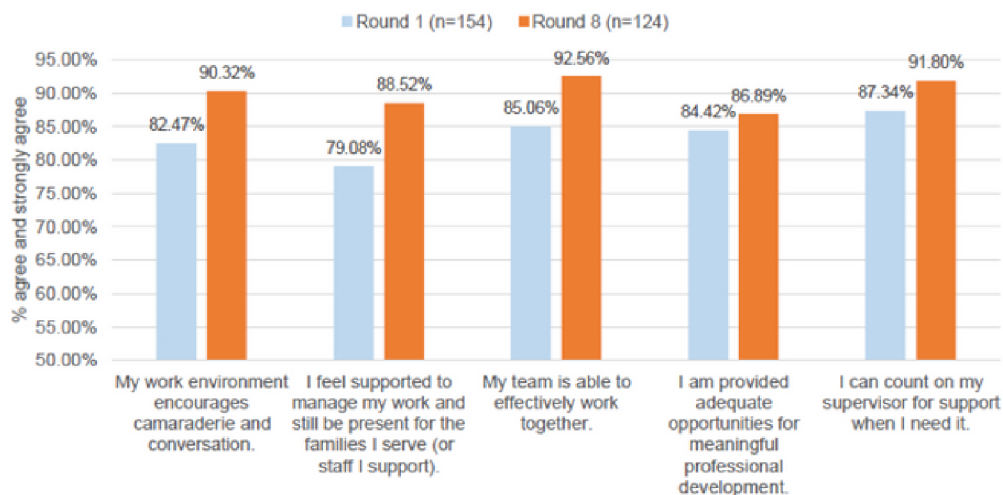
Teams tested:

- Monthly meals, team outings, walks in the park, themed gatherings, team retreats and/or self-care days
- Scheduling in-person afternoons for lunch and office time on same day as staff meetings
- Walking supervision or outside supervision
- Team activities with DEI questions to help us understand our backgrounds better
- Weekly team huddles to connect regularly
- Staff and supervisors share resources, ideas and activities to use for parent-child interactions during home visits
- Reading affirmations at staff meetings and discussing how to best use these with families
- Pairing new staff and seasoned staff to create buddies for shadowing and camaraderie

Lessons learned/recommendations:

- Importance of in-person connections; relationships are at the heart of home visiting and a key ingredient to teambuilding and a sense of belonging
- Celebrate birthdays, baby showers and weddings, but also coming together to support team members with personal loss
- Allowing staff to help plan for these days—one program learned that the theme was less important than the time for staff to get to know each other.

Camaraderie, Teamwork, and Support



After the first round of the survey, the Learning Community celebrated supervisors noting that the highest-ranking question in this area was “I can count on my supervisor for support when I need it”. The group wondered how that might differ from the lower scoring question of “I feel supported to manage my work and still be present for the families I serve (or staff I support)”. Some attributed this to staff shortages and noted how high turnover rates can put stress on staff no matter the work culture. Others added how this question focused more on workload and the changes of requirements over the years making the work feel unmanageable with programmatic responsibilities.

Participative Management

A few teams considered what changes they could make around communication in order to provide more space for staff to give input on decisions. The CQI process in general allowed teams to come together to talk about the root causes of burnout and to consider ideas that they wanted to test out as a team.

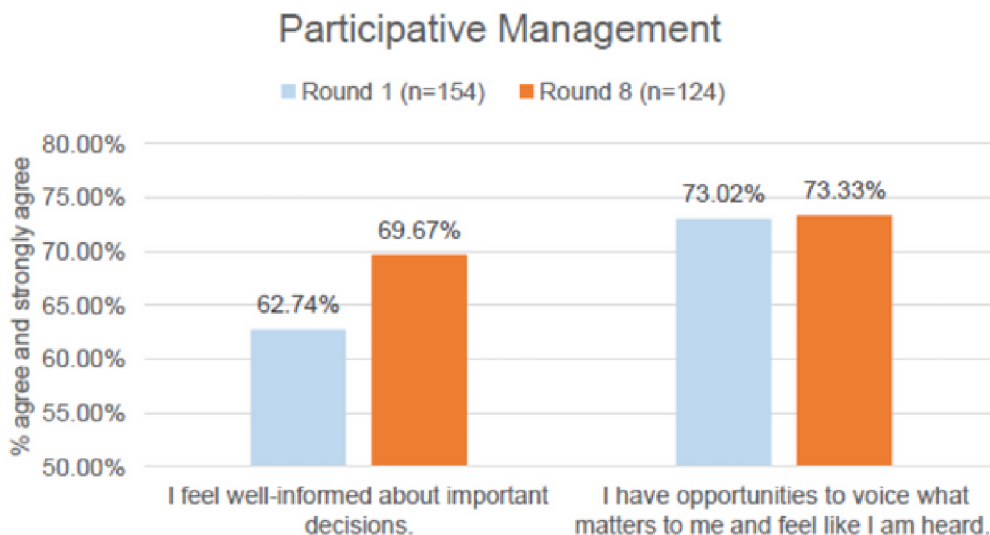


Teams tested:

- Team building sessions focused on strategically planning for the next month.
- Creating voluntary focus groups or work groups for staff to inform what safety issues to focus on and how to improve participative management within the agency .

Lessons learned/recommendations:

- Staff share clearly what they need if they are asked.
- Supervisors should reflect on how to provide more opportunities for participative leadership such as joint decision-making processes.



Recognition and Rewards

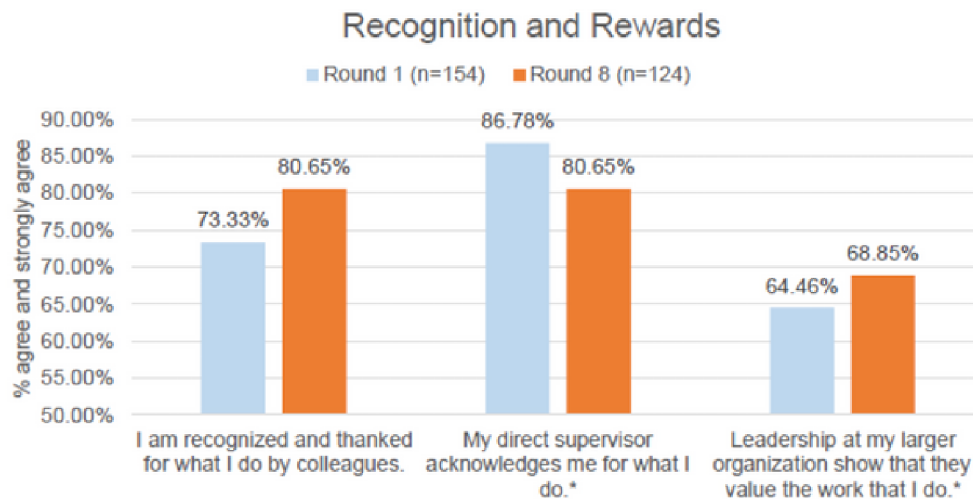
The average score for the first round was 3.99 and only a couple of teams tested strategies on how to support their staff around recognition and rewards. With feedback from the Learning Community after the first round of the survey, the MIECHV team added another question to provide a distinction between support of direct supervisors versus upper management. The original statement read, "My leader(s) acknowledges me for what I do." This was divided into the following, "My direct supervisor acknowledges me for what I do," and "Leadership at my larger organization show that they value the work that I do."

Teams tested:

- Supervisor providing monthly acknowledgements through handwritten notes or small gift cards.
- Recognition bulletin board created from a survey on what colleagues love about their coworkers.

Lessons learned/recommendations:

- Include members of upper management on CQI teams or ensure the regular sharing of results with leadership at the larger organization and consider ways to expand the tests and a culture of wellness agency wide.



*These scores represent Round 2 (n=121) due to the addition of a new question added to the survey in March 2023.

Wellness and Resilience

As the second lowest scoring area, teams worked toward improving staff wellness and resilience through training and ensuring awareness of the Employee Assistance Program (EAP) and other unique program specific wellness resources available to them. Programs noted how emotional support also waned post pandemic due to fewer opportunities to connect in the office.



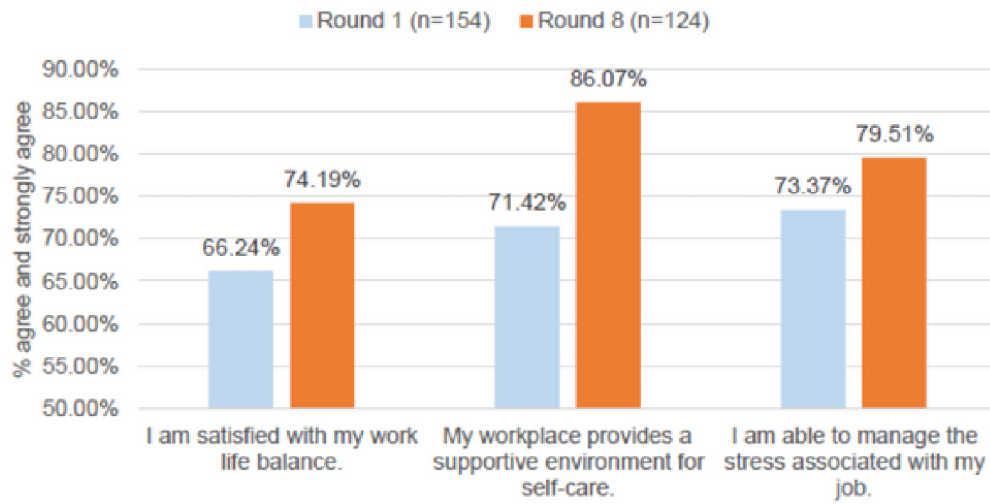
Teams tested:

- Partnering with the local Community Service Board (CSB) to provide an interactive workshop to address wellness.
- Training on Facilitating Attuned Interactions (FAN) and implementing mindfulness strategies.
- Implementing a wellness wheel with each activity added by a staff member such as coffee chat, coloring, games, watercolors and apple picking.
- Implementing an individual Safety Plan Worksheet to include wellness for staff to note their emergency contact number and their individual plan for protecting themselves against vicarious trauma.

Lessons learned/recommendations:

- The Joy in Work project did not always translate to feelings of joy. Difficult conversations took place around well-being and one program experienced several staff members dealing with personal loss. This program shifted their focus to allow space for staff to grieve together.
- One team shared a grounding exercise practiced before entering homes. They practiced the knock and the physical activity of knocking on the door was a reminder to say the phrase, "I'm here to listen". They found this intentional exercise a great way to start a home visit and to be present for the family.
- Normalize and prioritize mental health for staff by validating challenges and communicating mental health supports available.

Wellness and Resilience



6. Results

The survey results showed an overall increase in the workforce's well-being of 3%. The most growth (4.2%) was shown in the areas of physical and psychological safety and wellness and resilience, the areas where most teams focused their efforts. Although the Learning Community did not reach the goal to increase overall by 10%, there were increases in each of the seven primary drivers as well as in 90% of the 21 survey questions. The VA MIECHV team learned that analyzing the percentage of respondents agreeing and strongly agreeing to the survey questions provided a clearer picture of the work and the areas that yielded the most improvement.

Survey Question	Round 1	Round 8	change in %
Meaning and Purpose	n=154	n=124	
My job makes me feel like I am part of something meaningful.	96.10%	92.74%	-3.36%
My professional values are well aligned with those of my organization.	89.61%	90.83%	1.22%
I feel I am positively impacting other people's lives through my work.	94.15%	95.00%	0.85%
Physical and Psychological Safety			
People at my organization respect and take into consideration all views expressed.	74.67%	81.45%	6.78%
I feel comfortable bringing up problems and tough issues.	75.32%	81.15%	5.83%
My agency prepares me for how to keep myself safe during a home visit.	67.32%	83.61%	16.29%
Survey Question	Round 1	Round 8	change in %
Choice and Autonomy	n=154	n=124	
I have flexibility to decide how to accomplish tasks.	86.09%	95.93%	9.84%
I can make decisions based on my own judgement.	84.87%	90.00%	5.13%
Camaraderie, Teamwork, and Support			
My work environment encourages camaraderie and conversation.	82.47%	90.32%	7.85%
I feel supported to manage my work and still be present for the families I serve (or staff I support).	79.08%	88.52%	9.44%
My team is able to effectively work together.	85.06%	92.56%	7.50%
I am provided adequate opportunities for meaningful professional development.	84.42%	86.89%	2.47%
I can count on my supervisor for support when I need it.	87.34%	91.80%	4.46%
Survey Question	Round 1	Round 8	change in %
Recognition and Rewards	n=154	n=124	
I am recognized and thanked for what I do by colleagues.	73.33%	80.65%	7.32%
My direct supervisor acknowledges me for what I do.	86.78%*	80.65%	-6.13%
Leadership at my larger organization show that they value the work that I do.	64.46%*	68.85%	4.39%
Participative Management			
I feel well informed about important decisions.	62.74%	69.67%	6.93%
I have opportunities to voice what matters to me and feel like I am heard.	73.02%	73.33%	0.31%
Wellness and Resilience			
I am satisfied with my work life balance.	66.24%	74.19%	7.95%
My workplace provides a supportive environment for self-care.	71.42%	86.07%	14.65%
I am able to manage the stress associated with my job.	73.37%	79.51%	6.14%

* These scores represent Round 2 (n=121) due to the addition of a new question added to the survey in March 2023.

Qualitative Data

The MIECHV team analyzed the qualitative data by categorizing comments into the seven primary drivers and looking at them over time. The physical and psychological safety area yielded more comments in the first and second round than in the rest of the rounds combined, suggesting that the focus and strategies to improve this area were successful, mirroring the survey Likert scale data.

Many comments about documentation, caseload size and overall workload appeared throughout the 9-month project. No programs tested change strategies around caseload management and the qualitative data suggests this could be an area to examine further. Supervisors may want to test out new ways to support staff in managing their caseloads. Authors of *How Satisfied Are Home Visitors with their Caseloads?* recommend “routinely assessing how home visitors are feeling about their caseloads and making necessary adjustments.”³

Supervision time and regular check-ins can be used to explore home visitors' perceptions of their caseloads, discuss feelings and discover possible root causes of dissatisfaction. Programs may want to consider adjustments to the procedures of assigning and monitoring caseloads and ensure there are clear expectations from the start.

“

“The project improved my performance and perspective of my workload.”

“As a bilingual staff, caseloads (sic) are high as translating for documenting takes time.”

“I feel that there is a disconnect between the expectations on Home visitors as far as numbers of home visits and the expectations of the quality and tailored type of HVs expected.”

”



³ Sandstrom, Heather, Cary Lou, and Sarah Benatar. 2021. “How Satisfied Are Home Visitors With their Caseloads? A National Look at Home Visitors’ Perspectives on Caseload Fit.” OPRE Report #2021-194. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

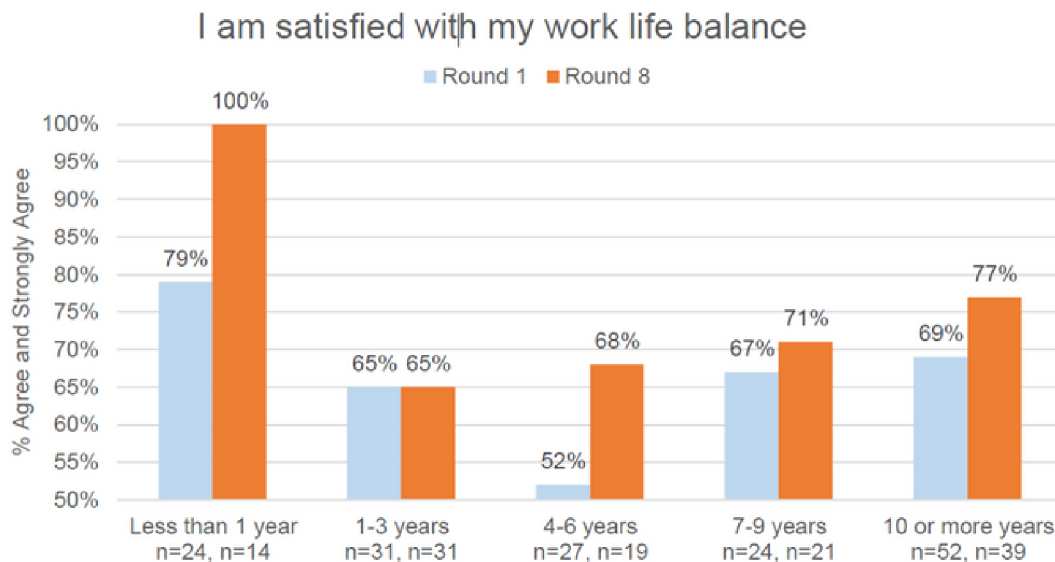
Disaggregated Data

To understand the experiences of staff, the MIECHV team disaggregated the data throughout the project to see if any specific characteristics such as race, role, or length in the field effected staff well-being differently. This approach also supported the MIECHV team goal of using an equity lens by dividing the data into these categories to highlight differences and identify tests of change to address possible inequities or differences.

With role in the field, supervisors compared to home visitors regularly scored higher but only on average by 0.15 or 3%. Only a few exceptions to this occurred randomly with natural variation. This finding could be attributed to home visitors working directly with families where vicarious trauma is more likely to occur. However, supervisors can also feel pressure from multiple responsibilities such as taking on caseloads when staff leave in order to meet requirements. The slightly higher scores of supervisors could be the result of Virginia’s deep investment in intensive Reflective Supervision training and coaching support for program supervisors.

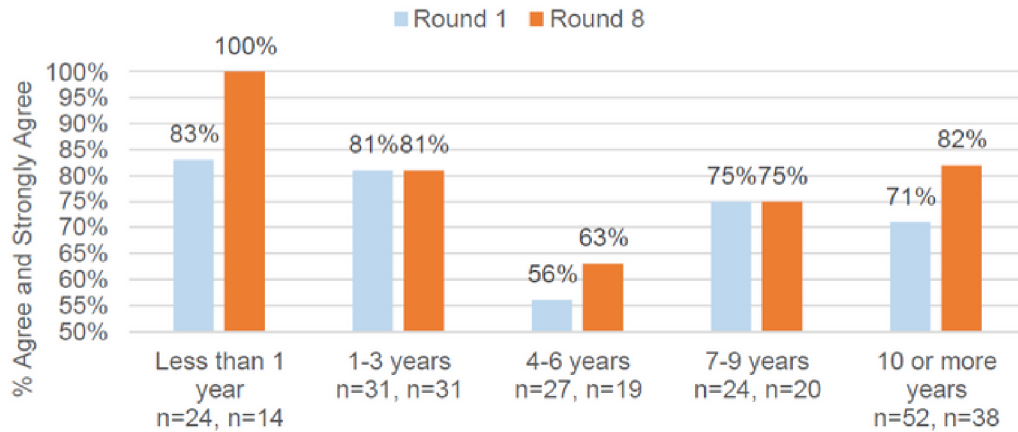
Staff with less than a year in the field were more satisfied with their work-life balance than any other group in addition to higher scores in managing the stress associated with their job. Home visitors and staff with 4-6 years of experience scored lower in these areas of wellness and in feeling supported to manage their work and still be present for the families that they serve or staff they support.

It may be that staff with 4-6 years in the field score lower due to increased workload and expectations. This proposed explanation maintains that organizations may put more work on seasoned staff during this timeframe while there are also limited increases in compensation and few opportunities to ascend a career ladder. These lower scores align with similar time in the field from the caseload study where the authors found “reports of experiencing heavy caseloads are most common among home visitors with three to five years of experience.”³ The MIECHV team plans to further study and understand these challenges to provide strategies to programs and strengthen the home visiting workforce.

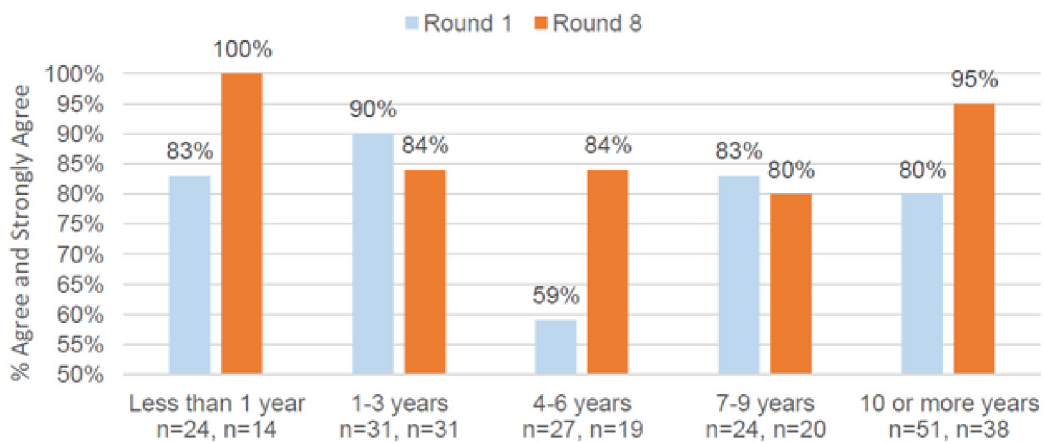


³ Sandstrom, Heather, Cary Lou, and Sarah Benatar. 2021. "How Satisfied Are Home Visitors With their Caseloads? A National Look at Home Visitors' Perspectives on Caseload Fit." OPRE Report #2021-194. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

I am able to manage the stress associated with my job



I feel supported to manage my work and still be present for the families I serve (or staff I support)



7. Conclusions

Challenges/Barriers

Engagement

During the project, some of the programs did not continue to engage in the work by completing the survey. Non-MIECHV programs that joined voluntarily did not continue attending the monthly webinars or communicate with their staff about the purpose of the monthly survey. Some engagement waned with MIECHV funded programs too, and often it was due to turnover of supervisors, leaving little capacity to work on the project. Conversely, programs who scored very high at the start of the project had a hard time seeing value in the work or little motivation to make changes.

Survey responses

Concerns arose about the number of survey responses due to the decline after the first round and wondering whose voices were missing. One theory arose that disgruntled staff would not take the time to respond to the survey and skew the results. However, further analysis illustrated that engagement of programs proved to be the culprit as the tracked survey responses declined from specific programs. Comments shared in the open responses also demonstrated that home visitors used this opportunity to share their concerns openly.

Although anonymous, home visitors from very small programs may have struggled to share honestly if they were concerned their supervisor might be able to determine who was responding. While the team attempted to mitigate this by only sharing details of survey results when three or more responses were received, this may not have provided sufficient anonymity for some home visitors.

Data

Throughout the project programs struggled to find concrete answers with the data. For example, a lag in the increase of scores or little change at all created uncertainty for teams and they wondered whether their tests of change influenced the scores or not. Since monthly data didn't provide enough information to allow for shifts and trends to occur, the CQI Coordinator encouraged teams to approach their data with curiosity, consider data as an estimate of the staff experience, and allow the data to shine a light on part of the story that can be used in parallel with team discussions and qualitative data.

Supervisors sent updated emails for new staff and would let the MIECHV team know of staff leaving. However, the MIECHV team didn't track staff turnover throughout the project and would recommend doing this in future *Joy in Work* projects to share back with the Learning Community along the way. It would have been helpful to have the official numbers to report back with this project and to make the survey percentages more accurate along the way.

Lessons Learned/Successes

In-Person Team Building is Essential

Due to the impacts of COVID, social isolation and the nature of hybrid work, the Learning Community found that in-person gatherings were essential for social connection, team building, and creating a culture of trust and belonging. Many teams found success in this intentional team building work through consistency and allowing for many voices in the planning of this time.

One program shared, “this project really brought our team together and was a teambuilding experience. There were staff that felt alone in their feelings before the project. This project allowed me to dig deeper with my staff and hear their feelings, it brought out their strengths and made me aware of where I could support/guide them.”



“I did see that we all have a heart for this work and are passionate about growing. I think it gave us a building base for our team.”

Positive Incremental Change is Possible

While using the Joy in Work framework for the CQI project, programs explored issues but more importantly focused on assets and what works well. The focal point of joy and the cumulative effects of positivity allowed teams to broaden possibilities for building a culture of wellness. Teams saw what can come out of small modifications that build upon each other. By using appreciative leadership and tapping into bright spots, teams created energy and capacity to try out new things together. Programs used small tests of change and learned that incremental change is possible and powerful!

“Thank you to all the home visitors, supervisors and program staff who participated in the *Joy in Work* project. We appreciate your voices and your invaluable efforts towards improving staff wellbeing.”

Jamara Knight, CQI Coordinator
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