Supporting Evidence-Based Home Visiting to Prevent Child Maltreatment

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In 2008 the Children's Bureau (CB) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services funded 17 cooperative agreements to support building infrastructure for the widespread adoption, implementation, and sustaining of evidence-based home visitation programs. Grantees are leveraging their grant funds with other funding sources to implement programs with fidelity to their evidence-based models. Grantees are also conducting local implementation and outcome evaluations. CB/ACF has funded Mathematica Policy Research and Chapin Hall at the University of Chicago to conduct a cross-site evaluation of the grantees' programs. This is the fourth in a series of briefs from the cross-site evaluation.

For more information about EBHV, including earlier evaluation briefs, go to: http://www.supportingebhv.org/

Supporting Home Visitors in Evidence-Based Programs: Experiences of EBHV Grantees

by Brandon Coffee-Borden and Diane Paulsell

This brief summarizes experiences supporting and supervising home visitors working in evidence-based programs affiliated with grantees participating in the Children's Bureau's Supporting Evidence-Based Home Visiting (EBHV) to Prevent Child Maltreatment initiative. As part of the EBHV cross-site evaluation, Mathematica Policy Research collected the data in spring 2010 during a series of telephone interviews conducted with managers of agencies from 9 of the 17 grantees that were implementing home visiting. These "implementing agencies" were selected to participate in the interviews because they had recruited, hired, and trained new home visitors during the preceding year (in contrast to some agencies that were already operating programs when the grant began, or had not yet reached the stage of staffing their home visiting programs). Most implementing agencies had previous experience with home visiting but few had implemented an evidence-based program. The brief provides an overview of agencies' strategies for supervising and supporting home visitors, as well as the challenges they faced and lessons learned.

Organizational environment, supervision practices, and community partnerships directly affect home visitors' capacity to effectively provide services to children and families and implement evidence-based programs with fidelity (Fixsen et al. 2005; Weiss et al. 2006). These program features may also affect home visitor morale, job satisfaction, and retention (Fixsen et al. 2005; Kisker et al. 2002). This brief discusses implementing agencies' experiences cultivating organizational support, providing supportive supervision, and building community partnerships in the context of implementing one or more of the national home visiting models selected by the EBHV grantees and their partners. A companion brief describes the EBHV grantees' experiences with recruiting, hiring, and training home visitors (Coffee-Borden and Paulsell 2010).

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Grantee-Selected Home Visiting Models

The 17 EBHV grantees are implementing one or more of the following national home visiting models:[1] Healthy Families America, Nurse Family Partnership, Parents as Teachers, SafeCare, and Triple P. The 9 EBHV grantees included in this brief are implementing Healthy Families America, Nurse Family Partnership, Parents as Teachers, and SafeCare.

See the national home visiting model websites for more information.

Healthy Families America:	www.healthyfamiliesamerica.org
Nurse Family Partnership:	www.nursefamilypartnership.org
Parents as Teachers:	www.parentsasteachers.org
SafeCare:	http://chhs.gsu.edu/safecare/
Triple P:	www5.triplep.net/

Cultivating Organizational Support for Home Visitors

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Developing organizational readiness to implement an evidence-based program and a supportive environment for home visitors can be a decisive factor in successful program implementation and retention of home visitors. Supportive internal policies and procedures and positive attitudes among agency staff can help home visitors feel supported in their work with families. In addition, access to internal resources can equip home visitors with tools that will help them assist families. For instance, many implementing agencies had nutrition, mental health, or other specialists within their organization whom home visitors could consult when challenges arose with clients. Implementing agency managers discussed steps they took to develop internal agency support for implementing an evidence-based program—first and foremost ensuring that the program model selected was well understood and a good fit for the agency and community. They also stressed the importance of educating agency staff about the model, and discussed strategies to prevent or address internal challenges.

Steps to Cultivate Support

Implementing agency managers discussed two strategies, described below, for cultivating support for evidence-based programs in their agencies and preparing their organizations to implement them.

1. **Make sure the evidence-based home visiting program model is a good fit for the agency and community.** Implementing agency managers suggested three important steps to assess and help ensure fit:
   - **Become familiar with the details of the model.** Study the model's purpose and philosophy and the nuances of program delivery, training, and technical assistance to develop a complete understanding of what it takes to implement the program.

- **Assess the organization.** Compare the organization's mission, culture, and capacity with the evidence-based model's goals, philosophy, and requirements to make sure it is an appropriate fit for the agency.
- **Assess the community.** Compare the model's services and targeted outcomes with community demographics and trends to make sure the model is appropriate for the community's culture and needs.

2. **Educate agency staff.** To increase understanding and support for the evidence-based model, provide information to ensure that agency staff understand the requirements of implementing the model and the qualifications that home visitors must have. Even those who will not be involved directly in delivering the program need to understand its goal and place within the agency's agenda. Managers also suggested assessing the agency's long-term commitment to the program.

Addressing Internal Agency Concerns About EBHV Programs

Managers reported encountering several challenges within their agencies as they planned for implementing EBHV programs.

Managers reported encountering several challenges within their agencies as they planned for implementing EBHV programs, including resistance to making trade-offs needed to pay for evidence-based programs, concerns about program costs, and fears that evidence-based models would jeopardize other agency programs.

In some cases, implementing agencies had to reduce existing services to pay for an EBHV program. When they encountered internal resistance to these decisions, implementing agency managers argued that the stronger evidence of effectiveness for evidence-based programs compared to existing programs justified these changes. They recommended that supporters of evidence-based programs stress the potential of these programs to change families' lives and the importance of investing in a model that has shown success in achieving desired outcomes.

Managers also observed that staff in other agency programs sometimes viewed the EBHV program as more costly and less productive compared to other programs for two reasons. First, evidence-based programs require spending significant time on supervision and reflective practice. Some staff felt that EBHV home visitors and supervisors spent too much time in meetings and too little time serving families. Second, evidence-based models tend to require that home visitors maintain relatively low caseloads, yet the programs use significant resources when compared to other programs. Some staff felt that EBHV programs served too few families relative to costs. To counter these misperceptions and build greater support for evidence-based programs, managers explained that evidence-based services are intensive, aimed at changing families' lives, and that they can achieve important child and family outcomes if implemented correctly.

In some cases, implementing agency managers sensed that other agency staff found adopting an EBHV model threatening. Managers felt that other staff, especially other home visitors, may have believed that their jobs were in jeopardy or that their program would lose resources to the EBHV program. Further, evidence-based programs may be seen as the "gold standard," and staff in other agency programs may implicitly feel that their contributions are less valued. Implementing

agency managers discussed several practices that could help agencies mitigate these concerns:

1. **Share resources.** Equitably share resources such as funding, training, tools, and knowledge with other programs when possible.
2. **Encourage collaboration.** Promote teamwork and partnership between programs and respect for all staff experiences through practices such as shared meetings or joint office space.
3. **Delineate the recruitment and referral process.** Develop a clearly defined, centralized process for assessing families' needs and triaging them into the program that best meets their needs. Some families may not need the intensive services provided by some of the evidence-based programs.
4. **Stress the unique strengths of each program operated by the agency.** Evidence-based programs are primarily preventative while other home visiting programs may be focused on intervening after a problem has occurred or treating trauma. Moreover, different programs may be targeted to specific populations, such as teen parents or first-time mothers.

Supervision in Evidence-Based Home Visiting Programs

Supportive supervision is a program element that is common to many evidence-based home visiting models (see Table 1). Although supervision practices vary across evidence-based programs, some aspects of these practices are similar:

- Supervision occurs frequently and consistently
- Programs maintain low home visitor-to-supervisor ratios
- Supervisors provide supervision through group meetings, one-on-one sessions, and home visit observations conducted in person or via video or audio recordings
- Supervision often has an organizing philosophy such as a strength-based approach or reflective supervision and practice
- Supervisors monitor home visitors' fidelity to the model and client progress

Supervisors provide supervision through group meetings, one-on-one sessions, and home visit observations conducted in person or via video or audio recordings. The implementing agency managers described each mode of supervision, supervisor training and technical assistance, and the reaction to and benefits of supervision in their EBHV programs.

One-on-One Supervision

Implementing agencies reported adhering to their evidence-based program models' requirements for the frequency of one-on-one supervision. Across models and agencies, supervisors usually provided supervision once a week. For EBHV models that did not mandate individual supervision, agencies tended to follow their existing agency practice for one-on-one supervision. Supervisors used individual sessions to review the progress of families in home visitors' caseloads—

including successes, problems and challenges, and strategies for addressing families' needs. They also typically discussed home visitors' needs and goals, professional development, and upcoming training opportunities. Some supervisors used case records and other forms to guide these discussions.

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Group Supervision

In addition to or in place of one-on-one supervision, many models chosen by EBHV grantees require group supervision for home visitors. If used, group supervision occurred on a weekly to monthly basis, and, like one-on-one supervision, content adhered to the specific program model's requirements. Implementing agency managers reported that they did not provide group supervision meetings at regular intervals when not required by their evidence-based models.

Supervisors used group meetings as forums for discussing a wide range of topics including:

- Problems or challenges faced by enrolled families
- Strategies for addressing families' needs
- Case reviews
- Home visitor training topics
- Home visitors' professional development
- Content of conferences or training attended
- Program referral processes
- Administrative issues

Implementing agency managers felt that group meetings provided an important opportunity for home visitors to bring their own perspective to bear on their peers' issues.

Home Visit Observations

Across EBHV models and programs, the frequency of home visit observations ranged from twice a year to quarterly; observations occurred more frequently for new or struggling home visitors. Most observations were conducted in person but some EBHV models allowed audio or videotaping. In addition, some supervisors chose to videotape home visits so they could review them with home visitors during one-on-one supervision. Some EBHV models provide an observation checklist, form, or instrument to score, rank, or assess the home visitor on fidelity to the curriculum and the quality of interactions with the family. If no tool was provided, supervisors generally assessed how well the home visitor adhered to the curriculum. During one-on-one supervision sessions, supervisors and home visitors discussed what went well on the observed visit, areas for improvement, and home visitors' views about how the visits went.

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Supervisor Training, Technical Assistance, and Support

Many of the home visiting models that were selected by the EBHV grantees provide supervisor training, technical assistance, and support. These programs require or recommend supervisor training that ranges from a half day to several days depending on the model. Across EBHV programs, implementing agency managers reported that supervisor training included:

- Developing coaching skills
- Troubleshooting problems
- Navigating forms and reporting
- Implementing parallel process[2] in supervision such as a strength-based approach or reflective practice
- Exploring one's own supervision style and how it fits in with the evidence-based model
- Conducting home visit observations
- Locating information on the evidence-based model and using the program manual and other resources

In addition to EBHV model training, implementing agency managers reported using other sources of support for supervisors. Some implementing agencies provided additional supervisor training such as agency leadership institutes. Some national model developers provided technical assistance to supervisors and local programs through supervisor materials or consultation. For instance, consultants from the national, regional, or state national developer office attended group meetings and participated in conference calls. Consultants also advised implementing agency managers and supervisors on problems that came up during the planning phase or implementation of the program model. Supervisors also received support from other managers or higher-level staff within their agencies, as well as from peers outside the agency through conference calls with supervisors in their region or state using the same program model and informal discussions with other program managers about supervision.

Benefits of Evidence-Based Models' Approaches to Supervision

Implementing agency managers remarked that their EBHV programs' supervision requirements differed substantially from their agencies' typical approach to supervision. In these programs, supervision took more time because it occurred more frequently and more time was allocated to reflection and discussion. EBHV supervision also required a lower home visitor-to-supervisor ratio. Implementing these requirements successfully involved what managers described as a shift in organizational culture. Nevertheless, managers felt that the EBHV supervisory structure was beneficial to home visitors because it:

- **Provides support.** The evidence-based models' approach to supervision helped the home visitors feel supported in their work with families, which may improve job satisfaction and promote retention of home visitors.

- **Alleviates frustration and stress.** Evidence-based model supervision provided home visitors with a consistent forum for expressing frustrations and brainstorming ideas about how to address challenges. Managers felt that these activities helped avoid home visitor burnout.
- **Provides oversight.** Evidence-based model supervision kept the supervisor informed of home visitors' professional goals and areas in which they needed to develop. Supervision also kept them informed of families' challenges, goals, and progress, meaning they could identify problems or needs more proactively and offer assistance to home visitors.
- **Focuses on fidelity.** Supervision provided a consistent time for reviewing and reflecting how closely home visitors' delivery of the curriculum adhered to the evidence-based model procedures and guidelines.
- **Offers modeling and education.** In their interactions with home visitors, supervisors modeled practices home visitors should use with families, such as motivational interviewing, a strength-based approach, and reflective practice.
- **Promotes record keeping and form completion.** Supervisors monitored completion of required documentation and ensured that case files were well documented, clear, and completed correctly.

Supporting Home Visitors Through Community Partnerships

In addition to the importance of supervision and a supportive internal environment, implementing agency managers stressed that community partnerships supplied home visitors with resources, knowledge, and information or facilitated their ability to deliver services.

In addition to the importance of supervision and a supportive internal environment, implementing agency managers stressed that community partnerships supplied home visitors with resources, knowledge, and information or facilitated their ability to deliver services. For example, partnerships provided an avenue for home visitors to address families' needs through referrals for services not provided by the EBHV program or the agency itself. Services could include, for example, mental health or substance abuse treatment, food or shelter, or help obtaining public assistance. Some managers found that connecting families to other services alleviated client's needs and therefore helped families engage more fully in home visits. Moreover, some managers reported that families in their caseloads were highly mobile, and communication across agencies helped home visitors keep track of families and fostered continuity of services. This communication also kept home visitors informed about other services families received and promoted the use of consistent messages to families across service providers. Further, implementing agency managers felt it was important to develop relationships with other home visiting programs in the community to share experiences and knowledge. In some cases, established programs provided shadowing and observation opportunities for new home visitors.

Organizational environment, supervision, and community partnerships make an important contribution to the capacity of home visitors to deliver evidence-based programs. Hospitable organizational leadership and structures create a supportive foundation upon which home visitors can serve the families in their community. Community partnerships equip home visitors with knowledge and resources so they can maximize their interactions with families. Supervision functions as a mechanism for home visitor sharing and reflection, education, and monitoring.

If these core components are lacking, program implementers may be unable to achieve the full benefits of evidence-based home visiting for the families and communities they serve.

Endnotes

[1]These are not the only national models in operation. Other national home visiting models with comparable goals and target populations include the Parent-Child Home Program, the Home Instruction for Parents of Preschool Youngsters, and the federal Early Head Start program. The summer 2008 federal grant announcement required applicants to select home visiting programs that met specified criteria so as to be considered an evidence-based model. During the grant review process, an independent panel of peer reviewers evaluated applications based on the criteria listed in the announcement to determine if the program(s) proposed by the applicant met standards related to evidence-based models. The criteria used in the 2008 federal grant announcement were in no way related to the criteria for evidence of effectiveness for the Maternal, Infant, and Early Childhood Home Visiting Program included in the Affordable Health Care Act of 2010 (P.L. 111-148).

[2]Parallel process refers to an interaction in which the emotions, techniques, or events of the home visitor-client relationship are recreated in the supervisory relationship or when supervisors respond to home visitors as the home visitors might respond to their clients.

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Table 1. Recommended Supervisor Qualifications and Supervision Requirements, by EBHV Model

	Healthy Families America	Nurse Family Partnership	Parents as Teachers	SafeCare
Supervisor Education	Master's degree in a human service field	Master's degree in nursing or a related field	Bachelor's degree or greater in early childhood education, elementary education, behavioral or social sciences, or a related field	No educational requirement but SafeCare coaches typically have master's degrees
Supervisor to Home Visitor Ratio	1:5-6	1:8	1:10-12	1:8
Supervisor Training Length and Timing	One-day workshop	Five components: (1) distance learning and online lessons, (2) 1-day face-to-face supervisor training, (3) additional online distance learning, (4) 3-day face-to-face session 6 months after component 2, and (5) annual 3-day face-to-face NFP supervisor education	3.5 hour introductory workshop. Advanced training is offered at conferences and on site for groups of 20 or more. Ten hours of professional development each year.	One-to-two-day workshop for SafeCare coaches
Supervision Format and Frequency	Weekly individual supervision	(1) Weekly individual supervision and (2) team meetings and team case conferences alternating weekly.	At least 2 hours of monthly individual supervision and at least 2 hours of monthly group supervision.	Typically weekly individual and group supervision
Frequency of Supervisor Observation of Home Visitors	At least once within the first six months and periodic observation to monitor implementation. Supervisors also shadow when the home visitor needs assistance.	Three times per year	Annual observation of each parent educator during a home visit and leading or co-facilitating a group meeting. Observation every three years of parent educator developmental screening. First-year parent educators receive more frequent home visit observation; the first must be within 8 weeks of starting service delivery.	The first four visits, one visit per month for the first year, and one visit per quarter after the first year. More frequent observation for home visitors not meeting standards.