

# Supporting evidence for strengthening home visitors' ongoing supports

## Recommendation #2. Strengthen home visitors' ongoing supports

- a. Provide coaching/support via supervision on applying training content and home visitor competencies in work with families.
- b. Provide home visitors with access to mental health consultation to support their work with families who face challenges such as mental health concerns, substance use, and involvement with the child welfare system.
- c. Expand reimbursement for education professional development opportunities to address the content areas in which staff would like more training.
- d. Provide peer learning communities for home visitors and supervisors to support development and build on the knowledge and skills learned in training.

The evidence presented here suggests a strong need to **strengthen home visitors' ongoing supports**. In addition to trainings, home visitors need support to build skills and integrate trainings into ongoing practice with families. Examples of effective strategies include learning communities, peer support, and coaching via supervision—many of which are currently provided by programs in California and many of which home visitors report wanting more. During the pandemic, home visitors reported the need for additional support in meeting the emotional needs of families. Mental health consultation is one evidence-based strategy to support home visitors in this part of their work. Strengthening these types of ongoing training supports will build home visitor skills, develop their confidence, and better ensure that staff are meeting the needs of families and providing high-quality services.

## Application of trainings

As part of developing skills and building competencies, home visitors need many opportunities to apply and practice what they learn in trainings. In qualitative interviews, one quarter of home visitors shared that they are given the space to discuss trainings with their colleagues during group meetings, including discussing what they learned and how it applies to their practice. One quarter of home visitors also reported debriefing with their supervisors during one-on-one check-ins following trainings. An example quote included:

- “Well, when I received training, one of the things I think that helps the information sort of stick with me is that our management team always asks us to report back, in a staff meeting style setting. It sort of allows me to review what I learned in the training, as well as it helps me to think about what is stuck with me from that training. So I think that's one technique that has been really useful. And when it's, some trainings, our management even has asked us to sort of do a mini training based on what we learned from the greater training. And I think that has been really beneficial too.” - Home Visitor, 2021 Spring/Summer Interview

## Supervision and coaching support

As described in Program-level Practices, Recommendation #1, supervisor support is a critical part of developing home visitor skills, and home visitors in California receive frequent one-on-one supervision. Coaching that supports home visitors is a specific way to build on what is learned in training. Most home visitors report that they usually or always discuss family issues, the use of screening tools and completion of assessments, referrals, and professional development with their supervisors. However, about 36 percent of home visitors reported receiving this type of support outside of supervision from a coach provided by their program or agency. Among those who do receive this support, nearly 70 percent reported that coaches offer strategies to tackle difficult issues with participating families (Table 1). To better support the workforce, programs may need to invest in additional resources to strengthen coaching, particularly through supervision.

**Table 1.** Types of support provided by coach (n = 155)

<b>TYPES OF SUPPORT HOME VISITORS RECEIVED FROM A COACH</b>	
Offers strategies to tackle difficult issues with families	69%
Helps me develop my relationship building skills	55%
Helps me build confidence in my work with families	55%
Other	10%

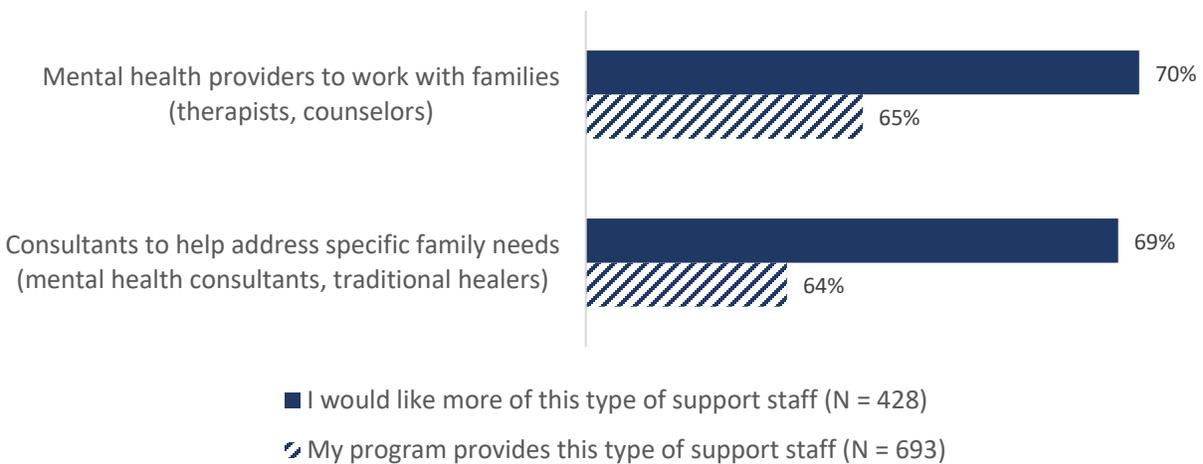
Source: Home visiting workforce follow-up survey, 2021

Note: Percentages add up to more than 100 because HVs were able to select multiple options.

### Supports to address family needs

Throughout the pandemic, home visitors have reported that their work is more challenging now compared to before COVID-19. Home visitors have shifted to virtual service delivery and made numerous adjustments to how and where they provide home visits. Home visitors have also reported that families have many more needs compared to before the pandemic. In particular, families have an increased need for mental health services, food, and parenting supports. To build on knowledge and skills learned in training, home visitors may need to rely more on mental health providers and consultants to address these increased needs. Figure 1 shows that about two-thirds of home visitors reported that their programs provide these types of supports, but similarly, home visitors want more of these supports.

**Figure 1.** Types of support staff provided by program



Source: Home visiting workforce landscape survey, 2020

Home visitors serving the most vulnerable families were somewhat less likely to report that their program provided these types of supports to help address family needs, compared to home visitors who do not serve these families (Table 2). For example, 59 percent of home visitors who had parents identified as “high risk” on their caseload, (as indicated by experiencing homelessness or unstable housing, intimate partner violence, prenatal or postpartum depression or mental illness, substance use, involvement with child

welfare system, or incarceration), reported having access to a consultant to help address family needs compared to 71 percent of home visitors who did not have parents identified as high risk on their caseload.

**Table 2.** Home visitor caseload characteristics and access to support family needs

	<b>CASELOAD HAS PARENTS WITH HIGH RISK</b>	
	<b>Yes (n = 652)</b>	<b>No (n = 77)</b>
Consultants to help address specific family needs (mental health consultants, traditional healers)	59%	71%
Mental health providers to work with families (therapists, counselors)	61%	68%

Source: Home visiting workforce landscape survey, 2020

Note: High risk refers to caseload that includes families experiencing homelessness or unstable housing, intimate partner violence, prenatal or postpartum depression or mental illness, substance use, involvement with child welfare system, or incarceration

## Educational opportunities

Another potential way to support staff development is to have policies and practices in place to support home visitors who are pursuing educational opportunities. In California, although about 85 percent of home visitors reported feeling completely or somewhat satisfied with the training and professional development opportunities available, only 36 percent of the workforce reported that their programs provide help paying for or reimbursement for education expenses. Additionally, 39 percent of supervisors reported that pursuit of educational opportunities was one of the main reasons for staff turnover.

## Peer supports

Peer learning opportunities are an additional strategy to support skill development and build on information and skills learned in training. In a study of healthcare workers, peer support opportunities have been shown to improve workers' general health and to reduce the number of perceived demands,<sup>1</sup> which may lead to reduced stress and burnout. In California, the majority of home visitors reported that their program provides both regular group supervision and peer supervision – more than half of home visitors have these opportunities at least twice per month. Home visitors shared they would like more peer, group, and team-building opportunities. In response to an open-ended survey question about additional supports that could help their work, example responses included:

- “Reflective practice is where staff from different programs with the agency get together to reflect on what is going on. It’s a space, to share our personal and professional and its confidential.”
- “Peer group supervision focused on supporting skill practice.”

## Summary

Over the past 18 months, stakeholders have shared that home visitors are providing services to families with increased needs, in communities where resources are limited, and where referral partners are frequently experiencing challenges such as staff turnover and increased family needs. Stakeholders have indicated that home visitors need more supports—they need opportunities to practice skills and using tools,

<sup>1</sup> Peterson, U., Bergström, G., Samuelsson, M., Åsberg, M., & Nygren, Å. (2008). Reflecting peer-support groups in the prevention of stress and burnout: Randomized controlled trial. *Journal of Advanced Nursing*, 63(5), 506-516.

particularly as they have had to adapt to providing virtual home visits. For example, stakeholders shared that they have had to re-train staff on how to complete particular assessments in a virtual environment. Home visiting programs also need to provide home visitors access to resources such as mental health consultants who can help support home visitors in their work with families, particularly those with multiple challenges such as mental health concerns, substance use, and involvement with the child welfare system. Given that California's workforce is relatively new, and that service delivery strategies have evolved, providing more resources to build skills and integrate trainings into practice with families is critical to developing home visitor competencies and supporting and strengthening the workforce.