

Supporting evidence for centering family voice in home visiting service delivery, goals, and other program activities

Recommendation #5. Center family voice in home visiting service delivery, goals, and other program activities

- a. Provide strategies and tools for home visitors to work with families in achieving family-driven goals and to allow for family voice in decision making.
- b. Create family advisory boards or steering committees where parents can weigh in on decisions and provide feedback on services.
- c. Ensure that home visiting programs have supports in place for families' cultural and language needs. This includes collecting and providing data about the communities in which programs operate and developing recruitment strategies to hire staff who are fluent in languages spoken by families.

The evidence presented here suggests a strong need to **center family voice in home visiting service delivery, goals, and other program activities**. Home visitors may need training and tools to build skills working with families to establish their goals and incorporating family's priorities for how those goals are achieved. Programs can similarly include family voice by creating opportunities for families to provide feedback on program services and insight on their communities. Finally, supporting families' language and cultural needs is one foundational strategy for supporting equitable service delivery.

Strategies and tools for home visitors to center family voice in service delivery

Centering family voice in service delivery is instrumental in working with families to meet their goals. In interviews, families recognized how important it is to have a home visitor who is suited to meet their specific circumstances and needs through service delivery strategies. Example quotes included:

- “The meetings that I attend, the sessions, the information that they put out - I'm able to make decisions that are in the best interest of my health which impacts my baby. Then also with me having him [my baby], having all of this information makes me a better parent which would make a pathway for my child to

thrive.” – Family, Spring/Summer 2021 Interview

- “She was really good about reusing what's around the house, so I don't need to go buy him something. She's like, ‘No, you have all the materials here, let's use this.’” – Family, Spring/Summer 2021 Interview
- “It was great to have someone that specialized in zero to five and who could answer my questions. Being also a first-time mother, and being able to walk me through the processes.” – Family, Spring/Summer 2021 Interview

Home visitors rely on trainings, curricula, strategies, and tools to support their work with families, and while these resources should all promote centering family voice, many may be limited in their ability to reflect individual family-level differences. Supervisors also play an important role in developing home visitors' skills in developing family-driven goals and centering the family in service delivery. For example, most home visitors spend time in supervision using reflective practices that focus on understanding the family perspective and reflecting as a way to feel supported in their job (Table 1).

Table 1. Home visitors' experiences with reflective supervision practices that support centering family voice in service delivery

REFLECTIVE SUPERVISION PRACTICES (N= 436)	SOMEWHAT OR STRONGLY AGREE
My supervisor encourages me to think about the perspective of the families I work with	80%

REFLECTIVE SUPERVISION PRACTICES (N= 436)	SOMEWHAT OR STRONGLY AGREE
Meeting with my supervisor gives me time to stop and think about my families in a deep way	77%
My supervisor encourages me to keep the baby /child in mind in everything I do	77%

Source: Home visiting workforce follow-up survey, 2021

During interviews, home visitors reported that this type of supervision support is particularly helpful. An example quote included:

- “Have the virtue of listening, analyzing in order to develop how to help a family and make a joint decision for the benefit of the program participants. Decisions about the family in question during supervision are very important. It helps the employee to feel that he is making or making the correct decision for the benefit of the participant.” – Home Visitor, Spring/Summer 2021 Interview (translated)

Opportunities to involve families in program activities

Other ways to center family voice in home visiting are through opportunities to involve families in program activities (e.g., recruitment) and through seeking their input on programmatic decisions (e.g., family advisory boards or steering committees). Including families in decisions may help ensure that services are meaningful and delivered in a culturally responsive way. In interviews, families also shared recommendations for improvements to home visiting services. One family suggested creating an internship program for participating families to provide peer support to families interested in home visiting services. There are also ways for families to support both enrollment of other families and recruitment of staff. Example quotes included:

- “I feel like it’s not out there enough for people to know that it’s available. They need to make sure people know that it’s accessible.” – Family, Spring/Summer 2021 Interview
- “When we are interviewing, I’m always looking to see which families I could connect a future home visitor with. If we could get our families to be on the interview board, that would be amazing.” – Supervisor, 2021 Case Study

Opportunities to reflect California’s diverse population

California’s families and home visitors speak many languages, with the majority speaking English and Spanish. This has important implications for the development of recruitment materials, program materials, and communication. While a large portion of the workforce is bilingual, home visitors do not necessarily speak the languages of all enrolled families. The majority of home visitors with a caseload of English- and Spanish-speaking families spoke the same language as their families (Table 2). However, few home visitors reported speaking other languages such as Arabic, Vietnamese, Tagalog, Cantonese, and Hmong even when they serve at least a few families who speak those languages. This finding represents how home visiting programs may not currently be able to best serve all families in California. For example, these types of language barriers and potential communication challenges might impact rapport-building and provision of services, including referrals and health education.

Table 2. Language concordance between families and home visitors

	NUMBER OF HOME VISITORS WITH FAMILIES ON THEIR CASELOAD WHO SPEAK THIS LANGUAGE (N)	HOME VISITORS WHO SPEAK THE SAME LANGUAGE (%)
English	711	98%
Spanish	611	74%
Arabic	62	<5%
Vietnamese	39	<20%
Tagalog	34	<5%
Cantonese	31	<10%
Hmong	18	<20%

Source: Home visiting workforce landscape survey, 2020

Given this need, recruiting home visitors with bilingual abilities continues to be important for serving California’s families. However, nearly one third of supervisors reported that it was very difficult or extremely difficult to recruit home visitors with bilingual ability. In their interviews, home visitors emphasized the importance of having bilingual abilities. For example:

- “I think if you're in a bilingual community, of course you need to be bilingual. You need to have language skills, social-emotional skills, you need to be able to know what's in your community to provide those services to them.” – Home Visitor, Spring/Summer 2021 Interview

Cultural understanding is also important, as childrearing practices and customs often vary across cultures. Ensuring that programs understand the cultural diversity of their workforce and the families participating in home visiting is also relevant for meeting families’ cultural needs. For example, in this study, although about half of home visitors reported having at least some Black or African-American families on their caseload, less than 13 percent of those same home visitors identified as Black or African-American themselves. Research in other fields, including early childhood education and medicine, has shown more family participation, better communication, and improved outcomes for families when their provider is of the same race and/or ethnic background, but there has been little research to extend this finding to home visiting.^{21,22} Much of the existing research in home visiting has identified cultural competency, understanding and respecting the values and beliefs of cultures and families, and attitudes toward families as stronger predictors of family engagement.^{23,24} Some home visitors expressed this sentiment in interviews as well. For example:

- “I think first of all you need to be aware of their culture of the families. You need to be aware of your community, the difference of mentality of generations, because especially like in my area with the Hispanic community, you need to be mindful of what their families taught them...Just being mindful of the parents and their culture, their language, I think that's one of the biggest skills that we need in

²¹ Shen, M. J., Peterson, E. B., Costas-Muñiz, R., Hernandez, M. H., Jewell, S. T., Matsoukas, K., & Bylund, C. L. (2018). The effects of race and racial concordance on patient-physician communication: a systematic review of the literature. *Journal of Racial and Ethnic Health Disparities*, 5(1), 117–140.

²² Rasheed, D. S., Brown, J. L., Doyle, S. L., & Jennings, P. A. (2020). The effect of teacher–child race/ethnicity matching and classroom diversity on children's socioemotional and academic skills. *Child Development*, 91(3), e597–e618.

²³ Shanti, C. (2020). The early head start (EHS) home visitor perspective: What does it take to engage parents? *Children and Youth Services Review*, 116, 105-154.

²⁴ Ibid.

order for us to have that connection with the families, that we're there to help them not to judge them.” – Home Visitor, Spring/Summer 2021 Interview

Summary

Over the past 18 months, stakeholders shared important lessons and ideas about developing ways to incorporate family voice. Examples included client satisfaction surveys, family steering committees, and local community advisory boards. Stakeholders also emphasized the need to keep families at the center of the effort to develop a coordinated workforce infrastructure. Meeting the needs of families should be a key driver for this work. The focus on centering family voices became even clearer as the needs and priorities of families shifted as a result of the pandemic. In many ways, home visiting programs were successful in making this shift, particularly in identifying resources and referral needs in a virtual setting. As home visiting is expanded across California, continuing to center family voices will require leadership, resources, and dedicated time to include families and make informed decisions.