

# Supporting evidence for increasing access to high-quality trainings across the state to strengthen, coordinate, and expand available opportunities

## Recommendation #5. Increase access to high-quality trainings across the state to strengthen, coordinate, and expand available opportunities

a. Develop a repository of existing trainings (virtual and in-person) that will facilitate cross-model trainings. The repository can address the range of needs that all programs across the state can access and should include information to allow programs to make informed decisions about the selection of trainings for their staff.

b. While trainings must be available to meet the range of home visitor needs, trainings should be available that specifically include diversity, equity, and inclusion topics, and are appropriate for various program and community contexts.

The evidence presented here suggests that there is a strong need to **increase access to high-quality trainings across the state**. Although home visiting staff participate in model-specific trainings and trainings across a wide range of topics, most home visiting staff want additional training in many of the same topics. However, there are inconsistencies between how programs select trainings and the types of trainings that staff prefer.

Developing a repository of cross-model trainings that are accessible to all programs throughout the state will improve the information available about trainings, may address the challenges experienced by counties in terms of allocating resources to training, and potentially reduce duplicative training efforts across counties. In addition, this repository will also streamline communication and strengthen opportunities for sharing knowledge and making connections across the state in a way that facilitates the use of shared resources.

Finally, ensuring that trainings on diversity, equity, and inclusion topics are widely available will provide California's home visiting workforce with important knowledge, allow the workforce to build skills to address equity with participating families, and may lead to reduced experiences of

discrimination in the workplace. Addressing discrimination in the workplace is an important strategy for increasing staff retention, as experiencing discrimination has been shown to be associated with intention to leave one's position.<sup>1</sup>

## Decisions about training

Training is an integral part of home visitor preparation and development and typically includes model-specific training, as well as additional ongoing training on topics relevant to addressing family strengths and needs. Most home visiting staff (80%) attended a training specific to their home visiting model before beginning their current position. Among those who did receive model-specific training, home visiting staff spent an average of 46 hours in trainings (training hours ranged from 1-200 hours, with a median of 40 hours).

However, for additional ongoing trainings, there is no current system for cross-model training that staff across programs can access in California. As a result, programs decide which trainings staff attend in many different ways (Table 1). Roughly two-thirds of home visitors reported their program or agency selects the trainings for all home visitors to participate in. Only about one quarter said their supervisor selects trainings for them based on what fits their needs, or that they decide which trainings to participate in with their supervisor. Just under one quarter of home visitors (22%) said that they picked trainings on their own.

<sup>1</sup> Crowne, S., Hegseth, D., Ekyalongo, Y., Chazan Cohen, R., Bultinck, E., Haas, M., Anderson, S., and Carter, M. (2021). *Findings from the First 5 California home visiting workforce study*. Bethesda, MD: Child Trends.

**Table 1.** How home visitors decide what trainings to attend (n = 432)

<b>HOME VISITORS</b>	
My program or agency selects trainings for all home visitors to participate in	68%
I present training opportunities to my program and/or supervisor for approval based on what I believe fit my needs	32%
My supervisor and I work together to select the trainings I receive so they best fit my needs	28%
My supervisor selects the trainings I participate in based on what they believe best fit my needs	25%
I choose trainings on my own and attend without any coordination with my supervisor or program	22%
Other	3%

Source: Home visiting workforce follow-up survey, 2021

Not having a coordinated system for training across the state also leads to variability in what types of information is used to make decisions about training. Information might include program level data, community specific needs, and policies impacting families. Example quotes from supervisors include:

- “One of the things we do – we look at trends. We rely hugely on our data. What are we seeing a lot of? For instance, when COVID hit, we noticed the numbers for domestic violence went up, and also the numbers of those reentering from treatment facilities or jail. Clearly, we knew we needed to get something right now on how to support families in re-entry. We do so many trainings already, but we have to make sure those skills are sharp. We don’t just go to trainings to go – we go to trainings to strengthen our skills.” – Home visiting supervisor, 2021 Case Study
- “There are a variety of trainings our staff have access to. We have an equity advocate that is always seeking out that trauma informed trainings that specifically address racial injustices, what’s going on in our community, and policies that may affect the families that we serve. We also determine trainings based on feedback or lessons we’ve learned through evaluations. Our trainings will follow those areas to strengthen us in those particular areas.” – Home visiting supervisor, 2021 Case Study
- “Anything that comes our way [training], we take it. We’re always looking to broaden our knowledge.” – Home visiting supervisor, 2021 Case Study

## Current training participation and needs

Despite differences in the way programs select trainings, home visitors do participate in trainings that span a wide range of topics. Training has been shown to influence service delivery. For example, home visitors who received training in sensitive topics (e.g., substance use, intimate partner violence) were more likely to discuss those same topics with families on their caseload compared to home visitors who did not receive this training.<sup>2</sup> In California, most home visitors reported receiving training related to child development, family stress and mental health, trauma-informed care, Adverse Childhood Experiences (ACEs), cultural sensitivity/diversity, and stress management and self-care (Table 2). Home visitors reported that their most recent trainings were mainly in virtual formats, but some (e.g., breastfeeding and child development) were

<sup>2</sup> Duggan, A., Portilla, X. A., Filene, J. H., Crowne, S. S., Hill, C. J., Lee, H., & Knox, V. (2018). *Implementation of evidence-based early childhood home visiting: Results from the mother and infant home visiting program evaluation*. OPRE Report 2018-76A. Office of Planning, Research and Evaluation.

somewhat more likely to be completed in-person. Very few staff reported completing self-directed online module trainings.

**Table 2.** Trainings home visitors received at current program by modality

TRAINING TOPIC	RECEIVED TRAINING (N = 434)	MOST RECENT TRAINING MODALITY		
		Live virtual	In-person	Self via web
Tobacco use/substance use	60%	44%	38%	19%
Family stress and mental health	88%	51%	34%	15%
Intimate partner violence	68%	45%	39%	16%
Breastfeeding, feeding and nutrition	73%	38%	45%	16%
Child development	90%	40%	46%	14%
Community services for families (e.g., housing, education, employment)	71%	45%	38%	17%
Trauma-informed care	85%	52%	37%	11%
Recognizing and responding to ACEs	83%	45%	43%	12%
LGBTQ+ services	47%	49%	34%	18%
Racial justice/equity	71%	63%	23%	14%
Implicit bias and internalizing racism	74%	62%	23%	15%
Cultural sensitivity/diversity	86%	57%	28%	15%
Stress management and self-care	86%	57%	29%	15%
Self-reflection and reflective supervision	77%	52%	36%	12%
Engaging fathers and other adults in the household	64%	48%	32%	20%
Laws and public policy (i.e., immigration, family law, renter's rights)	42%	51%	27%	22%

Source: Home visiting workforce follow-up survey, 2021

In addition to wanting more training on topics such as family stress and mental health, home visitors reported wanting more training focused on providing trauma-informed care and responding to ACEs (Table 3). They also reported a need for trainings to address different family and community contexts.

In this study, about 17 percent of staff reported experiencing discrimination in the workplace related to race, ethnicity, religion, and/or gender identification. While there may be several mechanisms for addressing discrimination, one approach is to provide additional training to staff related to diversity, equity, and inclusion. As with most topics, the majority of staff in California reported wanting more of this type of training.

**Table 3.** Training home visitors received and their requests for more training

TRAINING TOPIC	RECEIVED TRAINING (N = 434)	WOULD LIKE MORE TRAINING IN...	
		Those who already received training in this topic	Those who have not received training in this topic
Trauma-informed care	85%	70%	84%
Recognizing and responding to ACEs	83%	68%	84%
Engaging fathers and other adults in the household	64%	75%	94%
Community services for families (e.g., housing, education, employment)	71%	83%	90%
Racial justice/equity	71%	61%	78%
Implicit bias and internalizing racism	74%	60%	81%
Cultural sensitivity/diversity	86%	71%	82%
LGBTQI+ services	47%	65%	76%

Source: Home visiting workforce follow-up survey, 2021

## Training modality preferences and challenges

In an effort to understand the training modalities (virtual or in-person) that best meet the needs of California’s workforce, this study also considered whether the modality influenced people’s perceptions of the training quality. Home visitors who were interviewed in the summer of 2021 reported they prefer in-person trainings in a group setting, due to their nature of being more intimate and hands-on. A smaller group preferred virtual trainings and others did not have a preference, citing both types can be engaging. Example quotes from staff included:

- “I so dearly miss the in-person component, it just makes it so much more intimate.... you get the most out of a situation where you're there in the environment ready to learn, because everybody's work from home situation is very different and it varies. So if we could be in a facility where we're there in person, when we're there with the teacher or the speaker, and we can be able to feel more free and comfortable to ask certain questions without worry about something happening in our background, we're working from at home, and things like that. The training materials usually tend to be a lot more detailed, in person and things as well. I really miss that, and I feel like everybody participates a bit more when we're all in person. Everybody's more engaging, you retain the information better.” – Home visiting staff, 2021 Summer Interview
- “I have appreciated all of my in-person trainings, group trainings. They're quite invaluable. And then more recently, I've adapted to the virtual trainings that I'm adapting to quite well. Most probably, now that I'm thinking about it, I'm maybe more engaged only because I can hear every word without maybe being interrupted by extraneous sounds that would otherwise might be disruptive. So, I think I'm flexible with any types of training that is engaging. I think it's not necessarily the method, but it's more of how the presenter perhaps, how engaging they are. And how interactive they make the training.” – Home visiting staff, 2021 Summer Interview

Home visitors also reported challenges related to training (Table 4). The most common challenge related to participating in trainings was due to restrictions around scheduling and time (51%). Less than one third of home visiting staff reported the pandemic impacted their ability to participate in trainings.

**Table 4.** Factors that make it challenging to participate in trainings

<b>WHAT ARE SOME OF THE FACTORS THAT MAKE IT CHALLENGING TO PARTICIPATE IN TRAININGS? (N = 169)</b>	<b>N</b>	<b>PERCENT</b>
Scheduling and time restrictions	87	51%
COVID restrictions	49	29%
Finances/Funding	14	8%
Distance/Location	11	7%
Technical Issues	<10	<10%
Other	17	16%

Source: Home visiting workforce follow-up survey, 2021

Example quotes from staff included:

- “Training conflicting with other meetings/appointments with clients when not given enough notice. Also, trainings scheduled out of our normal business hours poses challenges with our personal schedules.” – Home visiting staff, 2021 Summer Survey

## Summary

Over the past 18 months, stakeholders have shared that knowledge about training access and communication about training are currently fragmented in California. Larger counties like Los Angeles have training and technical assistance providers that offer support to multiple programs across agencies, whereas smaller and more rural counties do not always have the resources to provide trainings to large groups of staff (travel distances make it even more challenging to attend trainings in some of those same areas). During the pandemic, this inconsistency was only somewhat abated through the use of predominantly virtual trainings; in many of the same smaller and more rural counties, challenges with broadband Internet and Wi-Fi access limited the participation of some programs. With the continued expansion of home visiting across California and the need to support home visitors in developing competencies, increasing access to high-quality training (both virtual and in-person) will require an intentional approach that addresses the needs of programs across all counties. A centralized system, or central point of access for home visiting trainings that crosses models, will ensure that any home visiting staff can access training resources regardless of whether the opportunities are available locally. This recommendation supports the state’s goal in achieving a coordinated workforce infrastructure by addressing current gaps in the field’s areas of workforce development, specifically by strengthening, coordinating, and expanding the training opportunities that are available to home visitors.