

# Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Region X Workforce Innovations Project

## *Evaluation Executive Summary*

*Prepared for the Washington Department of  
Children, Youth and Families (DCYF)*



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*The Research Team at the Center for Improvement of Child and Family Services engages in equity-driven research, evaluation & consultation in order to promote social justice for children, youth, families and communities.*

# Executive Summary

## Project Background

In 2016, the State of Washington’s Department of Children, Youth, and Families (DCYF) was awarded a Maternal, Infant and Early Childhood Home Visiting (MIECHV) Innovation Grant from the federal Health Resources Services Administration (HRSA), Maternal and Child Health Bureau. The grant provided funds to Washington and partner states in Region X (Alaska, Idaho and Oregon) to implement an innovative set of home visiting workforce supports and to conduct an evaluation that would help improve these approaches. The following workforce supports were implemented:

1. Facilitating Attuned Interactions (FAN);
2. Steps for Learning NEAR@Home; and
3. Big 3<sup>i</sup> Design Workshops (Big 3).

Portland State University (PSU) was contracted to conduct a formative evaluation of these innovations.

## Overview of Training Models

At the start of this project, FAN, NEAR@Home, and the Big 3 Design Workshops were at different stages of development in terms of prior implementation and research. **Facilitating Attuned Interactions (FAN)** is a conceptual model and practical tool for family engagement and reflective practice. Previous studies have shown FAN to have positive short-term outcomes.<sup>1</sup> The goal of FAN is to increase supervisor and home visitor capacity to engage in attuned interactions and reflective practices that support their own professional well-being and effectiveness, as well as providing tools for home visitors to help parents to be more reflective and engaged in their parenting. The FAN approach helps home visitors read parents’ cues

and use skills in self-regulation and communication to meet parents where they are and move flexibly in interactions based on the parents’ response. The FAN also has been shown to increase home visitors own self-awareness. The same concepts are applied to the supervisor-home visitor. For this project, FAN supports included two days of in-person training followed by six months of coaching and mentoring support to home visiting supervisors and teams. A final daylong FAN in-person training was held, providing an opportunity for reflection on experiences, integration into practice and sustainability planning.

**The Steps for Learning NEAR@Home** is a more recently developed approach to workforce support that involves providing coaching and mentoring to home visitors to address families’ Adverse Childhood Experiences (ACEs) by implementing the [NEAR@Home Toolkit](#).<sup>ii</sup> The NEAR@Home approach supports home visitors to learn skills and strategies needed to talk about Neuroscience, Epigenetics, ACEs, and Resilience (NEAR) with parents. The goal of bringing NEAR@Home to families is to reduce the potential impact of ACEs on children while supporting family resilience.

While the toolkit has been downloaded widely and pilot tested in several programs, this grant supported more systematic development and evaluation of the “Steps to Learning” NEAR@Home training approach, which provides a four-step series of implementation supports. The four steps are: (1) an initial readiness conversation with a supervisor; (2) a two-hour foundational science webinar with all home visiting staff; (3) an all day, in-person facilitated learning session; and (4) four months of ongoing telephone and/or face-to-face reflection and integration support between NEAR@Home facilitators and home visiting staff.

<sup>i</sup> The “Big 3” refers to three serious family issues that have been widely identified as in need of more effective intervention strategies: (1) substance abuse; (2) mental health concerns; and (3) interpersonal/domestic violence.

<sup>ii</sup> <https://www.nearathome.org/download>

Big 3 Design Workshops comprised the third Region X workforce support. This innovation was designed to provide an initial step in building more effective strategies for home visitors to use with families experiencing one or more serious challenges including substance abuse, mental health issues, and interpersonal violence/domestic violence, sometimes referred to as “the Big 3.” To do this, daylong workshops were held (one in each Region X state) using a human-centered design approach. These professionally facilitated workshops brought together home visitors, home visiting supervisors, and others with relevant expertise to provide a forum for engaging the workforce in co-creating strategies to address “Big 3” issues with families.

## Evaluation Methodology

### Design & Rationale

The evaluation for FAN and Steps for Learning NEAR@Home used a formative, utilization-focused approach<sup>2</sup> to understand the process of implementation and provide timely feedback to inform ongoing adaptations. The National Implementation Research Network model<sup>3</sup> was used, which includes collecting data related to the extent of implementation of new practices, as well as factors supporting or hindering the

implementation process. The evaluation also documented adaptations needed to better meet the needs of high risk, culturally specific and/or linguistically diverse families and staff<sup>iii</sup>. The outcome evaluation for both FAN and NEAR@Home used Guskey’s<sup>4</sup> multi-level training evaluation model as a framework. Given the early developmental stage of the NEAR@Home approach, outcomes for this model were considered exploratory.

The evaluation of the Big 3 Design Workshops used primarily qualitative methods and focused on exploring the benefits of the human-centered design and participatory process on home visiting staff in terms of their feelings of empowerment and attitudes towards implementing new strategies to address the Big 3.

The final component of the evaluation gathered information about workforce satisfaction and retention. To do this, Exit Interviews were conducted with home visitors who left their positions during the project.<sup>iv</sup>

***Research questions for each component are shown in Figure 1.***

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<sup>iii</sup> See page xvii- Recommendations for cultural adaptation.

<sup>iv</sup> See page xv - Summary of exit interview work.

**Figure 1. Overview of Research Questions**

<p style="text-align: center;"><b>FAN &amp; NEAR@Home Implementation</b></p> <ol style="list-style-type: none"> <li>1. Describe the implementation of training and mentoring supports provided to home visiting staff.</li> <li>2. Describe the Implementation of the approach with families.</li> <li>3. What organizational, leadership, and competency drivers facilitate and/or hinder implementation?</li> <li>4. What are the perceived benefits for families and staff?</li> <li>5. What are the next steps for sustainability?</li> </ol>	<p style="text-align: center;"><b>FAN &amp; NEAR@Home Outcomes</b></p> <ol style="list-style-type: none"> <li>1. To what extent do home visiting staff receiving training report improved: <ul style="list-style-type: none"> <li>• Model-specific knowledge, attitudes, and skills?</li> <li>• Competency, self-efficacy, and resiliency?</li> </ul> </li> <li>2. What organizational and other characteristics are associated with these improvements?</li> <li>3. To what extent does participation improve the level of support home visiting staff perceive from organizations, and home visitors perceive from supervisors?</li> </ol>
<p style="text-align: center;"><b>Big 3 Design Workshops</b></p> <ol style="list-style-type: none"> <li>1. What was it like to be part of the human-centered design process for home visiting staff?</li> <li>2. How does engagement in the design process influence staff perceptions of the usefulness of new ideas and motivation to implement these ideas?</li> </ol>	<p style="text-align: center;"><b>Exit Interviews</b></p> <ol style="list-style-type: none"> <li>1. What are the primary reasons home visitors left their positions?</li> <li>2. What factors would help improve workforce retention?</li> </ol>

## Methods, Measures & Samples

**Figure 2 provides a high-level overview of data collection methods.**

### Implementation Study

Implementation data for FAN and NEAR@Home included quantitative surveys and qualitative interviews. Interviews were done with home visiting and training staff at two time points, at early implementation and again 4-6 months later. Interviews were done with home visitors (n=16), supervisors (n=8), home visiting program manager/directors (n=4); training model developers (n=3), trainers/facilitators (n=10), and with members of the Innovation Grant Governance Committee (n=6).

For the Big 3 Design Workshops, participants completed surveys at the end of the workshops (n=38). Qualitative interviews were conducted within 30 days of workshop completion with eight program staff (n=3 supervisors; n=5 home visitors) representing all four states.

FAN and NEAR@Home quantitative implementation data included: (1) Pre- and Immediate Post-Training Surveys; (2) Attendance in training and coaching sessions; and (3) Model-specific implementation checklists.

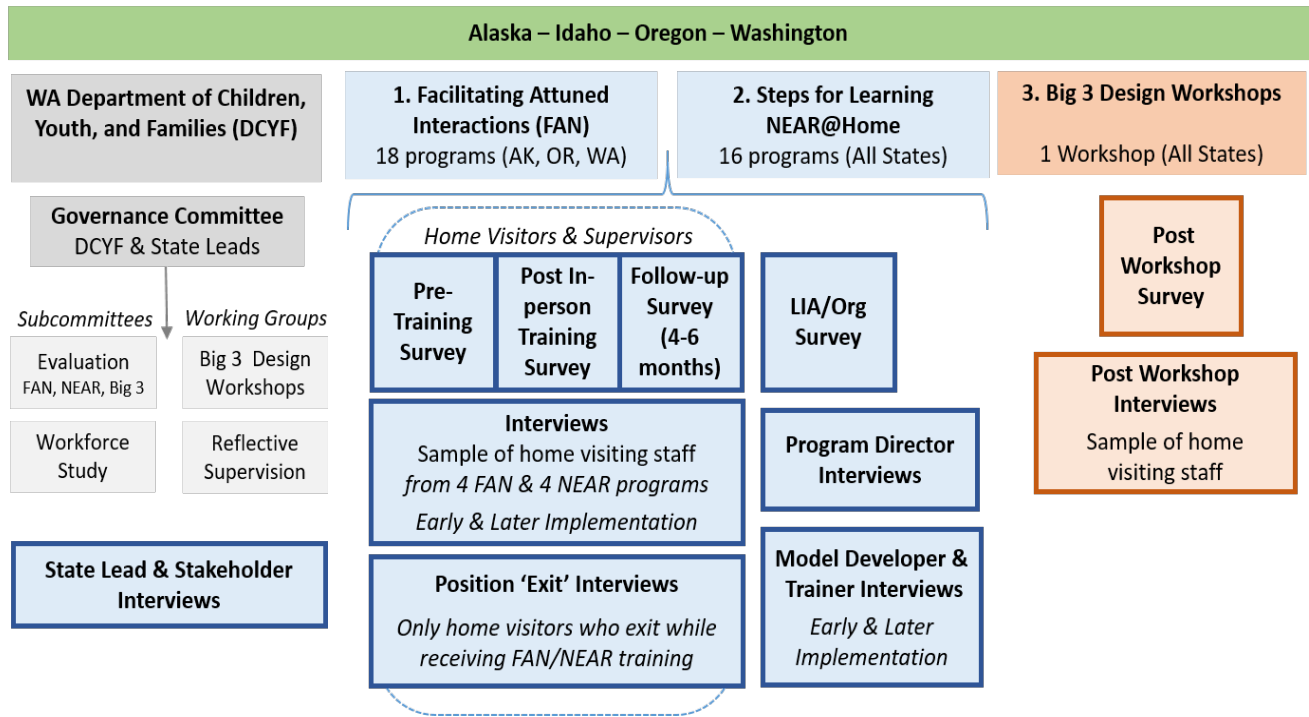
Qualitative data were analyzed using Atlas.ti and an iterative coding process led by the Co-Principal Investigators. Quantitative implementation data were analyzed using descriptive statistics.

### Outcome Study

Outcome surveys were collected from participants in FAN and NEAR@Home at three time points (T1=baseline; T2=post-training; and T3=4-6 month follow-up). In addition, to better understand program organizational context, agency directors/managers completed an online Local Implementing Agency (LIA)/organizational Survey.

For FAN, participants in the first 6 of ten FAN training cohorts were included in the evaluation,

**Figure 2. Region X Innovation Grant - Evaluation Overview**



representing three<sup>v</sup> Region X states and 18 programs. For NEAR@Home, the first 16 of 24 home visiting programs that participated were included in the evaluation, representing all 4 states. Response rates for FAN ranged from 71% (n=107, T2 & T3 completed) to 90% (n=150, T2 only) across time points. Response rates for NEAR@Home ranged from 78% (n=99, T1 & T3 completed) to 91% (n=115, T2 only) across time points.

Outcome surveys for FAN and NEAR@Home assessed three levels of outcomes based on Guskey’s framework (see Figure 3):

- **Level 1** -participant satisfaction and immediate response to training;
- **Level 2** - changes in intermediate outcomes related to participant knowledge, skills, and attitudes over time; and

- **Level 3** - changes in longer term level of self-efficacy or burnout; and quality of organizational supports for implementation (e.g., quality of supervision) that may contribute to longer-term practice changes.

Outcome analyses for FAN and NEAR@Home used Generalized Linear Models (GLM) repeated measures (within-participant) to assess changes over time in key outcomes. Outcome analyses controlled for participant race/ethnicity, education, whether visits were provided in Spanish vs. English only, and program model; subgroup differences in outcomes for these covariates were also assessed.

<sup>v</sup> Because of the staggered roll-out of FAN, Idaho FAN training was provided after the evaluation enrollment window and therefore not included in the study.

**Figure 3. FAN & NEAR@Home Outcomes Measures**

Measures at Immediate Post-Training (Time 2) & 6-Month Follow Up (Time 3)	Measures at Pre-Training (Time 1) & 6-Month Follow Up (Time 3)
<p><b>Level 1:</b> Training Satisfaction &amp; Experience Measures</p> <p><b>Level 2: FAN-Specific Skills &amp; Confidence</b></p> <ul style="list-style-type: none"> <li>• Empathic listening</li> <li>• Mindful self-regulation</li> <li>• Collaborative exploration</li> <li>• Capacity building</li> <li>• Integration</li> <li>• Ability to read family cues</li> <li>• Comfort in not problem-solving</li> </ul> <p><b>Level 2: NEAR-Specific Skills &amp; Confidence</b></p> <ul style="list-style-type: none"> <li>• Preparing for NEAR visit</li> <li>• Asking/Talking about ACES</li> <li>• Listening</li> <li>• Affirming</li> <li>• Remembering &amp; Reflecting on the NEAR visit</li> </ul>	<p><b>Level 2: Short Term Staff Outcome Measures</b></p> <ul style="list-style-type: none"> <li>• Five Facets of Mindfulness Questionnaire<sup>5,vi</sup></li> <li>• Reflective Functioning Questionnaire<sup>6,i</sup></li> </ul> <p><b>Level 3: Longer Term Staff Outcome Measures</b></p> <ul style="list-style-type: none"> <li>• Maslach Burnout Inventory<sup>7</sup></li> <li>• Work Stress Scale (Teacher Opinion Survey)<sup>8</sup></li> <li>• Self-efficacy scale (Teacher Opinion Survey)<sup>8</sup></li> </ul> <p><b>Level 3: Organizational Outcome Measures</b></p> <ul style="list-style-type: none"> <li>• Reflective Supervision Scale<sup>9</sup></li> <li>• Organizational Learning Culture<sup>10</sup></li> <li>• Organizational Psychological Climate<sup>11</sup></li> </ul>

<sup>vi</sup> These measures not included in NEAR@Home outcomes study as they were not hypothesized to change based on NEAR@Home model.

## FAN Implementation Study Key Findings & Implications

### Key Findings: Implementing the FAN Training & Mentoring Process

1. **Initial two-day trainings were successful and high quality**, while many suggested a third day (more time) would have been helpful.
2. **Increased opportunities for hands on practice and role-plays during training would be useful and welcomed.**
3. **Implementing FAN for an entire team (supervisor plus home visitors) was beneficial**, and created opportunities for shared learning, support, and problem solving, as well as facilitating more systemic organizational support.
4. **Follow-up mentoring support was crucial and additional time for these supports would have been valued.** Both training participants and trainers commented that more mentoring and follow-up support would have been desirable and could be important for sustainability.
5. **Completing FAN Learning Tools was essential to supporting implementation and ongoing learning during the 6 month follow-up period.** Despite some initial challenges completing the Learning Tools, at the end of the project there was near-consensus that the tools were important for implementation success and sustainability.

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*“The FAN tools we’re using to help the client engage are therapeutic - it’s therapeutic for them although they don’t know it – and for us....” (Home Visitor)*

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6. **Providing strong and regular support to new FAN trainers was key.** “Real time” observations of training sessions, as well as immediate support and feedback from master

trainers were key practices for enhancing FAN training.

### Key Findings: Implementing FAN with Families

1. **The FAN’s focus on shifting the role of the home visitor from one of “fixer” to one of empathic listener** was highlighted as the most fundamentally important component of the FAN approach. Home visitors saw this as “game changing” in their practice.
2. **FAN strategies helped home visitors in their work with families. In particular, home visitors noted that the following** were particularly valuable:
  - **Mindful self-regulation skills** that helped families deal with stress and emotional reactivity;
  - **Strategies that helped center the visit on the parents’ experience of being a parent;** and
  - **Structured FAN questions** that provided a clear beginning, middle and end for the home visit.

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*“I feel like FAN has changed my visits and relationships with families. I’m more empathetic to the family and more organized in the home visits... it has changed my way of looking at home visits and participating in the visits.” (Home Visitor)*

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3. **The flexibility to individualize FAN approaches and make adaptations based on family needs and culture was seen as important to implementation success.** This was inherent in the explicit focus within the FAN model on “meeting parents where they are” and on helping staff develop empathic listening skills.
4. **Home visitors sometimes struggled, and at the same time found it beneficial, to let parents “take the lead” during home visits.** This was especially the case for staff trained in home visiting models that are less explicitly family-driven.



*“Sometimes you need to pause and step back and think about what is best for the family, not just me fixing it but building their capacity. To me, [using FAN] takes the pressure off, and ...makes me feel less overwhelmed or responsible.” (Home Visitor)*

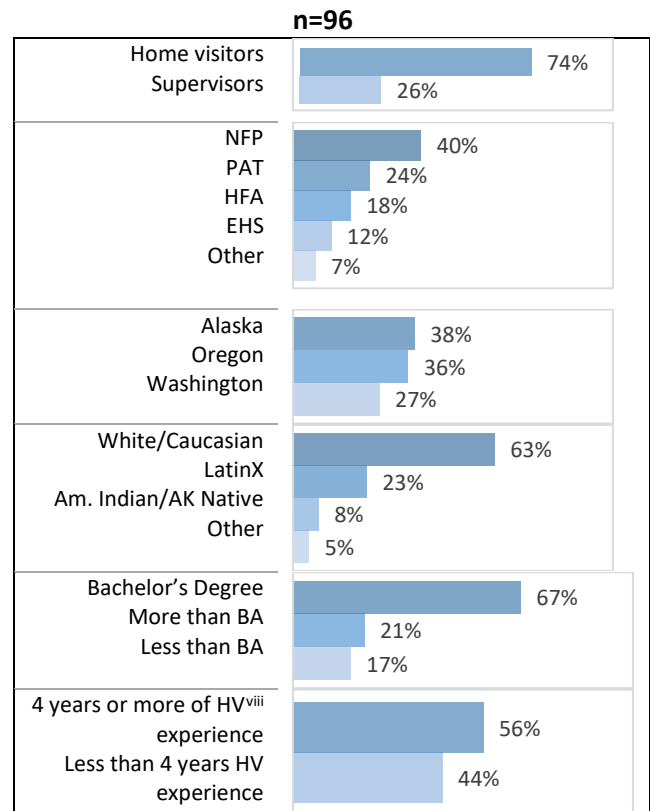
**Key Findings: Organizational & Other Influences on FAN Implementation**

- 1. Explicitly integrating FAN concepts with program models was important.** Organizations in which supervisors and/or home visitors explicitly drew parallels between the FAN language and approach and the home visiting model itself seemed to have more success in implementation. Some staff and programs experienced challenges layering FAN practices on top of existing program requirements for home visit and supervision session content and documentation. Providing supplemental tools that show how FAN strategies and tools fit with other program requirements may help to address this.
- 2. Organizations and supervisors that provided a reflective and supportive workplace had more success.** In particular, having strong training and systems for ongoing reflective supervision already in place was seen as important in that these supervision sessions more readily lent themselves to providing a forum for discussing FAN implementation.
- 3. Being clear when recruiting programs about the requirements and expectations for implementing FAN was important.** Further, ensuring home visiting program leadership understood and supported the time needed for FAN training and implementation was noted as crucial, especially for ongoing sustainability of practice changes.

**FAN Outcome Study - Key Findings & Implications**

Figure 4 summarizes the demographic and other characteristics of the FAN outcomes study sample. Figure 5 summarizes key outcomes.<sup>vii</sup>

**Figure 4: FAN Outcome Sample Time 1 (Baseline) & Time 3 (Follow-Up)**



- 1. There were statistically significant increases in FAN-specific skills for some subgroups of home visiting staff.**
  - Staff who self-identified as White/Caucasian or with least a Bachelor’s degree showed more significant changes in their levels of FAN skills than staff of color or staff with less than a Bachelor’s degree. These groups also had lower FAN skills at baseline, and thus had more “room to improve” over time. Staff with less formal education rated themselves as having more FAN skills than

<sup>vii</sup> Outcome results include both home visitors and supervisors.

<sup>viii</sup> HV=Home Visitor

those with more education immediately following training.

- These results may reflect the need to tailor FAN training approaches to be responsive to home visiting staffs' educational and cultural backgrounds; although sample sizes for these subgroups were, small and thus results should be interpreted as preliminary.
2. **Staff reported decreased emotional reactivity - a key hypothesized outcome for FAN.**
  3. **Staff reported increased levels of organizational support**, indicating that they felt valued and supported by their agency, although this was only marginally statistically significant. However, there were significant improvements for staff who provided services in Spanish.
  4. **Compared to those who reported higher self-awareness, staff who reported lower mindful self-awareness skills before training showed bigger decreases in job-related burnout and bigger increases in sense of job-related accomplishment.** These staff also had higher burnout and lower sense of accomplishment to start, and therefore may be more at risk for long-term job-related burnout.
  5. **No other significant or near-significant effects were found when looking across all participants;** some subgroup findings were indicative of potential differences although sample sizes were small.

Figure 5: Summary of FAN Outcomes

Short Term Outcomes	Intermediate Outcomes	Organizational Outcomes
➤ Increased FAN-Specific Skills, but only for sub-groups of participants	➤ Decreased Emotional Reactivity	➤ Improved Organizational Climate (trend)

## NEAR@Home Implementation Study - Key Findings & Implications

Given the early developmental stage of the Steps for Learning NEAR@Home approach, emphasis was placed on evaluating implementation processes as well as understanding potential outcomes from a qualitative perspective. Evaluators worked closely with the model co-developer and state facilitators to share regular feedback from the evaluation for ongoing modifications.

### Key Findings: Implementing NEAR@Home Learning & Supports

- 1. Hiring local, community-based facilitators supported successful implementation.** State-based facilitators were largely familiar with the home visiting communities and in some cases already had relationships with programs. This helped to speed their ability to build relationships with staff teams, and was noted as particularly important by stakeholders in Alaska and Idaho.
- 2. Participants in the NEAR@Home Learnings had suggestions for enhancements, including:**
  - Making the NEAR@Home in-person learnings more engaging and interactive;
  - Providing increased contact with facilitators, and creating tools for supporting ongoing implementation.
- 3. Implementation would be enriched by developing tools or other supports to help integrate and “crosswalk” NEAR@Home strategies and concepts with those of home visiting program models.** Both home visitors and supervisors noted that more guidance was needed on how to integrate the NEAR approach with their home visiting program model and/or curriculum.

### Changes Along the Way in NEAR@Home Learnings

By design, NEAR@Home implementation was informed by evaluation findings, which led to a number of ongoing adaptations. **These included:**

- Shifting the “readiness” calls to discussion focused on information gathering and exploration of programs’ interest and ability to engage in the work;
- Scheduling Steps closer together to build momentum, especially in the early phases; and
- Providing Steps to Learning in-person as much as possible, rather than via conference/webinars.

**Other changes were made by home visitors and documented by the evaluation, such as:**

- Simplifying language, making it less ‘therapeutic’ and more strengths-based;
- Slowing down the timing and pacing for NEAR-related discussions to build trust and prepare families for the potentially emotionally challenging process.

- 4. There are opportunities to improve the “Train the Trainer” model. Suggestions included:**
  - Providing more individual, one-on-one support to new facilitators, such as monthly individual supervision calls and opportunities for the model co-developer to observe their work with programs;
  - Hiring and training culturally and linguistically diverse facilitators.

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*“NEAR@Home helps you understand the ‘how’ ACSs affect you. It gives you an opportunity to reflect on your own life and understand ‘maybe that’s why I reacted that way ...because of something I experienced in my own childhood’. That helps you understand your client and perhaps decisions that they’ve been making too.” (Home Visitor)*

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## Key Findings: Implementing NEAR@Home with Families

1. **Supervisors and NEAR facilitators were key supports to each other; likewise, supervisors were crucial in supporting home visitors to do NEAR visits.** In particular, supervisors who saw the value of NEAR visits and who had regular reflective supervision (either group or individual) with home visitors appeared to be most successful in supporting NEAR@Home implementation.
2. **Successful NEAR@Home visits were empowering and increased staff motivation to continue to implement with their caseloads.** Staff who reported having successes with families in doing NEAR@Home visits reported increased confidence in trying the approach with additional families.
3. **Implementing NEAR@Home created concerns for some staff; over time, those who tried NEAR visits reported more confidence and comfort with the approach.** A number of successes in doing NEAR@Home visits were reported by staff. However, some home visitors reported challenges with implementing the approach. Initial concerns about how families would react, and staff discomfort using “therapeutic” language became less apparent as staff gained practice in implementing the approach. Interviewees noted that home visitors may need additional and ongoing support to build confidence in raising and discussing sensitive issues with families.
4. **Home visiting staff felt NEAR@Home improved connections with families.** Most home visitors felt that incorporating NEAR@Home into their practice built trust and supported engagement with families.

## Key Findings: Organizational & Other Influences on NEAR Implementation

1. **Organizational context was important for implementation success.** Successful organizations had:
  - Supportive leadership in the organization;
  - Prior or current training and programmatic focus on ACEs and trauma-informed practice;
  - Strong practice and regular systems for reflective supervision; and/or
  - A focus on using a strengths-based approach to working with families.
2. **Organizations that had more challenges implementing NEAR@Home were those that:**
  - Were dealing with too many other changes or demands;
  - Experienced high staff turnover;
  - Were perceived as having a strong focus on compliance with required programmatic activities and/or having more of these requirements; and/or
  - Chose to participate in both FAN and NEAR@Home during the project period.

## NEAR@Home Exploratory Outcome Study – Highlights & Implications

### Qualitative Insights into Benefits to Families

Some of the specific benefits **reported by staff** in doing NEAR@Home visits with families included:

1. **Helping parents be aware** of their own resiliency, their ability to overcome past trauma, and how their childhood

experiences might be influencing how they parent their children.

2. **Helping parents feel hope for the future**, in particular guiding them to see that they can help to protect their children from challenging experiences.
3. **Providing a mechanism to discuss and share personal experiences with their home visitor**, which in turn helps to strengthen the relationship and quality of support home visitors provide.
4. **Creating an opportunity to better identify family needs** and informing home visitors about needed referrals.
5. **Helping parents increase their own reflective skills** and better understand why they react to certain things or why certain things are difficult for them.
6. **Helping parents with their own stress management** and increasing their awareness of their own behavior.

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*“Now I really understand how it NEAR@Home can help people, empower them with knowing and help them overcome and break the cycles.” (Home Visitor)*

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#### Qualitative Insights into Benefits to Staff

Interviews also provided insights into benefits for home visiting staff. These included:

1. **Increasing home visitor’s feelings of competence and confidence** in talking with families about trauma, which often comes up during home visiting even absent of specific efforts to do ‘NEAR visits’.
2. **Improving home visitors’ understanding of the links between childhood experiences and adult behavior** for both themselves and the families they work with.

3. **Providing a lens for home visitors to better understand their own behavior** by learning their own ACEs score and having opportunities to reflect on their own past trauma experiences.
4. **Building greater understanding and empathy for family choices that staff may perceive as challenging** (e.g., cancelling/not showing up for visits). These insights, in turn, may help reduce job-related stress for home visitors.
5. **Providing an opportunity for home visitors to see how important their role** is and to understand how they help by being a key (sometimes the only) supportive person in a family’s life.

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*“...oftentimes the home visitor plays the role of being that supportive person who serves as a protective or resiliency factor for families. NEAR@Home helps our staff members know how important their role is.” (Supervisor)*

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#### NEAR@Home Exploratory Outcome Study: Quantitative Findings

Results found a marginally significant trend indicating that home visiting staff **increased their NEAR-related skills**, an important first step in supporting longer term, more sustainable practice changes. Staff with Bachelor’s degrees or who were in NFP programs reported the most improvement. There were no significant overall impacts on any other exploratory outcomes, although staff who reported receiving less initial reflective supervision showed somewhat greater improvements in their job burnout, work stress and self-efficacy. Further work to define important change processes as the approach evolves can continue to provide more insights into key intended outcomes and mechanisms.

## Big 3 Design Workshops - Key Findings

### Benefits of Design Workshops

Several strengths of the Design Workshop were identified from interviews and surveys with participants. Home visiting staff:

1. **Were extremely positive about their experience** and felt that facilitators were skilled in involving and eliciting feedback from participants. All the interviewees expressed appreciation for the facilitators, who were key to engaging participants in the design process.
2. **Felt the structure was effective**, and enjoyed the multiple iterative rounds of discussion, brainstorming, and activities, which was seen as engaging and effective.
3. **Appreciated the opportunity to think creatively about issues** and engage in activities that empowered them to talk about Big 3 in a new way.
4. **Uniformly agreed that including direct service staff in the process was important** for helping develop and brainstorm new and effective strategies for serving families experiencing the Big 3, and for helping motivate staff to try out new ideas.

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*“I really appreciated the opportunity to start thinking about learning that will help home visitors deal more effectively with the families who experience the Big 3. [It also] helped give the home visitors the tools, capacity, and support they need so the Big 3 don't overwhelm the work that they do. Rather it becomes something that empowers them in their work, so they feel like ‘I know the steps to take and I know what to do when we have clients who are experiencing the Big 3.’” (Home Visitor)*

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### Takeaways from Big 3 Design Workshops

Participants shared numerous examples suggesting that the workshops were successful in generating new ideas and strategies for how to strengthen direct service professionals' work with families experiencing one or more challenges of the Big 3. Almost all participants indicated that they had specific activities to bring back with them to their workplace to use. These included ideas for:

1. Improving self-care for the home visitors;
2. Creating a more trauma-informed workplace; and
3. Creating opportunities for sharing what they had learned with others in their program or agency.

## Understanding Workforce Satisfaction & Retention: Learning from Exit Interviews

A long-term goal of the Region X Innovation Grant was to improve home visitor job satisfaction and retention in the workforce. To learn more about reasons home visitors may leave the field, and what might help them to stay, the evaluation team collected qualitative telephone **Exit Interviews** from staff who participated in FAN or NEAR@Home and who subsequently left their position during the evaluation. Exit interviews were conducted with 12 home visitors (7 participants from FAN training and 5 from NEAR@Home).

### Why Did Home Visitors Leave?

While a few home visitors left their positions for personal reasons (health, family), most described challenges with increasing program demands and organizational constraints as contributing to their decision. Underlying these factors was a sense of imbalance in their work between time spent meeting program requirements and time spent with families, as well as a lack of appreciation or understanding of the difficulty and value of their work. The most common reasons home visitors gave for their decision to leave were:

1. **Increasing paperwork demands and emphasis on “the numbers”** (e.g., requirements for numbers of visits, number of families on caseloads, required assessments and documentation);
2. **Lack of professional support** both at the supervisory and administrative/program management levels; and,
3. **Program and administrative inflexibility** around schedules, lack of clarity around job expectations, and/or lack of advancement opportunities.

### What Would Help Improve Job Satisfaction and Retention?

Home visitors shared a number of ideas for increasing retention, such as:

1. **Providing time for shared learning** with peers and supervisors;
2. **Greater professional recognition** by program leadership of the importance of home visiting and of home visitor accomplishments;
3. **More organizational and programmatic flexibility**, including streamlining required paperwork, supporting part time or flexible work schedules, and adopting more flexible approaches to providing home visits than is required by some national models;
4. **Increased pay and opportunities for advancement**; and,
5. **Ensuring that job expectations for new hires are clearly stated** to ensure a good fit with program models serving families with complex and multiple risk factors.

Additionally, a number of home visitors shared their strong feeling that **more efforts need to be made to increase community understanding and appreciation of home visiting** as important and challenging work. Making it clear that their job is not just “playing with babies” would help to improve job satisfaction and retention.

## Overall Project Successes & Recommendations

The Region X Innovation Grant was a complex and ambitious approach to providing workforce training and supports to home visiting programs across four large, geographically and culturally diverse states, encompassing a wide variety of home visiting program models. Taking this regional approach brought together agencies and organizations that had not worked together previously and were able to collaborate effectively to achieve tremendous success within a relatively short time.

### Major project successes included:

- Establishing an effective, productive, and valuable regional governance, communication, and project oversight structure;
- Implementing and evaluating two major workforce training and support models, and a series of human-centered design workshops, across four states;
- Successfully engaging 291 home visitors, supervisors, and other staff across FAN and NEAR@Home approaches within 31 organizations;
- Building capacity at the state and regional level for subsequent training and support through a “train the trainer” approach that yielded 4 new FAN trainers and 5 NEAR@Home facilitators across the region;
- Engaging 46 home visiting staff and content area experts in a human-centered design process that provided a foundation for future work to support home visiting programs and staff to better meet the needs of families facing challenges related to substance abuse, mental health concerns, and interpersonal/domestic/intimate partner violence;

- Allowing flexibility for regional FAN model trainers and NEAR@Home facilitators to adapt approaches to local culture and context;
- Supporting development and continuous improvements in the NEAR@Home approach with evaluation feedback loops to create a more effective and potentially replicable model for supporting home visitors in trauma-focused work with families.

**Reported evidence of positive outcomes of FAN and NEAR@Home.** There were statistically significant or near-significant improvements in home visiting staffs’:

- Key skills related to implementing FAN and NEAR@Home;
- Ability to self-regulate their emotions (FAN);
- Sense of organizational support (FAN).

Improvements that were specific to certain subgroups of participants suggest the need to better understand how to tailor the approaches to staff with different educational and cultural backgrounds, training history, and working within organizational/programmatic contexts.

### Recommendations for Strengthening FAN and Steps for Learning NEAR@Home Implementation

1. Increase the length and intensity of follow-up mentoring/coaching phases for both approaches.
2. Create more formal strategies and tools for preparing programs for participation in the FAN and NEAR@Home approaches.
3. Ensure organizational readiness in the form of prior training in reflective supervision and leadership buy-in for implementation support.



4. Develop and/or enhance tools and systems for tracking and supporting FAN& NEAR@Home implementation.
5. Explore enhancement of the content and training modality for NEAR@Home in-person learning sessions.

### Next Steps for Big 3 Design Workshops

Workshop participants were clearly interested in continuing to engage with the collaborative teams to build on the work done in the workshops. They were eager to continue to talk and learn more about how approaches discussed in the workshops could be developed further, and integrated into their work with families experiencing the Big 3. Identifying key resources needed to take these next steps, as well as considering future ways to engage the home visiting workforce in these efforts, is a critical next step. Further work specific to ideas generated at the Big 3 Workshops is ongoing in Region X.

### Recommendations for Cultural Adaptations for FAN & NEAR@Home

Over the course of this evaluation, the research team made efforts to understand the extent to which changes were needed to improve FAN or NEAR@Home for home visitors who were themselves persons of color and/or who were working with culturally or linguistically diverse families. Results suggested that while both FAN and NEAR@Home include individualization as a core strategy, and one that staff saw as important for making the approaches effective, **deeper work that explicitly focuses on cultural adaptation is important.**

**A key next step for this work is to gather more information from culturally and linguistically diverse staff and family members.** While the current study provides initial ideas for improving the cultural responsiveness of FAN and NEAR@Home, it is important to keep in

mind that relatively few home visitors of color participated in this evaluation. 63% (FAN) and 76% (NEAR@Home) of home visiting staff in the outcome study identified as White, and there was one trainer who identified as bilingual-bicultural (of 12). Inviting input from diverse staff and family members may be pivotal in helping identify places where the approaches can achieve enhanced alignment with cultural values, practices and historical contexts.

With this in mind, suggestions for next steps included:

1. **Engage more bilingual/bicultural trainers and facilitators.** Having a trainer who was able to bring a specific cultural lens to the framework was seen as important (in this study, a bilingual/bicultural FAN trainer).
2. **Provide supplemental materials, resources, and activities for the trainings in many languages.** It was noted as helpful that FAN materials were translated into Spanish. It is a priority for model developers to also have FAN videos, vignettes, and other more interactive tools translated in the future. Similarly, translating the NEAR@Home Toolkit was noted as a critical next step for this approach.
3. **Create a path for cultural exploration as a key component of “advance work” prior to working in communities.** Both FAN and NEAR@Home might consider establishing specific process for doing “advance work” with potential home visiting programs to help facilitation staff learn more about the diversity and needs of home visiting staff and families. This process can also provide a better sense of the cultural context in which trainers are introducing the new approaches.
4. **Incorporate boarder categories of trauma along with the CDC ACEs questionnaire that are more culturally specific,** including

those that more comprehensively capture the breadth of potential adverse experiences of specific cultural groups (e.g., historical trauma, immigration or refugee experiences, institutional racism).

5. ***Develop specific strategies that attend to the variability in cultural norms for discussing sensitive and personal issues.***  
Staff described challenges in balancing the importance of talking to culturally diverse clients about NEAR information and ACEs, while honoring the families' concerns about going against family or community traditions.
6. ***Build in more time for training staff who work with culturally diverse families.***  
Facilitators noted that when training some staff working with specific types of families, it was helpful to allow more time to reflect, process and have conversations around what a NEAR visit might look like given a families' culture. Planning for this in advance would help encourage such discussions.

### Recommendations for Sustainability & Expansion

For sustaining practice within the trained home visiting program and teams, the following may be particularly important:

1. ***Ensuring opportunities for ongoing shared learning and team support*** within and across programs, such as by supporting communities of practice;
2. ***Creating and implementing methods for training new supervisors and staff*** within the programs that participated (e.g., on-line training).
3. ***Developing a systematic follow-up strategy for "refresher" trainings with programs,*** and providing planned implementation follow-up support to ensure new FAN and NEAR@Home visit practices are continued;

4. ***Considering tools and/or data collection that assists in monitoring ongoing implementation*** in a way that enhances targeted support in programs that are in need of assistance in sustaining new practices.
5. ***Working with national (and other) home visiting models*** to develop processes, tools, and "crosswalks" that integrate FAN and/or NEAR@Home approaches with core home visiting model language and requirements. This would help to increase the likelihood that the currently trained home visiting programs will continue to implement newly acquired training practices as well as contributing to the efficacy of FAN and NEAR@Home for new home visiting programs.

Expansion work in Region X is already moving forward, although states are differentially resourced to do this evolving work. Both Washington and Oregon have plans to expand FAN and NEAR@Home by leveraging existing workforce supports. Effective expansion work will require strong state leadership and commitment to identifying resources to support more training and coaching opportunities such as those provided by this federal Innovation Grant. With adequate resources, local programs and partners can build on the lessons learned from this evaluation and the established network of FAN trainers and NEAR@Home facilitators to implement additional workforce training/supports. Communicating evaluation results and building support for expansion with a broader audience of funders and home visiting programs will be important in developing additional opportunities for continued growth.

### Future Areas for Research & Evaluation

Future research and evaluation for the FAN and NEAR@Home approaches will be important to continue to strengthen and solidify the evidence base for effectiveness. Evaluation is needed that:

- ❖ Examines systematic variations in intensity, duration, and modality for the in-person training and follow-up mentoring/coaching supports to improve efficacy and efficiency;
- ❖ Follows trained staff for longer periods of time to examine sustainability of knowledge and practice changes and assesses whether long-term expected benefits (e.g., staff retention, family resiliency) are achieved;
- ❖ Includes direct observation of home visiting staff during supervision and/or working with families as a way to provide guidance on skills and practice enhancement;
- ❖ Provides larger sample sizes to better understand participant subgroup differences in efficacy and other outcomes;
- ❖ Uses methods that provide insight into families' experiences with FAN and NEAR@Home strategies, and includes assessment of whether and how these approaches may lead to improved outcomes for families.

Finally, more rigorous evaluation designs will further solidify the evidence base for these workforce supports. The current study relied on pre-post assessment of changes linked to theoretically derived questions and constructs; however, no comparison group was used. Thus, causal conclusions must be made with caution. Especially for the FAN approach, more rigorous outcome evaluations will be important to strengthen the internal validity for drawing causal inferences about effectiveness.

For NEAR@Home, it will be important to use the findings from this evaluation to continue to

strengthen model strategies for learning and support so that desired short-term benefits are achieved and can be documented. Rapid-cycle, continuous improvement evaluation may be most appropriate to support this work prior to considering more rigorous efficacy studies.

Finally, additional attention on cultural adaptation that includes gathering information from cultural and linguistically diverse families and staff is clearly important. Using community-based participatory approaches to understand and expand knowledge of how these approaches can be improved to reflect diverse racial, linguistic/cultural, geographical communities is a key next step.

The current study found evidence for positive benefits of FAN, NEAR@Home, and the human-centered Big 3 Design Workshops on the home visiting workforce, and yielded considerable insights and lessons learned to strengthen these approaches. Building on this foundational work has the potential to significantly contribute to the well-being of the home visiting workforce, as well as the ability of home visitors to enhance key skills for working effectively with families with young children.

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