WF Subcommittee Meeting Feedback Notes

1/22/24

Demographics and Job Characteristics

- Reflection on "time in position", is it most important to share time in current position, or time in home visiting?
    - Someone followed up to share that folks bounce around a lot.
- Some of those bullet points at the end around cultural and language match, primary languages used to provide services…there's potential that folks might wonder whether we're asking about program vs. personal so clarity there will be important.

Training Accessibility/Barriers

- I would add language as part of this section, or translation
    - *Clarifying question from Nina:* Are we wanting to ask folks about whether they need translation themselves or if they need help translating content for families?
    - The thought was for the actual provider, but it's also a burden for the HV's to have to translate things.
- In terms of accessibility—is the training only available to a part of a team based on funding source? So is the training offered to only part of a team vs. the whole team?

Perceptions of Training Content

- I wonder if the content areas should align to the core competency areas? They have a set of WA state HV core competencies. Both a set for HVs and supervisors of HV programs. Imagined that those sets of competencies would be foundations for thinking about content areas of various trainings related to the field. A crosswalk between core competencies and these areas will show gaps. And the competency areas came from the field directly when asked what they need to know and be able to do in order to do things effectively (skills and abilities). https://www.startearly.org/where-we-work/washington/home-visiting-core-competencies/
- Wellbeing—what are the things that are contributing to leaving this position, leaving the field or work stress? Something to capture that would be helpful as that's such a big piece of the wellbeing construct.
    - Could be followed up with an open-ended question.
    - Butler team talked about how we could connect training and support to experiences with turnover (trying to keep in scope).
    - If you're feeling stressed and overwhelmed and underappreciated, maybe it's training around challenging work environment (don't want to say self-care). That's a way it could be folded in training.
- Which trainings are we asking folks to reflect on? Inclusive of their Model training? Their organization required trainings? Local CPR trainings? Folks may wonder how broad to be thinking?

Questions for Leadership

- What I don't see here is the training for the supervisor team on simply what leadership is. IN HV, many supervisors used to be HVs, and some don't have those supervision skills. There isn't really any training offered to supervisors about how to be a leader and what it looks like. Also talked about how this is related to burnout as folks leave when they don't feel supported by leadership.
- If there's space, it could be interesting to get a pulse on what providers think their leadership needs as far as training (with caution about putting the onus on the provider because it is a systemic--how supports are set up). Folks we are interacting with may not have much impact on the policies.
- Team building as topic/how to build ongoing teams is helpful
- How to use data to inform practices, and how to distribute back to providers

Question from Nina: What do folks think the value of training questions related to funding requirements?

- Funders have different requirements, different models have different requirements. Sometimes that all gets all tangled up and a little confusing.
- How to navigate the different funding landscapes well? (lots of nodding)

Overall Reactions/What's Missing?

- You may want to include to the field the anticipated follow-up? How will the information be used?
- Where is someone entering developmentally with what they're being asked? Awareness based on age of programming?
- This is more around training delivery details above, but I'm wondering about preferences for post-training supports/follow-up (obviously would differ based on the nature of the training)
- Wondered why secondary trauma wasn't under well-being and healing practices.
- I don't see substance use, but could be under family health

Question from Nina: Are folks interested in knowing more about supporting staff related to referral to services? In terms of working in the community context and centering community in terms of referrals.

- One person sees this as a point of stress for providers, sees this as part of case management skills.
- It's one thing to learn in a training when you need to make a referral vs. actually being able to do it. There's a huge divide between the "know" and the "do". Sometimes people really need support with the doing of it.

Note: When core competencies were developed, they did ask folks their thoughts on implementation. That may be a helpful resource to Butler.