

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

## *Final Evaluation Report*

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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.**

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# 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.

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<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><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><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><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><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.

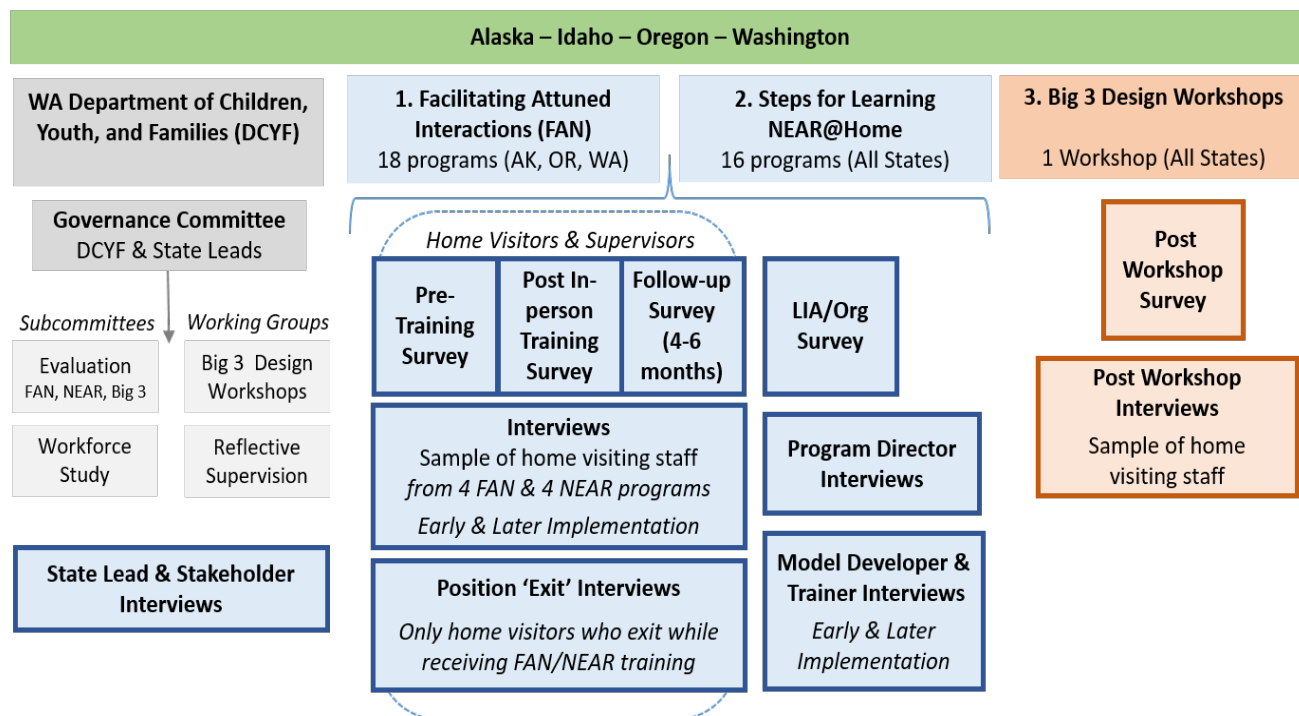
Qualitative data were analyzed using Atlas.ti and an iterative coding process led by the Co-Principal Investigators. Quantitative implementation data were analyzed using descriptive statistics.

### 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.

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*“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)*

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

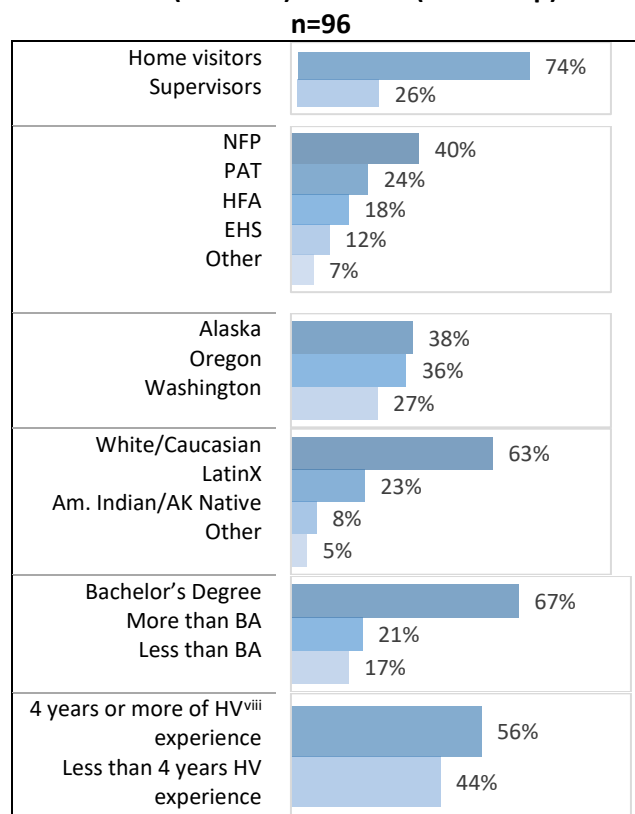
1. **Explicitly integrating FAN concepts with program models was important.** Organizations in which supervisors and/or home visitors explicitly drew parallels between the FAN language and approach and the home visiting model itself seemed to have more success in implementation. Some staff and programs 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)**

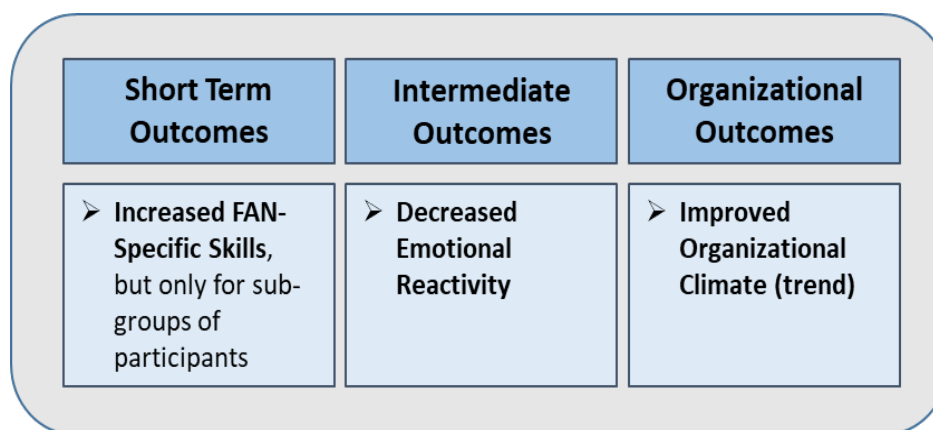


<sup>vii</sup> Outcome results include both home visitors and supervisors.

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

1. **There were statistically significant increases in FAN-specific skills for some subgroups of home visiting staff.**
  - a. 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 those with more education immediately following training.
  - b. 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 previously 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



## 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:

- Improving self-care for the home visitors;
- Creating a more trauma-informed workplace; and
- 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:

- ❖ ***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).
- ❖ ***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.
- ❖ ***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.

- ❖ ***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).
- ❖ ***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.
- ❖ ***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.

# Region X Workforce Innovations Evaluation Report:

## Introduction

### Project Background

The State of Washington and its Region X partners were provided funding to implement an innovative set of workforce supports with the goal of increasing the capacity of organizations to recruit and retain quality home visiting staff and to develop the capacity of supervisors and home visitors to better meet the complex needs of families. The Innovation Grant is led by the Washington Department of Children, Youth & Families (DCYF), and governed collaboratively by lead MIECHV agencies from Oregon, Idaho and Alaska. Given the large number of grant partners, stakeholders and project components, grantee leadership developed a Governance Committee to provide structured oversight for the work plan implementation and timelines.



DCYF provided funding in Region X for three innovative home visiting workforce support trainings and evaluation activities linked to training. These included: (1) Facilitating Attuned Interactions (FAN); (2) Steps for Learning NEAR@Home (NEAR) and; (3) the Big 3 Design Workshops (Big 3). Portland State University (PSU) was contracted to perform a mixed methods, process and outcome evaluation of the three approaches that focused both on gathering information on implementation, as well as on assessing short-term outcomes. An Evaluation Subcommittee (EC) convened regularly by DCYF brought together a number of governance committee members and key stakeholders with the PSU evaluation team in order to support evaluation plans. The EC fostered communication between the home visiting field and evaluation staff, Governance Committee and funders, as well as played an active role in reviewing study methods, protocols, and data reporting and dissemination planning.

### Organization of this Report

The evaluation included multiple components to understand various aspects of three Region X Innovations Innovation training models. The body of this report is grouped into five main sections that summarize the results as follows: (1) FAN and (2) NEAR@Home evaluation methods and results; (3) Workforce Exit Interview results; (4) Big 3 Design Workshop results; and (5) Regional Implementation Insights on Lessons Learned from key stakeholder interviews. For both FAN and NEAR@Home evaluation sections, results are organized by research questions within two distinct areas: 1) implementation (e.g., changes to and use of the model over time, experience of training), and 2) outcomes (e.g., knowledge and work stress). For each model, research questions are listed and a summary of the corresponding qualitative and quantitative data findings is provided. *In some instances where evaluation procedures (e.g., recruitment, measures) are identical across models, and previously described, readers are referred to that section of the report.*



The Workforce Exit Interviews and Big 3 Design Workshops comprised different research questions and methodology thus are summarized in standalone sections Three and Four. Similarly, the last of the five main sections includes a summary of Lessons Learned gleaned from Regional stakeholder interviews. To wrap up the reporting, a section on successes and challenges specific to the Region X Evaluation is included. Finally, conclusions, implications of the findings and recommendations specific to this work are outlined, including a description of plans for results dissemination to the field. *Due to the breadth of data collected for this evaluation, extensive Appendices were created to support this report. Appendices include further details on training models, quantitative measures, interview protocols and data tables as referenced in the report text.*

## Region X Training Model Descriptions

The Region X Innovation grant included several approaches to supporting the needs of the home visiting workforce in Washington, Oregon, Idaho, and Alaska. The two primary models implemented were Facilitating Attuned Interactions (FAN) model and Steps for Learning NEAR@Home (NEAR@Home). Of the two, FAN is a more established model, having been implemented in various settings including home visiting and early childhood programs across the US.<sup>9</sup> The goal of the FAN is to increase supervisor and home visitor capacity to engage in effective reflective practices in both supervision and working with clients, while supporting parents to be more reflective and engaged. The FAN has been shown in preliminary evaluation studies to support staff well-being and reduce burn out (Spielberger et al., 2016). Newly hired Region X Trainers learned while paired with experienced FAN Trainers who delivered the FAN trainings, in a ‘train the trainer’ model. FAN CORE Training ‘Level I’ included two days of in-person meetings with teams of home visitors and supervisors and certified FAN Trainers. This was followed by a 6-month ‘Level II’ Reflective Practice period, with coaching and mentoring supports, and then a final one-day in-person training with home visiting staff. A FAN program logic model is included in *Appendix H*. This logic model, as well as consultation with FAN model developers and prior evaluation researchers, guided selection of measures, and short, intermediate, and longer term outcomes for this study.

The second model implemented was Steps for Learning NEAR@Home, a more recently developed approach to workforce support that provides coaching and mentoring support to home visiting staff guided by key elements in the “NEAR@Home Toolkit.”<sup>10</sup> The Toolkit couples information on brain science and trauma, with questions about Adverse Childhood Experiences (ACEs), and techniques for helping staff and families understand the impact of trauma on their own well-being. While the toolkit has been downloaded widely and pilot tested in several programs, there is limited information on implementation and no formal evaluation data to date. Community based facilitators were hired to work in each Region X State. Facilitators were chosen in part based on their work in the community and skills in areas specific to relationship building. They were trained using the NEAR@Home toolkit by the model co-developer, in a 1 day in-person learning session, and had a series of ongoing supports with the co-developer (one on one conference calls) and fellow NEAR State facilitators (community of practice calls). The training and mentoring strategies for implementation of the Steps for Learning NEAR@Home typically included working with a team of home visitors and their supervisor to provide an initial all day, in-person facilitated learning session, and 4 months of ongoing telephone and/or face-to-face

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<sup>9</sup> <https://www.erikson.edu/professional-development/facilitating-attuned-interactions/>

<sup>10</sup> <https://www.nearathome.org/>

consultation and supports between facilitators and home visiting staff. Over the course of this project, the NEAR logic model was fine-tuned, and is provided in *Appendix H*; this logic model, in addition to consultation with NEAR@Home co-developers, provide the framework for selection of implementation and outcome measures for study.

The third model, the “Big 3” Design Workshops, aimed to address the widely acknowledged need for tools and strategies to help home visiting staff to work more effectively with families who experience one or more serious challenges including substance abuse, challenges with mental health, and Intimate Partner Violence (IPV)/domestic violence (aka, “The Big 3”). To take a first step to engaging the workforce in helping to co-create strategies to address this need, a human-centered design approach was taken, that involved hiring Anthro-Tech, LLC<sup>11</sup> to facilitate working sessions in each of the MIECHV Region X states (AK, ID, OR, WA). These “*design workshops*” were used as an opportunity to engage home visitors, supervisors, and others with expertise in serving families with these challenges in a facilitated brainstorming process focused on how to support home visiting staff around “The Big 3”.

## Evaluation Overview

### Evaluation Design & Rationale

PSU worked with DCYF, HRSA, and the Governance committee to finalize an evaluation plan that would meet Region X Innovation grant goals with an appropriate level of rigor and within timeline and resource parameters. Earlier renditions of the evaluation plan proposed a focus on longer-term outcome analyses; this was subsequently revised to allow for a more formative/developmental approach that included regular data feedback loops and ongoing learning about implementation. This design was more aligned with the developmental nature of the training approaches (e.g., fidelity definitions still being developed and established; time periods being relatively short for assessment of more distal program outcomes).

As part of the evaluation, information was collected about the implementation system of supports developed with the goal of longer term regional sustainability (e.g., hiring, training, and supporting regional FAN Trainers and NEAR Facilitators). In particular, given the early developmental phase of the NEAR@Home approach, the evaluation had a heavy emphasis on collecting and feeding back information that documented and described activities related to implementation of the learning Steps and follow up supports provided, user experiences of implementation with families and suggestions for improving the process. The outcome evaluation component was also reframed as more exploratory, and included gathering qualitative information about benefits to staff and families, as well as hypothesized short, intermediate and longer-term outcomes.

In addition, we made an early decision to focus on elevating and documenting any adaptations made (or suggested), specifically to meet the needs of culturally and/or linguistically diverse families or workforce members, as well as other particularly high-risk families. ***For highlights from this aspect of the study, “Spotlight on Cultural Responsiveness,” page 83.*** Finally, care was taken in designing the evaluation to

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<sup>11</sup> A separate Big 3 Design Workshop summary report developed by Anthrotech was submitted to DCYF in December 2018.



ensure representation of potentially small numbers of participants in the states of Alaska and Idaho as compared to Oregon and Washington.

To better understand the factors that supported and/or hindered implementation and adoption of Innovation practices, we collected qualitative and quantitative data related to implementation drivers – key factors shown to be related to implementation and “*uptake*” of innovative and evidence-based practices.<sup>12</sup> Data related to implementation drivers at various levels was collected for both the FAN and NEAR@Home and included the following: 1) supports provided by model developers/master trainers to enhance the ‘train the trainer’ approach (for regional trainers), 2) implementation support provided by the regional trainers and training implementation entities to the participating Local Implementing Agencies (LIAs) and programs, and 3) organizational support (e.g., capacity and culture) that the LIAs provide for their supervisors and home visiting staff. Key planned process evaluation components also included documenting the extent to which FAN and NEAR@Home were implemented as planned, and the reasons for any adaptations and changes that were made along the way. Evaluators worked closely with FAN and NEAR@Home model developers and trainers in both defining data content and mechanisms for collection, as well as in interpreting implementation/process findings.

To evaluate the outcomes of the FAN and to explore outcomes for NEAR@Home, PSU conducted a mixed-methods evaluation using Guskey’s<sup>13</sup> multi-level training evaluation approach as a guiding framework for data collection. This comprehensive approach was chosen because it includes the participant reaction and learning components included in most training evaluations, as well as incorporating the role of organizational supports in facilitating change following training, which was explicitly named by the state agency partners as a hypothesized mechanism for change. The three levels of evaluation include: participant satisfaction and immediate response to training (Level 1); changes in participant knowledge, skills, and attitudes related to training content overtime (e.g., increased sense of confidence and efficacy implementing new strategies) (Level 2); and the extent of organizational capacity and supports for implementation (e.g., quality of supervision) that may contribute to longer-term sustainability of the training approaches (Level 3, e.g., reducing staff burnout and increasing retention). Although direct impacts on participant behavior and children and/or families (Levels 4 & 5) were beyond the scope of this evaluation, preliminary ideas from home visiting staff qualitative interviews provide some insights in these areas for future research.<sup>14</sup>

Additionally, because a long-term goal of the Region X Innovation Grant was to improve home visitor retention in the workforce, we collected Exit Interviews from home visiting staff who had participated in FAN or NEAR@Home and who subsequently left their position during the evaluation. Semi-structured qualitative interviews focused on understanding factors related to decisions to leave the position or field, and specifically whether the Innovation supports could have been changed (or other supports offered) that may have improved job satisfaction, home visitor effectiveness, or job-related stress among departing staff.

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<sup>12</sup> Using the National Implementation Research Network (NIRN) framework; <http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-ImplementationDriversAssessingBestPractices.pdf>

<sup>13</sup> Guskey, T. R. (2000a). Evaluating professional development. Thousand Oaks, CA: Corwin.

<sup>14</sup> Guskey, T. R. (2000a). Levels 4 & 5 (impacts on participant behavior & effects on children/families) are beyond the scope of this evaluation given timeline and resources.

## Research Questions

Research questions addressed both implementation and outcome components for FAN and NEAR@Home. For the Big 3 Design Workshops, questions focused on participant experience in the design process. Due to emerging themes and shifts during the implementation period, final research questions differed somewhat from those originally specified in the original evaluation plan. All updates to research questions were discussed, reviewed and approved by the Region X Evaluation Committee. **Figure 1** provides the main topic areas of the final research questions. *Appendix A (Table A6)* provides a table summarizing the study methods, sample size, and analytic approaches. Detailed research questions are used to frame each of the evaluation findings in the Implementation and Outcomes results sections to follow.

Figure 1. FAN, NEAR@Home, and Big 3: Research Question Overview

<p><b>FAN &amp; NEAR@Home Implementation<sup>15</sup> Research Questions</b></p> <ol style="list-style-type: none"> <li>1. Describe the implementation of FAN/NEAR@Home training &amp; mentoring supports provided to home visiting staff. <ul style="list-style-type: none"> <li>• Changes Made &amp; Why?</li> <li>• Initial Participant Responses to Training?</li> </ul> </li> <li>2. Describe the implementation of the approach with families. <ul style="list-style-type: none"> <li>• Strategies Implemented?</li> <li>• Changes Made, &amp; Why?</li> <li>• Which Successful, Challenging, &amp; Why?</li> </ul> </li> <li>3. What organizational, leadership, and competency drivers facilitate (or hinder) implementation?</li> <li>4. What are the perceived benefits for families &amp; staff?</li> <li>5. What are the next steps for sustainability?</li> </ol>	<p><b>FAN &amp; NEAR@Home Outcome Research Questions</b></p> <ol style="list-style-type: none"> <li>1. To what extent do home visiting staff receiving FAN/NEAR@Home training and supports report improved: <ul style="list-style-type: none"> <li>• Model-specific knowledge, attitudes, &amp; skills?</li> <li>• Competency, self-efficacy, &amp; resiliency?</li> </ul> </li> <li>2. What organizational and other characteristics are associated with home visiting staff changes in: <ul style="list-style-type: none"> <li>• Model-specific knowledge, attitudes, &amp; skills?</li> <li>• Competency, self-efficacy, &amp; resiliency?</li> </ul> </li> <li>3. To what extent does participation improve the level of support: <ul style="list-style-type: none"> <li>• Home visiting staff perceive from organizations?</li> <li>• Home visitors perceive from supervisors?</li> </ul> </li> </ol>
<p><b>Big 3 Design Workshops Research Questions</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><b>Exit Interview Research Questions</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>

\*See *Appendix A6* for details on methods, sample, and analyses by research question.

<sup>15</sup> Probes include asking about working with families who are culturally/linguistically diverse and/or facing multiple challenges and experiences with the ‘train the trainer’ approach.

## Data Collection Overview

The **implementation/process evaluation** included collecting both qualitative and quantitative data to track staff participation, and to understand the context of implementation. Quantitative indicators of implementation included participation in FAN, NEAR@Home and/or Big 3 training/learning days and participant satisfaction with the training and supports provided. These were collected using on-line and paper and pencil surveys from all participants immediately following the initial in-person trainings. For FAN, fidelity tools based on a series of self-assessments and forms provided by the model developers were collected where feasible. Using checklists developed by the evaluation team, NEAR@Home participants provided estimates of time spent doing NEAR@Home activities on the 4 month follow up survey, and facilitators documented time and topics covered during the supports period.

Qualitative methods, primarily interviews, were used to collect information about implementation drivers and barriers, as well as perceived project successes and challenges. This included interviews at different time points with all model developers and newly hired trainers/facilitators in the ‘train the trainer’ approach, and selected home visiting staff participating in FAN, NEAR and/or Big 3 Design Workshops. A number of persons in DCYF leadership, MIECHV state leads, and LIA directors were also interviewed throughout the course of the evaluation. Purposive sampling was used for home visiting staff interviews to ensure representation from Region X states and training models where appropriate.

The **outcome evaluation** included several sources and types of quantitative data, as well as qualitative questions embedded within implementation-related interviews that asked about perceived benefits of FAN and NEAR@Home for home visiting staff and families. Outcomes were not specifically measured for the Big 3 Design Workshops. FAN and NEAR@Home quantitative data included:

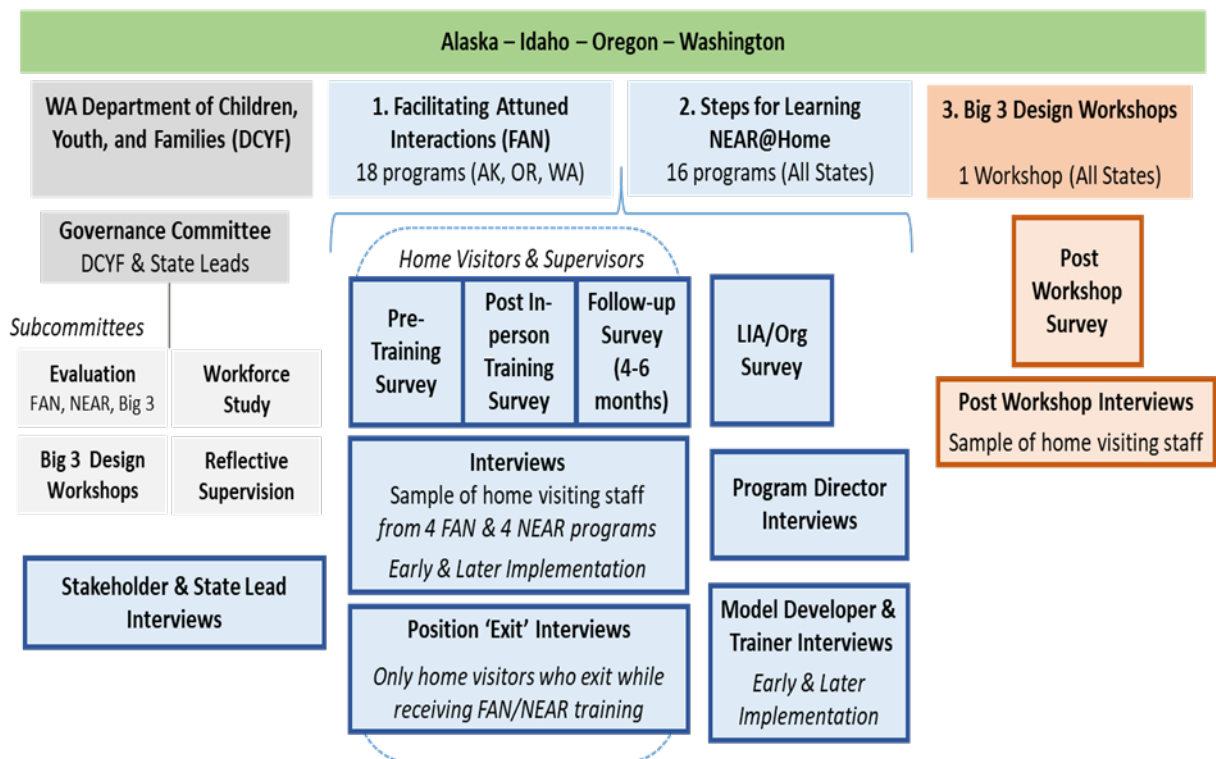
- (1) *Pre, Post, and Follow up Training Intervention Surveys* —specific to FAN and NEAR@Home – were collected from staff who participated in FAN and NEAR@Home training. These measures were used to assess changes over time using a repeated-measures data collection strategy. Measures assessed changes in key supervisor and home visitor knowledge and skills, short-term outcomes appropriate given the content of the FAN and NEAR@Home approaches, and changes in their perceptions of organizational capacity and quality of supervision. Surveys were collected on-line and in-person prior (Pre-Training; Time 1) to FAN in-person training day(s) and NEAR@Home initial learning calls, and following in-person training day(s) for both FAN/NEAR@Home (Immediate Post Training; Time 2). A follow up survey (Time 3) was collected after the conclusion of the 6-month (FAN) or 4-month (NEAR@Home) coaching and mentoring period.
- (2) *MIECHV Region X Home Visitor and Supervisor ‘Work Force Development Survey’* data collected by the Butler Institute for Families for a separate DCYF Innovation grant project and shared with PSU. Because the Workforce Development Survey efforts were concurrent with the roll out of FAN and NEAR@Home, we collaborated with Butler to collect additional information about a subset of baseline home visitor and supervisor characteristics that augmented data collected in this study. This involved establishing a data use agreement and matching survey respondents included in the Butler study with those in this evaluation study.

- (3) *Organizational Local Implementing Agency (LIA) surveys* from the executive director or other program administrator/manager representing the participating home visiting programs. These were completed either on-line or paper format, and provided both contextual/organization information and implementation driver information (see implementation/process evaluation below).

In addition, although not directly related to evaluating outcomes, we collected *Home Visitor Exit Interviews*. These were conducted by telephone with staff who left their positions during the evaluation, to examine reasons for leaving. **Figure 2** provides an overview of the data collection elements and types of participants for the Region X evaluation project.

Figure 2. FAN, NEAR@Home, and Big 3: Evaluation Overview

Figure 2. Region X Innovation Grant - Evaluation Overview



## Quantitative Analysis Approach

### Initial Descriptives, Scale Reliabilities, and Correlations

As a first step in analysis, descriptive statistics were computed for all individual scale items, and items were examined to determine whether there were problems with restricted variability, range, or kurtosis/skewness. Correlations between key baseline demographic characteristics and outcome measures were conducted to refine the list of potential covariates. Scale scores were then computed for measures based on their a priori conceptual or prior measurement assignment to scales or subscales (see *Appendix B - Tables B3 & B4* for more details). *Appendix B* also provides a summary of descriptive

information and reliability statistics for the FAN and NEAR@Home outcome measures. Most scales showed good ( $\alpha > .80$ ) to adequate ( $\alpha > .60$ – $< .80$ ) reliability. One exception to this was the Maslach Burnout Scale. At Baseline, the total score showed adequate reliability; however this dropped to  $\alpha = .55$  at the follow up. In particular, it appeared that the depersonalization subscale was problematic, with very poor reliability, especially at baseline. This scale was therefore not included in outcome analyses.

### Covariates and Subgroup Analyses

Staff demographics and other characteristics were used in outcome models as covariates if: (1) they had a correlation with at least one outcome scale that was significant at the  $p < .05$  level and (2) if there was sufficient variability to warrant inclusion; often categories were grouped to ensure sufficient sample size for categorical variables. Final models included the following covariates: (1) Race/ethnicity: White, Latinx, and all other racial/ethnic groups; (2) Language used in providing HV services: English only vs. Spanish and/or English; (3) HV program type: NFP vs all other combined (note these were combined to ensure sufficient sample size); and (4) Staff education level: Less than BA, BA, higher than BA. These baseline demographic characteristics were also used as moderators in outcome models to test whether changes over time in key short-term outcomes of FAN and NEAR varied by characteristics.

Moderators that were continuous (scale) variables included baseline levels of staff mindfulness, reflective functioning, and receipt of prior training (total number of prior trainings received) and baseline levels of perceived organizational climate, organizational learning culture, and quality of supervision received. These moderators were used as continuous variables in the model; for interpretability, means for these moderators are presented in tables using a median-split cut-point.

While the original research question called for examining differences in outcomes for home visitors and supervisors separately, there were not enough supervisors included in either FAN or NEAR@Home to allow separate testing for this subgroup or meaningful assessment of home visitor vs. supervisor outcomes using a moderator approach. Thus, we instead examined results for the full staff sample (home visitors and supervisors) and for a subsample of home visitors only. When differences emerged, these are presented in the results section.

### Model Testing Approach

Outcome analyses used a repeated measures (within-participant) approach to assess changes over time for key outcomes. Outcomes were evaluated on complete samples using listwise deletion. Only respondents with complete data for baseline (Time 1) and long-term (Time 3; 6 months for FAN, 4 months for NEAR@Home) follow up were included, with few exceptions. Outcomes specific to FAN and NEAR@Home skills and confidence were assessed based on scores on those subscales at the immediate post-test (Time 2; following Day 2 training for FAN, and following the in-person learning day for NEAR) compared to the long term (Time 3) follow up scores.

Outcome analyses were conducted using repeated measures Generalized Linear Models (GLM) in SPSS. To test overall changes in key outcomes, a full model was specified that assessed changes over time from T1 to T3 (repeated measures) and included all covariates. To assess moderator (subgroup) effects, separate models were analyzed that included the main effect (change over time) as well as the time X subgroup interaction effect.

## Qualitative Analysis Approach

Text notes and transcripts from telephone interviews with Home Visitors and Supervisors were uploaded into Atlas.ti for coding. Coding and analysis was based on reviewing each set of interviews. A 'set' refers to the interviews of two home visitors and one supervisor from a given program/site at two data collection points. These two time points were "*early implementation*," immediately following the initial two-day FAN training or in-person NEAR@Home learning session and "*later implementation*," immediately following the 6-month follow up training (FAN) or coaching phase (NEAR@Home).

Initial coding was developed by a team of three researchers who read one set of FAN interviews and identified preliminary themes related to the implementation research questions. The team met to discuss codes and develop a final list of themes. A second "*set*" of HV and supervisor interviews were then read separately by two researchers and coded using the original group of codes. A subsequent meeting was held to review coding, resolve disparities, and identify any new codes or changes to the coding scheme. This process was then repeated for NEAR@Home interviews. After reaching consensus, one researcher was assigned to code each program's interview "*set*".

Because other categories of interviews (e.g., trainers, FAN/NEAR@Home developer, and Local Implementing Agency director) addressed somewhat different research questions, they were coded separately. For these interviews, one senior researcher read each set of interviews and developed initial themes related to the research questions. These themes were then reviewed by the interviewer(s) and the other senior researcher, and modified based on feedback and discussion. Each set of interviews was then coded and synthesized. In reporting qualitative interview findings, we do not provide specific numbers of respondents, instead describe themes found across respondents. For example, we may report 'some' or 'many' home visitors for a given statement, which accounts for a range of home visitors (e.g., 'many' being equivalent to 8-13 of 15 home visitors interviewed who provided a comment to fit with the theme).



## PART ONE: FAN Evaluation

### FAN Design and Methodology

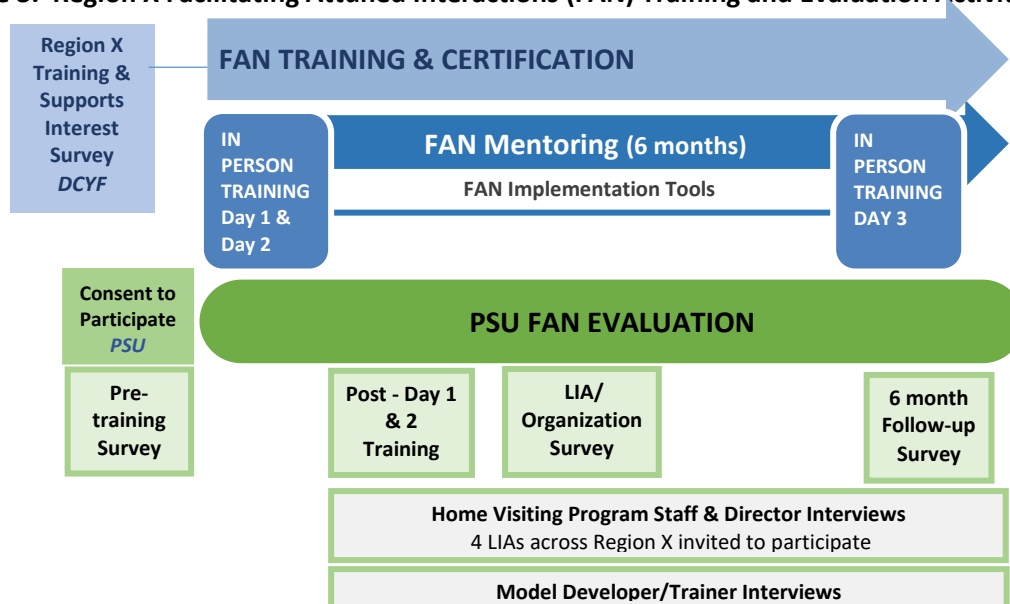
Below we describe procedures for sample recruitment, methods, measures, and characteristics of the final sample for the FAN evaluation provided in Region X. See also *Appendix A (Table A6)* for a table summarizing research questions and methods.



### FAN Program and Evaluation Recruitment

Each state lead sent their home visiting programs an initial email providing an overview of the Region X Innovation Grant and a fact sheet giving an overview of grant activities. Shortly after, the Region X Governance Committee collaborated with NEAR and FAN partners to develop a second email communication and survey that was sent to program supervisors inviting them to indicate their willingness, interest, and availability to participate in the FAN and/or NEAR training being offered. For the FAN, state MIECHV grant leads recruited programs and selected cohort (group) locations. Cooper House was awarded a contract to serve as the Region X FAN Training entity, in order to lead FAN trainings and train local (Cooper House) FAN Trainers. Once programs were notified and scheduled for trainings by Cooper House, the PSU team worked closely with Cooper House training staff to plan for data collection and recruitment of participants. The evaluation overview included a graphic developed to delineate official training activities and optional evaluation activities (see Figure 3) and used as a communication tool to help participants understand various aspects of the training and evaluation process.

**Figure 3. Region X Facilitating Attuned Interactions (FAN) Training and Evaluation Activities**



### Outcome Study Survey Recruitment

Training participants were initially recruited for the FAN evaluation either as part of the online registration process by Cooper House before attending FAN Day 1/Day 2 training or in-person by PSU or Cooper House staff at the beginning of the in-person FAN Day 1/Day 2 training. For online recruitment during the FAN registration process, a short description of the evaluation was accompanied by an online link to the consent form and the Pre Training (baseline) survey. For in-person recruitment, a short overview was provided either by a member of the evaluation team or Cooper House staff, followed by an invitation to complete the consent form and 'Pre Training' (Baseline) Survey. Language in the consent form followed appropriate IRB guidelines and reminded participants of the voluntary nature of their participation in the evaluation.

At the end of FAN Day 2 training, participants were then asked to complete a 2<sup>nd</sup> 'Immediate Post Training' survey. Those who consented to be in the evaluation by completing a consent form and Pre-Training survey were provided an 'Immediate Post-Training survey'. Those who had not consented prior were given a chance to complete a consent form, and the Immediate Post Training survey at that time. At the final in-person FAN Day 3 training, participants were asked by either Cooper House or PSU staff to complete the last 'Follow-up' survey (approximately 6 months after their first survey).

Non-monetary small incentives were offered at in-person trainings at the time that surveys were completed. This included chocolates and other snacks and/or a small personal journal. Because we were not able to compensate individual home visitor or supervisor participants, after the 6-month follow-up surveys were completed, we provided a \$150 Amazon gift card to each participating home visiting program.

Within a month of FAN Day 1 and Day 2 training, an online 'Local Implementing Agency (LIA) Survey' was sent to each agency director who had staff participating in FAN training. Recommendations for who to invite to complete the LIA Survey came from either the home visiting program supervisors attending the training, and/or the MIECHV state project leads. In most cases, the organization lead was the agency director or home visiting program manager; in a few cases, the LIA Survey was completed by the participating supervisor from the home visiting program.

### Qualitative Interviews Sample Recruitment

Procedures for recruiting interview study participants are provided below. Additional detail regarding final qualitative interview samples can be found in *Appendix A*.

*Home Visiting Staff Interviews.* Home visitors and supervisors could indicate on their consent forms whether they permitted PSU to contact them if they were chosen for the interview portion of the study. Based on a review of the literature on factors related to successful training implementation, as well as input from the Evaluation Committee, the following characteristics were used to select programs for inclusion in the qualitative interview component: 1) programs in which a preponderance of Latinx and/or Native American/Alaska native families were enrolled; 2) representation of programs using both nurse and non-nurse home visitors, 3) urban and rural programs, and 4) programs with different levels of prior training in reflective supervision and trauma informed care. Ultimately, four different home visiting programs participating in FAN training were included in the Region X qualitative interview sample. Three home visiting staff from each were invited to participate (n= 2 home visitors, n= 1 supervisor). Interviews were conducted with the same home visiting staff at two time points, early (2-3



months post training) and later (5-7 months post training). Home visiting staff were not provided incentives for interviews. For FAN, a total of 12 staff were invited for interviews at two time points (3 staff for each of 4 programs). Directors of each of the 2 programs selected for the FAN sample were also invited to an interview. Staff from 3 Region X states were represented (AK, OR, WA) in the qualitative interviews. *FAN trainings implemented in Idaho did not occur within the data collection timeline for this evaluation; therefore, our sample does not include FAN participants in Idaho.*

*Trainer & Model Developer Interview Recruitment.* Five newly hired and trained FAN Trainers were interviewed using semi-structured qualitative interviews at two time points approximately 6 months apart. The ‘early’ interview was within a month of facilitating a group of programs (Cohort) for their initial FAN Day 1/Day 2 training and the ‘follow-up’ interview was after a Cohort had completed their 6 months of FAN mentoring support and FAN Day 3 in-person training. One FAN model developer and 2 Master Trainers were interviewed on a similar schedule. One Cooper House administrative staff involved in implementing FAN trainings was interviewed at the end of the evaluation as well. FAN trainer and model developers did not receive an incentive for participating in the evaluation.

*Exit Interview Recruitment.* Participants were periodically contacted via email to ask if they had left their home visiting position. If staff indicated they had left their position, they were invited to participate in a telephone Exit Interview. We provided exit interview participants with a \$40 gift card.

## FAN Evaluation Measures

### FAN Implementation/Process Evaluation Measures

#### *Participation Tracking*

Attendance at in-person group trainings and follow-up consultation and/or supports meetings was captured and recorded by PSU using a variety of methods including paper and electronic means with the assistance of Master Trainers. Data was kept current in a ‘Participation Tracking Database’ maintained by PSU. Detailed information about completion of surveys at different time points, and preferences for future contact were also documented.

#### *Interviews: Home Visitors, Supervisors, and Training Staff*

Interviews were done at two time points with home visiting staff, the FAN Model Developer, FAN Master Trainers, and FAN Trainers. Interview questions were mapped to the implementation research questions and varied depending on the respondent. Home visiting staff interviews focused on the experience of FAN training, different levels of barriers and drivers using FAN, and examples of successes and challenges with the FAN approach. FAN Trainer interviews included expectations for training and supports, deviations from expected implementation, especially with regard to implementing the FAN with culturally/linguistically diverse home visiting staff, and organizational/contextual factors that facilitate successful implementation or pose challenges. Interviews also included gathering information about the “train the trainer” approach and the perceptions of quality of support provided by Master Trainers, and gathering information from their perspectives on the process of implementing FAN. Model developer and Master Trainer interviews covered similar topics to the trainers, with some context around sustainability. *Appendix G includes an example of an interview protocol for each type included in this evaluation.*

### *Other Stakeholder Interviews*

Other stakeholders included Local Implementing Agency directors, MIECHV state leads, and those at grant leadership levels. They were asked to talk about their experiences of the roll out of the Region X trainings, barriers and challenges/drivers to implementation of training and/or practices, consultation/supports being provided to their organization, and competency and organizational drivers. Sustainability was also discussed.

### *FAN Implementation Tools*

FAN tools were previously created by FAN model developers to track participant use and understanding of the FAN model. PSU downloaded and compiled data related to three FAN tools in an effort to assess implementation success; however, due to issues in setting up and monitoring the FAN assessment tools and delays in instituting this monitoring system there was considerable missing data. Discussions with Cooper House trainers and other staff suggested that even though forms may have been completed, they might not have been regularly uploaded into the Cooper House data folder. Thus, this information was not used for implementation monitoring as a part of the evaluation. *See a summary of the existing FAN self-assessment tool data available for this evaluation in Appendix E.*

### *FAN Outcome Measures*

A detailed overview of all FAN outcome measures, items, and subscales is provided in *Appendix B (Tables B1 & B3)*. Outcome measures were selected in consultation with model developers and prior FAN evaluation researchers, and mapped onto hypothesized short, intermediate/short term, and longer term intended effects of the FAN.

#### *1. Pre-Training, Immediate Post-Training & Follow-Up Surveys*

The *pre-training survey* asked home visitors and supervisors to report demographic characteristics such as age, ethnicity, and education level. They also reported on home visiting program model they work in, number of years in the home visiting field, and type and level of prior training in a number of areas. The FAN pre-training survey also included important outcome measures (e.g., work stress) to assess the potential impact of FAN supports over time. These measures are described in the follow-up survey section (see below).

The *immediate post training survey* asked about participant experience of the training including an assessment of the trainers, relevance to their work, and overall comfort level with the training and materials. To assess knowledge and skills related to FAN content, existing FAN survey tools that measure the ‘5 core processes’ central to the FAN model training modules were adapted.<sup>16</sup> The immediate post-training survey asked participants to rate their understanding of specific areas of the training, confidence in practicing the core

**Feedback loop note:** To assist with the evolving FAN training development, PSU provided trainers and model developers timely feedback reports. Qualitative/openended data were shared immediately upon receipt of initial surveys, and summary reports with selected data from both the ‘Pre-training survey’ and ‘Immediate post training survey’ for each FAN Cohort were provided within 30 days of the end of training.

<sup>16</sup> The FAN core elements include empathic listening (feeling), mindful self-regulation (calming), collaborative exploration (thinking), capacity building (doing), and integration (reflecting).

processes, need for further guidance/training in FAN elements, and how they felt about specific relational scenarios relevant to the FAN model (reading cues, not feeling pressure to solve problems). Home Visitor and supervisor survey language were adapted for their specific roles in using the FAN model. Home Visitor survey language included asking about FAN elements in *'relation to their work with parents and families'*, while the supervisor version refers to *'working with home visitors during supervision'*.

The FAN *follow-up survey* (6 months post training) repeated some of the baseline measures gathered on the pre-training survey, as well as the immediate post survey, to assess potential change over time. The FAN follow-up survey included the knowledge and skills constructs from the immediate post FAN training survey, with the addition of asking about how frequently they use the FAN in their practices, in other areas of their lives, and about their experiences of supervision with a focus on reflective practices. Important outcomes from the pre training survey were again asked about on the follow-up survey. This included measures of work stress and burnout, efficacy/ accomplishment, and resiliency (Maslach Burnout Inventory, 2000<sup>17</sup>, Work Stress Scale, Items adapted from Project Launch MH Services Survey, Self-efficacy scale adapted from Teacher Opinion Survey<sup>18</sup>, Five Facets of Mindfulness Questionnaire<sup>19</sup>, Reflective Functioning Questionnaire<sup>20</sup>). Staff also reported their perception of supervisory relationship and organizational culture (Reflective Supervision Scale, 2001<sup>21</sup>, Learning Culture<sup>22</sup>, and Psychological Climate<sup>23</sup>).

### *2. Workforce Development Study – Survey Data (Butler Institute contactors)*

As a part of the Workforce Study Survey conducted by the Butler Institute For Families (a separate Innovation grant contractor), a subset of Region X home visitors and supervisors participated in a survey that included key outcome measures important for the PSU evaluation as well. Data sharing with Butler allowed us to link our 6 month follow-up FAN sample with their Workforce baseline data. Specifically, pretest measures obtained via the Region X Workforce Survey were those relating to staffs' perception of supervisory relationship and organizational culture (Learning Culture<sup>24</sup>, and Psychological Climate<sup>25</sup>). However, because a smaller subset of participants in this study completed the Workforce survey, this resulted in a reduced sample size for outcome analyses related to these measures.

### *3. Local Implementing Agency (LIA) (Organizational) Survey*

One month after staff completed their FAN Day 1/Day 2 in-person training; our evaluation team provided an electronic (Qualtrics) survey to LIA directors to provide information about key organizational characteristics (size, current supervision policy, types of services offered, etc.). These

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<sup>17</sup> Schutte, N., Toppinen, S., Kalimo, R., & Schaufeli, W. (2000)

<sup>18</sup> Geller, S., & Lynch, K. (1999)

<sup>19</sup> Bohlmeijer, E., ten Klooster, P. M., Fledderus, M., Veehof, M., & Baer, R. (2011)

<sup>20</sup> The Reflective Functioning Questionnaire Fonagy, Lyuten, Moulton-Perkins et al 2016

<sup>21</sup> Parlakian, R. (2001)

<sup>22</sup> Butler Institute for Families (2014)

<sup>23</sup> Baltes, B. B., Zhdanova, L. S., & Parker, C. P. (2009)

<sup>24</sup> Butler Institute for Families (2014)

<sup>25</sup> Baltes, B. B., Zhdanova, L. S., & Parker, C. P. (2009)

questions provided contextual information about organizational support and culture for participating organizations. Review of the literature informed the choice of organizational measures, some adapted for this evaluation including constructs such as learning climate,<sup>26</sup> turnover and workload,<sup>27</sup> and positive organizational climate.<sup>28</sup> See *Appendix B (Table B5)* for more detailed information about the LIA Survey tools.

## FAN Results

### FAN Survey Response Rates

The first 6 of a total of 10 FAN groups (cohorts) were included in the evaluation (2 cohorts from each of three Region X states; AK, OR, and WA). Idaho had delays in FAN scheduling and therefore Idaho FAN participants were not included in this evaluation report (note that data from Idaho training participants' surveys were collected and shared with one FAN ID cohort; however, these data are not included in this report or final analyses.) 18 home visiting programs representing 6 different home visiting models were represented across the 3 states for the FAN evaluation. The response rate for participation in the three distinct FAN surveys overall was high. At baseline, 80% (132 of 166 participants) completed the survey; at Time 2 (Immediate Post-Training), 90% (150 of 166) completed the survey; and at Time 3 (6-Month Follow Up), 79% (121 out of 154) completed a final survey. Note: 12 home visitors had left their positions by the time of the Time 3 survey. 107 staff completed both T2 and T3 surveys (71%); 96 (73%) completed both T1 and T3 surveys (see *Appendix B6, Table AB6a*).

### FAN Implementation Study Results

Below, we present the key information related to the implementation research questions, drawing from the following sources of data: Interviews from (1) Home visitors and supervisors; (2) Model developers; (3) Master Trainers; (4) Trainers; (5) LIA Program Director/Organizational Leads; (6) Key Stakeholders; and Survey data from (7) Home visitors and supervisors (immediate post training and follow-up surveys). Where appropriate, the source of the data are provided; likewise, when similar themes emerged across multiple respondent types, this is noted.

Implementation Questions, Part 1: Describe the Implementation of FAN Training & Mentoring Supports, Changes Made to the Expected Implementation (and Why), Cultural Adaptations, and Initial Participant Reactions and Responses to Training

*What are the expectations for training and supports to be provided for the FAN training model?*

This following description of the expected FAN model training and supports was developed by PSU staff and reviewed by a FAN Master Trainer and administrative staff. It is based on having attended FAN Day 1/Day 2, and FAN DAY 3 training, as well as in discussion about the intended activities during the 6 month mentoring and support phase.

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<sup>26</sup> Readiness for Evidence Based Interventions scale (REDI); Ellett, A.J. (2009); Gutiérrez, L, et al (1995)

<sup>27</sup> REDI; Heifetz, R. A. (1997)

<sup>28</sup> Many, M. M. et al. (2016); REDI; Ellett, A.J. (2009); Gutiérrez, L, et al (1995); Heifetz, R. A.. (1997); Reflective Supervision - NEAR@Home Toolkit (2015); Chapin Hall (2016)

FAN Training & Supports Model. The Region X design for FAN training and supports involved several components: (1) Developing and training new FAN Trainers; (2) Providing an initial FAN Day 1 and Day 2 training (2 days, in-person) for home visiting teams to include home visitors and supervisors, followed by (3) a 6-month FAN mentoring and implementation phase; and then a final (4) FAN Day 3 training session (1 day, in-person). During the 6-month mentoring phase, FAN Trainers aimed to have monthly consultations (typically by telephone) with implementing supervisors (*“mentoring calls”*) and regularly completed an assessment of how the supervisors were doing with supporting their staff and implementing the FAN model. Supervisors were expected to meet regularly with each home visitor to provide support and supervision on FAN implementation. Supervisors were expected to complete FAN assessment tools regularly to be used when meeting with FAN mentors. Home visitors were asked to start implementing FAN home visits with families, and to complete 8 FAN self-assessment tools over the 6-month period until the next Day 3 FAN training. *Master Trainers noted that the Region X 6-month training model was the shortest training phase they had attempted, with the original FAN model calling for an 18-month implementation/training phase.*

Training for trainers. Two Master Trainers from the Erikson Institute provided training on the model to 5 newly hired FAN Trainers to administer FAN training across all 4 Region X states. Five current employees of Cooper House were moved into roles as FAN Trainers; all had prior training in the FAN model. FAN Trainers also received regular mentoring via one-on-one calls with Master Trainers during the early implementation phases. The model called for 1 monthly group call between Master Trainers and FAN Trainers.

“Day 1/ Day 2” In-person Training. The first cohort of home visiting program staff that participated in FAN training received training from Master Trainers, with Cooper House Trainers attending. All other FAN Cohorts received training from a pair of newly hired trainers supported by a Master Trainer. (One exception was cohort 3 where a FAN Trainer was paired with a Master Trainer). As noted, initial introduction to FAN training was provided over the course of two days of in-person training (FAN Day 1 & Day 2) that involved teams of supervisors and home visitors from the participating home visiting programs. On average, Day 1 and Day 2 trainings included 26 home visiting staff (with a range of approximately 22-59). In most states, some additional agency or program staff were included in the training as well. At the start of DAY 1, participants were given a large FAN training, 3-ring binder with dividers sectioned into the daily schedule for Day 1, paper copies of the slides being used during the training, and additional materials to enhance the training elements (e.g., ARC, FAN elements on graphic). Training focused on the 5 core elements of the FAN approach and role-playing. In some cases early in the process, at the commencement of Day 2 training, participants were asked to switch out paper copies of training slides/materials in their binder for a version updated overnight. At the end of Day 2, supervisors participated in a 2 hour *“supervisors only”* training to learn about the FAN implementation tools that would be used by home visiting staff during the FAN mentoring phase and beyond. All participants who attended both days of training received a FAN training certificate upon completion of the 2-day training.

6 Month Mentoring/Coaching Phase: Following the initial Day 1 and Day 2 training, the model moved into the ‘mentoring phase’ for approximately 6 months. This phase called for each home visiting staff to practice the FAN with at least two families over the course of six months, and to complete FAN self-assessment tools following their visits with these families during this period. Supervisors were asked to meet with each home visitor and review the self-assessment tool and support the home visitor to reflect

on their process of implementing the FAN with families at least once per month. Trainers and supervisors were also expected to have at least one mentoring meeting/call per month, with the goal for trainers to support and supervisors' role in reinforcing staff to implement the FAN. During these discussions, supervisors were able to ask questions, talk about successes in using the FAN model, and problem solve challenges raised during supervision with staff. Trainers would also mentor supervisors, and incorporate "parallel process" in their work to support supervisors with FAN in the same way supervisors were intended to work with home visitors to implement FAN. A Master Trainer noted that typically there is a "mid-point" group supervision call with supervisors, and that this was dropped from the Regional X implementation because the one-on-one mentoring calls were proving so successful.

Final "Day 3" In-person Training: Following the 6-month mentoring phase, cohorts came together again for a final one-day face-to-face training. The first cohort of home visiting program staff that participated in FAN training received their Final Day 3 training from Master Trainers, with Cooper House Trainers attending. The rest of the Cohorts received training from a pair of newly hired trainers supported by a Master Trainer. Two trainers led home visiting staff in sharing about how the FAN work had been going in practice and sustainability of FAN practices. On average, slightly fewer participated in the Day 3 compared to Day 1 and Day 2 training days. Participants who attended Day 3 in-person and had achieved a specific threshold of completed FAN tools were provided a Level II FAN training certificate (*Appendix E, Table E2*).

*To what extent were the FAN trainings/supports implemented as expected & what changes were made over time (and why)?*

Several changes were made to the original design of the FAN training and mentoring supports. First, due to the logistics of travel and challenges of distance in the Alaska site, the training was delivered over a shorter period of time. Further, because of the relative scarcity of training opportunities for home visiting program staff in this state, the invitation to participants was broadened to include a more diverse group of staff, including family advocates, transportation specialists, etc. making for a larger than usual FAN training group (N=59). A second change was to reduce the number of FAN self-assessment tools that were required, from the original 8 to 6 (one per month). This was to reduce paperwork burden on home visitors and streamline the documentation process.

Other processes that were adapted, as noted by home visitors and supervisors who were interviewed included:

- Doing group (rather than, or in addition to, individual) supervision and support of home visitors related to FAN implementation and self-assessment, and
- More frequent contact and support provided by the trainers for the supervisors.
- Several supervisors noted the work they did to simplify and modify the tools, and described confusion regarding how the tools were supposed to be used, especially at the beginning of the coaching phase. For example:
  - *"The implementation tools are complicated and took practice to do....my wish would be that they would keep the intent but be a little simplified."* (Supervisor)
  - The coaching phase was noted as extremely important in terms of helping supervisors learn how to effectively use and adapt the various required tools.



State and Master Trainers noted changes made to the trainings based on feedback. Several changes were made to more effectively train and communicate information about the implementation phase, and expectations for home visiting teams regarding completion of FAN implementation tools. Trainers added an “*introductory*” call between the supervisor and the trainer that happened prior to the 2-day training. During these calls, supervisors were given an orientation to the FAN training approach and expectations regarding the 6-month coaching/implementation phase and the supporting FAN implementation tools. In addition, trainers noted that they started to introduce the tools earlier in the 2-day training so “*they weren’t all of a sudden bombarded with these at the end*”. Finally, a role-play was added to the 2-day training to introduce the learning tools after initial cohorts reported lacking skills in how to introduce this with families. This also helped FAN training participants to better understand the role and purpose of the learning tools, and was mentioned as a very successful change to the 2-day training. Another change to the Day 3 training was adding time to engage with program teams specifically around Cultural responsiveness of the FAN.

From the trainers’ perspective, the shortened training period (6 months, vs. 12 or 18-months used in prior iterations) may be too short for sustained changes in practice. In particular, more time and support for supervisors was seen as the piece that was the most critical (and most difficult in the compressed time period). Certainly there was consensus among the trainers interviewed that “*I don’t think it could be scaled back any further than it is now. I think 6 learning tools (one per month) is a minimum.*” (Trainer)

Trainers noted the strong support that they received from Master Trainers was key to building their confidence and helping them brainstorm and problem solve issues that emerged during the implementation stage. They also noted the importance of having someone from Erikson observe the initial trainings they provided, both for feedback and to provide “*real time*” support during trainings. Another noted that having been FAN trained before was a huge “*step up*” for her in terms of her ability to provide FAN trainings herself, and commented that someone who did not have that background might need more basic support prior to conducting trainings without the Master Trainer present. Adding one-on-one calls between the Master and FAN Trainers was also noted as an important change to the process of training and supporting new FAN Trainers. Trainers also noted that in Alaska and other more remote sites, the use of the online training modules was integrated into their mentoring with supervisors more so than they had expected. While this may be a good strategy for adapting the model for remote locations, additional research related to the success of this method is likely to be important.

Trainers noted several important outcomes and successes from their ongoing work during the coaching/implementation phase. Uniformly, they commented on the importance of the monthly mentoring calls with supervisors as critically important for helping build supervisors’ understanding of the FAN, and noted in particular those instances where supervisors committed to integrating the FAN despite some perceived staff resistance.

*What adaptations are needed to the FAN trainings & supports to better meet the needs of culturally/linguistically diverse program staff?*

Home Visitors and Supervisors largely felt that the FAN training and support model was appropriate for staff who were culturally and linguistically diverse, although the importance of having a bilingual/bicultural trainer was noted. They spoke positively about the fact that there was a bilingual/bicultural trainer who facilitated several of the FAN cohorts that were comprised of a preponderance of Latina and/or Alaska Native staff. At least one home visitor noted that having vignettes and role-plays written out in Spanish would have been helpful. The importance of providing the FAN training in Spanish was echoed by a trainer, who noted that, *“when we’re talking about feelings and emotions, people want to talk in their first language.”* (Stakeholder)

When a bilingual/bicultural training was not available, one home visitor noted,

*“Being from the dominant culture, [FAN Trainers] don’t have that perspective of looking at different cultures and how this might play out in different cultures. I think it would be helpful to have facilitators from other cultures who have experience working in the field with families from those cultures.”* (Home Visitor)

One of the trainers was also able to provide mentoring calls to the supervisor in Spanish, noting that these were extremely successful, again, in part because of the ability to talk in the supervisor’s preferred/home language about sometimes challenging issues.

One trainer noted, *“We may not need to make adaptations to the curriculum per se, but I think it is important for us to be responsive to programs’ cultural needs”*. Opportunities to learn about the local community culture, the cultural diversity of staff and families, and to get a better sense of the context in which trainers are introducing the FAN was noted as important – and something that didn’t always happen during the relatively time-compressed implementation in Region X.

*“The most important thing is to talk with participants and get a sense of their culture and the culture of families they work with, so we can really have that at the beginning.”* (Trainer)

While it was noted that materials are translated, the videos and other more interactive tools are not translated and this was noted as a priority for work that they felt the Model Developers should do in the future.

At least one trainer noted that the Day 3 discussion time that was added to engage with program teams specifically around the issue of how to ensure FAN is culturally responsive had generated some good conversation, although she shared that there were definitely two different perspectives, with some staff feeling that FAN is very culturally responsive, and others feeling it is quite Eurocentric. This trainer noted that her perception is that the FAN’s mental health model as well as the material and frameworks are Eurocentric, and that more work is warranted to reflect on how to diversify *“the ways of talking about mental health in the world at large”* and urged thoughtful examination about *“How can we bring these diverse perspectives in to the training...being a little more creative...”* She went on to describe the FAN concepts and words as not being *“lay people”* terms (e.g., Mindful Self-Regulation).

Trainers noted that there is a *“high risk FAN”* training already developed that goes more deeply into issues of substance abuse, domestic violence, and mental health. However, for Region X this model was generally not implemented because of the compressed training time.



***For a synthesis of lessons learned from FAN & NEAR@Home related to cultural responsiveness and adaptations see “Spotlight on Cultural Adaptations”, p. 83-84.***

*How satisfied were Home Visitor & Supervisor participants in the FAN trainings and supports?*

Below we summarize survey data on training feedback, and understanding in the FAN model from surveys collected from home visitors and supervisors following the second day of FAN training (immediate post training survey) and the final day of training (6 month follow-up survey). See Appendix C (Tables C1 & C3) for detailed immediate post-training survey results.

**Home Visitors.** Overall, more than three-fourths of participants felt that the trainings were well-organized, engaging, and facilitated appropriate discussion and question/answer processes. Further, while most felt ready to start implementing FAN, only about one-third “strongly agreed” that they were ready immediately following training, suggesting the importance of the ongoing coaching phase. After this coaching phase, almost all reported to “agree” or “strongly agree” that the FAN training and coaching had prepared them for ongoing implementation, although again, fewer reported to “strongly agree” with this. Home visitors also reported experiencing challenges with the reflective learning tool and self-assessments (62%), and varied in how helpful they thought these tools were (54% agreed that they were helpful; 39% felt “neutral” and 7% did not feel they were helpful). These themes were reflected in the qualitative interviews as well.

Interviews with home visitors identified several aspects of the trainings and supports that were seen as **particularly helpful**. Some that were noted multiple times included:

- Bringing “teams” of home visitors and supervisors to training together;  
*“It brought our different home visiting teams together in a real way of ‘let’s work together on this and learn it together and give it to our clients in the same way.’”* (Home Visitor)
- Role-plays, although it was noted that these were not immediately easy or comfortable, the practice was seen as helpful for learning.
- The use of vignettes and opportunity for small group discussion and learning.
- Using the FAN tools, although noted as sometimes challenging, was also described by some staff, supervisors and trainers as “essential” to supporting learning.

**Supervisors.** Supervisors felt even more positively about the quality of the trainings than did the home visitors. Following the 6 month mentoring phase, all agreed that they were “excited to continue to use the FAN with home visitors,” with about half strongly endorsing this statement. Similarly, almost all agreed that the training and mentoring supports had prepared them for ongoing implementation. Only a small minority (7%) disagreed with this statement and about half strongly agreed. Like home visitors, many supervisors felt that completing their required FAN supervision tools was challenging (71%), with almost a quarter (22%) not feeling these tools useful in supporting them to understand the FAN approach.

During interviews, *supervisors* also identified some of the key aspects of the training and/or supports that they felt were helpful to them. These included:

- Supportive attitude of mentors, and ability of mentors to “*meet them where they are*” in terms of understanding;
- Having the same mentor/coach over the course of both the initial training and later supports; and a
- Regular time to reflect and problem solve with their mentor in regards to challenges home visitors were experiencing in implementing the FAN.

Use of the FAN tools (while challenges were noted, see below) was also seen by some home visiting staff as useful for identifying areas where home visitors were more or less confident in using FAN techniques with families, as well as supporting “*accountability*”:

*“Using the self-reflection tools helps me to see what FAN tools I am using and which ones I need to work on.”* (Home Visitor)

*“Usually there’s no accountability after training....you just check the box that ‘I’ve done it’...but being made to “do the FAN self-reflection forms makes you put it into your practice. “* (Home Visitor)

A number of both home visitors and supervisors reflected on the importance (and novelty) of receiving follow-up supports after the end of the two-day training:

*“I’ve never been to a training before where you have two days and then six months to practice and then another day, and I really liked that model.”* (Home Visitor)

*“One of the biggest gaps in my [previous] training was the time to integrate the things I was learning....I’ve been to six different trainings in the past year, but you need time to put it into your practice.”* (Home Visitor)

Interviews with State and Master Trainers almost all included discussion of the notion of *parallel process* in the work that trainers did with supervisors to support implementation of FAN and the way that supervisors ideally should be working with staff around FAN implementation. This theme came up repeatedly around the importance of supervisors experiencing support from trainers because for many home visiting programs, themselves:

*“FAN has to be experienced rather than taught. The parallel process of being in an attuned relationship needs to be felt for the supervisors to be able to do that with their staff. We give them exposure to the parallel process in the training and mentoring.”* (Stakeholder)

### *Challenges/Changes Needed for Training/Mentoring Supports.*

In terms of aspects of the training/mentoring that emerged as needing improvement, by far the most frequent suggestion was to **increase the amount of time allowed for the initial training**, both in terms of spending more time with FAN content and techniques, and spending more time preparing staff for the upcoming six months of implementation. Home Visitors specifically commented on the large

amount of content and felt that more time really practicing the different phases of FAN would have been helpful.

Supervisors commented on their need for both (1) more clear expectations before and at the end of training regarding the use of the FAN implementation tools; and (2) time during the training for both supervisors and home visitors to learn about the purpose and expectations for the FAN tools together. Almost all the FAN supervisors we spoke with were at least initially confused about, and expressed some degree of frustration with, the lack of adequate time to really understand the tools and process for using them with staff. Further, actually using the tools given all the other requirements for things to cover during supervision was challenging for some supervisors. Suggestions for improving the forms included:

- Reduce the level of detail required on the forms,
- Suggest/require that Self-Reflection Tools be done immediately after the visit,
- Develop an electronic/on-line system for managing the tools, and
- Reduce the overall number of tools required.

Master Trainers described challenges related to timing of when initial trainings were provided in Alaska, and the fact that in planning the initial 2-day training they had not taken into account cultural norms related to staff and families taking extended time off during hunting season. Because of this, the Day 3 training was provided when relatively few staff had had a chance to try out the FAN. However, *“we shifted Day 3 around so that it was more of a refresher”*, noting that the Alaska staff were extremely positive and motivated to embrace the approach.

#### Summing Up: Key Lessons Learned - FAN Training & Follow Up Supports

1. **Two-day trainings were successful and high quality, while more time was needed.** Adding a third day or half-day to the training would allow more time for practice. Another recommended improvement was to introduce the implementation tools earlier, and to the teams as a whole.
2. **The “team” approach to implementation was helpful,** and created opportunities for shared learning, support, and problem solving, as well as facilitating opportunities for broader organizational support and capacity.
3. **Follow up coaching and mentoring support was crucial; more time is likely to be important to sustaining practice.** Providing coaching for an additional 6-month period, and/or adding additional touch points for trainers to support implementing teams might strengthen sustainability.
4. **Completing FAN Learning Tools, while challenging, was essential to supporting implementation and ongoing learning during the follow up period.** While implementing the FAN learning tools was not without its challenges, at the end of the project there was near-consensus that completing the tools was important for implementation success and sustainability. Simplifying the tools, as well as developing a more user-friendly on-line/electronic system for completing and compiling them is an important next step.
5. **For supporting the state trainers themselves, key aspects of the “train the trainer” approach included** providing strong and regular support from master trainers was crucial.

Implementation Questions Part 2: Describe the Implementation of the FAN Approach with Families - What Strategies Were Implemented? What Changes Were Made & Why? Which Were Successful? Which Were Challenging, and Why?

Surveys collected following the Day 3 training reflect the home visitors' reports of how often they were implementing various FAN approaches and tools with the families on their caseload (Table 2). Within the core FAN elements, home visitors reported using some of the FAN techniques more frequently than others did, possibly indicating greater comfort with and confidence in using these specific strategies. Strategies that were most likely to be "always" implemented within the core elements included:

- Mindful self-regulation, especially related to using MSR for their own well-being,
- Capacity building strategies related to building connections between parent and baby,
- Matching parent cues, and
- Using the beginning ARC questions.

Less frequently implemented strategies included use of other aspects of the ARC questions, specific visit-related questions such as asking parents what they want to remember or using the "3 words" Arc of the visit question at the end of visits, and waiting to demonstrate skills until parents ask for this. Generally though, it appears that most home visitors are making good efforts to implement a variety of FAN techniques; some that are more consistent with their general practice (e.g., empathic inquiry) may be more likely to be implemented in contrast to those that are new and/or more specific tools provided by FAN (e.g., ARC questions, 3 words technique). Table 2 provides additional details on specific FAN strategies that were implemented.

*Table 2. FAN Practices - Home Visitor Self- Assessment at 6 Month Follow-Up*

Please reflect on your use of the ARC & FAN and indicate your response. <sup>29</sup>	Never	Rarely	Some-times	Often	Always
1. Uses the Beginning ARC of the Visit question on visits. N=54, Mean=2.44	11%	11%	24%	30%	24%
2. Uses the Middle ARC of the Visit question on visits. N=54, Mean=1.98	15%	7%	44%	32%	2%
3. Uses the "3 words" ARC of the Visit question at the end of visits. N=53, Mean=1.89	21%	23%	15%	30%	11%
4. Asks parents what they want to remember at the end of visits. N=54, Mean=1.24	35%	28%	17%	19%	2%
5. Matches parent's cues to core process in the moment. N=54, Mean=2.93	6%	-	15%	56%	24%
6. Reflects on whether s/he has tried the FAN during supervision. N=54, Mean=2.93	16%	14%	28%	29%	14%
<b>Mindful Self-Regulation</b>	<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>
1. Recognizes when activated and in need of Mindful Self-Regulation. N=54, Mean=3.06	-	2%	13%	63%	22%
2. Have strategies I use to stay regulated in the moment. N=54, Mean=3.04	-	7%	24%	41%	28%
3. Able to reflect on my own responses in supervision. N=54, Mean=2.89	-	7%	24%	41%	28%
<b>Empathic Inquiry</b>	<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>

<sup>29</sup> Means are calculated from coding "Never" = 0; "Rarely" = 1; "Sometimes" = 2; "Often" = 3; and "Always" = 4.

Please reflect on your use of the ARC & FAN and indicate your response. <sup>29</sup>	Never	Rarely	Some-times	Often	Always
1. Notices when parents are having feelings. N=54, Mean=3.22	2%	-	6%	59%	33%
2. Able to validate parents' feelings. N=54, Mean=3.20	2%	-	9%	54%	35%
3. Listen empathically to parent's strong feelings without jumping in "to fix" or reassure. N=54, Mean=2.65	2%	-	48%	32%	19%
<b>Collaborative Exploration</b>	<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>
1. Asks clarifying questions when parent describes a problem or asks a question. N=54, Mean=3.11	2%	-	7%	67%	24%
2. Tries to learn more about parent's concern before offering a solution. N=54, Mean=2.87	2%	-	26%	54%	19%
3. Tries to understand parent's perception of the child ("see the baby the parent sees"). N=53, Mean=2.68	2%	4%	34%	45%	15%
<b>Capacity Building</b>	<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>
1. Identifies when parent is ready to try a new way. N=52, Mean=2.75	2%	2%	25%	62%	10%
2. Waits to demonstrate a skill until parent gives explicit permission to do so. N=52, Mean=2.33	2%	15%	39%	37%	8%
3. Supports parent through difficult moments with the child rather than "doing" for the parent. N=52, Mean=3.06	2%	-	17%	52%	29%
4. In giving information, I offer just enough information and then explore it with parent. N=52, Mean=3.08	2%	8%	56%	25%	10%
5. Affirms things parent has tried that have worked for the baby.	2%	-	14%	58%	27%
6. Points out moments of real connection with baby. N=52, Mean=3.19	2%	2%	14%	40%	42%
7. Validates parent insights related to baby. N=53, Mean=3.34	2%	-	6%	47%	45%
<b>Integration</b>	<b>Never</b>	<b>Rarely</b>	<b>Some-times</b>	<b>Often</b>	<b>Always</b>
1. Helps parent reflect on new ideas and discoveries. N=53, Mean=2.75	2%	-	34%	49%	15%

### *What changes did Home Visitors and Supervisors make to the FAN model or strategies?*

Home visitors described making a few adaptations to the FAN model/strategies in their efforts to implement the FAN with families. Generally, however, interviews suggested that staff and supervisors were employing and using the strategies as intended. The most common changes were adaptations of the key questions, typically done when efforts to ask the questions as originally formulated did not work for particular families or visitors. Some home visitors also eliminated some of the ARC questions on some visits, typically because of particular challenges or issues that came up in the course of the visit. By far, the most common adaptation of the model involved changes to the FAN tools themselves, typically to simplify them.

One approach described by a trainer in terms of adapting the implementation process was encouraging supervisors to work with home visitors to implement FAN "one chunk at a time" in order to phase in implementation. For example, starting with doing the ARC questions and engaging with that process before adding in other components.

*Which components of FAN do home visitors and supervisors find most helpful?*

**Home Visitors.** During interviews, home visitors talked about the aspects of FAN that they felt were most helpful to them in their work with families. A variety of FAN techniques was described; not surprisingly different home visitors reported finding different strategies particularly helpful. The use of the ARC questions generally and how they provide structure to the visit was frequently mentioned. For example, the question *“did we get to what you wanted to today”* was described as a useful *“mirror”* for the home visitor to hold up regarding the visit and how it went. One visitor reflected that sometimes it helped her know that a parent was more engaged in the visit than she thought they had been.

*“Just asking the one bridging question in the middle of the visit has already helped a lot of us fine-tune how to get the visit more centered.”* (Home Visitor)

Some home visitors also reported liking the questions focused on parenting (*“what was it like, being [child’s] parent this week?”* and *“tell me three words to describe your child”*), although for varying reasons. For example, some home visitors described how this question really helped parents be reflective about their own parenting and about their own child. Another noted that the question sometime helped her have deeper insight into the parent-child relationship and what help the parent might need:

*“I have one client...who can only come up with horrible words. It’s made me see that I need to help her find a way she can build [child] up in a positive way.”* (Home Visitor)

Home visitors also described how the use of these questions helped to facilitate family engagement and more empathic, relationship-based approaches to the visit by reducing the visitors’ self-perceived pressure to provide information and more direct problem solving. Specifically, more than one home visitor described the use of these questions as *“trauma-informed”* and as positioning the visitor as an *“empathic listener”* rather than an *“expert.”*

The idea that FAN helps support a more empathic, mindful way of working with and being present for the family was a common theme across interviews. For some home visitors, this seemed like a significant change for them from feeling like *“there is so much to get through in a visit”* to seeing their role as *“not a fixer”*. One described this as a *“help me help you”* approach, noting that families benefit from not being *“told what to do”*. She went on:

*“They love our support, but longer term, it’s ‘how do I help them have the reflective power to understand cause and effect and deal with the fact that responsibility is stressful but it has positive results if you put work into it.’”* (Home Visitor)

By far the most common overall *“take away”* regarding FAN was the theme of helping home visitors understand that *“it’s ok to stay in feelings”* and to shift the pressure away from home visitors for the burden of fixing things for families. This was seen as especially helpful in working with families with complex or multiple needs; one noted that these families could tend to be *“pretty dysregulated”* and that FAN techniques help to ground the families and the home visitor.

This reframing of the visit and the home visitor’s role as one of providing emotional support and reflective listening was described well during one interview:

*“There was a mom...who had lots of big feelings and a lot on her mind. I used the FAN tool, as I was listening to her...the calming effect of self-talk, breathing, and just being quiet and listening. At the end of the visit when I asked her ‘what would you like to remember about your home visit”*



*today,” she told me “I would like to remember that you listened to me. Thank you so much for listening to me. That meant everything in the world to me.” (Home Visitor)*

Another aspect of FAN that was described as helpful to home visitors was the importance of mindful self-regulation to the home visitor’s own well-being and ability to “being present” with families.

*“Some of the newer nurses, they may not have realized or been taught in nursing school that mindful self-regulation is really key to being present.” (Home Visitor)*

**Supervisors.** Supervisors reported that the consistent follow up with home visitors regarding FAN during the supervision session was helpful in supporting their own and the home visitors’ implementation of FAN. In particular using the “three word” question during supervision was seen as helpful in opening up home visitors to share the challenges they were facing. In general, supervisors recognized the parallel processes of their own attempts to implement FAN strategies during supervision with the home visitors’ efforts to do the FAN with families.

*“Those questions open a lot of doors to having a deeper understanding of how they [HOME VISITORS] are feeling which will help prevent burnout.” (Supervisor)*

More than one supervisor also commented that, similar to what FAN does for families, it helps supervisors not feel pressured to “fix” things for home visitors, and to stay “in feelings” with home visitors during supervision.

#### *Which components are more challenging to implement?*

One of the most frequently mentioned challenges for implementation was the use of the FAN self-assessment tools. *A summary of the expected vs. the completed (reported) number of FAN implementation tools is included in Appendix E (Table E1).* There was considerable variability in the number of tools completed and uploaded into the DropBox that was designed for this purpose. However, anecdotally trainers communicated that while there were challenges in actually doing the tools, there were also tools being completed and not provided for monitoring and evaluation. This points to the likelihood that more FAN tools were used for ongoing learning in the supports phase than documented in this evaluation. The system for completing and monitoring the tools was seen as burdensome, complicated, and time-consuming, and was not well-implemented overall.

However, other than the challenges in using the FAN self-assessment and other tools, staff did not describe the FAN model in practice as challenging. A few strategies, though, were seen by at least some home visitors as less helpful than others were and included the following:

- The ARC question that involves checking in during the middle of the visit, was described by one home visitor as sometimes “*disrupting the flow*” of the visit.
- The question about “*What has it been like to be [child’s] mom this week*” as mentioned as sometimes being challenging to do in a way that did not elicit parent negativity. For example one home visitor noted that it can really open up an opportunity for parents to vent and talk about how difficult parenting is. Note, however, that this home visitor expressed the desire and need for better ways to reframe this with parents.

Some supervisors also described the process of specifically covering the FAN visits and the related tools as challenging to do in the context of multiple other topics that needed to be covered during supervision.

Trainers noted that they felt that the most challenging aspect of FAN for most programs was the notion of “*Collaborative Exploration*”, as not all models focus on how to engage families in being the expert and centering their perspectives in the context of model requirements and program culture that sees home visitors as providing “*parent education*”.

Trainers also identified some difficulty in completing the FAN tools and visits during the 6-month implementation phase. A number of strategies were described to support supervisors to work with staff who were struggling to complete these. This included ideas developed together by trainers and supervisors during their monthly mentoring calls. For example, in one program team, several staff were repeatedly not completing a FAN tool/visit. To build a culture of support for doing the FAN visits, the supervisor decided to use the group supervision time to have home visitors who had done the FAN share their experiences with the larger group and provide a peer learning opportunity for those who had not done it to hear about successes. Another trainer commented that she felt that a sense of resistance sometimes was seen as an attitude of “*we’re already doing this*”, however, that generally this perception had more to do with staff individual temperaments than with levels of experience.

Another way to look at challenges with the model is by examining how confident home visitors and supervisors felt in using the 5 elements of the FAN model in practice after 6 months of training and mentoring supports (Tables 3a and 3b). Similar to supervisors, looking across the 5 key FAN elements, home visitors reported the highest confidence in mindful self-regulation (feeling) at follow up. Further, home visitors and supervisors rated themselves as somewhat less confident in using the integration (reflecting) element at 6 months follow up (31% ‘not very’ or ‘somewhat’ confident, and 21% ‘somewhat’ confident, respectively). Supervisors also rated themselves with slightly lower confidence in collaborative exploration (thinking) across the 5 FAN elements, indicating this area may be more of a challenge for them.

*Table 3a. Home Visitor Confidence in FAN Elements: Follow Up Survey Items*

<b>How confident do you feel about using each of the following components of the FAN?<sup>30</sup></b>	<b>Not very confident</b>	<b>Somewhat Confident</b>	<b>Confident</b>	<b>Very Confident</b>
1. Empathic Inquiry (Feeling). N=94, Mean=3.23	3%	6%	54%	36%
2. Mindful Self-regulation (Calming). N=94, Mean=3.34	1%	7%	48%	44%
3. Collaborative Exploration (Thinking). N=94, Mean=2.89	3%	18%	65%	14%
4. Capacity Building (Doing). N=95, Mean=2.86	4%	21%	59%	16%
5. Integration (Reflecting). N=94, Mean=2.84	5%	26%	49%	20%
a. ARC Questions – beginning, middle, and end. N=95, Mean=2.89	4%	27%	43%	25%
b. Putting all core components together – meeting families where they are and moving them along the FAN. N=95, Mean=2.76	3%	27%	60%	10%

<sup>30</sup> Means are calculated from coding “Not Very Confident”= 1; “Somewhat Confident”= 2; “Confident”= 3; and “Very Confident”= 4.

Table 3b. Supervisor Confidence in FAN Elements: Follow Up Survey Items

How <b>confident</b> do you feel about using each of the following components of the FAN? <sup>21</sup>	Not very confident	Somewhat Confident	Confident	Very Confident
1. Empathic Listening (Feeling) N=28, Mean=3.29	-	11%	50%	39%
2. Mindful Self-regulation (Calming) N=28, Mean=3.39	-	14%	32%	54%
3. Collaborative Exploration (Thinking) N=28, Mean=3.04	-	25%	46%	29%
4. Capacity Building (Doing) N=28, Mean=3.21	-	7%	64%	29%
5. Integration (Reflecting) N=28, Mean=3.11	-	21%	46%	32%
a. ARC Questions N=28, Mean=3.04	-	18%	61%	21%
b. Putting all core components together – meeting home visitors where they are and moving them along the FAN. N=28, Mean=3.18	-	11%	61%	29%

*What adaptations are needed to the FAN model or approach to better serve culturally/linguistically diverse families?*

Home visitors and supervisors reflected on either their own adaptations to meet the needs of culturally/linguistically diverse families or things they felt would be changes that might improve the model. A number of staff describing making changes or adaptations to meet the needs of individual families, unrelated to particular culture or language. One home visitor who described her caseload as “80% Alaska Native” noted doing this, explaining, “Even if you are Alaska Native, each family has unique needs”. Another home visitor noted,

*“I have two families [from the same country], but they come from very different classes and have different education levels. I can talk easily with the one who’s working on her advanced degree, but the other mom is more religious and conservative and guarded about her life.”* (Home Visitor)

One home visitor talked about how the FAN model needed cultural translation for her work with Spanish-speaking families: “FAN is a new way of parenting for my ELL parents,” noting the emphasis of FAN on feelings and emotions that she described as not typical of Mexican immigrant family culture.

Several staff we spoke to also share their belief that the FAN was appropriate “for all families” and did not need cultural adaptation, citing its focus on being individualized to families’ needs, emotions, and beliefs. A trainer echoed this:

*“FAN is especially well-adapted to working with diverse populations...you’re doing a lot of listening and honing in on what their concern is. You’re doing a lot of thinking and being curious about what the parents’ understanding is. If you’re not of the parents’ culture, the FAN gives you more information including their cultural lens. In that sense, I think the FAN draws out more information that could help you be more culturally attuned and sensitive.”* (Trainer)

*What would you change about the FAN model to help better support high needs families?*

Staff generally reflected that the FAN was both appropriate and helpful with high needs/highly stressed families. That said, at least one noted that for these families sometimes the idea of taking the time to be more reflective was particularly challenging. A trainer echoed the strength of FAN in working with these families:

*"I think FAN is the only way to work with them [highly stressed families]. When you're under multiple stressors your capacity to take in information is often compromised...in addition to helping them to be good parents, home visitors need to just listen to them and come alongside them." (Trainer)*

#### Summing Up: Key Lessons Learned - Implementing FAN with Families

- 1. FAN strategies helped home visitors in their work with families**, and in particular, 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 fundamental and *"game changing"* component of the FAN approach. This message was echoed repeatedly by home visitors and supervisors, and may constitute a key way that the FAN can lead to reduced worker burnout and stress over the long term.
- 2. The flexibility to individualize FAN approaches and to make adaptations based on family needs and culture was seen as important to implementation success.**
- 3. Challenges reported by home visitors for FAN were most often related to implementing FAN's explicitly family – driven strategies.** Some programs and staff may need additional training and support to re-center visit planning and content on families as *"experts"*.

#### Implementation Questions Part 3: What organizational, leadership, and competency drivers' facilitated implementation of FAN?

##### *What organizational, leadership, and competency factors make it easier for Home Visitors/Supervisors to implement FAN?*

Qualitative interview questions included asking home visitors and supervisors about what factors made it easier (or more difficult) to integrate the FAN into their practice. Several themes emerged from their responses. Most frequently, staff described the importance of working to integrate and/or highlight the ways that the FAN language and tools fit into existing program models. Staff described some of these similarities, stating, *"FAN isn't really different from what we've been doing"* and *"FAN is a validation of our overall approach"*. Trainers also noted that programs where supervisors saw alignment and consistency of the FAN with the program model had an easier time with implementation. At the same time, however, one describes:

*"A couple of supervisors mapped FAN to their current curriculum, which was cool and ambitious. But the mapping wasn't perfect, and their understanding of FAN was new enough that they were making significant changes to FAN as they tried to map it to their program model. If we'd invested more time in understanding the home visiting program models we could have been able to say, 'here's where it's a good fit, and here's where FAN is different.'" (Trainer)*

Another factor that appeared to support FAN implementation was having some prior training in related concepts, such as mindful self-regulation, reflective supervision, trauma-informed practice, and/or the FAN itself. On a related note, staff also mentioned that home visitors' work experience seemed to influence their ability to integrate FAN strategies into their practice, although there were some differences in perspective concerning whether it was easier or more difficult with new vs. experienced staff. A few provided examples of newer staff having an easier time, noting that these staff were more likely to have been trained in areas including trauma and strengths-based practice. However, several

others noted that, more home visiting *“experience can make it easier to integrate the FAN”* because these staff have the confidence to change and adapt the visits more readily based on where families are.

Trainers noted that having supervisors who were both well-trained and provided strong reflective supervision helped with overall implementation. Another described this as an organizational asset, stating that organizations with a reflective culture had an easier time implementing FAN. That said, she felt that using the FAN could help improve the general agency culture, at least the culture within the home visiting team, to one that is more reflective, supportive and learning-oriented.

Not surprisingly, staff we spoke with described varying degrees of feeling as if they had successfully integrated FAN into their practice, with some describing quite successful integration:

*“FAN has changed my work life altogether because it’s a way to organize what you do and a way to reflect on what you are doing....the FAN becomes a part of you and who you are and what you do all the time.”* (Supervisor)

Another program described how their group supervision was key to implementing and sustaining the FAN, describing how the supervisor and home visitors worked together to problem-solve challenges that came up in implementation, and developed some specific tools to help them remember to keep using the strategies and talking about it during supervision. This team approach seemed successful at this program for at least the intention to sustain practice expressed by the supervisor and home visitors. Conversely one program noted that the lack of organizational support for time for group and reflective supervision was a barrier to successfully implementing (let alone sustaining) the FAN.

Similarly, engaging a broader range of program staff in the FAN training was mentioned by one program, as something believed to be important to sustaining practice change. This program mentioned including family service workers, program directors/managers, and classroom teachers in order to *“set the stage”* for organizational change. This program’s supervisor noted, *“We want to change the whole culture of our agency so that throughout the approach is to meet families where they’re at – a focus on attunement, listening and being present with families.”* (Supervisor)

Interviews with program directors or other higher-level administrators within participating LIAs also elicited thoughts about the organizational factors that contributed to successful implementation of the FAN. In particular, these respondents talked about:

- The importance of organizational and team *“readiness”* to engage in the new training, and in particular, the importance of having supervisors who were highly motivated to take on the additional work that might be required,
- Having a strong existing infrastructure and practice of engaging in regular reflective supervision,
- Having had prior training related to ACEs and trauma, leading to interest and motivation to engage in both NEAR and FAN, noting that some saw FAN as specifically related to doing work in a more trauma-focused way, and
- Engaging supervisors and teams in making the decision about whether or not to participate, and giving them an opportunity to choose which Innovation the program wanted to engage with (e.g., NEAR or FAN).

*What organizational, leadership, and competency factors make it more difficult to implement FAN?*

Some of the things that made it more challenging for staff to implement FAN were, not surprisingly, the absence of key drivers described above. For example, staff described the “challenge” of layering FAN language in the context of program requirements and one home visitor described how the program model required specific kinds of language to be used when writing up the visit – which made it difficult to fully integrate FAN in her practice overall, noting that FAN doesn’t reflect their curriculum language. Another related challenge was lack of program leadership “buy in” and understanding of the FAN model, and corresponding lack of support for trying to sustain FAN practices:

*“My director has this mentality that it feels like one more thing we have to do....we [already have] the Office of Head Start and how do we show this is important at a federal level and in our policies and procedures.” (Supervisor)*

More broadly, staff who saw the FAN as “one more requirement” were generally less enthusiastic about the model, and less specific about their intentions or plans to continue using the FAN following the mentoring period. Not surprising, several staff noted that their existing paperwork requirements were, and would continue to be, a challenge for them in doing the FAN. It was unclear from these comments whether they were concerned that they would have to continue to do FAN paperwork, or whether doing the FAN itself with families would reduce their ability to complete required program documentation. However, trainers also noted that paperwork requirements of programs created challenges to FAN implementation, over and above required FAN paperwork during the first 6 months.

Staff in some programs also noted that shifting home visitors’ own belief and perceived role of themselves as “fixers” would continue to be a challenge and one that would take time and more practice and support with the FAN. Similarly, a few staff noted that home visitors who were trained in a more didactic, “parent education” approach would have a harder time sustaining FAN practices.

Model requirements were frequently mentioned as challenging for implementation. For example, one of the experienced (master) trainers noted that *“Anecdotally, I think that it’s more challenging for some of the PAT programs because they have a set agenda they need to complete in each visit. They expressed feeling pressure to complete everything they need to check off to count it as a visit.”* Requisites related to NFP were also mentioned by some respondents. Generally, both master and newly trained trainers described the need to support staff to implement the FAN approach as a way to “be present with families” and to allow family priorities to take precedence over program model requirements. Doing so, however, was sometimes challenging for staff.

*“I don’t know that we expected the level of intensity we encountered around programmatic constraints. For example, PAT seems to have stringent program/curriculum requirements. A PAT program team I’m mentoring has little flexibility...that greatly impacts their use of the FAN.”*

This trainer goes on, however to note:

*“I realized I needed to learn more about PAT...I haven’t heard this from other supervisors [of PAT teams] and I think part of it is how these supervisors are interpreting the requirements.”*  
(Trainer)

This suggests the importance of insuring that FAN Trainers have a solid working knowledge of home visiting model requirements and understanding of what can or cannot be shifted to accommodate the FAN approach. Another trainer indicated that she felt that,



*“While I do see program model differences, I’ve noticed differences within program model across sites and states [too]...so it’s hard to say if one program model lends itself to more success with FAN than another.” (Trainer)*

FAN Trainers and Master Trainers also noted that the lack of time or systems for programs to provide structured reflective supervision and support for the supervisors made implementing FAN more difficult, noting that *“Supervisors are so overwhelmed and aren’t receiving a lot of reflective supervision themselves...”* and that when supervisors feel more support they are more likely to buy into the use of the FAN. Organizations that have a more reflective learning-oriented culture may in turn be more likely to provide the support needed for supervisors to feel that they can take on and use the FAN. A trainer noted, *“If the supervisor sees the FAN as valuable to their work with families, and comes on board, home visitors buy in. If supervisors are like, ‘this is something we have to do’, then home visitors don’t buy in.”*

Trainers also described their, largely unintended role, in providing reflective supervision to supervisors. As one noted:

*“Supervisors are tasked to provide reflective supervision to their home visitors, but my experience was that many supervisors weren’t fully supported themselves...it was gratifying to support them and feel like they experienced an additional level of support through my mentoring.” (Trainer)*

Another issue that was mentioned as a barrier to implementation by supervisors and trainers were organizational changes and/or initiatives that were happening concurrently with FAN implementation. Organizations that are going through restructuring or other major organizational changes might not make the most appropriate context for trying to implement a new approach to working with families such as the FAN. This was also noted by LIA Program Directors in their interviews, as was the importance of having leadership buy-in for doing the FAN:

*“The level above the supervisory level needs to understand and appreciate what is needed organizationally for FAN to be successfully implemented...a theme [for this project] was the next level up from supervisors not fully understanding the competing pressures supervisors have.” (Supervisor)*

#### Lessons Learned: Organizational and Other Influences on FAN Implementation

1. **Explicitly integrating FAN concepts with home visiting model language, activities, and tools was important to both early implementation and sustainability of practices.** Doing this earlier and more systematically may help increase the ease with which home visiting staff can understand and begin to implement FAN strategies.
2. **Home visiting models that were perceived as having tighter and/or more restrictive model requirements may have more difficulty implementing FAN.** Home visiting models with multiple requirements (e.g., use of specific language for writing up case notes; specific topics being required during supervision sessions) posed a greater challenge to implementation although some were able to successfully navigate these challenges. Doing introductory calls with participating supervisors to better understand the home visiting model and expectations, and providing supplemental tools that showed how FAN requirements fit with other home visiting model requirements, would help to address this.

3. **Organizations that practice ongoing reflection and reflective supervision had more success.** Trainers noted that having supervisors who were well trained and already providing reflective supervision helped with overall implementation. Further, having supervisors who “*bought into*” the FAN approach and consistently reinforced the importance of completing FAN self-assessment tools, implementing FAN strategies, and encouraging deeper discussion and reflection by staff related to the implementation process were crucial.
4. **Organizational and team readiness facilitated implementation.** To identify “*ready*” programs, suggestions included making participation optional; being clear about expectations for time and effort following the initial training days; ensuring there is an existing culture that provides time for reflective supervision and shared learning; and obtaining informed commitments by program leadership to support implementation.

#### Implementation Question Part 4: What Were the Perceived Benefits of the FAN Model with Families & Staff

##### *How does FAN support family outcomes? What are the benefits for families?*

Home visiting staff described a number of ways that they saw the FAN as helping them to be more effective in their work with families, including:

- Using FAN **questions** that more directly ask families how they are doing, and thus get families to open up in a way that feels safe to the parent. This also serves to engage families more in the visit, participate more, and “*centers*” parents in the visit,
- Training in asking these questions also helps build **home visitors skills in talking and listening to parents**, and
- **The empathic approach** helps foster a safer environment for families to share, and improves the quality of the home visitor-family relationship.

One trainer noted that despite sometimes feeling the tension between using the FAN approach (that prioritizes family needs/emotional space) and the need to check off requirements for a home visit, some staff had said they felt that FAN actually supported better family engagement because “*sometimes families need a break*”. An example provided was a home visitor who reported that because of the more flexible approach of the FAN, she felt there were fewer cancellations from families.

LIA Program Directors also commented that the perceptions of home visiting staff that there were clear benefits both for families and for the staff themselves helped support implementation. For example, one director noted:

*“Everybody was unexpectedly delighted that in many ways it helped in their work with families.”*

##### *How does FAN support staff well-being and other outcomes? What are the benefits for staff?*

Both home visitors and supervisors shared examples of how the FAN may help to reduce staff burnout and stress. The information shared on these possible mechanisms might explain the potential for FAN to reduce burnout and improve retention over the long term. Specific practices described included:

- **Mindful self-regulation:** “*When you’re stressed out and you have visit after visit, deep breathing and calming down after each visit helps.*” (Home Visitor)

- **Recognizing that staff are not “fixers” and do not have ‘attuned’ 100% of the time:** “[Even though]...it can take less energy to try and fix something for the family... getting into this fixing role can be overwhelming.” (Home Visitor)
  - The FAN concept of ‘productive struggle’ resonated with their day-to-day experiences: *“The productive struggle is real. I can be in and out of attunement (30/70) and still be present and there for my client...getting there is the work...it’s an ebb and flow.”* (Home Visitor)
- **General emphasis on self-care:** *“I feel like it’s a training that all home visitors should get...it would benefit a lot of people and help prevent burnout.”* (Home Visitor)
- **Empowering home visitors to respond to family’s needs :** Some home visitors described the FAN as making them feel empowered to provide services in a way that felt more meaningful to them: *“The FAN helps me remember the visit is about clients’ needs, not my information or desire”* and then *“I don’t feel like I’m not doing my job”*.
- **FAN’s explicit recognition that home visiting work is challenging and stressful:** *“FAN honors the fact that home visiting is very challenging and difficult”* by recognizing that home visitors have feelings that are important as well.
- **Specific FAN strategies** (ARC questions, 3 words, offer & explore) that help focus and structure the visit in a strengths-based way and which engage families in deeper conversations and reflection.

A number of staff also shared how they were using FAN techniques, especially mindful self-regulation and related calming breathing techniques, in their personal lives and with others:

*“I used to just complain about things; now I am a better problem solver.”* (Home Visitor)

Several staff described the role of the FAN in shifting their programs’ organizational culture in what they felt was a positive way. One supervisor noted, *“It is a professional re-set from the helping or fixing role. It will take time to implement a cultural change in our organization.”* Another staff noted that FAN helped to bridge the approach taught in NFP with the general orientation and training provided to most nurses:

*“As an NFP home visitor, your role is to provide support and have that role of listening. But as a nurse, you’re trained to provide education and expect compliance. FAN has really helped our team settle into what [NFP] is all about.”* (Home Visitor)

Trainers reflected that supervisors also benefit from the FAN model’s emphasis on listening and being present, rather than on “fixing” things for home visitors. More than one stakeholder noted that home visitors tend to be “doers” and FAN training helps them step back from that role. One noted,

*“[Supervisors] have appreciated learning to sit on their hands and help home visitors come up with their own solutions. Supervisors feel a lot of pressure within their agencies...so it’s refreshing to feel like they have a time and a place where they can slow down and be curious.”* (Stakeholder)

Consistent with feedback from staff and supervisors, trainers also noted that mindful self-regulation for the home visiting staff was powerful, and something that would likely be sustained and could have long-term benefits for home visiting staff in terms of self-care.

### Implementation Questions Part 5: What are the next steps for sustainability for the FAN model?

Home visitors and supervisors described how they intended to continue to integrate the FAN into their work. Staff noted that to support sustainability, they would need to feel like the FAN strategies were integrated into the work they were doing, to *“not feel like one more thing, we want to fold this into what we’re already doing”*. The critical role of supervisors in sustainability was also described; some supervisors were clearly working to integrate discussion of the FAN into their regular supervision, while a few noted that they would not specifically be addressing the FAN moving forward, and that it would be *“up to the Home Visitor as to whether they remember to use the FAN”*.

Trainers also acknowledged that the extent to which programs would continue to use the FAN was going to be varied. One trainer commented, *“I think the extent to which programs will still be using the FAN [in one year] is pretty variable.”* One key factor that is a challenge for sustainability is turnover, and how to train new staff in the FAN. Master and regional trainers mentioned the possibility of supporting supervisors to train new staff, with the help of on-line training models, and saw this as an important direction to develop.

The primary hope of one trainer in terms of what would be sustained is the notion of strengthening family collaboration and home visitors’ observable ability to collaborate with parents and really prioritize parents’ own expertise. Another trainer described her hope for sustained practice in terms of *“are they using open-ended questions and making space for being curious....are there pauses and quietness in waiting for the parent to think and respond, but a pause is also a place for [staff] to check in with yourself.”* Other FAN Trainers said that the most important thing to sustain using the model was helping teams to continue to prioritize listening and being present with families over providing information and accomplishing required elements of visits.

One trainer noted that having an additional opportunity to bring implementing home visiting teams together (especially supervisors) would help with sustainability by providing more chances to learn from other programs and teams about how implementation was going, and by creating an expectation that this was going to become an ongoing part of home visiting practice. Creating FAN *“communities of practice”* that provide shared opportunities for learning was seen as a possible next step in supporting sustained implementation.

In terms of future iterations of the FAN, Master Trainers and trainers were asked to reflect on ways to make the FAN more efficient and low-cost to implement. Overwhelmingly, however, respondents noted concerns about not further shortening the 6-month implementation phase past what has already been done for Region X:

*“I feel Erikson tried to scale the model down probably as much as is possible while still attaining some degree of fidelity. The FAN needs to be intentional and practiced in order for it to stick. I think it would be hard to have a lighter touch.” (Trainer)*

In terms of advice for future iterations of the specific Region X FAN ‘train the trainer’ approach, several suggestions were made that support the following statements:

- Trainers with experience and training in reflective supervision is essential.
- Make sure newly hired trainers have a background in infant mental health.
- Ensure trainers have experience specific to the particular organizational context/setting for the pending implementation (e.g., home visiting experience).

- Build in time for trainers to get to know the home visiting programs/program context before doing the initial Day 1 and Day 2 in-person training (e.g., introductory calls, video conferencing, and other means).
- Hiring training staff with background knowledge of the FAN would be helpful.
- Provide more structured guidance to new trainers around leading different training sections and build in time for “dry run” practices with the Master Trainers;
  - More practice time for trainers was mentioned by several as important.
- When recruiting program teams, make sure there is organizational and/or agency support for implementation before starting, including ensuring they fully understand expectations for home visitors and supervisors:
  - ongoing supports and time for reflective supervision, and
  - engagement/completion of implementation tools.
- Using a ‘backbone’ organization like Cooper House is important for coordinating logistics and materials, and helping with tools, materials, and alike.

### Summing Up Lessons Learned for Strengthening Cultural Responsiveness of FAN

While many staff and trainers felt that FAN provided a “universal” model that could be individualized to meet families’ needs regardless of their cultural background, best practices for culturally responsive practice suggest the need for additional work to strengthen cultural responsiveness. Suggestions from interview participants included the following:

- 1. Engage more bilingual/bicultural FAN trainers.** The importance in some communities of having a trainer who is able to bring a specific cultural lens to the framework was noted.
- 2. Provide supplemental materials, resource, and activities for the trainings in more languages.** While it was noted that materials were translated into Spanish, the videos, vignettes, and other more interactive tools are not translated and this was noted as a priority for work for the Model Developers in the future.
- 3. Provide trainers with strategic opportunities to learn about the local community culture** prior to conducting the training. Establishing mechanisms for doing “advance work” to learn more about the cultural diversity of staff and families, and to get a better sense of the context in which trainers are introducing the FAN was noted as important – and something that didn’t always happen during the relatively time-compressed implementation in Region X.
- 4. Engage in deeper work to develop culturally adapted approaches, activities, and strategies for introducing FAN to families.** Several participants noted that the central values of FAN related to talking about emotions and emotional states, were inconsistent with some cultural traditions and norms. Further work that could engage Latinx, Native American/Alaska Native, and other diverse families in providing input and guidance to make the model more consistent with these cultural values or at least explicitly recognize these tensions is an important next step.

## FAN Outcome Results

### LIA Survey Results – Organizational Context Descriptives

A total of 28 organizations participating in FAN and NEAR@Home in Region X completed the LIA survey. *These results are detailed in Appendix F.* Seventeen responding organizations participated in FAN trainings and NEAR learnings (11 solely for each of either FAN or NEAR; 6 participated in both FAN & NEAR). LIA survey findings described here include all LIAs for both FAN and NEAR in all 4 Region X states. The size of the participating organizations ranged from very small (3 home visitors) to quite large (45 home visitors), with an average of 11 home visitors. Similarly, the number of families served with home visiting programs for each agency varied, from very small (n=12) to large (n=570), with an average of 154 families. Most provided at least some services in Spanish (71%) or other languages (25%); one in five (21%) provided services only in English.

These surveys included questions related to organizational climate, organizational learning culture, and challenges related to turnover and workload. Program leadership reported a range of responses on these scales. Most reported that their organization had a positive organizational climate, with 72% indicating that this was present to a “great” or “very great” extent. About a fourth (23%) indicated that only slight or moderate agreement with items reflecting a positive organizational climate. Organizations seemed to be somewhat less likely to have a strong learning culture, with 62% indicating they felt the organization had this to a “great” or “very great” extent, and 38% indicating slight or moderate agreement. Over half of the organizations struggled at least slightly (55%) with staff turnover; most of the remainder indicated that these were moderate problems (41%); only one organizational leader indicated that this was “largely” true. There were insufficient responses to the LIA survey to conduct analyses beyond these descriptives statistics; however, they provide some insights into the organizational culture of participating agencies.

### FAN Outcome Sample Demographic Characteristics

**Table 4** below summarizes the key background and demographic characteristics for the FAN outcome sample. Two cohorts from each of 3 Region X States (AK, OR, WA) were included. Due to scheduling delays in FAN implementation roll out, were not able to include FAN participants from Idaho in this report. As a reminder, this table includes the characteristics of all participants who completed both Time 1 baseline and Time 3 follow up surveys. As can be seen, compared to Oregon, there were more participants from Alaska and Washington, and about three-fourths of overall respondents were home visitors. Two-thirds of respondents self-identified as White/Caucasian and/or had at least a Bachelor’s Degree. Twenty-three percent, or almost one-fourth, self-identified as Latinx/Hispanic. Over half (55%) had more than four years of experience working as a home visitor or home visiting supervisor, although a full 41% had three years or less experience. When asked about prior training on a 4 point scale from ‘none’ to ‘a lot’, between a third and upwards of half reported having ‘none’ or ‘a little’ training in ‘Big 3’ family challenge areas. Twenty six percent reported having no prior training in working with families with substance abuse issues.



Table 4. FAN Outcome Sample Baseline Demographic Characteristics and Prior Training

Baseline Characteristics	%	N
<b>State (N=93)<sup>31</sup></b>		
Alaska	35%	33
Oregon	27%	25
Washington	38%	35
<b>Primary role (N=93)</b>		
Home visitor	74%	69
Supervisor	26%	24
<b>Race/Ethnicity (N=90)</b>		
American Indian/Alaska Native	8%	7
Asian/Pacific Islander	2%	2
African American/Black	3%	3
Latinx/Hispanic	23%	21
White/Caucasian	63%	57
<b>Education (N=91)</b>		
Completed vocational/technical training program	1%	1
Attended some college; did not graduate	6%	5
Associate's degree (AA)	10%	9
Bachelor's degree (e.g., BA, BS)	67%	57
Master's degree (e.g., MA, MSW, MS)	19%	17
Doctorate degree (e.g., PhD, EdD)	2%	2
<b>Total time in home visiting field (N=92)</b>		
Less than 1 year	3%	3
1-3 years	41%	38
4-6 years	25%	23
7 or more years	30%	28
<b>No or little prior training in family challenge areas (N=86)</b>		
Substance abuse	53%	46
Mental health	32%	28
Interpersonal violence/domestic violence	35%	30

Note that FAN outcome analyses are presented below for the **combined** sample of home visitors and supervisors. To assess whether outcomes were different for home visitors only, all analyses were also conducted for a reduced sample comprised of only home visitors (the sample of supervisors was not large enough to provide sufficient power for separate analysis). Results were comparable for the home visitor only sample for all outcomes, although a few small differences in moderator (subgroup effects) were detected. However, these differences were consistently related to reductions in significance levels

<sup>31</sup> Due to delayed FAN scheduling, Idaho Cohorts were not included in the overall implementation or outcome findings for this report. PSU collected descriptive survey and implementation tool data on Idaho Cohort 8. Descriptive data were summarized and provided to DCYF and FAN partners.

attributable to smaller sample sizes in home visitor only subgroups. Thus, results are presented here for the *combined* home visiting staff sample.

#### Scale Reliabilities and Summary of Average Changes Over Time

*Appendix B* provides detailed reliability statistics for the FAN measures. Most scales showed good ( $\alpha > .80$ ) to adequate ( $\alpha > .60$ – $< .80$ ) reliability. One exception to this was the Maslach Burnout Scale. At baseline, (T1) the total score showed adequate reliability; however this dropped to  $\alpha = .55$  at the follow up. In particular, it appeared that the depersonalization subscale was problematic, with very poor reliability, especially at baseline. This scale was therefore not included in outcome analyses.

**Table 5a** summarizes the average scores for FAN participants at T1 (baseline) and follow up (T3) or at the immediate post-training (T2) and follow up (T3). Significance tests are noted on this table, with details provided in *Appendix C (Table C4)*. Additional descriptive statistics for FAN outcome measures are included in the Measures *Appendix B (Tables B1 and B3)*. **Table 5b** provides a summary of the outcome areas that showed statistically significant or trend-level changes over time for the primary outcome measures, as well as a summary of statistically significant subgroup (moderator) effects.

Table 5a. Average Change Over Time for FAN Outcomes

Outcomes (unless noted otherwise, higher scores = improvement over time)	Initial Timepoint	Follow Up Timepoint
<b>Short Term Outcomes</b>	<b>T2 M (SE)</b>	<b>T3 M (SE)</b>
Confidence in FAN Elements (n=89)	3.04 (.05)	3.02 (.06)
Skills in FAN Elements (n=88) <sup>i</sup>	3.13 (.05)	3.29 (.05)**
<b>Intermediate Outcomes</b>	<b>T1 M (SE)</b>	<b>T3 M (SE)</b>
Five Facets of Mindfulness - Nonreactivity to Inner Experience Subscale (n=81)	3.37 (.08)	3.61 (.06)**
Five Facets of Mindfulness – Acting with Awareness Subscale (n=81)	3.65 (.07)	3.71 (.06)
Reflective Functioning (n=80) <sup>i</sup>	5.21 (.10)	5.38 (.10) <sup>t</sup>
<b>Longer Staff Term Outcomes</b>	<b>T1 M (SE)</b>	<b>T3 M (SE)</b>
Work Stress (lower scores are more positive) (n=86)	2.20 (.06)	2.27 (.06)
Job Related Burnout – Emotional Exhaustion (lower scores are more positive) (n=67)	2.99 (.15)	3.11 (.15)
Job Related Burnout - Personal Accomplishment (n=68) (higher scores are most positive)	5.13 (.11)	5.12 (.12)
Job Related Self-Efficacy (n=76) (higher scores are more positive)	4.12 (.06)	4.18 (.06)
<b>Organizational Outcomes</b>	<b>T1 M (SE)</b>	<b>T3 M (SE)</b>
Organizational Learning Culture <sup>32</sup> (n=42)	4.28 (.10)	4.03 (.11)
Positive Organizational Climate <sup>33</sup> (n=41)	4.02 (.09)	4.16 (.10) <sup>t</sup>
Quality of Reflective Supervision (n=63)	3.34 (.09)	3.49 (.07)

<sup>t</sup> $p < .10$ ; \* $p < .05$ ; \*\* $p < .01$

Comparisons: Immediate post-training (T2) and follow up (T3); T1 (Baseline) and follow up (T3).

**Note:** For the main effects noted here, there was significant change over time only when subgroups effects were not included in the analysis models. Because there were significant subgroup effects (e.g., patterns of change over time were different for specific subgroups of participants), the overall change in the final (full) model did not reach statistical significance.

<sup>32</sup> T1 taken from workforce survey data share

<sup>33</sup> T1 taken from workforce survey data share

Table 5b. Summary of FAN Outcomes

Participant Outcome Domain	Significant Improvement Over Time?	Subgroup Differences in Amount of Improvement Over Time? (Groups at Left Showed More <b>Improvement</b> on Outcome)	
Short Term Innovation Specific - Participant Outcomes			
1. FAN-Specific Skills	Yes, <i>only when not accounting for subgroups</i>	BA and BA+ White	> Less than BA > Latinx & Other
2. FAN-Specific Confidence	NO	No Significant Subgroup Differences	
3. Mindfulness: Non Reactivity To Inner Experience	YES	No Significant Subgroup Differences	
4. Mindfulness: Acting with Awareness	NO	Other HV Models	> NFP <sup>t</sup>
5. Reflective Functioning	NO	No Significant Subgroup Differences	
Longer Term Participant Outcomes			
1. Work-Related Stress	NO	Lower Learning Culture	> More Learning Culture
2. Work-Related Burnout: Emotional Exhaustion	NO	High Reflective Supervision Low Self Awareness Higher Emot. Reactivity Lower Reflective Function	> Low Reflective Supervision > High Self Awareness > Lower Emotional Reactivity > Higher Reflective Functioning
3. Work-Related Burnout: Sense of Personal Accomplishment	NO	Services in Eng. only Lower Self Awareness Lower Emot. Reactivity Lower Reflective Function High Reflective Supervision	> Services in Spanish > Higher Self Awareness > Higher Emotional Reactivity > Higher Reflective Functioning >Low Reflective Supervision <sup>t</sup>
4. Work-Related Self-Efficacy	NO	Other HV Models High Reflective Supervision	> NFP > Lower Reflective Supervision
Organizational Outcomes			
5. Positive Organizational Climate	TREND	Services in Spanish	> Services in English Only
6. Organizational Learning Culture	NO	No Significant Subgroup Differences	
7. Quality of Supervision Received	YES, <i>only when not accounting for subarounds</i>	No Significant Subgroup Differences	

**O1. Outcome Question 1:** To what extent do home visitors and supervisors receiving FAN report improved short-term outcomes such as improved knowledge, skills, and attitudes?

These findings are summarized in Table 5a, above, with detailed results of statistical tests provided in Appendix C (Table C4). First, results showed that when not accounting for covariates/subgroup differences (e.g., interaction effects) there was a significant increase in staff self-reported skills in *implementing key components of the FAN approach* (e.g., ability to match parents' cues, recognize parents' feelings during visits). While this main effect was statistically significant ( $p < .01$ ) when tested separately, it is important to note that when the covariates were included, the overall change was no longer significant. This is because of significant differences for specific subgroups of participants. See Appendix C, Figure C5 for graphs illustrating these interactions.

Specifically, there were differences in the level of improvement over time in FAN skills for participants with different levels of education and for participants with different racial/ethnic backgrounds. FAN participants who had at least a Bachelor's Degree (or higher) showed significant increases over time in their FAN-related skills. Those with less than a Bachelor's Degree did not increase their self-reported skills, although this group was small ( $n=14$ ). Further, this group of participants started out with higher self-reported scores skills compared to those with more education.

Second, there was a significant increase in skills for participants who self-described as White. Latinx and other participants of color, however, did not report significant improvements over time. That said, it is important to note that again, these participants reported higher levels of FAN skills at baseline compared to White participants.

Results also showed significant improvements in staff reports of their *mindfulness* (specifically, the *non-reactivity to inner experience* subscale) reflecting the extent to which staff can be aware of feelings/emotions and not immediately react. This is a key outcome for FAN, which focuses on supporting home visiting staff to actively engage in mindful self-regulation/emotional regulation in their work. Finally, while there was no overall effect of participation on the mindfulness subscale related to "*acting with awareness*" (being aware of your own behavior and what is causing it), there was a trend suggesting those home visitors from non-NFP programs had larger improvements over time compared to those in NFP programs.

The finding that Latinx and other home visitors of color showed less improvement over time in FAN skills may speak to the need for further cultural adaptations that can better reflect non-dominant culture and which are better tailored to these staff. However, it is also the case that Latinx and other home visitors of color had higher initial reports of FAN-related skills, and thus had less "*room to grow*" following FAN training. More work is needed to better understand these short-term outcomes for home visitors of color.

Finally, it is important to keep in mind that subgroup (moderator) analyses are limited by small sample sizes in some small groups, and thus, these patterns should be interpreted as preliminary and in need of additional research.

**O2. Outcome Question 2:** To what extent do home visitors and supervisors receiving FAN report improved longer-term outcomes such as increased levels of competency, self-efficacy, and resiliency? Results for what were considered longer-term, more distal impacts for the FAN model, specifically work stress, self-efficacy and job-related burnout are summarized in **Tables 5a and 5b**. As can be seen, overall there were no statistically significant improvements in these outcomes over time. However, these longer term outcomes were clearly related to key staff and organizational characters, as described in findings for Outcome Question 3, below.

**O3. Outcome Question 3:** What (3a) organizational and (3b) baseline staff characteristics are associated with changes over time in short and longer term outcomes for FAN participants?

The next set of analyses examined the extent to which staff perceptions of key organizational characteristics, specifically staff experiences of organizational learning climate, positive organizational culture, and the level and nature of supervision received, were associated with FAN outcomes. To do this, we grouped respondents as either “high” (above the median) or “low” (below the median) in terms of the perception of organizational characteristics, and then assessed the extent to which staff with higher vs. lower scores on these dimensions reported different changes over time in short and long-term outcomes for FAN.

As can be seen in **Tables 5a and 5b**, and in figures showing graphic display of these subgroup differences in *Appendix C (Figure C5)*, while there were no associations between these variables and FAN confidence or skills, the level of reflective supervision reported by home visitors at baseline did was associated with changes over time for some outcomes. First, home visitors who reported lower levels of reflective supervision at baseline reported a somewhat larger ( $p<.07$ ) decrease in burnout related to emotional exhaustion over time (e.g., that working with people is a strain, and fatigue related to doing ones’ job), while those who received more reflective supervision showed no changes in job-related burnout, although their overall levels of burnout were lower at T1. This suggests that those with less initial reflective supervision may have experienced somewhat greater benefits of FAN related to their feelings of emotional exhaustion.

Additionally, home visitors who reported receiving more reflective supervision at baseline showed significant increases in job-related self-efficacy over time; those with low reflective supervision showed no apparent change in self-efficacy.

To examine the connections between selected baseline staff characteristics and FAN outcomes (Question 3b) we again grouped staff using a median-split approach to create groups of staff who were either “high” or “low” in terms of the baseline levels of mindfulness (nonreactivity); reflective functioning; and prior training related to FAN; these variables had been hypothesized by model developers as being potentially important to outcomes. See **Table 5a** and *Appendix C (Figure C5)* for more detail.

There were no significant differences for these subgroups for FAN-related skills or confidence. However, it appeared that in terms of burnout related to emotional exhaustion, those who were initially low in their levels of mindful awareness, reflective functioning, or were lower in non-reactivity (e.g., more



highly emotionally reactive) had higher levels of emotional exhaustion at baseline, and their scores decreased somewhat over time. However, those who had initially high non-reactivity, higher reflective functioning, or higher mindful awareness – that is, who were more able to be aware of and to regulate their own emotional responses - had lower emotional exhaustion Pre-Training, and this increased somewhat after participating in FAN.

Patterns of change for burnout related to feeling a lack of personal accomplishment suggested that those who were initially more self-aware had a **decreased** sense of job-related accomplishment over time. Thus, after participating in the FAN, those with low self-awareness and mindfulness increased their sense of job-related accomplishment; this was not the case for those with initially high levels of mindfulness. Initial mindfulness, reflective functioning, and prior training did not moderate any other FAN outcomes. *See Appendix C for graphic displays of these interactions.*

Again, it is important to interpret these subgroup findings with caution, due to small sample sizes, and they should be considered preliminary and exploratory.

#### O4. Outcome Question 4: To what extent do home visitors receiving FAN report an improved level and quality of support from their organizations and supervisors?

The final set of analyses examined the changes over time in home visiting program staffs' perceptions of organizational culture from before the FAN training through the 6 month follow up. ***Note that with the exception of the measure of quality of reflective supervision, baseline scores for outcomes were collected via the Region X Workforce Survey; thus, the sample sizes are considerably smaller and the mode of data collection for baseline (T1) was different from that used to assess follow-up (T3) outcomes.***

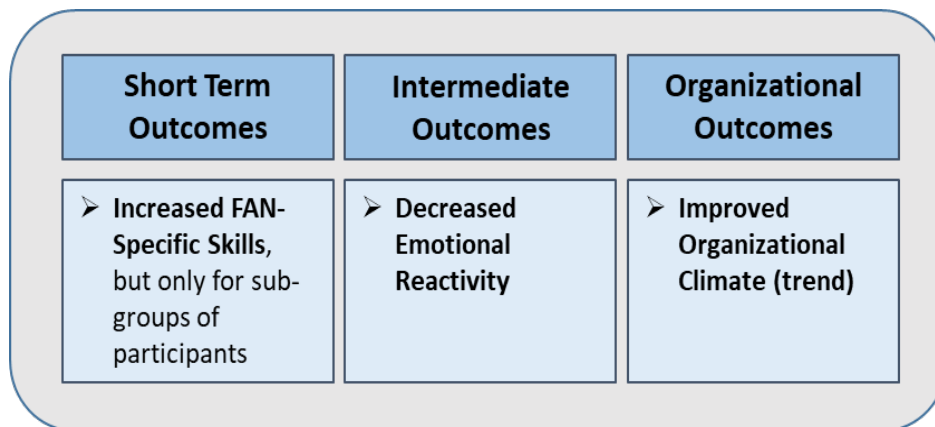
As shown in **Tables 5a and 5b**, these results indicate that there was a marginally significant trend indicating improvement in the level of supportiveness of the organization (e.g., having clear job expectations, feelings that the agency cares about the staff's well-being). Moreover, there was a marginally significant trend indicating that those staff who provided services in Spanish reported a somewhat larger increase in their experience of organizational support compared to those providing services in English only (although note that the sample size is quite small). Finally, while there was some evidence of improvement in the quality of supervision experienced, this effect was not significant when covariates (subgroups) were included in the model.

#### Summing Up: Key Findings from FAN Outcome Study

**Figure 4** summarizes the key results for FAN participants. First, while there was evidence of improvement in specific FAN-related skills, this effect was specific to certain subgroups of participants. Improvements in FAN-specific skills were significantly larger for staff who self-identified as White and/or who had at least a Bachelor's degree. These staff started out with lower levels of FAN skills and therefore had more "room to improve" over time. These results may also reflect the need to better tailor the FAN training approaches to be responsive to home visitors' educational and cultural backgrounds.

Second, ***there were changes over time in a key hypothesized intermediate outcome*** - an improvement that might be expected after staff practiced implementing the FAN strategies and integrating FAN practice more deeply. Specifically, FAN participants increased their ability to be aware of their own emotions and to retain emotional control – the emotional self-regulation that is a key to mindful practice.

Figure 4. Summary of FAN Outcomes



In addition, results showed a trend suggesting ***improvements over time in staff perceptions of organizational support***. Staff reported somewhat increased levels of organizational support, indicating improvements in the extent to which they felt valued and supported by their agency. Somewhat larger improvements in organizational climate were reported by the small group of staff who had data for this outcome and provided services in Spanish (compared to those providing services in English only). Staff working for NFP showed larger increases in quality of supervision. It is important to note, however, that these outcomes were assessed on a subset of the total sample as the Time 1/Baseline information for these outcomes was collected by the Workforce Survey done by the Butler Institute, and thus reflect a somewhat different methodology, timing, and context than other outcomes.

It is worth noting that there were differences in changes over time for home visitors reporting varying levels of reflective supervision, especially in terms of degree of job-related burnout/emotional exhaustion, and job-related self-efficacy. Staff reporting ***less reflective supervision*** at baseline showed a larger decrease in emotional exhaustion and a slight increase in their sense of personal accomplishment on the job. However, staff reporting ***more reflective supervision*** at baseline reported a significant increase in job-related self-efficacy over time. While this may speak, more to the importance of reflective supervision than to the FAN training per se, it supports the concept that strong reflective supervision is important for home visitor wellbeing. It also may be that the benefits of FAN were more likely to be evident in staff with lower levels of reflective supervision, at least in some areas.

Finally, it is important to note that the limitations of the current study design (pre and post measures without comparison or control groups) make it difficult to confidently attribute change overtime to FAN implementation alone. Other factors, such as exposure to additional information and/or training,

changes in supervisor or organizational leadership, and other influences could cause, or at least contribute, to the documented changes. That said, the noted improvements seem to mirror expected patterns of both short and long term changes predicted by the FAN *“theory of change”*; that is, there appear to be logical connections between the core materials, information, and approach of FAN with the documented improvements. However, alternative causal influences cannot be ruled out given the study design.

## PART TWO: Steps for Learning NEAR@Home Evaluation

### NEAR@Home Design and Methodology

Below we describe the procedures for sample recruitment, methods, measures, and final sample characteristics for the evaluation of the Steps for Learning NEAR@Home model. *Where procedures mirrored the previously described FAN model, we refer readers to a specific page # in Part One for more details. Of note: The NEAR@Home model employs the terminology ‘learning(s)’ and ‘facilitator’ vs. ‘training(s)’ and ‘trainer’.*



#### NEAR@Home Recruitment and Sample

As described previously (Part One), similar procedures were used to recruit home visiting programs for the NEAR@Home Learnings via an interest survey (see *FAN participant recruitment methods*, p. 10). State MIECHV leads and/or DCYF staff talked with interested programs about the Region X work, the NEAR@Home approach, and put together an initial priority list of those home visiting programs that fit for both availability and commitment to engagement in the NEAR@Home model. Home visiting staff in NEAR learnings from all 4 Region X states were invited to participate in the NEAR@Home evaluation. Using a ‘train the trainer’ approach, five community based facilitators were trained to implement the Steps for Learning NEAR@Home in their home states (1 in OR, WA, and AK; 2 in ID).

Prior to rolling out the Steps for Learning NEAR@Home in States, the co-model developer<sup>34</sup> facilitated an abbreviated in-person learning day for PSU evaluation staff, MIECHV State leads, and a number of Innovation Grant committee members to provide context for the approach and what facilitators would be expected to do. In addition, a PSU evaluation staff member participated in ‘get to know you calls’ with facilitators from each state. Calls were intended to build relationships, introduce the evaluation goals, and share ideas about logistics for data collection and engaging home visiting staff for the evaluation. The calls were also an opportunity for facilitators to ask questions or voice concerns about the evaluation process. In addition, PSU staff attended and observed at least one NEAR@Home in-person learning day in each of the 4 Region X states. These activities were helpful for PSU evaluators.

For this model, learnings began when newly trained NEAR@Home Facilitators contacted priority list program supervisors in their home states to explore readiness, using a readiness discussion guide developed by the model co-developer and state facilitators. It was the hope they would come to a mutual agreement as to whether or not the program would move forward with the full set of NEAR@Home learning Steps. If so, facilitators scheduled a NEAR/foundational science conference call with the home visiting staff. The home visiting programs that did not move forward with NEAR@Home

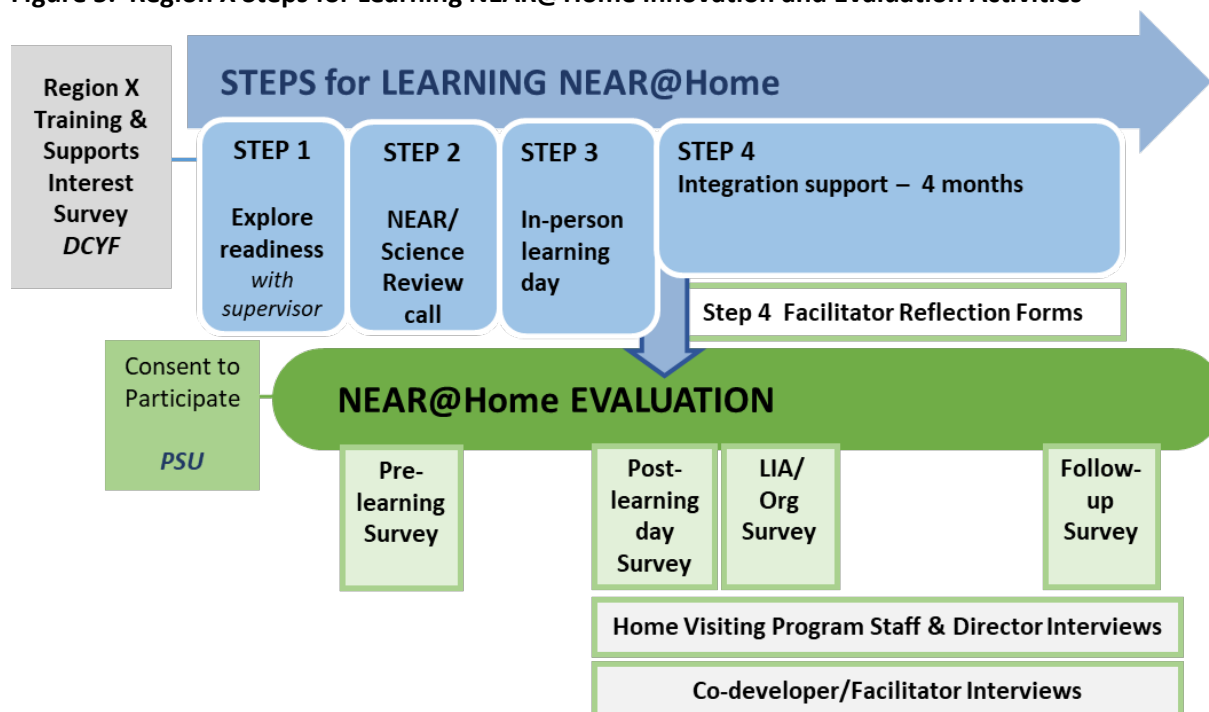
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<sup>34</sup> The Steps for Learning NEAR@Home utilizes the collaboratively developed NEAR@Home Toolkit as core practice curriculum. The approach was developed and field-tested by practitioners from a number of disciplines. One of the early developers was involved in furthering implementation in the Region X Innovation project, and is referred to as the ‘co-developer’.

were provided information on NEAR and ACEs. Facilitators scheduled all meetings for participating programs. Facilitators worked with programs and staff in their ‘home’ states only.

It was important to assess participants with a baseline survey prior to the NEAR/foundational science review conference call, as this experience was deemed to be part of the NEAR@Home learning. PSU sent participating program supervisors an email introducing the Region X evaluation and an active Qualtrics survey internet link including: 1) the evaluation consent form, and 2) the Pre Learning (baseline) Survey. Supervisors were asked to forward the email to those home visiting staff who were scheduled to participate in the foundational science conference call, and encourage their participation. Participants were also given the option to receive the materials in hard copy if they preferred. Similar to the FAN model, the consent form outlined that staff would be asked to complete surveys at 3 time points (Pre Learning, Immediate Post Learning, and Follow Up at 4 months). **Figure 5** provides an overview of implementation as described depicting the 4 Steps for Learning NEAR@Home mapped to evaluation activities and data collection. As noted earlier, this was used in describing the evaluation to highlight and delineate expectations for training versus those that were voluntary for evaluation participation. *More details on the 4 Steps will be provided in the Results section (Implementation Q1).*

**Figure 5. Region X Steps for Learning NEAR@Home Innovation and Evaluation Activities**



Ideally, participants gathered for an in-person learning day within a month of the foundational science conference call. At the end of the in-person learning, either PSU staff or a NEAR@Home state facilitator provided an overview of the evaluation, the evaluation consent form, and the immediate post learning survey. A PSU staff member attended one NEAR in-person learning day for each State. As with the FAN model, non-monetary small incentives were offered at in-person trainings at the time that surveys were completed. (e.g., chocolates and/or a small personal journal). Lastly, approximately 4 months following completion of the NEAR in-person learning day (after Step 4 supports were complete), home visiting

staff participants were sent an email with a link (to Qualtrics) to complete the consent form and final follow-up survey. If the survey was not completed, a reminder email was sent every 10 days, up to four times if the participant did not respond. As with FAN, each participating program was sent a \$150 Amazon gift card one month after the online follow up survey was closed.

As with the FAN evaluation, within a month of completing the in-person learning day, an on line link to an 'LIA Survey' was sent to each agency/program director who had staff participating in NEAR@Home learnings.

### Interview Samples

*Implementation Study Sample.* The same selection and invitation procedures used for FAN were used for the NEAR sample of home visiting staff to be included in the qualitative interview portion of the study (see *FAN methods, pages 11-12*). This included talking to home visiting staff from four programs at two time points (2 home visitors and 1 supervisor); both at early and later (follow up) NEAR implementation. Directors of 2 programs were also invited to an interview. All 4 Region X States were represented for the NEAR evaluation.

*Facilitator and Co-Model Developer Interviews.* As with FAN, newly hired state facilitators were interviewed at two time points; for the NEAR@Home approximately 4 months apart. The first 'early' interview was within a month of the in-person learning day and the 2<sup>nd</sup> 'follow-up' interview came after a program had completed their 4 months of NEAR@Home supports. One NEAR co-model developer was interviewed on a similar schedule.

*Exit Interviews.* The same procedure used for FAN was followed (see page 85).

## NEAR Evaluation Measures

### NEAR Implementation/Process Evaluation Measures and Data Collection

#### Participation Tracking

Attendance at in-person group trainings, follow-up consultation, and/or supports meetings was captured and recorded by PSU as described previously. In addition, the NEAR@Home model utilized a shared google calendar for efficient coordination and PSU tracking of training and support activities.

#### Interviews: Home Visiting Staff and Facilitator Staff

As noted in the PART ONE FAN section, qualitative interviews were conducted on an ongoing basis throughout the evaluation, and were designed to collect data related to both (1) early implementation, to understand initial responses to the trainings, and (2) later after implementation and integration support was complete, at about 4-6 months after training to gain insights into supports for implementing change and efforts to implement new practices.

Interviews were done at two time points (early implementation and later implementation) with home visiting staff from chosen programs the NEAR@Home co-model developer, and the 5 NEAR Facilitators. Home visiting staff from all 4 Region X states were represented in the qualitative interviews. For two of the NEAR home visiting programs, the program's agency director was also interviewed. Implementation research questions were mapped to interview protocol and varied depending on the respondent type, and timing of the interview. As described for FAN, interview questions focused on the experience of



training, different levels of barriers and drivers using specific elements of the NEAR@Home approach, and on the ‘train the trainer’ model.

### *NEAR Implementation ‘Supports’ Data*

During the supports phase of the NEAR@Home learnings, state facilitators provided direct support to program teams, ideally monthly, via a conference call (or sometimes in-person). In order to learn more about what supports were being provided by NEAR@Home Facilitators, a facilitator activity feedback form was developed in collaboration with the NEAR@Home partners. This form included quantitative information such as the number of home visiting staff participate in these meetings, and estimates of the time spent discussing various topic areas (e.g., aspects of the NEAR approach, feeling safe during NEAR visits). Facilitators also provided qualitative data on the form by answering questions on challenges during the supports phase and relaying stories of NEAR visit successes or challenges shared by home visitors. Looking across activity form data within programs may provide insights on changes in practices or attitudes overtime.

### *NEAR@Home Outcome Measures*

#### *1. Intervention Specific Pre-Learning, Immediate Post-Learning/Innovation, and 4 month Follow-Up Surveys*

The NEAR@Home surveys mirrored those of the previously described FAN surveys except for customization for the NEAR@Home approach, model elements, and the timing of survey administration. Similar demographic data was collected at pre-learning, as well as the important outcome measures previously described (e.g., work stress) to assess the potential impact of NEAR supports over time (see *FAN measures, follow-up survey; page 13*). Other areas important to the NEAR model included prior download of the NEAR@Home Toolkit and/or experiences with doing ACEs history.

The immediate post-learning survey was identical to its FAN counterpart with the exception of asking about knowledge, skill, and attitude areas central to the NEAR@Home model. This included asking participants to rate their understanding/confidence in different aspects of the 5 key elements of NEAR@Home visits including: Preparing (getting ready for a NEAR visit), Asking (talking about NEAR science and

**Feedback loop note:** *To support continuous improvement and inform NEAR@Home development, PSU provided State facilitators and the model co-developer with a summary report with selected data from both the ‘Pre learning survey’ and ‘Immediate post learning survey’ for each program within a month of training. Since NEAR@Home group learnings tended to be smaller than FAN training groups, we adopted a quarterly State data reporting schedule in order to include multiple programs in an aggregated summary report to protect confidentiality.*

completing/revising the ACEs score), Listening (being present, responding in a mindful way to ACEs score), Affirming (working on goals/resilience), and Remembering (revisiting a NEAR visit when things did not go as hoped or checking in about subsequent feelings). Home Visitor and supervisor survey language was adapted by role such that learning elements for home visitors were in their work with ‘parents and families’ while the supervisor version referenced activity in their work with ‘home visitors’.

The NEAR@Home follow-up survey (approximately 4-6 months post foundational science learning) repeated the baseline outcome measures gathered on the pre-training survey, as well as the immediate

post survey (knowledge/skills) specific to NEAR model, to assess potential change over time. Important intermediate outcomes repeated from the T2 survey included the utility and “fit” of NEAR practices (e.g., how well NEAR fits with their home visiting model) and the perception of impact in doing NEAR visits with families. Important potential longer term outcomes from the pre training survey that were repeated at follow up included measures of work stress and burnout, efficacy/ accomplishment, and resiliency (Maslach Burnout Inventory, 2000<sup>35</sup>, Work Stress Scale, Items adapted from Project Launch Mental Health Services Survey, Self-efficacy scale adapted from Teacher Opinion Survey<sup>36</sup>, Five Facets of Mindfulness Questionnaire<sup>37</sup>, Reflective Functioning Questionnaire<sup>38</sup>). Staff also reported their perception of supervisory relationship and organizational culture (Reflective Supervision Scale, 2001<sup>39</sup>, Learning Culture<sup>40</sup>, and Psychological Climate<sup>41</sup>). Note that these last two scales were assessed at baseline via the Region X Workforce Study Survey and therefore only available for a subset of NEAR evaluation participants. In addition, follow-up surveys asked home visitors about NEAR visit practices including how many of those on their caseload they had attempted or completed one or more specific NEAR@Home visit practices (e.g., talked about NEAR science, provided or completed an ACEs questionnaire, provided referral information, revisited an aspect of a previous NEAR visit). This measure was developed by PSU in collaboration with the NEAR@Home co-model developer as a first step in documenting NEAR visit activity. *Details on NEAR outcome measures can be found in Appendix B (Tables B2 and B4).*

*As noted earlier, we considered these exploratory outcomes given the emerging nature of the NEAR@Home learning model.*

*2. Workforce Development Survey –Data Share (Butler Institute for Families, DCYF sub-contractor)  
See FAN measures section (page 14).*

*3. Organization LIA/Program Survey  
See FAN measures (page 14). Appendix B, Table B5 includes details on the ‘LIA Survey’ outcomes.*

## NEAR@Home Results

### NEAR Survey Response Rates

Overall, 24 programs across the 4 Region X states received the Steps for Learning NEAR@Home over the grant period. 16 programs were included in the evaluation. At each survey data collection time point,

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<sup>35</sup> Schutte, N., Toppinen, S., Kalimo, R., & Schaufeli, W. (2000). Maslach Burnout Inventory-General Survey (MBI-GS).

<sup>36</sup> Geller, S., & Lynch, K. (1999). Teacher opinion survey–Revised.

<sup>37</sup> Bohlmeijer, E., ten Klooster, P. M., Fledderus, M., Veehof, M., & Baer, R. (2011). Five Facet Mindfulness Questionnaire.

<sup>38</sup> Fonagy, Lyuten, Moulton-Perkins et al, (2016). The Reflective Functioning Questionnaire.

<sup>39</sup> Parlakian, R. (2001).

<sup>40</sup> Butler Institute for Families (2014). Learning Culture.

<sup>41</sup> Baltes, B. B., Zhdanova, L. S., & Parker, C. P. (2009).

response rates were fairly high: Baseline Pre-Learning Day (T1), n=99 (78%); at Time 2, Immediate Post Learning Day, n=115 (91%), and at Time 3, at the 4-month follow up, n=101 (80%). Ninety-three staff (81%) completed both T2 and T3 surveys; 78 (79%) completed both T1 and T3 surveys (*see Appendix B6, Table B6b*). NEAR Facilitators worked closely and collaborated well with evaluation team members to invite participation in data collection and to administer follow-up surveys.

### NEAR@Home Implementation Results

Below, we present the key information related to implementation research questions, drawing from the following sources of data: Interviews from (1) Home visitors and supervisors; (2) Model co-developer; (3) Facilitators; (4) LIA Program Director/Organizational Leads; and (5) Key Stakeholders. Survey data from (6) Home visitors and supervisors (immediate post training and follow-up surveys), and (7) Facilitators (Step 4 support activity). Where appropriate, the source of the data are provided; likewise, when similar themes emerged across multiple respondent types, this is noted. In reporting qualitative interview findings, we do not provide specific numbers of respondents, instead describe themes found across respondents (see methods for further details regarding qualitative data summary and analyses). For example, we may report ‘some’ or ‘many’ home visitors for a given statement, which accounts for a range of home visitors (e.g., many being equal to 8-13 of 15 home visitors).

Implementation Questions Part 1: Describe the Implementation of the Steps for Learning NEAR@Home, Changes Made to the Expected Implementation (and Why), Cultural Adaptations, and Initial Participant Reactions and Responses to Training

*What were the expectations for training and supports to be provided for Steps for Learning NEAR@Home?*

The following descriptions of NEAR@Home expected learnings and supports were developed by PSU staff and reviewed for accuracy by NEAR@Home co-developer.

The model. The Region X design for Steps for Learning NEAR@Home training and supports involved several components. First, NEAR@Home Facilitators were hired and trained in each Region X State. Following this, the facilitators, with support from the model co-developer, provided the Steps for Learning NEAR@Home to participating home visiting programs. The Steps for Learning NEAR@Home includes 4 learning steps (see below) that are provided over a 4-6-month period. The model process is described as trauma informed and grounded in social justice and attachment theory. The NEAR@Home toolkit, developed by experts in NEAR science and practice groups working with families, is used as a guide for preparing providers to do a visit with families that includes discussion around NEAR science, asking parents to complete an ACEs history, and techniques for helping families and staff understand the impact of trauma on their own well-being and parenting goals (termed a ‘NEAR@Home visit’). Being mindful and present and how to deal with different reactions or questions following completion of the ACEs history is also covered. The toolkit covers areas specific to providing a NEAR@Home visit with families, from planning to documentation. The overall goal is for home visitors to roll out the approach to enable parents to learn about ACEs and their children's health, and to make decisions and take actions in their lives that protect their children from accumulating ACEs and build resilience.

Steps 1 & 2: Readiness and Foundational Science Call. Step 1 for the NEAR@Home process includes mutual exploration of the readiness of a program to receive the NEAR@Home learnings-- this was the program supervisor and NEAR state facilitator. Facilitators have an informal conversation with

interested programs that includes assessing the right time and right fit for the learnings, while also helping the programs to understand how the learning processes would be different from what they may be used to in typical trainings. If moving forward, the program team then schedules and participates in a foundational science Step 2 conference call (or video conference) where the facilitator provides information about NEAR@Home foundational science including epigenetics, adverse childhood experiences, and resilience. Review of the overall NEAR@Home approach is also part of this introductory call. Teams also get to ask questions about the expectations of using the model in practice.

Steps 3 & 4 - In-Person Learning and Supports: NEAR@Home Learning Step 3 involves a full day of in-person learning where program staff and the NEAR@Home Facilitators come together. Participants are provided a NEAR@Home binder that includes the NEAR@Home Toolkit and a number of other materials meant to enhance learning, understanding NEAR concepts, and getting comfortable with the model. Facilitators walk through the NEAR@Home Toolkit as the group takes turns reading the curriculum aloud, with opportunities for role playing, and expressing concerns in a safe environment. A goal of the session is coverage of the following 5 core NEAR@Home elements: Preparing (getting ready for a NEAR visit), Asking (talking about NEAR science and completing/revising the ACEs score), Listening (being present, responding in a mindful way to ACEs score), Affirming (working on goals/resilience), and Remembering (revisiting a NEAR visit when things did not go as hoped for a 'repair' and/or checking in on any subsequent thoughts or feelings). In the final Step 4 learning phase, the facilitator convenes regular meetings (usually 1 time per month) likely via phone or video conferencing to provide support to the program team. This phase lasts approximately 4 months and it is expected that there will be at least one program support call each month. The discussion and agenda for these meetings is open, and home visiting staff encourage participants to share both successes and challenges of attempting or doing NEAR visits with families.

#### *To what extent were the NEAR@Home Learnings implemented as expected?*

Feedback from the NEAR@Home co-model developer and state facilitators indicated that the NEAR@Home Learnings were largely implemented as expected. Expectations of how the approach would roll out through the Learning Steps included using both didactic and experiential learning, being largely process-oriented, and using trauma-informed practices. Making sure to emphasize that the NEAR@Home approach is more of a 'process' than a curriculum was also followed. They also expected that the learnings would model the parallel process that state facilitators would use with programs, supervisors with home visitors, and home visitors with families. The co-model developer and facilitators felt that these approaches were followed in working with home visiting staff in Region X States.

More specifically, it was anticipated that each state facilitator would work with 4-6 programs and that each program would participate in each of the 4 distinct Steps for Learning, including being on a conference call/video conference monthly over the 4 month supports phase (Step 4). Facilitator Feedback and Activity forms completed during Step 4 included reports of the number of meetings and the time spent on different activities during the supports phase. This data shows an average of 3.5 calls (mean=3.5; 45 forms completed over 16 programs; range 2-5) (Table 6). Similarly, as might be expected, many facilitators reported much of their time during calls discussing success in attempting or completing NEAR visits and using the NEAR@Home approach in working with clients/families with high needs. They also spent time on topics related to concerns about the NEAR approach or NEAR visits and feeling safe (home visitor or client) during NEAR visits. Very little time was reported as being spent on providing

other kinds of support unrelated to NEAR learnings or visits, or catching up in areas unrelated to NEAR@Home or NEAR visits. See Appendix D (Table D3) for more details.

Table 6. NEAR Facilitator Feedback and Activity Data During the Support Phase (Step 4)

Please estimate the amount of time the group spent on the topics listed below during this Step 4 activity (N=45 forms) <sup>42</sup>	More than 50% of the time	25-50% of the time	Less than 25% of the time	None of the time
a. Concerns that home visiting staff have about aspects of the NEAR@Home approach or NEAR home visits. Mean=2.49 51	22%	29%	27%	22%
b. Topics specifically related to feeling safe (either home visitor or client/family) during a NEAR visit. Mean=2.42 44	24%	22%	40%	13%
c. Success with attempting or completing a NEAR home visit. Mean=1.89 80	36%	44%	16%	4%
d. Using the NEAR approach specifically in working with clients/families with high needs. Mean=2.20 64	22%	42%	29%	7%
e. Using the NEAR approach specifically in working with linguistically or culturally diverse clients/families. Mean=2.89	11%	16%	47%	27%
f. Providing home visiting staff with ideas for resources or tools related to the NEAR learnings. Mean=2.91	9%	13%	56%	22%
g. Helping home visiting staff with other support, unrelated to the NEAR learnings or home visits. Mean=3.58	0%	9%	24%	67%
h. Catching up with each other, not specifically related to support or on topics unrelated to NEAR@Home. Mean=3.49	0%	4%	42%	53%

Feedback from the co-model Developer and state facilitators noted that implementation exceeded expectations in a couple of areas. The co-developer described how hiring facilitators with the right fit for the model was done well, in that they chose individuals who indeed prioritized relationship based approaches and exhibited relationship building skills in their work in the model. Facilitators described their role as focused on facilitating the overall process and building relationships rather than serving as trainers or experts imparting information to achieve a prescribed outcome. The facilitators, especially in the Step 4's, also strove to model a reflective, parallel process that supervisors could use with their staff and home visitors with families.

*"The freedom from that [reflective process not focused on outcomes]. I wish every program was like that, but of course, we have to report things and have accountability. But XX does such a nice job of being like, 'Okay, I wonder what's going on?' when there's nothing on my end, and I'm feeling like, 'Oh, I failed or I didn't do this.' That is so powerful. I can't name a system that isn't like that. It's pretty amazing, and I think that really helps foster the sense of safety and support and helps me be more reflective because I'm not worried about outcomes and measures. If this agency doesn't want to participate, that doesn't reflect poorly on me. I'm amazed at how reflective this is from the top down and bottom up. I'm thinking about the parallel of that in the*

<sup>42</sup> Means were calculated based on the following response categories: "more than 50%"=1; "25-50%"=2; less than 25%=3; "none"=4.

*theory of change. We hope our agencies are supportive and reflective and understand a lot of agencies aren't like that, but what a difference that can make in doing the work the home visitors do.” (State Facilitator)*

Because NEAR hired and trained local state-based facilitators, they were largely familiar with the home visiting communities participating in the learnings and in some cases already had relationships with programs. This familiarity gave the facilitators credibility and strengthened the relationship-based nature of the Learnings in a way that would not have occurred if the facilitators were all from one State or organization. There was a clear intention by the co-model developer, even in the use of the term “facilitators” rather than “trainer” that the NEAR@Home process was a guided, shared learning rather than a one-way communication about information or the ‘right’ way to do things.

*“I feel like it's much more about a way of being than what I'm actually doing. I can give you some concrete things that I do to contribute to my way of being. The big picture is ultimately we want to model the parallel process for them, so the way that we are with home visitors is hopefully the way they are with their clients, so just kind of the same principles that you would use in home visiting to establish trust and create relationship and that kind of thing.” (State Facilitator)*

Co-developers and facilitators noted that the Steps for Learning NEAR@Home were implemented as expected in terms of content as well as participation, and that the systematic learning over time they had planned for, did largely happen. For example, most of the programs that decided to participate completed all four learning steps. A framework of progressive learning provided staff with opportunities to practice the NEAR@Home core elements while receiving ongoing support from facilitators. On monthly support calls, they were able to talk about their different concerns related to doing NEAR visits, as well as share successes with NEAR visit activities with their team. These ongoing supports following the in person facilitated learning were key to the success of implementation, and learning over time.

#### *What changes were made over time (and why)?*

While some home visiting staff did not find any changes needed for the model, others were clear about specific changes that would make the model a better fit for the families on their caseloads. A number of home visiting staff talked about how the NEAR@Home Toolkit and Learnings would be strengthened by a greater emphasis on resiliency. A number of home visiting staff also suggested revising placement of the mandated reporter section so that it does not come right before doing the ACEs questionnaire. Home visitors felt that moving this piece would make it more comfortable for both them and the families when dealing with such sensitive material.

Staff also talked about how the NEAR@Home in-person learning could be enhanced by providing more examples and practice scripts for 1) introducing the ACEs questionnaire, and 2) ideas for ending the NEAR visit. Home visiting staff suggested showing families the ACEs questionnaire and then asking them if they want to complete it versus telling or expecting them to do it. It was also suggested that continuing to ‘invite’ them to complete ACEs might be a more successful strategy for buy in.

As far as changes in the implementation of the Learnings, the co-model developer and state facilitators discussed several modifications that were made during the course of the project. An important modification was related to what was initially termed the Step 1 Readiness ‘Assessment’ during which



the interested program supervisor and state facilitator discussed if the program was ready for the NEAR@Home approach. The co-model developer and facilitators agreed that the call as originally outlined felt too much like a “test”. They modified the script to add open-ended and probing questions to make it more conversational and collaborative, while providing details about expectations for time commitment. In this way, there was an overhaul in how to approach and refer to Step 1 calls; this phase is now referred to as exploring readiness, and the term “Exploration” has been replaced with “Assessment”. Key to this approach is ensuring that programs can make an informed choice about doing NEAR@Home learnings. A report on this process has been published separately.<sup>43</sup>

Another change in implementation was around the timing and length of the Learning Steps. The co-model developer and facilitators all agreed that the Steps needed to be scheduled closer together to maintain the momentum for learning. For example, some of the facilitators did the Step 2 NEAR science call and Step 3 in-person meeting on back-to-back days. With this approach, they found that 1) NEAR science information was still fresh, and 2) they had more time to cover all elements of the Step 3 In-Person Learning information that had previously felt rushed when having to revisit NEAR science pieces. They also found that it was more effective to do the Steps in-person rather than by conference call, given the limitations of technology to convey meaning, and the relationship-based nature of the work.

Similarly, some of the facilitators found that starting the Step 4’s within 2 weeks of the Step 3 and doing them closer together was more effective in supporting staff in integrating NEAR@Home in their practice. Facilitators also noted that scheduling was sometimes a challenge and suggested scheduling out all Learning Steps when the programs commenced participation in the Learnings. Some programs also requested and completed five Step 4’s and expressed interest in continued ongoing support. Facilitators recommended that the NEAR@Home approach might want to consider offering optional, additional NEAR calls and/or resources, beyond the currently planned 4-month supports phase.

The co-model developer and facilitators also identified and discussed two key areas related to implementation. The first involves the ‘train the trainer’ model where it was noted that facilitators need more individual support from the co-model developer. The co-model developer had the experience that the facilitators needed more one-on-one individual support from her. Although they had two monthly group calls and a strong community of practice, the co-model developer recommended building in monthly individual calls with each facilitator. She also suggested more in-person time with each facilitator and increasing opportunities for observation of their Steps. The second area noted was that program supervisors need more support from NEAR state facilitators. Facilitators found that few supervisors were receiving strong reflective support and proposed adding individual supervisor support into the Step 4 calls, similar to the FAN model. They emphasized that the success of implementation largely depends on the reflective capacity and confidence of the supervisor to support his/her staff, so strengthening and expanding support for supervisors is critical for effectively implementing and sustaining NEAR@Home. The purpose of the discussed changes above would be to build more time into the implementation process for supporting staff in integrating and individualizing the NEAR@Home approach in their work with families.

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<sup>43</sup> NEAR@Home Readiness Assessment Evaluation: ORS/Impact; Thrive, Seattle, WA. April 2019.



*What adaptations are needed to the NEAR@Home learnings & supports to better meet the needs of culturally/linguistically diverse program staff?*

Some home visiting staff felt that no significant modifications were needed to the NEAR@Home learning or supports for diverse program staff, describing the approach as somewhat ‘universal’ as it currently was rolled out to them. Others indicated that enhancements to NEAR@HOME learnings and materials could be helpful to them. (Further discussion of adaptations for ‘families’ is in the next section).

The NEAR@Home approach emphasizes providing ‘flexibility’ to home visitors in using NEAR within their home visiting models, the best way needed for each family given their culture, community, and beliefs. Facilitators emphasized the importance of reminding home visitors that NEAR@Home values choice and readiness for both home visitors and families. Making sure to highlight that home visitors have permission to adapt NEAR visits to however works best for themselves and their client’s culture and community is key. As one interviewee explained, *“You adapt the process to the family that’s in front of you, the families you work with, and the community you work with. There’s no one way to do this.”*

While the theme of flexibility in adapting the approach was heard in the interviews, several areas where NEAR@HOME learnings and materials could be enhanced to support culturally/linguistically diverse staff were noted. For example, translating the Toolkit into Spanish and making the ACEs questionnaire and related materials available in multiple languages other than English was discussed, along with the suggestion of using somewhat simpler language. One suggestion provided what that handouts from the in-person learning day and graphs or information to be shared with families needs to be translated into the languages that are spoken by participants. Staff also mentioned that it is important for model developers to provide more culturally specific ideas for staff to use in their work for building resiliency.

Staff described situations in which talking about feelings is not a big part of some cultures, and sharing NEAR science information and sensitive topics like on the ACEs would be difficult and potentially upsetting for families.

*“It’s the shame. That’s why everyone is so close-lipped. The older generations...don’t talk about it because they thought it was their fault that they lost our culture. And that shame has been passed down from one generation to another.”* (Home Visitor)

Home visiting staff also shared with facilitators during support calls that they have struggled with the importance of talking to tribal families about NEAR information and ACEs, while honoring the families’ concerns about upsetting their elders by going against their traditions. Talking about sensitive topics can be considered ‘gossip’ and is frowned upon by tribal leaders. Staff also suggested a greatly ‘slowed down’ version of the NEAR@Home approach for home visitors who are Alaskan Native, to fit better with cultural norms.

Similarly, an important contextual issue identified by home visiting staff and noted as an area to keep in mind during implementing with Latinx families moving forward is the current anti-immigration political climate. In early interviews, staff shared concerns in doing NEAR visits w/Latinx families, noting that often these families already felt too much fear with what is happening in the U.S. around immigration. Some noted that Latino families had been leaving home visiting due to fear, and in particular, those whom were migrant workers living in rural areas and living without documentation. Staff felt that many of these families would have a lack of trust, and that bringing up ACEs with them may be too sensitive

right now. Staff described these families as already feeling worried, isolated, and were concerned about adding to their stress.

*“Latino families are very sensitive right now because of the immigration situation in our country. They don’t want to talk about anything. You have to build trust with them first... Many families are saying no to services. They don’t want any government services that could affect their permanent residency. And then many are undocumented. ACE’S asks sensitive questions, and many families don’t want to talk about anything. They’re afraid, not knowing what’s going to happen with their families. They’re afraid of being separated. And I’m afraid as a home visitor to bring up anything that might be a trigger for them and upset them and break their trust.” (Home Visitor)*

More work to gather feedback from families who have different cultural and linguistic backgrounds, as well as from more home visitors that themselves share these backgrounds is likely important to better inform NEAR cultural adaptations moving forward.

***For a summary of lessons learned from FAN & NEAR@Home related to cultural responsiveness and adaptations see “Spotlight on Cultural Adaptations”, p. 83-84.***

### *How satisfied are HV & Supervisor participants in the NEAR@Home trainings and supports?*

Data from surveys collected from home visiting staff following the NEAR@Home in-person learning day (training feedback and understanding) and the final follow up survey (4-6 month supports phase) were reviewed to inform this question (see Appendix D for detailed results from these surveys).

**Home Visitors.** Overall, more than 90% of home visitor participants felt that the learnings were well-organized, engaging, and facilitated appropriate discussion and question/answer processes. While most felt ready to start implementing NEAR visits with families after the first in-person learning day, about 20% felt they were not ready to do NEAR visits, suggesting the importance of the Step 4 ongoing supports phase.

After completing all of the Learning Steps, home visitors reported having relatively high levels of confidence in their skill levels related to key components of the NEAR approach, while some areas were in need of additional support. Many home visitors reported feeling “moderately or very skilled” in making time to NEAR visit activity and bringing in other assessments if needed (78%). In addition, the majority of home visitors reported skills in self-regulation behaviors when a client shares about their ACEs score and providing calm support to clients when strong feelings surface or persist after the ACEs score is revealed (84%). About a third reported feeling only “a little or not at all skilled” in doing a NEAR visit that fit with the home visiting program they work in and revisiting an aspect of the NEAR visit when things did not go as expected (28% and 31%, respectively) (Table 7). See Appendix D (Table D1) for more details.

*Table 7. Home Visitor Report of Skills Related to NEAR@Home Elements on Follow-Up Survey*

When thinking about NEAR visits with your clients and families, please rate how skilled you currently feel in the specific areas listed.	Not at all Skilled	A little Skilled	Moderately or Very Skilled <sup>44</sup>
a. Making time and space to introduce NEAR/ACEs information and gather ACEs history at a NEAR visit. N=72, Mean=3.04	1%	21%	78%
b. Doing a NEAR visit that fits with the home visiting model and curriculum I work in. N=72, Mean=3.00	1%	28%	71%
c. Being quiet, listening, and practicing self-regulation (e.g., breathing, self-talk) when my clients score is shared or they talk about adverse childhood experiences. N=71, Mean=3.27	-	16%	84%
d. Transitioning into talking about goals and building resilience after the client’s ACEs score is revealed. N=72, Mean=3.04	1%	24%	75%
e. Providing firm, calm support to clients who are experiencing a flood of strong feelings and/or persist in talking about adverse childhood experiences. N=71, Mean=3.18	1%	14%	84%
f. Revisiting an aspect of the NEAR visit after things had not gone as well as I had hoped. N=70, Mean=2.83	1%	31%	67%
g. Bringing other assessments into visits that may seem relevant to the client’s ACEs score (e.g., depression screening). N=72, Mean=3.13	6%	17%	78%

<sup>44</sup> Scale means were calculated as follows: “Not at all skilled”=1; “a little skilled”=2; “moderately skilled”=3; “very skilled”=4. “Moderately skilled” and “very skilled” categories were combined for this table.

**Supervisors.** Similarly to home visitors, the majority of supervisor participants reported feeling that the in-person training was well organized, engaging, and facilitated appropriate discussion and question/answer processes. While 100% of supervisors indicated on the follow up survey that they felt the group discussed concerns and shared stories about NEAR visits, a number (3 of 21) disagreed that home visiting staff were able to develop their skills in providing NEAR@Home visits during the 4-month supports phase. The majority of supervisors agreed that they and their staff had enough time in coached role-play to practice how to provide a NEAR@Home visit. Some supervisors (4 of 24) disagreed that their home visiting program staff learned how to provide a NEAR home visit during the Step 3 in-person learning day, indicating a potential need to check in and provide additional support at this point in the learning process.

*Lessons Learned: Implementing the NEAR@Home Learnings & Follow-Up Integration Phase*

1. **Hiring Local, Community-Based Facilitators Supported Successful Implementation.** These facilitators were familiar with local programs and context, which gave them credibility and strengthened the relationship-based nature of the Learnings in a way that may not have occurred if the facilitators were all from one State or organization.
2. **Participants Were Positive about Their Learning Experiences and Had Some Suggestions for Enhancements to NEAR@Home.** The majority of home visitor participants felt that the learnings were well-organized, engaging, and facilitated appropriate discussion and question/answer processes. At the same time, participants made suggestions about how the NEAR@Home in-person learnings could be enhanced by including more engaging and interactive activities, with some suggesting a reduction in the amount of reading aloud. Finally, both supervisors and home visitors felt they could have benefited from more frequent contact with NEAR facilitators and more support for implementation.
3. **Model Developers May Want to Provide More Support for Integration with Home Visiting Program Models.** Both home visitors and supervisors noted that more guidance was needed on how to integrate the NEAR@Home approach with their home visiting program model structure, curriculum, and existing assessments.
4. **A Number of Ways to Enhance the “Train the Trainer” Model Emerged.** In training new facilitators, more individual, one-on-one support from NEAR@Home model developers would be beneficial. This may include opportunities for the model developer to observe facilitator at work with home visiting programs and staff.

**CHANGES ALONG THE WAY FOR NEAR@HOME LEARNING**

*By design, NEAR@Home implementation was informed by evaluation findings, which led to a number of important changes along the way. These included:*

- Shifting the focus and intent of the “readiness” calls to a more collaborative, information gathering and capacity-building exploration of programs’ interest and ability to engage in the work;
- Scheduling Learning Steps closer together to build momentum, especially in the early phases;
- Providing learning Steps in-person when possible, rather than via webinars.

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

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

## Implementation Questions Part 2: Describe the Implementation of the Steps for Learning NEAR@Home Approach with Families – What Strategies Were Implemented? What Changes Were Made & Why? Which Were Successful? Which Were Challenging, and Why?

### *Implementation of NEAR@Home Visits*

On the NEAR@Home 4 month follow-up survey, home visitors were asked about the level to which they were able to move forward with bringing aspects of the NEAR@Home visit to the families on their caseload (Table 8).<sup>45</sup> Almost half of the staff reported that they had “*talked about NEAR science and ACEs, provided the ACEs questionnaire, and discussed resiliency factors*” with most or all the families on their caseload (34% ‘most’; 10% ‘all’; N=71). A third of the home visitors also reported that they provided families with “*additional resource or referral information, after the score was shared and discussed*”. In addition, the follow up data show for the ‘Remembering’ key learning, 54% of home visitors specifically “*revisited an aspect of the NEAR visit after things had not gone as well as hoped*” with *at least some* of the families on their caseload (n=69; 12% most or all families). This suggests staff may benefit from further follow-up supports beyond 4 months, in both how to provide NEAR visits and revisiting NEAR@Home strategies.

*Table 8. NEAR 4 Month Follow-up Survey: Home Visitor Report of a Range of NEAR@Home Visit Activities*

<b>Estimate the number of families on your caseload with whom you have done the following activities.<sup>46</sup></b>	<b>None of my families</b>	<b>Some</b>	<b>Most</b>	<b>All of my families</b>
a. I have talked a little about NEAR science/ACEs but mostly about resiliency factors. N=72, Mean=2.18	21%	50%	19%	10%
b. I have talked about NEAR science and/or ACEs but have not offered the ACEs questionnaire. N=72, Mean=2.14	15%	58%	24%	3%
c. I have talked about NEAR science/ACEs, provided the ACEs questionnaire, and discussed resiliency factors. N=71, Mean=2.41	13%	44%	34%	10%
d. I have provided additional resource or referral information, after the score was shared and discussed. N=71, Mean=2.28	16%	49%	27%	9%
e. I have revisited an aspect of the NEAR visit after things had not gone as well as I had hoped. N=69, Mean=1.68	46%	42%	9%	3%

### *What changes did home visitors and supervisors make to the NEAR@Home model or strategies?*

Home visiting staff noted that they had made some changes to the language in the Toolkit to make it less ‘therapeutic’ in tone, and noted that these changes have been shared and have been helpful among their entire team.

<sup>45</sup> One of the stated goals of NEAR@Home is for home visitors to use what they have learned with families, working toward completing NEAR visits when possible. Along this aim, during the Learning Steps NEAR Facilitators work to create an open dialog and safe atmosphere where home visitors can work out barriers to bringing NEAR materials/visits to families. Thus, preparing for, or attempting a NEAR visit is considered a positive outcome for this model.

<sup>46</sup> Scale means were calculated based on the following response categories: “None”=1; “Some”=2; “Most”=3; “All”=4.

*“...if they say that they feel like their ACEs did affect them, then we can connect them with mental health resources and counseling services. I just felt like there's that real fine line with how in-depth we get with them in those kinds of conversations.”* (Home Visitor)

Facilitators mentioned that some home visitors started the NEAR visit by talking about familie strenths and resiliency, identifying specific areas that parents were already working in well to build resiliency. Then they transitioned to talking about ACEs. Facilitators emphasized that it was key for home visitors to start with whatever piece they are most comfortable with and to have the flexibility to find their own way and what works best for them in presenting the information.

*“There's no right way or wrong way because they are about being safe and about honoring everybody's ability to keep themselves safe. If you're not doing it, there's a reason, and so honor that reason and don't do it until we figure out what you need. That's kind of the approach that's good. ‘Don't let anybody pressure you to do it until you figure out what you need.’”* (State Facilitator)

The co-model developer and state facilitators explained that many of the home visitors did not feel they were “*expert enough*” to talk about NEAR science, and worked to simplify the language and use analogies as much as possible. For example, one home visitor used the analogy of a stove that is always there, and you can turn it off and on to explain epigenetics. Referring to NEAR and ACEs as ‘public health information’ was also described as a way to help home visiting staff talk about issues.

#### *Which components of NEAR@Home do home visitors and supervisors find most helpful?*

Interviews with home visitors and supervisors identified a number of aspects of the NEAR@Home model that they found most helpful. There were numerous examples of positive experiences in using the NEAR@Home Toolkit and approach with families, especially in terms of ways that it gave families hope and put an emphasis on resiliency with families.

Staff also said that they liked the focus on safety and felt the approach includes important trauma-informed practices for both families and home visitors. Facilitators suggested that it was empowering to home visitors to have permission to use their professional judgment to determine if it was a good time for the families, andtalso for them, to attempt or complete a NEAR visit.

*“One home visitor who did a NEAR visit was really excited. She'd been working with this mom for a long time. The home visitor knew that the mom's ACEs score was not an accurate description of the moms' background. But I was thrilled because she was completely fine with that and was really able to acknowledge, ‘You know what she felt comfortable sharing a little bit, and I was so happy she kept herself safe. I know that down the road she might share a little bit more.’ I felt like that was even a bigger accomplishment for the home visitor to be okay with a parent. That felt like that was really a reflection of that team and how they approach their work.”* (State Facilitator)

Some talked about how the model and approach are ‘normalizing and universal’ and how the language around how NEAR science and ACEs affects us all is comforting. As one supervisor explained, “*It's not about what's wrong with you. It's what happened to you.*”

Home visitors and supervisors took special note that attempting or doing NEAR visits helped parents be more aware of how these events influence children and how the parents have the opportunity to improve their own children's lives by working to keep the number of ACEs they experience low,

especially lower than what parents' experienced. Staff talked about how they thought that using the ACEs cards and resilience cards with families was particularly appreciated. They specifically pointed out that the way the handouts were organized was useful and that the list of resiliency factors (Tip Sheet) was effective and valuable.

The co-model Developer and facilitators described several additional ways that they thought home visitors benefited from the NEAR@Home supports. First, they noted that parents often bring up ACEs or trauma during visits outside the scope of the NEAR@Home visit and tools being introduced. They noted that home visitors who had been trained felt more confident and prepared to talk about sensitive topics. Having a way to talk about trauma can help build home visitor's confidence in engaging with families. For example, a facilitator quoted a home visitor as saying, *"I have this under my belt now. The family didn't fire me. They didn't freak out, so I feel more confident talking about trauma now."*

They also described how the NEAR approach of framing the ACEs score and trauma information as public health information for all families and with the right to know was another helpful component. One facilitator conveyed the story of a home visitor who had an intense NEAR@Home visit with a family. This particular home visitor explained during a team support call that although the visit was more challenging than she expected, it motivated her to continue to share the NEAR@Home information with other families because of how important and meaningful she felt it was for families:

*"The other piece that really sold them [the home visitors] is they became better at thinking of it as public health information. For one home visitor that really made the difference for her. Once she started presenting it as public health information, which they do all the time, she became much more comfortable."* (State Facilitator)

Lastly, the co-model developer and facilitators emphasized that one of the most helpful aspects of NEAR@Home was that it provides a lens for home visitors to better understand their own behavior as well as that of parents. Facilitators explained how having completed their own ACEs questionnaire as part of the Learnings, home visitors better understood why certain things might trigger them or why they might react to certain situations in the way that they do. Similarly, facilitators indicated that this might have helped home visitors to have a way to interpret why families might behave in certain ways, in their lives or with their children, and also in the visits. For example, one facilitator said it gives home visitors another perspective to understand why parents might cancel visits, not answer phone calls, or be on their phone during the visit.

Home visitors described some of the specific areas of the NEAR trainings (Learning Steps) that they found most helpful in their practices, including doing the ACEs questionnaire themselves. In the interviews, they described this as a valuable exercise to understand what the families are experiencing. NEAR 4-month Follow-Up Survey data mirrors these findings, where home visitors were asked to rate their agreement with statements about their personal experience with completing the ACEs questionnaire. The majority of home visitors agreed with the statement *"completing the ACEs questionnaire for myself helped me in my practice with clients and families"* (83% 'agree' or 'strongly agree', N=71).



Other specific areas of the NEAR@Home approach (Learning Steps) that they found most helpful in their practices included:

- The In-Person learning in the areas of being able to practice scripts to be used with families, and the opportunities for conversation and peer learning.
- The Step 4 support calls, especially in that they provided an opportunity for a ‘community of practice’ in conversation with coworkers, and that talking about successes and challenges on the support calls was affirming.
- Having opportunities during supervision to reflect on and talk about ACEs and attempting or completing NEAR visits.
- The use of the resiliency cards with families.
- The flexibility to wait for the right time, until the family is ready, to attempt a NEAR visit.

#### *Which components were more challenging to implement?*

On the Follow-up Survey, staff were asked about overall feelings about implementing the model, and their confidence in specific NEAR@Home learning elements and activities. Approximately a third of staff ‘agreed’ or ‘strongly agreed’ with the broad statement that doing NEAR visits was a significant challenge for them or their program (home visitors 31% and supervisors 36%, respectively) (see Appendix D), reflecting an ongoing need for training and support as staff implement the approach. As noted earlier, specific insights into support needs were identified as nearly a third indicated low confidence in skills specific to ‘doing a NEAR visit that fit with their home visiting program’ and ‘revisiting an aspect of the NEAR visit when things did not go as expected’ (Table 8). At follow-up, 21% of supervisors reported needing a lot of support to help home visitors to do NEAR visits (N=23). This fits with the reflections stated earlier that home visiting staff highly value their support time, and their stated interest in continued connection with both NEAR facilitators and their community of practice.

In early qualitative interviews, staff initially noted that talking with the family about sensitive areas specifically on the ACEs questionnaire can make them feel uncomfortable, especially feeling as if they were taking on (or being perceived in) a more therapeutic role. In early implementation, half of home visiting staff had concerns about re-traumatizing families and/or needed more support to feel confident and reduce concerns they had in addressing trauma with families.

Several described a fear that,

*“I won't know what to do. What if she just breaks down in tears and you've released this beast so to speak? What do you do? How do you tame it? How do you get it back in the box?”* (Home Visitor)

Overcoming this worry related to doing NEAR visits was clearly an ongoing process for home visitors, and lessened as implementation and supports progressed. Later interviews with staff and facilitator reflections about support calls pointed to increased home visitor confidence in their ability to talk about trauma, along with less fear about emotional reactions to the questionnaire.

One concern raised by several interview respondents was the need for guidance or discussion on what to do if childhood (historical) sexual abuse is identified during the NEAR visit. Home visiting staff talked about the need to better integrate these questions with program model requirements, and figure out

their approach before rolling out with NEAR into practice with families. At early implementation, home visiting staff shared their belief that many families are not ready to talk about ACEs and that it takes time to build trust with families prior to doing NEAR@Home visits. These staff concerns declined at interview follow up, when familiarly and approach processes with NEAR@Home were more established.

Facilitators identified a cultural challenge for some home visitors in implementing NEAR@Home. For example, in a small rural community of 100 members, home visitors may have a personal relationship with some of the families on their caseload. They might not want to know a families' ACEs history or they might know more than the family is willing to share.

*"It has also been a barrier for me that I know some of the families. For example, for one family, I know what their ACEs are going to be, and I want to be prepared before doing a NEAR visit with them. I don't know if they'll feel comfortable sharing, but I know I won't feel comfortable. I'm not ready to hear what they might say. It might be hard for me to hear.... It's just uncomfortable for me to hear that kind of information especially with families I know." (Home Visitor)*

*"In the [Step 4] calls, we've been talking about how much trauma our families have been through...a lifetime in [community A]. So we came up with an idea to be able ...to focus more on the resilience. So we've even talked about not doing the numbers [ACE scores] just because we're trying to modify it so it works for a [small community] setting where we personally know and have grown up with all these families." (Home Visitor)*

Another challenge brought up by facilitators was in linguistically diverse communities where home visitors use a translator. Again, the translator might be personally known to the family or in the community and might not be trauma-informed, affecting the ability of the translator to navigate sensitive areas and not fully understand confidentiality issues.

Insight around the potential difficulties along with creative solutions related to using various components of NEAR@Home provide opportunities for dialog and enhance NEAR@Home.

#### *What was less helpful about the Steps for Learning NEAR@Home?*

In terms of aspects of the Steps for Learning training process, several themes were discussed during interviews for enhancing NEAR@Home moving forward. Some areas highlighted here and previously shared with NEAR partners during the evaluation.

One of the staff interview questions probes specifically about the approach of reading aloud from the Toolkit during the in-person facilitated learning day. A bit more than half of the home visiting staff interviewed felt either uncomfortable with this technique, or that the practice was not engaging enough, especially for an in-person training. Others were neutral or found reading aloud to be helpful. Model developers may want to consider testing strategies aligned with best practices in providing adult learning opportunities in order to strengthen the training process for providing the Toolkit related information. In future research in this approach, asking participants specifically about this aspect of the learnings will be helpful in evolving NEAR@Home. Moreover, it was noted that the role-play exercises were not as useful as staff would have hoped. One suggestion was to use video in the in-person training to show role-playing by facilitators doing NEAR visits.

A number of staff noted that they would have liked more in-depth information on the foundational science piece of the NEAR work. Although there was a conference call with this information, some noted that it having exposure to additional information with time for further discussion, during the in-person meeting day would have been beneficial for them. Home visiting staff suggested that one-pagers or a “cheat sheet” on NEAR science could simplify complex ideas, and reinforce using NEAR components in visits with families.

Another opportunity for growth with future NEAR@Home learnings is related to feedback that at the end of the in-person learning day, staff would have welcomed ideas on ‘next steps’ on how to go forward with the learning, and that they sometimes ended up feeling that the “*What do we do with all of this?*” question was not answered. One tool used by some Facilitators included a participant ‘personal goals’ form used at the end of the Step 3 in-person learning day. On the Follow Up survey, 81% of home visitors affirmed that they “*wrote personal goals that I later integrated into my practice with NEAR@Home approaches*”, while 20% reported not having done this activity (Appendix D; Table D1). This form was given as a potential tool if staff wanted to use it, not a mandatory requirement. Given the early developmental stage and evolving nature of this approach, considerations for more guidance at the end of the in-person day, or a way to track NEAR@Home activity and progress moving forward could be beneficial.

*“I think really the main support I needed...if they had said, “This is how you can tailor it to your program. So just keep in mind this is an additional thing we're going to do sometimes – you can do it in one sitting or other times when it organically comes up.” That’s how I’ve been doing it. But if they had given us an idea as to how that would work with families...if I had that information... I would have been great...I would have been ready to start doing NEAR visits.” (Home Visitor)*

Both home visitors and supervisors noted that more guidance was needed on how to integrate the NEAR@Home approach with their home visiting program model and/or curriculum. In collaboration with staff, model developers and/or facilitators could brainstorm ways to think about integrating NEAR with current home visiting practices, and to access fit with specific home visiting model curriculum, goals and/or assessments. For example, for the Healthy Families model, it might be useful to consider aligning NEAR visits to the “Healthy Families Parent Survey” which also assesses similar constructs such as past family trauma.

#### *What adaptations are needed to the NEAR@Home model or approach to better serve culturally/linguistically diverse families?*

Home visiting staff shared several suggestions on how the NEAR@Home approach might be altered to increase responsiveness to families with cultural and linguistic diversity. First, some staff felt strongly that the currently utilized questionnaire needs to be expanded to include areas of historical trauma relevant to specific cultural experiences, such as historical trauma, displacement, genocide, and the experiences of refugee communities.

*“One thing we’ve been talking about [in NEAR Step 4 calls] is how... or whether we talk about historical trauma, generational trauma. Nearly everybody [in community A] has experienced generational trauma, so that is something that’s come up. The ACEs questionnaire doesn’t really address historical trauma.” (Home Visitor)*

The NEAR@Home approach uses the widely cited and researched CDC ACEs questionnaire with 10 adverse childhood experience items. Other ACEs questionnaires under development bring in different trauma experiences and are still being pilot tested. Although NEAR partners agree that there is room to explore expanding the CDC tool to be culturally relevant, they are not suggesting changing or not using it.

The overall sense from NEAR facilitators is that NEAR@Home works well with culturally and linguistically diverse staff and families. As noted earlier, this may be part of the core flexibility and individualization embedded in the NEAR@Home approach, to move into NEAR@Home visits when both home visitors and families are ready. That said, some facilitators suggested that the pace of the learnings may need to be slowed down for some groups. Finding out about such needs or preferences prior to rolling out a training, especially in remote areas with culturally diverse groups, may be a way to adapt the model going forward. Focusing on resilience and adding ways to build cultural resilience such as language revitalization, strengthening bonds with grandparents, and learning about history unique to communities were also suggested. Other suggestions from the facilitator interviews were:

- Simplify the language in the NEAR@Home materials more generally, so that it was appropriate for all families of all literacy levels.
- Make small changes to language, vocabulary, and messaging. For example, one facilitator explained that “resiliency” does not translate well into Spanish. She had a home visitor who came up with her own definition of resiliency in Spanish that she was sharing with other home visitors who serve Spanish-speaking families. *Changing the language and artwork on the resiliency cards to make them more culturally appropriate was also proposed by staff.*
- Ensure the ACEs questionnaire and reference materials are available in more languages. Facilitators noted that although the questionnaire is available in English and Spanish, the reference materials are only in English. *They also thought it would be helpful for home visiting staff and families to have the questionnaire available in their first language.*
- Provide a Spanish language version of the Toolkit. *Although all home visitors are English-speakers, facilitators noted that given the sensitive nature of topics around trauma, it would be helpful for home visitors to have the Toolkit in their first language.*

Facilitators emphasized they have just scratched the surface of this topic and more thought and conversation are needed to identify how NEAR@Home and the CDC ACEs questionnaire could be more culturally responsive. As a starting point, one facilitator proposed having more culturally diverse facilitators and stakeholders involved in further work to adapt and implement the model.

#### *What would you change about the NEAR@Home model to help better support high needs families?*

Interviews also asked respondents to reflect on what adaptations to the NEAR@Home model would be useful for working with families who experience many challenges. Most noted that they felt the model did not need significant changes for this group. Staff did note that it would be helpful to ‘slowdown in smaller steps’ for those who are dealing with multiple stressors and difficult circumstances. Here again, the theme of focusing on being positive and the topics of resiliency came up.

*“I think what works for our high-risk population, what people respond well to is the focus on resiliency. The goal of our home visitors - they want to learn about the neuroscience and the epigenetics and then they can explain it in a way our clients will receive it. I think sometimes there's a misconception that clients don't necessarily want to or maybe won't receive the information about neuroscience or epigenetics, but our home visitors are saying, ‘No, we want*

*it, and we want to be able to share it too.’ I also think more focus on how you talk about resiliency with clients would be helpful for our communities.” (Home Visiting Supervisor)*

Some were adamant that home visitors should not do NEAR visits when the family was in the middle of an active crisis (e.g., being evicted, death in family). Staff also noted that it would be helpful to emphasize that ‘epigenetics are reversible’ and not permanent.

*“I find the more chaotic environment the more difficult it is to problem solve. Also if there’s any toxic stress in the home that affects the baby...you need to address that first. A few of my families are always in crisis, and it’s always chaotic when I visit them. So that makes it hard to have these conversations with them, but I’m working on it.” (Home Visitor)*

While facilitators generally agreed that NEAR visits should not be attempted when families were in crisis, one pointed out that addressing ACEs in a crisis might help address the underlying issues that are resulting in an ongoing cycle of trauma. For example, a home visitor described the following:

*“One of my mom’s was 15 years-old, and she was pregnant...Now she’s in another domestic violence situation. She is begging for somebody to love her. But the guy said, ‘I don’t want you anymore.’ I saw her [repeating the cycle she grew up with] – she was so upset with the kids, ...I used some of the NEAR to say okay “...this has happened to your mother, happened to you – but doesn’t need to happen to your children. You need to love yourself and take care of yourself.”*

The facilitators further emphasized that the process of presenting NEAR@Home information to high needs families might best be slowed down and presented in smaller bites. For example, a NEAR visit might need to be broken down into 2 or 3, or more, visits. In addition, the sciences could be simplified to be less overwhelming. One facilitator said that a home visitor described epigenetics as “You know how when bad stuff that happened to you as a kid tends to stick with you...”

Some facilitators mentioned a lack of available resources in the community for high needs families as a barrier for some home visitors in doing NEAR visits. They explained that home visitors feel like they need resources ready and available in case the family asks for a referral or help after completing the ACEs questionnaire. Facilitators encouraged home visitors to remember that the intervention is not the referral. The intervention is providing NEAR information to families. Facilitators also reminded them that in most cases, families are just glad to have received the information and do not ask for a referral.

#### *Lessons Learned: Implementing NEAR@Home with Families*

- 1. Implementation with families was challenging for some staff, and overtime it became somewhat less so.** Successes and benefits of implementing NEAR visits were discussed widely, while the approach was difficult for some staff. Feeling uncomfortable using what was termed “therapeutic” language was noted by a number of home visitors. More generally home visitors expressed interest in additional support in having sensitive and difficult conversations with families.
- 2. Supervisors and facilitators were key supports for home visitors.** Supervisors noted that they relied strongly on facilitators for problem-solving concerns that were brought up by home visitors; home visitors themselves clearly saw supervisors as central to supporting them in their efforts to engage families in these potentially difficult discussions.
- 3. Successful NEAR visits were empowering and increased staff motivation to implement.** Staff who reported having successes with families in doing NEAR visits reported feeling increased confidence

moving forward to try the approach with additional families. Thus, staff who were supported to try the approach were more likely to be motivated to continue to implement with their caseload.

### Implementation Questions Part 3: Organizational, leadership, and competency drivers.

#### *What organizational, leadership, and competency factors make it easier for home visitors/supervisors to implement NEAR@Home?*

Home visiting staff identified organizational drivers as helpful for successful implementation of NEAR:

- Supportive leadership in the organization.
- Organizations being ready for the intervention in terms of already having a focus on ACEs and training and support for trauma-informed practice.
- Organizations having adopted a strong practice in reflective supervision and a focus on using a strengths-based approach to working with families.

The co-model developer and facilitators also felt that having an organizational culture of reflection and attunement was a key factor in effectively implementing NEAR@Home, and emphasized the importance of supervisors having reflective capacity and providing quality reflective supervision. They also reflected that the felt programs that were more successful with implementing NEAR@Home tended to have supervisors who were “*bought into*” the NEAR@Home approach, confident about implementing NEAR@Home, open to talking about sensitive topics, supported their staff in addressing trauma, and willing to learn new things.

Facilitators noted that supervisors’ attitude towards NEAR@Home tended to trickle down to their staff’s thinking around and openness to bringing NEAR@Home to families. Staff who were skilled and trained in having sensitive conversations with families were able to implement NEAR visits more easily. Some of the facilitators remarked that nurses may be more accustomed to addressing sensitive or difficult topics, such as IPV or mental health, and so NEAR@Home may be more of a natural fit than for those home visitors with a background in early childhood or education. However, other facilitators found that achieving implementation success depended more on individual program characteristics, rather than the model of home visiting.

#### *What organizational, leadership, and competency factors make it more difficult to implement NEAR@Home?*

In terms of perceived organizational barriers to implementation, home visitors described the following:

- Organizations dealing with too many other changes or demands.
- Organizations with high staff turnover.
- Organizations lacking a system or generally not providing good reflective supervision and leadership support.
- Organizations that chose to do both FAN and NEAR@Home during a short time frame, especially given other time-consuming program requirements, screenings, and/or activities.

Staff also noted that home visitors who had high ACEs scores themselves might have a more difficult time implementing NEAR@Home, and noted that talking about ACEs with families could be a trigger for the home visitor as far as their own ACEs history. As one supervisor explained,



*“One of the things is how honest can you be with yourself. That's why I had a little bit of trouble because one of the things I've learned is that you can only take people as far as you're willing to go yourself. So with the NEAR, I'm not going to say it's a bad thing, but I think it might be hard for some home visitors to really look at their scores and be honest with themselves. I think it might prevent them from doing the ACEs questionnaire with families.”* (Home Visiting Supervisor)

Similarly, as described by a Program Manager:

*“We tend to hire people who have previously been our clients...some of our staff have ACEs scores of 10. If I were in the research field, I'd be wondering when you do training of staff members who may have deep experience with ACEs in their own lives, how does that impact the learning environment? And especially for something that's experiential. You're teaching people how to talk with parents in their homes, but they're also dealing with it their own lives. That could be positive, or it could be harder. I'm just surprised that people weren't more excited to be learning about NEAR@Home. I wonder if that [staff with high ACE's] is part of the reason why. I'm throwing that out as a potential variable.”* (Home Visiting Program Manager)

Facilitators explained that supervisors who lacked reflective capacity and were more focused on program management served as a barrier to implementation. Supervisors who were not comfortable or felt overwhelmed talking about trauma and sensitive topics made implementation of NEAR@Home more difficult. For example, one facilitator discussed a supervisor who refused to complete the ACEs questionnaire for herself. She also refused to ask families to complete it. The facilitator felt that there was as strong correlation between supervisors' willingness to complete an ACEs questionnaire themselves and the degree of implementation.

Facilitators remarked that in programs where there was a perceived lack of trust or safety between the supervisor and the team, implementation was harder. One facilitator described a program in which tensions between the supervisor and her staff surfaced during the In-Person Learning Day. This team did not complete any Step 4 supports, and the facilitator was not confident about this program's continued integration of NEAR@Home in their practice.

*“We've been doing reflective supervision, but it's with our supervisor. We wonder if we should have an outside person do the reflective part and not have that be the person who is doing your evaluations, so that you can feel safe... It kind of feels weird, but that's how they've set it up. I don't know who NEAR@Home who recommends doing the reflective piece, maybe it's the supervisor, but verbalizing that it's nothing personal against the current supervisor, but that that's a scary place to be for the home visitor [doing reflective supervision with the person who does your employee evaluations].”* (Home Visitor)

Facilitators expanded on the organizational barriers identified by home visiting staff. For example, they noted that staff inexperience in trauma-informed practice or talking about sensitive topics made implementing NEAR@Home especially challenging. Interestingly, the NEAR Pre-Learning Survey asked home visiting staff about their level of training in a variety of areas important to their work with families with high needs. With a choice of 4 levels of training,<sup>47</sup> approximately a quarter of staff reported their level of training as 'a little' (22%) or 'none' (5%) for trauma-informed practices (N=71).

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<sup>47</sup> Training categories included the following: none; a little (example: a presentation at a conference); some (example: half or full day training); a lot (example: multi-day/hands on training).



Facilitators further explained that some home visitors' resistance to doing NEAR visits seemed to be related to a lack of supervisory and organizational support. They found that these home visitors did not have a safe place to take any secondary trauma coming out of the NEAR visits. They noted that talking about trauma felt like it could be too much for these home visitors to carry alone.

A related organizational barrier was supervisors did not have reflective support. A supervisor explained,

*"Supervisors don't have reflective supervision. That's something I don't have. My meetings with my boss are strictly administrative. I mean we talk about HR issues and staffing issues and things like that, but there really isn't any outlet for me... my home visitors have 25 clients, so I have a hundred because I get to hear about all of them. I think some supervisors might carry a lot of that with them and need an outlet for that. I think that's an important organizational piece that there needs to be reflective supervision for supervisors. "*

Programs that required home visiting staff to do NEAR visits, instead of letting home visitors use their professional judgment around if and when might be a good time for a NEAR visit, were seen as less successful. One facilitator contrasted a program that required NEAR visits and had ticked off all of the boxes of implementation with another in which implementation progressed slowly, and attempting/completing visits was more thoroughly integrated into practice. Facilitators explained that it was harder to implement NEAR@Home in an organizational culture that was more focused on doing the required activities and achieving specific benchmarks. In short, having a product vs. process-oriented organizational culture was seen as a barrier to implementation.

Similar to home visiting staff who noted the challenge of participating in FAN and NEAR@Home at the same time, facilitators explained that other program or organizational demands made implementation more difficult. Facilitators explained that NEAR@Home could feel like one more thing home visitors have to do when their plate is already full. This disconnect between home visitors' workload and management's requirements can hinder integration of NEAR@Home into a program's practice.

Facilitators also discussed the challenge of staff turnover. One facilitator had a whole team that turned over during the grant period, including the supervisor; thus, the entire team was unable to complete the NEAR Learning Steps. Others remarked that new staff who come on board after the team had started the Learnings had difficulty, and recommended that these staff not *"begin in the middle"* with the Step 3 and 4's. Facilitators felt it was too difficult to bring new staff *"up to speed"* during the Learnings and noted that feelings of safety and trust with these new staff may not yet have been established.

#### *Lessons Learned: Organizational & Other Influences on Implementation*

1. **Organizational Context Was Important for Implementation Success.** Staff and facilitators identified a number of organizational characteristics that both supported and impeded implementation of the NEAR@Home approach. Organizations that were more successful were described as having:

- Supportive leadership in the organization.
- Prior/existing programmatic focus on ACEs, training, and support for trauma-informed practice.
- Strong practice in reflective supervision and strengths-based approach to working with families.
- Organizations that had provided or facilitated prior training in reflective supervision and trauma-informed practices.

2. **Organizational issues were identified that hindered implementation.** The following were described:

- Organizations dealing with too many other changes or demands.
- Organizations with high staff turnover.
- Organizations lacking a system for providing regular, high quality reflective supervision.
- Organizations and/or supervisors focused on ensuring home visitors did required programmatic activities and/or home visiting models that were perceived as having more of these requirements.
- Organizations that chose to do both FAN and NEAR@Home during a short time frame, especially given other time-consuming program requirements, screenings, and/or activities.

#### Implementation Question Part 4: What Were the Perceived Benefits of NEAR with Families & Staff

*How does NEAR@Home support family outcomes? What are the benefits for families?*

Feedback from home visiting staff and facilitators from interviews indicated that most families were interested in and appreciative of the NEAR@Home information they provided. On the follow-up survey, the majority of home visitors and supervisors agreed that bringing the NEAR approach and materials “to clients and their families helped them to think about how to make positive changes in their lives” (91%, n=67 and 95%, n=22, respectively: Appendix D).

Specific benefits to families shared by home visiting staff included the following:

- Families learning to trust and become comfortable sharing; this in turn helped deepen the relationship with the home visitor. Staff felt this also helped families disclose more than in a typical visit.

*“I think anytime we’re having honest conversations about our experiences, it helps them to feel a little more connected with someone. Especially when it’s normalized in that kind of away like ‘We’re all people, and we all have things. The human brain responds in this way to these things, and these are things we can do to combat that.’ I think any type of offering of support or normalizing is definitely relationship building. Yeah, so I think it has an impact on my relationship with them.” (Home Visitor)*

This is supported by the quantitative 4 month follow-up survey where 76% of home visitors reported agreement that ‘doing NEAR visits built trust with clients and their families’ and 83% felt that the NEAR@Home approach supported family engagement (n=64). *See Appendix D for more home visiting staff data on positive impacts for NEAR@Home on families and their home visiting practices.*

Additional benefits to families were noted in interviews including:

- Helping families to understand how parent ACEs could be affecting their children.
- Creating an opportunity to identify needs and make referrals. Some noted that referrals for divorce, counseling, and other professionals were increased after completing the questionnaire and receiving an ACEs score. As one supervisor explained, “*The ACE’s questionnaire does open a door for people to ask for help, and that’s a wonderful thing about it.*”

- Helping parents to begin to have a greater awareness and better understand why they react to certain things or why certain things are difficult for them. For example, one facilitator shared the story of a mom in an abusive relationship who after doing the questionnaire realized she was repeating her own parents' pattern of behavior and began work to change this:

*"I didn't consciously choose to be in an abusive situation, but this was my exposure to what relationships look like. This is what I'm drawn to because this is what my brain was taught is normal." (Home Visitor, retelling client story)*

- Giving parents hope about the future and empowering them to feel that they can change and can do better for their children than the way they had experienced things growing up. Staff described how the NEAR activities helped parents realize they do not have to be same kind of parent their parent was and that have a chance to break the cycle.

*"I think ACEs' biggest benefits are giving parents hope and empowerment and helping them move forward." (Home Visitor)*

*"I love the idea that I don't have to be the same kind of parent my parent was, and I don't have to be in this situation forever, whether it's financially or emotionally where we're at, that there are things I can do. I find we don't think about the resiliency factors like 'This is new and oh I can do this, and that's a positive for me and this will help my kid if I advocate for myself, and I can learn how to advocate for him.' I love that." (Home Visitor)*

- Helping parents with their own stress management and increasing their awareness of their own behavior.

#### *How does NEAR@Home support staff wellbeing and other outcomes? What are the benefits for staff?*

Interview participants identified a number of ways that participating in the NEAR@Home Learnings and implementation helped home visitors. Predominant among these was that the model helped home visitors become more comfortable talking about trauma, and therefore helped to increase confidence and efficacy. Further, facilitators noted that NEAR@Home provides an opportunity for home visitors to see just how important their role is and to understand how they help by being a key (sometimes the only) supportive person in that mom's life.

*"Something we've talked about related to the NEAR@Home training is that often times 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." (Home Visiting Supervisor)*

Another area mentioned was that the model helps home visitors better understand parents' behavior and to be more empathic and not judgmental, as well as reducing work stress by helping them learn to not take parents' behavior personally. Overall, many noted that the NEAR visit deepens the relationship between the home visitor and parents, and ultimately the parents reveal more than in regular program visits. This in turn reinforces the importance of the HV role.

*"I think it's added a layer of satisfaction and understanding what has happened to people and how I can make a difference, and that it does matter, and I can be effective." (Home Visitor)*

Facilitators also suggested that feeling as they are providing valuable and helpful information to families can increase home visitors' job satisfaction. As one home visitor explained, *"Discussing things with parents that impact their relationship with their child is more helpful than giving parents strategies to help their children learn to walk. I feel like they're [parents] addressing important family dynamics."*

Similar to feedback from home visitors, facilitators saw many ways in which home visitors' confidence was strengthened through NEAR@Home. They learned to trust their skill set more as well as their ability to handle difficult or sensitive conversations. Facilitators also indicated that NEAR@Home seemed to help home visitors feel more comfortable talking about trauma. One facilitator explained how NEAR@Home gives home visitors the autonomy to use their own professional judgment. From her perspective, this increased their confidence and self-efficacy, and by doing so, also helped reduce their stress and burnout.

Facilitators noted that NEAR@Home changed the way some home visitors worked with families more generally. For example, home visitors frequently indicated that they were slowing down, pausing, and waiting more in visits. They were reflecting more on how their own ACEs might affect how they interact with families as well as on how parents' ACEs might be influencing their behavior.

*"Sometimes, we have trauma, but we just go on in our lives and don't realize it's traumatic. It follows us down the road for however long, but we don't really reflect on it unless we stop and take a moment to think about it. I think doing the questionnaire created that moment for that parent. That doesn't mean that the parents are going to jump up and quit drinking. But it creates an awareness. Don't they say you have to hear and see it dozens of times before you get it. ACEs is another tool to create that awareness. It's an awakening."* (Home Visiting Supervisor)

Similarly, a facilitator shared the story of a supervisor who said she was learning to not take on a fixing role in supervision and to be more reflective with her staff. Lastly, home visitors remarked that they were weaving the NEAR sciences into many different conversations with families, not just about ACEs.

#### *Other Considerations When Implementing the NEAR@Home Approach*

In interviews, some home visiting staff described concerns about the NEAR@Home approach. Some of the issues raised included:

- Staff feeling overwhelmed in taking on more learning/training, especially if it is seen as one more thing staff has to do in the context of having too many other requirements from MIECHV and funders.

*"Sometimes it feels like one more burden that's put on home visitors and keeps them away from doing the work with families that they're supposed to be doing. We have so many extra requirements from funders and MIECHV to meet model fidelity, that sometimes I want to just say, 'let people do their jobs which means being with the families.' But the reality is that you have to meet the requirements to get the funding for staff. You want to do it well, and we do it the best we can. We work really hard, but it's hard on the home visitors."* (Supervisor)

- Related to this, several supervisors noted that they felt as if there was an extra burden on home visitors, and reported that staff worried that they had to complete 'NEAR@Home visits' with all

of their families because their home agency had paid for training. A few home visitors mentioned feeling that if they were not successful that they had 'let down their agency' and felt a sense of responsibility to make sure the NEAR visits happened.

- Finally, a number of staff mentioned feeling that they or others had concerns that using the NEAR@Home approach may be outside the role of the home visitor and that the NEAR@Home visit requires more and/or different skills like a therapist or mental health counselor.
  - Future research to better understand if these worries may lessen overtime (from early implementation to later implementation) as staff become more familiar and/or confident with the approach is warranted.

Concerns seem to fit with ongoing home visiting staff role burden and what is being asked of staff verses NEAR@Home specific requirements per se (e.g., workload, paperwork). As described earlier, inherent in the approach is that supervisors and home visitors choose to learn NEAR@Home and when, if, and how to bring it to families. Also, Step 1 explores readiness for each program. Given the value of staff and family autonomy with this approach, those involved in future NEAR@Home implementation efforts need to consider carefully how staff understand their roles in using NEAR@Home, and provide periodic check-ins as Steps progress.

#### Implementation Question 5: What are the next steps for sustainability for NEAR@Home?

A number of ideas for ensuring sustainability for NEAR@Home were shared. First, staff noted that potential follow up in the form of a webinar refresher or webinar/module for participating programs or for each of the states would be helpful. Facilitators identified a need for periodic check-ins after completion of the Learnings. As mentioned earlier, some of the programs asked for more than four Step 4's, and they also expressed interested in "*refreshers*" to keep NEAR@Home in the forefront of their minds. Even during the Learnings, some home visitors suggested that a monthly email from the facilitator with a refresher on the sciences or related NEAR@Home information would be helpful. This approach of offering periodic check-ins is consistent with best practices for adult learning. One facilitator suggested that just as the model of home visiting is for a 3-5 year period, NEAR@Home should be planned over a 3-5 year period.

Facilitators shared that individual programs were coming up with their own ways to sustain NEAR@Home in their practice after completion of the Learnings. For example, one program integrated offering the ACEs questionnaire around the 9<sup>th</sup> week along with other assessments they complete at that time. Other ideas shared included:

- Integrating NEAR@Home with ongoing reflective and infant mental health consultation. At least one state was taking this approach, which provides reflective supervision support for the supervisor as well as case consultation support for the team. However, it was noted that at least 2 facilitators per state would be needed to effectively implement this approach.
- Work with national home visiting models to integrate NEAR@Home into their home visiting processes. This effort was noted as an important piece of sustaining NEAR@Home at a broad level. As one facilitator explained without support at the national level, it would be difficult to sustain NEAR@Home for the longer-term.

An important aspect of sustainability mentioned by all of the facilitators was to continue to support home visiting programs that participated in NEAR@Home while also reaching out to new programs that were not ready for implementation during the grant period. Specific suggestions included:

- Making a video of a NEAR visit that could be used both in the Learnings and to educate new staff was an idea that was mentioned several times in the interviews.
- Establishing a community of practice among state facilitators as well as supervisors was proposed as another way of providing ongoing support to programs that have been through NEAR@Home.

Home visiting staff and facilitators also identified systemic or contextual issues that could influence sustainability of NEAR@Home. The first was related to a perceived lack of funding and resources, especially for some states, and the need to train and support additional state facilitators. The co-model developer and facilitators suggested that 2 facilitators would be needed for each state to sustain NEAR@Home.

### Summing Up Lessons Learned for Strengthening Cultural Responsiveness for NEAR@Home

As was the case for the FAN, a number of NEAR@Home participants felt that a strength of NEAR@Home was that it could be individualized to meet the needs of culturally and linguistically diverse families (e.g., a “universal” model). However, considerations for deeper cultural adaptation include the following:

1. Translating the Toolkit and all materials and handouts into Spanish and other languages;
2. Providing culturally-specific examples and strategies, especially for building resiliency;
3. Expanding categories on the ACEs instrument to incorporate culturally specific domains of trauma (e.g., historical trauma, immigration/refugee experiences).
4. Attending to the variability in cultural norms for discussing sensitive issues. For example, home visiting staff shared that in some communities, talking about sensitive topics is considered ‘gossip’ and is frowned upon. Staff described challenges in balancing the importance of talking to clients about NEAR/ACEs, and honoring the families’ concerns.
5. Adapting the pace of discussions of topics with families. Facilitators’ noted that pace of the Learnings (and presenting and talking about ACEs) needed to be slowed down for some cohorts to allow them more time to reflect, process and have conversations around what a NEAR visit might look like given their families’ culture.
6. Hiring, training, and collaborating with more culturally/linguistically diverse facilitators.

### NEAR@Home Outcome Results

This evaluation represents the first effort to collect systematic data on the newly developed ‘Steps for Learning NEAR@Home’ learning approach. Thus, while the following NEAR@Home ‘outcome’ analyses follows similar methods as outlined for FAN, it is important to recognize that the NEAR@Home model is considered to be in its early development phase, and as such, these outcome analyses are considered exploratory in nature. Key perceived benefits of the NEAR@Home model were explored in detail through qualitative interviews (reported above), described previously, and can be used to both strengthen the training model and inform future evaluation.

## LIA Survey Results – Organizational Context Descriptives

Results of the LIA surveys are summarized in Part One: FAN Results (*see page 37*). Seventeen organizations receiving NEAR@Home completed surveys (11 NEAR@Home only; 6 both FAN & NEAR@Home). LIA surveys from all Region X states were compiled for NEAR (*see Appendix A, Table A3*).

## NEAR@Home Outcome Sample Demographic Characteristics

Table 9 below summarizes key background and demographic characteristics for the NEAR@Home outcome sample. As a reminder, this table includes the characteristics of all participants who completed both Time 1 (baseline) and Time 3 Follow up Surveys. As can be seen, somewhat more than three-quarters (78%) of the sample were home visitors and self-identified as White (76%). Only about 11% of the NEAR@Home sample self-identified as Latinx/Hispanic, and 7% self-identified as American Indian/Alaska Native. Almost one-fourth (24%) had less than a Bachelor's Degree, although 20% had a Master's degree. Over two thirds (67%) had more than four years of experience in the field.

*Table 9. NEAR@Home Outcome Sample Baseline Demographic Characteristics & Prior Training*

	%	N
<b>State (N=76)</b>		
Alaska	21%	16
Idaho	17%	13
Oregon	28%	21
Washington	34%	26
<b>Primary role (N=76)</b>		
Home visitor	78%	59
Supervisor	22%	17
<b>Race/Ethnicity (N=75)</b>		
American Indian/Alaska Native	7%	5
Asian/Pacific Islander	5%	4
African American/Black	1%	1
Latinx/Hispanic	11%	8
White/Caucasian	76%	57
<b>Education (N=75)</b>		
Attended some college; did not graduate	8%	6
Associate's degree (AA)	16%	12
Bachelor's degree (e.g., BA, BS)	56%	42
Master's degree (e.g., MA, MSW, MS)	20%	15
<b>Total time in home visiting field (N=67)</b>		
Less than 1 year	6%	4
1-3 years	27%	18
4-6 years	21%	14
7 or more years	46%	31
<b>No or little prior training in family challenge areas (N=69)</b>		
Substance abuse	46%	32
Mental health	35%	24
Interpersonal violence/domestic violence	34%	23



Note that NEAR@Home outcome analyses are presented below for the **combined** sample of home visitors and supervisors. To assess whether outcomes were different for home visitors only, all analyses were also conducted for a reduced sample comprised of only home visitors (the sample of supervisors was not large enough to provide sufficient power for separate analysis). Results were comparable for the home visitor only sample for all outcomes, although a few small differences in moderator (subgroup effects) were detected. However, these differences were consistently related to reductions in significance levels attributable to smaller sample sizes in home visitor only subgroups. Thus, results are presented here for the *combined* home visiting staff sample.

#### Descriptive Statistics and Scale Reliabilities

*Appendix B* provides a summary of descriptive information and reliability statistics for the NEAR@Home measures. Most scales showed good ( $\alpha > .80$ ) to adequate ( $\alpha > .60$ – $< .80$ ) reliability. One exception to this was the Maslach Burnout Scale. At baseline, the total score showed adequate reliability; however this dropped to  $\alpha = .55$  at the follow up. In particular, it appeared that the depersonalization subscale was problematic, with very poor reliability, especially at baseline. This scale was therefore not included in outcome analyses.

**Table 10a** below summarizes the average scores for NEAR@Home participants at T1 (baseline) and follow up (T3) or at the immediate post-training (T2) and follow up (T3). Significance tests from the GLM/ANOVA models used for outcome analyses are noted on this table, with details provided in *Appendix D* (Table D4), and described further below. Additional descriptive statistics for NEAR@Home outcome measures are included in *Appendix B* (Table B4).

*Table 10a. Average Change Over Time for NEAR@Home Exploratory Outcomes*

<b>Outcomes</b> (unless noted otherwise, higher scores = improvement over time)	<b>Initial Timepoint</b>	<b>Follow-Up Timepoint</b>
<b>Short Term Outcomes</b>	<b>T2 M (SE)</b>	<b>T3 M (SE)</b>
Skills in NEAR@Home Elements (n=60)	3.04 (.05)	3.15 (.07) <sup>†</sup>
<b>Longer Term Outcomes</b>	<b>T1 M (SE)</b>	<b>T3 M (SE)</b>
Work Stress (lower scores are more positive) (n=64)	2.20 (.07)	2.12 (.07)
Job Related Burnout – Emotional Exhaustion (lower scores are more positive) (n=58)	2.74 (.18)	2.78 (.15)
Job Related Burnout - Personal Accomplish (n=55)	5.31 (.11)	5.34 (.13)
Job Related Self-Efficacy (n=63)	4.29 (.06)	4.36 (.05) <sup>†</sup>
<b>Organizational Outcomes</b>	<b>T1 M (SE)</b>	<b>T3 M (SE)</b>
Organizational Learning Culture <sup>48</sup> (n=34)	4.42 (.09)	3.51 (.08) <sup>†</sup>
Positive Organizational Climate <sup>48</sup> (n=34)	4.04 (.09)	4.12 (.07)
Quality of Reflective Supervision (n=44)	3.47 (.07)	3.54 (.09)

<sup>†</sup>p < .10; \*p < .05; \*\*p < .01

<sup>48</sup> T1 taken from workforce survey data share.

Table 10b. Summary of NEAR@Home Exploratory Outcomes

Participant Outcome Domain	Significant Improvement Over Time?	Subgroup Differences in Amount of Improvement Over Time? (Groups at Left Showed More <i>Improvement</i> on Outcome)	
Short Term Innovation - Specific Participant Outcomes			
1. NEAR-Specific Skills	TREND	NFP program Bachelor’s Degree (BA)	>Non NFP programs > More than BA or Less than BA
Longer Term Participant Outcomes			
2. Work-Related Stress	NO	Low Reflective Supervision	> Higher Reflective Supervision
3. Work-Related Burnout: Emotional Exhaustion	NO	Low Reflective Supervision	> Higher Reflective Supervision
4. Work-Related Burnout: Sense of Personal Accomplishment	NO	Higher Reflective Supervision	> Lower Reflective Supervision
5. Work-Related Self-Efficacy	TREND	White Low Reflective Supervision	> Providers of Color/Non-white <sup>t</sup> > Higher Reflective Supervision
Organizational Outcomes			
6. Positive Organizational Climate	NO	No Significant Subgroup Differences	
7. Organizational Learning Culture	TREND (decrease over time)	No Significant Subgroup Differences	
8. Quality of Supervision Received	NO	No Significant Subgroup Differences	

**O1. Outcome Question 1:** To what extent do home visitors and supervisors receiving NEAR@Home report improved short-term outcomes such as improved knowledge, attitudes, and skills?

**Table 10a** (above) and **Table D4** in **Appendix D** shows results for staff self-reported ability to implement key NEAR-related strategies and to initiate conversations and work with families on concepts related to ACEs. As can be seen, there was a marginally significant trend indicating that staff improved these skills over the 4-month mentoring period. As shown in **Table 10b** above this effect was moderated by staff education, such that those with a Bachelor's Degree showed the most robust improvement over time; those with either less than a BA degree, or those with more than a BA (most likely supervisors) showed less improvement in NEAR related skills. Staff who worked for NFP programs also showed greater improvement in NEAR-related skills compared to staff from other programs.

See **Appendix D (Figure D5)**, for graphic illustrations of the significant interaction (subgroup) effects.

**O2. Outcome Question 2:** To what extent do home visitors and supervisors receiving NEAR@Home report improved longer-term outcomes such as increased levels of competency, self-efficacy, and resiliency?

**Tables 10a and 10b** above summarize results from analyses of what were considered longer-term outcomes for NEAR@Home, including levels of work-related stress, job-related burnout, and staff self-efficacy. As can be seen, there were no overall changes in work stress, or job-related burnout. However, there was a trend (marginally significant,  $p < .08$ ) indicating some improvements over time in job-related self-efficacy. However, there were some significant subgroup differences, in particular for staff with different initial levels of reflective supervision, on these outcomes, as described below for Outcome Question #3.

**O3. Outcome Question 3:** What (3a) organizational and (3b) baseline staff characteristics are associated with changes over time in short and longer term outcomes for NEAR@Home participants?

**Table 10a** above summarizes results for analyses exploring the influence of organizational culture and climate on NEAR outcomes (see also *Appendix D, Table D4*, for analysis details, and *Appendix D, Figure D5* for graphic illustrations of significant subgroup effects).

In a number of areas, patterns of change over time were different for staff who reported initially lower levels of reflective supervision. Specifically, home visitors who reported initially low levels of reflective supervision showed a greater **decrease** over time in feelings of emotional exhaustion/job burnout, while those with higher reflective supervision started out with less burnout/emotional exhaustion and those levels did not change substantially over time. Similarly, those with low initial reflective supervision showed a slightly bigger increase in job-related self-efficacy, while those with initially high quality supervision had higher self-efficacy that did not change over time (marginally significant,  $p < .07$ ).

However, in a slightly different pattern, there was a marginally significant trend ( $p < .07$ ) suggesting that staff with higher reflective supervision at baseline showed somewhat greater improvements in terms of feelings of personal accomplishment compared to those with lower initial reflective supervision.

Finally, there was a reduction in perceptions of work stress over time for those with initially lower levels of reflective supervision, although this was only marginally significant ( $p < .06$ ). Again, these staff had higher initial levels of stress compared to those with higher reflective supervision.

**O4. Outcome Question 4:** To what extent do home visitors receiving NEAR@Home report improved level and quality of support from their organizations and supervisors?

**Tables 10a and 10b** (detail in *Appendix D; Table D4*) summarize results of analyses examining changes over time in staff perceptions of organizational culture and support from baseline to the end of the 4-month NEAR facilitation and mentoring support. As can be seen, although counter to expectations, staff reported significant decreases overall in terms of the extent to which they felt their organization was a “learning culture”. There were no significant overall changes in staff perceptions of the supportiveness of the organizational culture or in the level of reflective supervision received; further, all subgroup (moderator) analyses were nonsignificant.

## Summing Up: Exploring NEAR@Home Outcomes

### Qualitative Insights into Benefits to Families

There were numerous examples of positive experiences in using the Toolkit and NEAR@Home approach with families, especially in terms of ways that it gave family hope and put an emphasis on resiliency with families. Some of the specific benefits noted by staff included:

- **Helping parents be more aware** of how their childhood experiences influence how they parent their children;
- **Helping parents feel hope for the future**, in particular helping them to see that they can help to protect their children from experiencing similar experiences;
- **Providing a forum for building family trust** and establishing sharing (which in turn helps to strengthen the relationship and quality of support home visitors could provide);
- **Creating an opportunity to better identify family needs** and informing home visitors about needed referrals;
- **Helping parents increase their own reflective skills** and better understand why they react to certain things or why certain things are difficult for them.
- **Helping parents with their own stress management** and increasing their awareness of their own behavior.

### Qualitative Insights into Benefits to Staff

In addition, for benefits for families, interviews provided insights into benefits for home visiting staff. These included:

- **Increasing home visitor's feelings of competence and confidence** in talking with families about trauma, which often comes up during home visiting even absent specific efforts to do the NEAR visits'
- **Improving their understanding of the links between childhood experiences and adult behavior** for both themselves and the families they work with;
- **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.
- **Building greater understanding about why families might behave in challenging ways** (e.g., cancelling or not showing up for visits). These insights, in turn, may help reduce job-related stress for home visitors.
- **Providing an opportunity for home visitors to see just 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.

### NEAR@Home Quantitative Outcome Findings

Results of exploratory outcome analyses for the NEAR@Home Learnings found a trend (marginally significant) indicating that home visiting staff increased their NEAR-related skills, an important first step in supporting longer term, more sustainable practice changes. Skills did improve significantly for staff in NFP programs and for staff who had Bachelor's degrees. This suggests the potential importance of additional tailoring of the NEAR@Home approach moving forward to meet the needs of staff with various educational backgrounds and who are embedded within different home visiting program models.

In terms of longer-term exploratory outcomes, there was a marginally significant trend indicating improvements over time in job-related self-efficacy for NEAR@Home participants. There were no significant overall associations with any other measured outcomes, with the exception of a significant decrease in the extent to which staff perceived that their organizations were “*learning oriented*”.

However, the extent to which staff reported experiencing high quality reflective supervision at baseline appeared to influence patterns of changes for some outcome areas. **In particular, those with lower initial reflective supervision showed evidence of somewhat greater improvement in job-related self-efficacy and reduced work stress and emotional exhaustion/burnout.** These trends further suggest that staff with higher quality reflective supervision started out with more positive outcomes in these areas (higher self-efficacy, less stress and burnout) and did not change much over time. NEAR@Home participants with lower initial reflective supervision seemed to “*catch up*” to their peers with more reflective supervision over time. That said, these subgroup findings should be interpreted with caution given the small sample sizes and the possible confounding influence of other factors on these changes.

# Spotlight on Cultural Responsiveness – Insights & Recommendations for Cultural Adaptation

Over the course of this evaluation, the research team made efforts to understand the extent to which the FAN and NEAR@Home training and supports were experienced by home visitors who were themselves persons of color and/or who were working with culturally diverse families. While both models see individualization as a core strategy, which staff saw as important for making the models effective, **deeper work that explicitly focuses on cultural adaptation is crucial**. Home visitors and supervisors identified cultural “sticking points” for both models. For example, staff noted areas in which FAN and NEAR@Home approaches were inconsistent with some traditional cultural values such as the perceived appropriateness of expressing emotions, openness to sharing with professionals/those outside the cultural group, and parenting practices and values. Trainers, facilitators, model developers and partners all agreed that more time, resources, and work was needed to strengthen the cultural responsiveness of the approaches.

## Study Context

### Participants in FAN & NEAR@Home Were Predominantly White/Caucasian

The current study provides some initial ideas for improving the cultural responsiveness of FAN and NEAR@Home. However, it is important to keep in mind that **relatively few home visitors of color who participated in the study**. The outcome study was

comprised of 63% (FAN) – 76% (NEAR@Home)

White home visiting staff, and there was only a single bilingual-bicultural trainer. Thus, this should be considered a starting point for moving forward, as it is likely that these data provide a somewhat limited lens into understanding how to better meet the needs of families and workers of color

### ***A key first step to this work is to gather more information from culturally and linguistically diverse staff and family members.***

This input can help identify places where the approaches need better alignment with cultural values, practices and historical contexts and can more directly address how family experiences are influenced by structural and historical barriers related to institutionalized racism.

### ***What We Heard From Study Participants- Ideas for Next Steps***

Participants in interviews made a number of suggestions for next steps, including:

- ❖ ***Engage more bilingual/bicultural trainers and facilitators.*** The importance in some communities of having a trainer who was able to bring a specific cultural lens to the framework was noted.
- ❖ ***Provide supplemental materials, resources, and activities for the trainings in more languages.*** While it was noted that FAN materials were translated into Spanish, the videos, vignettes, and other more interactive tools are not translated and this was noted as a priority for work for the Model Developers in the future. Similarly, for NEAR, translating the Toolkit was noted as a critical next step.



- ❖ **Create a path for cultural exploration as a key component of “advance work” prior to working communities.** Models could develop tools to help trainers and facilitators learn about the local community culture prior to working with home visiting teams. While NEAR@Home facilitators were locally (state) based, both models might consider establishing mechanisms for doing “advance work” to help trainer/facilitators learn more about the cultural diversity of staff and families, and to get a better sense of the context in which trainers are introducing the new approaches.
- ❖ **Review ACEs tools & expand the ACEs instrument to be more culturally specific with families.** Consider incorporating culturally specific domains of trauma that can more comprehensively capture the breadth of trauma events that these families may experience (e.g., historical trauma, immigration/refugee experiences).
- ❖ **Attend to the variability in cultural norms for discussing sensitive and personal issues.** For example, home visiting staff working with Native Alaskan families shared that in tribal communities, talking about sensitive topics is sometimes considered ‘gossip’ and is frowned upon by tribal leaders. Staff described challenges in balancing the importance of talking to tribal clients about NEAR information and ACEs, while honoring the families’ concerns about going against their traditions.
- ❖ **Adapt the pace of discussions of emotionally charged topics with families.** Facilitators’ noted that pace of the NEAR@Home Learnings needed to be slowed down for Alaskan Native training participants to allow them more time to reflect, process and have conversations around what a NEAR visit might look like given their families’ culture. They also noted that the NEAR@Home model co-developer supported efforts to modify the pacing and approach to presenting and talking about ACEs.

In addition to implications specific to culturally diverse groups, it is important to consider other aspects of the local community context in thinking about adaptations to these approaches. For example, the size of the community can influence the nature of the relationship between home visitors and families. In small, more isolated rural communities, home visitors shared that conducting NEAR@Home visits requires attention to the reality that in these communities it is likely that home visitors will know the family and/or come into relatively frequent contact with them outside of their home visiting work. Strategies for how to implement sensitive conversations in these very rural or isolated communities will also be important and sometimes overlapping with, future work focused on cultural adaptation of NEAR@Home.

## PART THREE: Home Visitor Workforce Exit Evaluation

### Exit Interview Recruitment, Design & Method

Another goal for this study was to better understand home visitor job satisfaction and retention. To do this, Exit Interviews were conducted with NEAR@Home and FAN participants who left their positions over the course of the evaluation. Training participants were invited to provide their consent for the evaluation team to contact them as part of the initial consent and pretest data collection. Specifically, home visitors and supervisors were asked to indicate their consent for the evaluation team to contact them in the event they leave their position during the study period to invite them to participate in a telephone exit interview.



Working in coordination with another ongoing effort to collect Exit data from home visitors, PSU evaluators sent emails to all FAN and NEAR@Home participants in April, July, September, and November 2018. These emails asked home visitors to contact the evaluation team by clicking an electronic survey link if they had left their position and were interested in participating in a telephone Exit Interview. The timing of the emails was planned concurrently with those sent from the Butler Institute for the Workforce Study so that participants did not receive emails from both PSU and the Butler Institute in the same month. However, if eligible, participants were encouraged to participate in interviews/surveys with both organizations.

The PSU exit interviews were conducted by phone with a member of the PSU research team. The interviews were 30 – 45 minutes in length, and each interviewee received a \$40 Amazon gift card to thank them for their time. Exit interviews were conducted with 12 home visitors who left their positions during the evaluation period (April – November 2018), including seven home visitors who had participated in the FAN Trainings and Supports and five from the NEAR@Home Learnings. Two home visitors were from Alaska, 6 from Oregon, and 4 from Washington. No supervisors responded to the exit interview email invitation. One challenge with recruiting participants for the exit interviews was not having their personal contact information. While participants were asked to include a personal email address or telephone number on the evaluation consent form, many only included their work contact information. As a result, when they left their home visiting positions (and no longer had access to work email) we had no way to contact them. Thus, these exit interviews are likely to not represent all staff who left their positions during this time.

A copy of the Exit Interview protocol is included in *Appendix G*. Qualitative exit interviews collected information about why they left their positions, their perceptions of support from supervisors and the workplace, and asked them to identify ways that additional support or training might have increased

their job satisfaction and/or decreased their work-related stress. The exit interviews were designed to address the following research questions:

1. *What were the primary reasons or factors that contributed to home visitors' decisions to leave the workforce?*
2. *What additional workforce supports/modifications would encourage home visitors to remain in the workforce?*

## Exit Interview Results

### Reasons for Leaving the Workforce

Home visitors identified a variety of reasons underlying their decision to leave their home visiting position. Programmatic, organizational, and personal factors were cited by home visitors as contributing to their decisions to leave their positions.

#### Programmatic Factors

At the programmatic level, interviewees described an increasing imbalance between meeting program requirements and providing services to families in a way that made them feel that their work was impactful and valuable. The home visitors who were interviewed clearly wanted to be available to and supportive of their families. They explained how at times home visiting model program paperwork requirements or quotas around home visits limited them in being there for families in the way they wanted to.

#### Paperwork and Focus on “Numbers”

Paperwork was mentioned frequently by interviewees as a job stressor. A home visitor who had been in her position for 8 years commented, *“The lack of balance between the paperwork and the positive aspects of the job made it feel like it was a lot of the hard stuff without the easier parts to balance it out.”* She resigned without a new job in place because she was so burned out. Another home visitor pointedly said,

*“Most of the people I talk to that leave home visiting; it’s because of the paperwork for sure. The paperwork is stressing people out. They say, ‘This is really hard because I’m going to miss my families.’ It [home visiting] is mostly about paperwork, not about working with the families in the home visits. “*

Several interviewees remarked that their work felt like it was increasingly about numbers. They explained that the focus on paperwork and numbers not only added stress for them, it also took away from the satisfaction of being able to do the work they felt that they were hired to do – supporting families. As one explained:

*“Everybody was feeling a lot of pressure. It was always do your numbers, do your numbers. You might be coming back from a stressful visit, and your supervisor asked, ‘Did you complete the other home visit record. We need this and that.’ So if I had another visit, I might cancel it to get my paperwork in order. “*

Or as another stated, *“I felt that most of my time was sitting at a computer trying to make sure that that file was on point and presentable rather than being in homes where moms needs extra support.”*

Home visiting model requirements around the number of weekly/monthly visits and timing of assessments was identified by most home visitors as a stressor that affected their work with families.

*“In each visit, you’re trying to get as much done as possible knowing that they might cancel the next visit or be a no-show. You’re really trying to maximize your time. Sometimes I felt like if I wasn’t trying to do so many of those pieces at the same time, I could be more effective in my work.” “I decided to leave because it felt like it had become too much. I always looked at it as if it was on a balance scale... It felt like the performance standards were piling too many things on...”* Another described her decision to leave *“It was all of the paperwork and focus on numbers that was less of a fit for me.”*

### *Balancing Home Visiting Models*

Some of the home visitors interviewed discussed the challenge of balancing the demands of providing several different models of home visiting. As one explained,

*“I felt like I was stretched trying to do two or three jobs in one. We implement a lot of different programs within the department so it could be Home Visiting Program A, Home Visiting Program B, or Other Program C. So depending on what it is that family needs, there's this whole other set of policies and procedures that you have to look at based on what other programs you're using to work with that family. It becomes a lot to keep track of, plus the data entry and charting.”*

### *Working with High-Risk Populations*

On top of that, they pointed out that they were working with high-risk populations with multiple and complex needs. The intensity of working with this population made it more challenging to meet program requirements.

*“For example, there were times when the mom or the family was in crisis [and didn’t want to meet], but we were still pushing for that visit to be completed to keep up our numbers. We felt pressure and put pressure on the family to get the visit in. I loved my families.”*

A few home visitors pointed out that high client turnover negatively affected how they felt about their work. They believed that more flexibility around quotas for number of visits would have helped reduce client turnover.

*“It was frustrating to have client turnover because you would just feel like you were getting somewhere or you’d broken the ice with this person and now they’re comfortable with you, then they’d leave. If we could have offered home visits once a month, more people would have wanted to stay in the program, but that wasn’t an option.”*

### *Lack of Supervisory Support*

Some interviewees discussed how a lack of support from their supervisors compounded the stress of meeting program requirements. One remarked,

*"It was stressful trying keep the appointments we were required to do...meeting those requirements and being able to schedule the visits, getting to their house on time, coordinating with the case managers was stressful. When you have a stressful situation with a family, you have to meet the caseload while at the same time dedicating time for case management. That can get a little heavy, especially if you don't have support."*

One home visitor gave the following example,

*"Having somebody from supervision who understands those things. Being able to call your supervisor and say, 'Mom is depressed and I could spend more time here. Can I push my next visit back or reschedule it?' I didn't have that support."*

### Organizational Factors

Home visitors in the exit interviews identified several organizational issues that were related to their decisions to leave their positions, as outlined below.

#### Disconnect with Administration

Several interviewees indicated that their program administration did not fully understand their work. *"The higher-ups come from a perspective or point of view that's very removed from the work we're doing. So they don't totally get it."* This disconnect between the administration and direct service staff was particularly noted by home visitors working in larger public health departments. As one explained, *"The potential for burnout in a job like ours is different from somebody working in the transportation department, but we're all looked at the same as County employees."*

She went on to say that home visitors need more flexibility in their positions than other County staff because of the nature and intensity of the work they are doing on the frontlines.

#### Hiring

Some home visitors also talked specifically about an organizational disconnect in the hiring process. They explained that often home visiting positions are advertised as early childhood education positions.

*"The home visiting position was advertised for someone with a degree in early childhood education, and I think the goal of the program was to help parents understand how to teach their children and be their child's first teacher. But when we were actually doing the job, we were working with a demographic of very high needs clients. ...If they have no income, no transportation, no diapers, those basic needs need to be met first. So I would go in with 'Let's talk about how your child learns,' but that's kind of the next step. First people need to know where they're going to sleep and how they're going to get food."*

Several of the interviewees stated that in the hiring process they had not been made aware that they would be working with high-risk populations and felt unprepared for their home visiting responsibilities.

*"It wasn't clear to me until I was in the position that it was more social services than education, and I wasn't the only home visitor who felt that way. When I left, I told my supervisor that it would be a better fit to look for people who have a background in social services. Her response was, 'We don't want to scare people away.'"*

Those home visitors who participated in the exit interviews and had an early childhood education background described an impact on their job satisfaction. Nearly all moved on to classroom or teaching positions. As one explained, *“I always felt that I was never able to meet the needs of my clients in a way that made me feel good. It was hard for me to feel valued and that I was doing a good job.”*

For some home visitors their sense of self-efficacy was related to the mismatch between their background in early childhood education and working with high-needs populations. As one home visitor commented, *“I shared with my supervisor that I was feeling at a loss because I wasn’t an expert in domestic violence or drug abuse...I needed more tools.”* Another further explained,

*“I felt at a loss in home visiting because I don't have a background in social services. The preschool position [position she left for] fits better with my degree and interest. Sometimes I didn't feel safe in people's homes, and a lot of times I felt like I wasn't making a difference. Those were the reasons I decided to leave.”*

More specifically, a home visitor with a degree in early childhood education commented, *“I'd have a couple weeks here and there when I was just exhausted and totally run down and felt like I didn't know what I was doing.”*

#### Lack of a Career Path for Advancement

Another organizational constraint noted by home visitors was the lack of a career path for advancement in their programs. One home visitor explained that she needed a new opportunity to expand her skills, and there were not any supervisory positions available in her small county. Other home visitors remarked that they felt opportunities for advancement were closed to them.

*“I don't think there was a plan for professional development. People were in the same positions for 8 years without getting an opportunity to become a supervisor. I felt like there was no support for employees to grow. For example, there were a couple of openings, and they hired from outside the organization, not internally, so nobody moved up. The people they hired were from different organizations and didn't even know what home visiting was.”*

Specifically, they explained that because they did not have any supervisory experience they were not eligible for these positions.

*“Whenever I interviewed for a supervisory or management position, I was told that I wasn't eligible because I didn't have supervisory experience. But how was I to get supervisory experience without being given an opportunity? I think it had more to do with the culture and environment of the program. When I interviewed, I felt like the directors already knew who they wanted for those positions.”*

Home visitors indicated that limited opportunities for career advancement were financial as well as related to a desire for professional growth.

*“My decision to leave was about more opportunity and higher pay. I was really happy in my position. It was a fantastic team of people in a really supportive environment. The only stressors or challenges I had there were financial.”*



Several home visitors explained that a desire for higher pay was in part about meeting their families' financial needs and was also about wanting to feel that their work was valued.

*"The bottom line is you want to feel like you're compensated for the work that you do. I think it's a myth that home visiting nurses don't have as many challenges or aren't up against as much as nurses in the hospital. That was mentioned from time to time throughout the department. Competitive pay would be really beneficial for them [administration] to think about as far as long-term employment. "*

### Support for and Appreciation of the Work of Home Visiting

The exit interviewees highlighted the importance of organizational support in retaining home visitors. While many home visitors expressed feeling supported by their supervisors and co-workers, for others the lack of organizational support was one of the primary reasons they decided to leave.

*"I felt like I was supported by my supervisor, but I didn't think the organization was very supportive of its employees. I didn't feel like they followed the guidelines that we were required to follow with our clients. For example, they weren't very flexible with us." "One of the reasons I left was because of the lack of support. I didn't see them planning to hire another home visitor or supervisor, so it was just going to be me alone for who knows how many years. At the same time, there was increase in referrals for the program. I have more support in my new position. That was the most important thing to me in deciding to change positions."*

Interviewees also expressed a desire for external understanding and validation of the importance of their work. As one home visitor explained:

*"Something we run up against is that perception of home visiting in the general society is 'Oh, you play with babies for a living.' Okay, if you want to see it that way. But home visiting is incredibly complex."*

Home visitors expressed appreciation of FAN because *"it honors the work of home visiting and that it is very challenging and difficult."* However, several home visitors indicated that they did not have this understanding or validation from their own organizations.

As mentioned earlier, particular in larger public agencies, the disconnect between administrators and frontline staff can give home visitors a sense that their work isn't understood or appreciated. For example, one home visitor suggested,

*"If you're working in a large agency with people who aren't in touch with the work you're doing, have them become more knowledgeable about home visiting. I think if they have a better understanding of how they can support people who are doing that type of work, that's going to help with retention. For example, if the Board of Commissioners, or the top tier leadership, doesn't really get home visiting then there's only so much that can be done to support your home visitors. The work we're doing with families shouldn't be compared to Personnel Department or Planning Department because it's so different."*

Another home visitor pointed out that this disconnect can be present in non-profits as well and is not unique to public health home visitors.

A sense that the demands of frontline work with high-risk families was not understood by higher-ups contributed to feelings of a lack of support.

*"Sometimes it felt like as much as they wanted to be supportive of the work we're doing, we're so far removed from each other and what we're doing day to day that people just don't really understand what you do. That was a challenge for me because we lacked flexibility as far as work schedules and things like that."*

Lack of flexibility and support both around program requirements as within their organizations emerged as a key factors in home visitors' decisions to leave their positions.

## Personal Factors

### More Family Time

The most common personal reason home visitors left their home visiting position was to spend more time with their families, and particularly those with young children. For example, one found a position that was closer to her home thereby decreasing her commute time. Two wanted to stay home with a baby or young child to give them more time and attention. They felt that their positions did not leave them with the time or energy to do so. More specifically, one home visitor was in the process of adopting and wanted to be able to focus on her baby and her development. At least two home visitors were in graduate school and found that balancing school, work, and family life became more than they could manage. One of these moms noted that she would have stayed on her position part-time if she had been able to afford to do so. However, a part-time position did not adequately meet her financial needs, so she decided to start her own home business.

### Impact on Self-Efficacy and Well-Being

At a deeper level, a number of home visitors talked about how their work was affecting their own well-being. For some, home visiting was not a good fit for them personally, especially those who described themselves as "doers." As explained by one home visitor,

*"I was like, 'let's help you gain employment, let's help you get your children to the doctor.' It was a really hard position for me. I really don't think I was the best fit, although I gave it my all. I really tried hard to provide a lot of resources for people, and I even gave people rides to different agencies to help them access those resources. Oftentimes they didn't follow through. It was heartbreaking."*

Not being able to meet the expectations for themselves in their work affected their sense of self-efficacy. High expectations was a characteristic especially identified with nurses. One NFP home visitor remarked, "A lot of nurses are very type A. They have high standards and work very hard. The possibility of burnout was a given..." This dynamic was compounded by programmatic constraints. For example, one home visitor stated,

*"One of the most important things for me as a home visitor is to be reliable [in being available] for moms. And when I'm not, that feels stressful." Another expressed how frustrating it was to have to say to a mom, "I'm sorry, I have to leave for another visit."*

In the interviews, home visitors expressed deep care and commitment to the families they worked with. They wanted to feel that their work was helping families. As one home visitor explained,

*“A lot of times I felt like I wasn’t making a difference and it started to become taxing on my own mental health. That was a reason I decided to leave. I care a lot about people, children, and families. Hearing so many issues in one day started to make me feel really sad. I would go home from work, and I wouldn’t really feel happy. I started to call myself an ostrich. I would keep my head in the sand because I needed to protect my own mental health.”*

### Stage of Life

Lastly, one home visitor’s decision to leave was related to her age and stage of life. She explained,

*“Right now I have a lot of free time in my personal life and the opportunity to work really hard in a job at this stage. While I’m young, I have a lot of free time and a lot of energy to give to a job. Home visiting just wasn’t requiring enough energy from me. For more senior employees it wasn’t an issue for them - but for those of us that came right after college, we all kind of felt the same and wanted to be busier.”*

However, she was an exception. Most of the interviewees expressed feeling stretched thin by the multiple demands of their home visiting position.

### Ideas for Retention Support

While interviewees identified several factors that could help with retention, a sense of support for them and their work were most important.

### Reflective Support

Nearly all of the home visitors interviewed indicated that support, especially from supervisors, is critical.

*“Mental, emotional, in all ways – is so important so that home visitors don’t feel burned out and so that they’re mentally and emotionally healthy and don’t feel like they’re not getting proper support and help when they go into visits or come out of visits. That’s really important. More than anything, I think home visitors need support...We need supervisors who can talk and explain what’s going on and to be able to hear what’s going on with you. That’s very important. We need supervisors who can be flexible and not micromanage. For example, not asking where are you at this point in time and why are you not here? What’s going on? Because in the home visits a lot of things change. We can schedule a home visit and then mom changes it at the last minute, or we can go to their house and they may not be there, or the visit takes longer than expected. So having somebody from supervision who understands those things. It would help for supervisors to go on home visits with us. Then they can see how you do your job and better understand where your time goes.”* (Home Visitor)

Many of the home visitors specifically identified reflective supervision as an important piece in providing support. Some of the interviewees received regular reflective supervision and described how valuable it is. *“It’s always helpful to talk about how you’re feeling in reflective supervision...I never thought, ‘I can’t*

*share this with my supervisor.' I had lots of options and opportunities available."* Another commented, *"I felt very, very well supported at NFP. I had a great supervisor. It was so nice to have weekly reflective supervision. That was so helpful. My supervisor was always available to me if I needed to come back and vent about a client or ask for her thoughts or ideas."* As stated by another NFP home visitor,

*"I think reflective supervision is a huge part of retention. The people I know who work in other home visiting programs that don't have that built in - I think their capacity and resilience is a lot tougher to maintain without reflective supervision. So I'm really grateful reflective supervision is a required part of NFP."*

However, not all interviewees were receiving reflective supervision. Some indicated that their supervision mostly consisted of what needed to be done and not reflecting on their work with families. *"My supervision is mostly getting information and having my questions answered."* Another further described her supervision,

*"I did feel supported by my direct supervisor, just not by the administration. My supervisor was really empathetic to me. I felt really comfortable with him, asking him questions. But supervision was not so much where we sat down and really reflected about us and 'Now I'm having a hard time with this family.' It was more like, 'Okay, we need to do this, we need to do this, and you forgot this' because there was a lot to do."*

Others talked about how although they did receive reflective supervision, it wasn't consistent. *"My supervisor, who did reflective supervision with us, she was really sweet...she was very verbally supportive. But like I said, she wasn't there very much, so a lot of times we were dealing with some really heavy stuff on our own...sometimes it was canceled, and that was disappointing..."*

#### **Mental Health Support and Infant Mental Health Consultation Support**

In addition to reflective supervision, many of the home visitors participating in the exit interviews identified a need for mental health and/or infant mental health consultation, or someone outside of the agency, to provide reflective support. Some home visitors had access to this support in their programs and acknowledged its importance.

*"Our NFP team had access to a mental health consultant who helped us know how to work with the families and think through mental health challenges our clients were facing. That created a little bit of relief for the nurse home visitor."*

Another NFP home visitor added, *"Most teams I've been on have had an infant mental health consultant that comes once a month and does reflective supervision. That's been really helpful."* Another enthusiastically said, *"The best thing about our organization was that we had a phenomenal therapist. We met with her in small groups every month, and that was a tremendous help."*

Other home visitors expressed a desire for this kind of support.

*"In an ideal situation, it would have been nice to have our own mental health provider on staff that we can consult with - a mental health consultant or therapist...we need someone who's skilled in mental health, not a home visitor."* Another indicated, *"The big theme for my nurses*

*and staff was that it would have been nice to have a mental health provider and social worker at our fingertips.”*

While most of this support was aimed at increasing the capacity of home visitors to provide mental health support to their families, a couple of home visitors expressed a need for or use of mental health support for themselves. One home visitor was very open in sharing that she used counseling through her EAP program as a:

*“...resource to help support me in home visiting. Individual counseling has just been the best for me. I don't go for crisis-oriented stuff. I go for long-term ongoing maintenance on how to be this type of person I want to be in this profession. I'm very open about that with my team. I don't want that to be stigmatized - that you need help to do this job.”* She went on to explain, *“Getting counseling worked for me to help relieve some of that stress. The therapist wasn't even that much of an expert on the topic, but having a space to talk through it outside of my team helped me.”*

Similarly, another suggested that it would be helpful if her home visiting program had:

*a counselor on call and always available... so that there would always be somebody for the staff to talk to about traumatic situations.”*

Another theme that emerged in the exit interviews was that all of the interviewees indicated that they felt like they were well trained. None expressed a desire for more training. If anything, they wanted more time to practice what they were learning, like the FAN and NEAR@Home training approaches that build in time for practice and reflection. Similarly, they generally did not express needing more resources, rather increased support around what they were already receiving or doing. For example, smaller caseloads was one recommendation.

*“The only thing that would have helped would have been to have fewer families...to do more careful work, it would be better to have fewer families. It's not just the time in the house. It's also spending time getting ready for the visit, making sure you know what you talked about last time. Then after the visit, doing the data entry. Also, the more families you have, the more things you need to track, like referrals or services.”*

### Position Flexibility

As mentioned earlier, program and organizational flexibility were considered by home visitors as key factors in retention. Decreasing or streamlining paperwork was another recommendation. As one home visitor exclaimed,

*“Paperwork! I wish that we'd had laptop computers or a paperless way of tracking data. We would write up each home visit on paper for the case record and then when we got back to the office, we'd have to enter that information into the database. I think some of this service provision reporting and tracking could have been minimized.”*

Interviewees also proposed a more flexible schedule or position as important in reducing job stress and a way to increase retention. A couple of home visitors expressed interest in being able to work four 10-hour days or part-time.

*“I think that more compensation and more flexibility would improve retention. If I could have stayed on working part-time and still made enough money to get by every month, I totally would have stayed. It would have been worth it because I love the work I was doing, and I felt like I was doing a good job at it.”*

A need for increased pay was mentioned by some home visitors as a financial reality for them and their families. For others, it was more nuanced than a matter of money. One home visitor commented,

*“Pay really didn’t affect how valued I felt. So many other things made a positive difference in how I was valued that the pay really didn’t matter. My organization allowed me to really benefit from having a job that was more flexible and really supportive in being with my kids and working hours that fit with what I needed at as far as child care. So those benefits outweighed the lower pay for a long time.”*

Interviewees suggested being able to do home visits in pairs, especially for potentially unsafe or crises. The exit interviews underscored the importance of working as part of a “team”. An interviewee who was the sole home visitor in her county described her isolation,

*“I didn’t have anyone whom I could go to and ask, ‘I have a situation with this family, and made a referral to mental health but what else can I do?’ Having someone to reflect with, and say, ‘I already did this. What else can I do? Do you think that’s good enough?’ Then having someone to say, ‘I would have done the same thing or you could try this.’ That would have helped having somebody else to reflect with.”*

Interviewees indicated that reflective support, pay, benefits, and position flexibility were all tangible factors that helped them feel valued in their work. However, the exit interviews further revealed a deeper desire to be appreciated for the hard and important work that they do with the most vulnerable families in our society. In summary, the exit interviews indicated that a flexible, multi-layered approach to retention is needed to help home visitors feel valued and supported in their work.

## Exit Interview Summary & Conclusions

In sum, while a small number of home visitors left their positions for personal reasons, most decided to leave because of program demands and organizational constraints. 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:

- Perception of increasing paperwork and emphasis on “numbers” (specifically, around quotas for numbers of visits and families);
- Lack of support both at the administrative and/or program management levels;
- Need for greater support at the supervisory level, especially for reflective supervision;



- Low agency and/or administrative inflexibility (around hiring, pay/career advancement, scheduling).

Participants also suggested a number of things that they believed might help with retention in the workforce, such as:

**1. More Reflective Support**

- Consistent and available reflective peer and supervisory support;
- Leadership buy-in and understanding of Home Visiting; and
- Access to mental health and infant mental health consultation (support for both parents and children and home visitors).

**2. Greater Organizational Flexibility;**

- Streamlining paperwork and required reporting recognizing this is sometimes a function of funding, model, and organizational requirements;
- Flexibility around working part-time or four 10-hour days;
- More flexible approach in basing number of monthly visits on family need, not just program requirements;
- Openness to home visitors working in pairs or a team, especially for families in crisis or unsafe situations; and
- Rather than more training, increased time and opportunity to practice what they are learning in trainings, like with the models of FAN and NEAR@Home.

**3. Broader Organizational and Community Understanding and Appreciation of Home Visiting.**

- Increased pay and opportunities for advancement;
- Transparency in hiring around “*social service*” nature of working with high-risk populations; and
- Respect for home visiting as a valued and challenging profession, not just “*working with babies*.”

## PART FOUR: BIG 3 Design Workshop Evaluation

### Big 3 Design & Methods

The evaluation activities for the Big 3 Design workshops focused on understanding participant experience of the human-centered design process specific to engaging the workforce and relevance to their work, and less on participant training and implementation experience as with the previously described models. Following Workshop completion, PSU evaluation staff conducted a Post Big 3 Design Workshop survey (n=38) and interviews with home visiting staff (n=8). Surveys were developed and reviewed in conjunction with DCYF partners and the Region X Evaluation Committee. Items included participant experience of the workshop with a focus on being part of the human-centered design process. Semi-structured, one-on-one phone interviews were conducted after each of the Big 3 Design Workshops. Two participants *from the home visiting field* were randomly selected from each state's workshop and invited for interviews. **Three** home visiting supervisors and **five** home visitors participated in the interviews. Interviews were reviewed using standard methods for content analyses, and descriptive statistics were used to summarize survey findings.

### Big 3 Results

**Research Question 1: What was it like to be part of the human-centered design process for home visiting staff?**

The feedback on the human-centered design process was extremely positive. All of the interviewees reported that the participatory, human-centered design of the workshop was effective. They enjoyed its interactive approach that encouraged and allowed participation from all attendees. They reported that their input and ideas were heard and valued. *"Mutual respect"* between the facilitators and participants helped attendees feel comfortable in sharing. Some of the interviewees also explained that it was helpful that they did not know the details of the workshop ahead of time or who the other participants were. As a result, they did not come prepared with ideas or feel intimidated by other participants.

Several of the interviewees expressed relief that the workshop was not designed to be a lecture providing data or information, and felt valued by the process that elicited their own experiences and expertise. Most indicated that they had received at least some training in *"the basics"* of the nature of mental health, substance abuse and/or IPV.

Instead, they felt that their time was well spent engaging in the facilitated process and they left with some actionable ideas they could take back and use right away. They were enthusiastic about the creative approach of the workshop and described it as *"refreshing."* They welcomed the opportunity to brainstorm and think outside of the box, especially about topics as heavy and complex as those linked to the 'Big 3'. One interviewee described it as a paradigm shift that emphasized *"why"* rather than *"how"*. She felt this approach was more consistent with home visiting, which is more about the *"story"* between the home visitor and family than numbers. As one supervisor commented, *"I appreciated the opportunity to start thinking about learning opportunities ...that will help home visitors deal more*

*effectively with the families they serve who experience the Big 3... the tools, capacity, and support they need so the Big 3 doesn't become something that overwhelms the work that they do...."*

The workshop facilitators were key to engaging participants in the human-centered design process. All of the interviewees expressed appreciation for the facilitators. Specifically, they noted facilitators were skilled, energetic, and supportive. They reported that they did a good job laying the groundwork for brainstorming and gently and respectfully moved participants along. Some noted that it was helpful that the facilitators were not from the home visiting field and had no biases or agenda around the Big 3.

### Research Question 2: How did engagement in the design process influence their perceptions of the usefulness of or their motivation to implement changes to address the Big 3 issues?

Interviewees reported that participation in the design process empowered them to think about and approach the Big 3 in a new way. One home visitor commented, *"We had opportunities with some of the things we did, like ideation while deferring judgement. That approach empowered us as home visitors to talk about the Big 3 in a different way."* Participants indicated that they enjoyed and appreciated the exercises in the workshop that encouraged them to think creatively and outside of the box about such heavy topics such as the Big 3.

The interviewees noted several ideas from the workshop that they found useful and had already started implementing in their programs. Several were related to the secondary trauma home visitors may experience in addressing the Big 3 and the importance of self-care. Interviewees pointed out that it is important to create a trauma informed workplace to provide the support staff need in working with families experiencing the Big 3. Specifically, they expressed excitement about ideas that emerged in the workshops such as a self-care treasure box, yoga, or taking time in staff meetings to check-in with home visitors on how they are feeling. One home visitor remarked, *"If we don't take care of ourselves, we get compassion fatigue, lose staff... When we have difficult topics to address, to start with an exercise, like the 'Iceland exercise'... help[s] us approach the issue differently and think more creatively about it, instead of focusing on how hard it is."*

Participants also reported that they were motivated to implement ideas from the workshops related to addressing the Big 3 with families. For example, the *"I wish, I love, I wonder"* concept was mentioned as an effective way to open up communication with parents. One supervisor discussed how the workshop affirmed the need to have conversations with families about the Big 3 sooner, and not waiting until there is a crisis. Similarly, a home visitor said that the workshop made her realize that she does not need to be afraid to ask families about issues connected to the Big 3. As she said, *"I realized I don't need to fear stepping on their toes."* One of her next steps was to talk with her families about the workshop.

There were some ideas from the workshops that interviewees thought were important for the home visiting field as related to the Big 3 that would be more difficult to implement. For example, several mentioned the importance of being able to address the impact of Big 3 trauma on children, however, felt this would be difficult for them to do. Another frequently mentioned idea was the need to design effective data systems and technology or phone apps to maintain up-to-date resources. For these ideas, interviewees emphasized that collaboration at all levels (home visitors to state-level MIECHV staff)

would be needed to follow-up on next steps from the workshops. In closing, it should be noted that the interviewees expressed a desire for workshop ideas to move forward and not be “*put on the shelf*”. They were eager to continue and apply the approach presented in the workshops to their work with families experiencing the Big 3.

***Big 3 Survey: Participant Satisfaction with Big 3 Design Workshops***

At the completion of the Big 3 Design Workshops held in the fall of 2018, participants were given an opportunity to fill out a survey to provide feedback on their experience. There were 39 respondents overall across the four states. Results are shown in Table 11. Many participants reported having expertise in home visiting, with smaller numbers reporting backgrounds in public health, mental health, substance abuse, and interpersonal violence. The largest proportion of participants identified as Home Visitors, followed by home visiting supervisors and Program Managers/Directors, with a handful of participants’ in a variety of other professional roles related to the Big 3 (e.g., “content experts”).

Overall, participants reported very positive feelings about their experiences at the Big 3 Design Workshop. Almost all respondents (98%) felt that facilitators were skilled at guiding the group, felt safe to share their thoughts, opinions and experiences, and that everyone’s ideas were valued regardless of their role. Similarly, almost all of the respondents (95%) reported that they were engaged during the workshop and that the content covered and workshop process were relevant to and grounded in the Big 3. There was a high level of agreement that the workshop processes provided opportunities to generate new ideas and strategies, including ideas to strengthen how direct service professionals’ work with families experiencing the Big 3. While most people agreed (98%) that their participation helped move ideas related to the Big 3 forward, just over half (51%) of respondents felt strongly that this was the case.

Participants strongly agreed that there was value added by including direct staff in the process of developing new strategies to serve families experiencing the Big 3, a critical component and underlying rationale for the human-centered design approach.

Table 11. Big 3 Design Workshop Survey Responses (n=39)

Please rate your experiences at the Big 3 Design Workshop. <sup>49</sup>	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The facilitators were skilled at guiding the group. Mean=3.77	3%	-	15%	82%
b. I felt safe to share my thoughts, opinions, and experiences. Mean=3.82	3%	-	10%	87%
c. I felt interested and engaged during the workshop. Mean=3.67	3%	3%	21%	74%
d. I felt everyone's ideas were valued regardless of their role or title. Mean=3.87	3%	-	5%	92%
e. The content covered or activities of the Design Workshop were relevant to the 'BIG 3'. Mean=3.59	3%	3%	28%	67%
f. I felt the process was well grounded in the Big 3 related issues. Mean=3.39	3%	3%	47%	47%
g. I felt that I had opportunities to generate ideas before focusing on specific solutions. Mean=3.74	3%	-	18%	80%
h. New ideas or strategies were generated through activities facilitated today. Mean=3.67	3%	-	26%	72%
i. I felt that my participation today helped move ideas related to the Big 3 forward. Mean=3.46	3%	-	46%	51%
j. I think the ideas generated could help strengthen how direct service professionals (including home visitors) work with families experiencing the Big 3. Mean=3.67	3%	-	26%	72%
k. Having the opportunity to share my ideas today makes me feel valued as a professional. Mean=3.62	3%	3%	26%	69%
l. I think it is important to include direct service staff (including home visiting program staff) in the process of developing new strategies for meeting the needs of families with Big 3 challenges. Mean=3.85	3%	-	8%	90%

## Big 3: Conclusions and Recommendations

Feedback was extremely positive and facilitators were skilled in involving and eliciting feedback from participants. Participants appreciated the opportunity to think creatively about issues and engage in activities that empowered them to talk about Big 3 in a new way, as well as the design of the workshop with brainstorming and activities - not lecture format with statistics and info. Nearly all interviewees had ideas (more around activities) that they were taking back to implement in their programs. Given the receptive responses to the human centered design process, it may be useful in the future to be used as a methodology for collaboratively exploring how to address challenges faced by home visiting staff, and specifically, in the continued 'Big 3' work in Region X.

Some noted they would like increased participation by home visitors and frontline staff (need clearer communication as to nature of workshop, what Big 3 are, and who is being invited to attend). The workshops highlighted the importance of self-care to address secondary trauma experienced by home

<sup>49</sup> Based on scale responses from "Strongly disagree" = 1; "Disagree" = 2; "Agree" = 3; "Strongly agree" = 4.

visiting staff and more work needed in this area. Finally, the importance of all levels working together – from program level, to state MIECHV level was also highlighted. Home visiting staff desire to have higher-level collaboration, so that ideas move forward and do not fall away.

### Big 3: Implementation Successes, Challenges, & Lessons Learned

The Big 3 workshops were seen as highly successful in creating a process that engaged home visitors as meaningful participants in brainstorming and creating ideas. One stakeholder noted, *“It’s empowering for them to be creating ideas that are eventually for their benefit”*. This perception was reflected in the comments from workshop participants as well. By far, the biggest challenge related to implementation of the Big 3 Workshops were related to timing and recruitment. Several stakeholders mentioned that by the time the Big 3 Workshops were being implemented, there was a definite sense of *“implementation fatigue”* after having put tremendous energy within each state to get the FAN and NEAR@Home training models up and running. Having a longer overall project timeline would have helped with this challenge. That said, they noted that not trying to do everything at once was important. Another challenge related to recruitment was being able to clearly communicate to potential participants what the sessions would be like and what the participants’ role would be, with most of the state leads having little familiarity with the human-centered design approach. Finally, several noted that during the workshops the focus was so explicitly directed at home visitors’ experiences that some of the *“content experts”* who were invited seemed unclear as to their role. It was suggested that, in hindsight, it might have been better to think about a different way to bring in that content expertise to the discussions.

## PART FIVE: Learning from a Regional Approach to Workforce Support –Results from Lead Agency and Partner Interviews

One of the innovative aspects of this grant was the implementation and scale of these activities through regional, 4-state approach to supporting the home visiting workforce. While not originally a specific evaluation question, the strengths, benefits, and lessons learned from this unique 4-state partnership were an important aspect to document through the evaluation as it related to implementation. To do this, telephone interviews were conducted with the state leads from each of the partnering states (2 from Washington; 2 from Oregon; 1 from Alaska, and 1 from Idaho). These interviews focused on understanding the process and expected outcomes of implementing the FAN, NEAR@Home, and Big 3 from the perspectives of these state partners. Below we summarize the key findings from these interviews.

### Regional FAN Implementation: Lessons Learned

State leads noted several key successes in implementing the FAN trainings:

- Willingness of state leads across all states to “*do what it took*” to get things rolling under very tight timelines;
- The strength of Cooper House, both in the quality of the trainers hired and in their ability to manage complicated cross-state logistics and communications;
- Level of interest across state home visiting programs in engaging and participating in the FAN trainings.
- The willingness of all partners, including Erikson, Cooper House, State Leads and PSU to meet on an ad hoc basis to address programming and communication lessons learned along the way.

At the same time, the relatively short project timeline was seen as creating a number of challenges. Most frequently, leads indicated that the first training groups were a “*learning experience*”. They realized that it would have been helpful to have more time to understand and be able to articulate the purpose and expectations for involvement in the FAN training and coaching. The short timeline for recruiting home visiting programs for the initial FAN cohorts, coupled with the lack of clear understanding and communication between state leads, Erikson, and Cooper House, led to some confusion and not having a full understanding of the ways in which this approach to training was different. Specifically (as was reflected in some interviews with home visitors and supervisors) the fact that these were not “*one time*” trainings, rather that there was going to be 6 months of follow up mentoring was not universally understood. While ultimately the longer-term support was seen as extremely valuable, communication of the time commitment required to participate in the FAN training was important. This communication was considerably improved after this feedback was elicited from the initial FAN cohorts. Finally, several respondents noted that an initial 3-day training (rather than the 2-day training) would have been preferable, given the amount of information that needed to be covered.



Another key lesson learned in supporting successful implementation of the FAN was that state leads came to better understand that for FAN to be successfully sustained by programs, it would have been helpful for FAN Trainers to have a better understanding of the state and program contexts. State leads expressed that in hindsight, it would have been valuable to build in more time for state leads to work with the FAN Trainers prior to doing the trainings to help the trainers understand the program models that were included in each cohort, as well as the broader state context around home visiting program support, culture, and other factors.

## Regional NEAR Implementation: Lessons Learned

Key successes that were mentioned related to the Steps for NEAR@Home in terms of the regional rollout included having the model co-developer provide an initial “*introductory*” training and facilitation for the evaluation team and other state stakeholders. This one-day training helped these key partners to understand the model more deeply from the beginning, as although some of the WA partners were familiar with the model, it was relatively new to others. Stakeholders also mentioned that it was a quick process for hiring and training state facilitators, and went well. Some stakeholders expressed their enthusiasm for the tremendous efforts in this project to take a developing learning approach and “*move it to the next level*” in terms of expanding ways to implement the approach more systematically and widely across Region X.

The primary challenge and lesson learned for Steps for Learning NEAR@Home was related to communication, and specifically to challenges in terms of communication between NEAR facilitators/co-model developer and state leads. As one pointed out, “*It was harder to know what was happening with NEAR@Home because facilitators worked one-on-one with [home visiting] program leads....FAN trainings were more public*”. It was also noted that more centralized or systematic ways of communicating between NEAR facilitators, Thrive, and state leads would have been helpful. Stakeholders also mentioned that while there was considerable initial interest in NEAR@Home, recruitment was somewhat slower and generating interest in the NEAR learnings was seen as more difficult than was the case for FAN. In moving forward, stakeholders mentioned that developing a robust “*train the trainer*” approach for NEAR might be a useful strategy.

## Regional Approach to the Workforce: Lessons Learned

### Successes

State leads noted a number of key successes and strengths related to taking a regional approach to workforce development. First, they noted the benefit of having an opportunity to bring state home visiting leads together as a learning community, which several mentioned was not something they anticipated as a benefit. They noted that while many MIECHV projects and services are being implemented across the country, that there was relatively limited opportunities for state partners to really share and deeply learn from each other. There was acknowledgement that the Governance Committee developed a strong sense of collegiality:

*“To do this much in such a short time was overwhelming, but there was a spirit of collegial respect and care for each of the states involved. There was a sense of community. It was absolutely collaborative and not at all one person or one state coming out on top.” (Stakeholder)*

One of the two less populated state leads also noted that this opportunity brought resources that they thought would not have otherwise been available, especially in a state with limited supplemental resources for workforce support. Another noted that it was helpful for the group to develop a shared recognition and appreciation that the challenges experienced by the home visiting workforce were similar across states, contributing to a sense of shared purpose in developing ways to address these challenges. At the same time, the two less populated states also had a smaller home visiting workforce, and one stakeholder wondered if this might have resulted in challenges for recruitment because of the multiple requests to a limited number of programs in a relatively short period of time.

Another key success described was the shared opportunity to engage in “*ongoing learning along the way*”, and in particular, how using emerging data from the evaluation contributed to a spirit that the group was working together to continue to improve implementation as FAN and NEAR were implemented across states. While not intentional, the process of staggering the rollout of the FAN and NEAR training groups (i.e., implementing each in one or two locations over time) was noted as being effective in supporting ongoing training implementation improvement as the project evolved.

In terms of the regional structure, the key role of the Governance Committee, the use of focused subcommittees for various aspects of the work, and the development of explicit communication plans and decision-making processes were seen as key to functionality of the regional approach.

## Challenges

Not surprisingly given the large and ambitious nature of the project, the biggest challenges that state leads described were related to communication and the need for significant investments by state leads in terms of their time. While the communication plan was described as a key success, partners noted that in hindsight they would have done the plan earlier, and that while communication within the Governance Committee was strong, sometimes communication with the model developers and/or with the broader field was more challenging and complex. Two states had relatively limited (or no) paid time for the state coordinators to participate in the regional effort (one state chose not to dedicate FTE to this position; the other had challenges hiring staff for this position), which in hindsight was a lesson learned – having key staff who have dedicated FTE and capacity to engage in the complex communication and in the frequent (albeit necessary) meetings was seen as critically important to making the regional approach work.

In hindsight, state leads recognized that their plan was highly ambitious in terms of the number of training models being implemented and also the time needed to ensure strong communication and participation in governance – and noted that ideally, a longer planning period would have been extremely helpful (although not possible given the 2-year time frame for this funding). Logistically, the length of time it took to establish contracts was also described as a challenge, although again, this related to the time pressure of the relatively short project funding period as much as to the difficulty

negotiating contracts across state agencies. At the same time, having a single state agency responsible for doing the contracting and maintaining oversight of the contracts was seen as valuable. In general, having more time, and considering rolling out a single intervention at a time (rather than, in this case, trying to implement FAN and NEAR at the same time across multiple states) would have allowed more careful planning, communication, and help to reduce the burden on both state leads and programs. As one noted, *“we communicated with each other really well, but it was much more time consuming than we expected”*.

### Regional Sustainability, Cultural Adaptations, & Next Steps Moving Forward

State leads reflected on what they felt would be important for sustainability and next steps for the region’s workforce. Several noted the need to move more deeply into work to enhance the cultural responsiveness of the FAN and NEAR models. For example, several stakeholders noted that it would be useful moving forward to do deeper exploration of the cultural appropriateness of the use of, and approach to, ACEs taken by NEAR. One mentioned that bringing in NEAR Facilitators who were bilingual/bicultural would be critical to this work. While it was greatly appreciated that FAN materials were translated into Spanish, and that one of the FAN Trainers was bilingual/bicultural, several again noted that in moving forward it would be important to better document and address systematically how the FAN approach could or should be adapted to better meet the needs of staff working with culturally and linguistically diverse families. Opportunities to learn and hear back from staff who work with these communities about what adaptations might be important were noted as an important next step.

In terms of sustainability, states had different perspectives on the ways that work could be maintained and/or expanded, mostly based on substantial differences in the availability of additional funding for workforce support. Two states noted that there was little to no funding available to continue to provide trainings or support for either NEAR or FAN, and noted that even with *“train the trainer”* approaches that sustainability would be challenging. For FAN, having all the trainers centrally located at Cooper House was seen as a challenge to sustainability, while having state-embedded local NEAR Facilitators was seen as providing an easier route to continuing with NEAR supports. States seemed to differ in regards to which approach (FAN or NEAR) they felt would be more sustainable in their region, with some noting that it would likely be easier to maintain NEAR because of locally trained facilitators (Idaho, Washington) and others noting that this would be more challenging.

Almost universally, state leads noted a desire to provide some additional way to follow up with home visiting programs that had participated in the training models. Ideas for this included:

1. Creating a community of practice within the state for FAN and/or NEAR that would include the home visiting programs that had participated;
2. Developing on-line training modules that LIAs/home visiting programs could use with new staff;
3. Providing a one (or more) day of FAN training specific to supervisors to enable more supervisors within and across LIAs/home visiting programs to have this training;
4. Creating another *“light touch”* follow up (by Cooper House) that could be provided to participating home visiting programs (although what this would look like was not yet clear);

5. Building in FAN training to new staff training that is provided by various home visiting models/programs (for example, adding it to core training for Oregon's Healthy Families new staff trainings).

Stakeholders also were in the process of working within their states and with the regional governance structure to identify ways to tap into other funding sources that could support FAN, NEAR or both moving forward.

In terms of the Big 3 Workshops, next steps include moving on to prototype development and testing. At the time, these interviews were completed; state leads were looking forward to having the results of the workshops shared out with them and with the field as a critical next step. Some expressed hope that the ideas generated during the workshops would have a *"ripple effect"* when participating staff brought ideas back to their local teams and workplaces, noting that the process itself was the most valuable part of this component of the Innovation Grant. At the same time, it was acknowledged that to really take the ideas generated at the Design Workshops to the *"next level"*, it would take proactive investment of both time and funding to identify next steps and create a plan to move forward.

Finally, interviews asked stakeholders to share any advice they would give to other states or regions interested in doing this kind of work. Responses converged on four major areas:

1. **Recognize how much time the work takes** and dedicate enough staff time and effort for the complex coordination and communication.
2. **Recognize that doing a regional approach requires attention and time to developing relationships among the state partners**, which was seen as a key to the success of this project.
3. **Start slowly and take an explicitly learning-oriented approach** that includes sharing data, experiences, and lessons learned along the way.
4. **Use data and results to build excitement *"in the field"*** and find multiple ways to communicate with program teams, staff, and partners along the way.

# Evaluation Successes and Challenges

## Successes

Like the training models themselves, the evaluation work evidenced important successes as well as some challenges. In terms of strengths, feedback from partners suggested the following:

1. **The work done to create effective partnerships and communication** with state leads, the Governance committee, model developers, and state trainers and facilitators. This contributed both to the design of the evaluation itself (for example, ensuring that the outcome tools and other instruments reflected the most important aspects of the training models) and to the successful ability to manage and collect data across multiple states, training groups, and home visiting teams.
2. **The flexibility of the evaluation team to adjust timelines** and align data collection and reporting to the ongoing roll-out of the FAN and NEAR@Home training and coaching.
3. **The effort to ensure rapid turnaround of data summaries**; in particular, providing immediate access to qualitative results of FAN and NEAR@Home training evaluations and providing more detailed summaries with 30 days of training completion. This access was given to the Region X evaluation committee, training staff, model developers, and other Region X committees/stakeholders as requested.
4. **Supportive efforts by the evaluation team to minimize burden on participants**; and, in cases where trainers or other partners were asked to support data collection, providing guidance and support for this work.
5. **Responsiveness to requests for information by key partners** for use in a variety of ways to support and expand the Innovation work.
6. **The formative approach and design was noted as a strength of the evaluation.** The fact that this approach was supported and encouraged by federal and state funders enabled evaluation work that was well aligned with the ‘innovative’ spirit of the grant and could help support improvements and contribute to future scalability and replication.

## Challenges

The evaluation also experienced challenges, many of which were related to the multi-state, multi-program approach and the large number of partners and stakeholders involved in some aspect of the evaluation. In particular, the following challenges were noted:

1. **Communication, and the resources and time needed to ensure good communication at multiple levels, was seen as challenging**, especially as the communication systems were being established (per Key Stakeholder interviews);
2. **The large number of Institutional Review Boards (IRBs) that were required across the various states and programs was unanticipated and required substantial investments of time by the evaluation team.** In all, a total of eight (8) IRBs were required (plus a Data Sharing Agreement with the Butler Institute for Families), as well as ongoing coordination of materials, documentation, and

procedures to ensure compliance with varied interpretations of the nature of the research. One IBR required updated materials at regular intervals throughout the evaluation.

3. **There were multiple intended audiences for evaluation reporting and findings.** Because there were multiple stakeholders (state leads, federal funders, model developers, trainers, and home visiting program participants), finding the right “tone” and level of detail for evaluation reports and other communications was sometimes challenging. These efforts often required multiple versions of documents, review of materials, and communications to ensure information was conveyed in the most appropriate way to various audiences. These processes often slowed down the flow of the work.
4. **Difficulties arose from the complex and ambitious nature of the evaluation itself in terms of having multiple process and outcome data collection methods, time points, and types of participants.** While the complicated nature of the training models being implemented called for a responsive and multiplistic approach to data collection, the plan was ambitious and in hindsight could perhaps have been simplified or streamlined to reduce the resources needed for successful evaluation implementation and reporting.
5. **Small sample sizes limit interpretability for some subgroups.** Finally, it should be noted that although the evaluation was generally successful in achieving high response rates, the final sample sizes were such that some quantitative analyses for specific subgroups were either not possible, or were limited in terms of generalizability and level of confidence in findings because of the relatively small sample sizes. While important to collect and process extensive qualitative data given the level of maturity of the training models, resources in future research efforts focused on improving sample retention and longer term follow up would support more robust outcome-focused inquiry.

## Overall Project Conclusions, Implications & Recommendations

The Region X Workforce Innovation Grant was a complex approach to providing workforce supports to home visiting programs across four large, geographically and culturally diverse



states, utilizing a wide variety of home visiting program models. Taking the regional approach brought together agencies and organizations –many of whom had not worked together previously – who were able to achieve tremendous success within a relatively short time frame. **Major project successes included:**

- Creating an effective, productive, and valuable regional governance, communication, and project oversight structure;
- Successfully implementing and evaluating two major workforce training/support approaches across 31 organizations and 6 home visiting program models in four states that included intensive training and also extended periods of follow-up with mentoring and coaching to ensure implementation;
- Engaging 291 home visitors, supervisors, and other staff across the two approaches;
- Building capacity at the state and regional level for subsequent training and support through a “train the trainer” process that yielded 4 FAN Trainers and 5 NEAR@Home Facilitators;
- Enlisting 38 home visiting staff and content area experts in a human-centered design process that provides 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, and interpersonal violence;
- Providing flexibility and support to FAN Master Trainers to adapt approaches to local culture and, in some cases, to better meet the needs of Spanish speaking home visitors and families;.
- Supporting further development, refinement, and systematic learning about the NEAR@Home approach, helping this model make substantial advances towards becoming a more systematic and potentially replicable model for training and supporting home visitors.

There was preliminary evidence of positive outcomes based on the trainings, and in particular related to the FAN model. While the design of the evaluation did not allow for causal inference, there were statistically significant or near-significant changes over time in home visiting staff reports of two key short term outcomes that were conceptually and theoretically linked to participation in FAN, including:

- **Improvements in skills specifically related to the FAN model, especially for some subgroups of staff**, such as being responsive to ‘parents cues, being self-aware of their own emotional states,



and working with parents to help them recognize their own feelings and challenges before moving to problem solving;

- **Improvements in staffs' mindful self-regulation skills**, such as improved self-awareness of emotions and improved insights into personal motivations for behaviors and feelings.

In addition, participants in FAN trainings reported changes over time in some key aspects of organizational functioning that were theoretically linked to the increased use of regular, reflective supervision required during the coaching and follow up period for the FAN training model, including:

- Increased perceptions that the organization was professionally and personally supportive, providing a **positive working climate**;
- **Some evidence for increased quality of supervision** received by staff.

It also appeared that some key characteristics of staff (e.g., education level), programs and organizations influenced the extent of change in some outcomes from the initial training day to the end of the 6-month coaching period, although small sample sizes dictate caution in interpreting these findings as other than preliminary. That said, it is worth noting that staff with more education and who self-identified as white showed somewhat more change over time in FAN-related skills; these staff started out with lower levels of Fan-related skills compared to others.

Additionally, longer term outcomes related to work stress, burnout, and self-efficacy appeared to be related to staffs' initial levels of reflective self-awareness and emotional reactivity, as well as to their perceived quality of reflective supervision. In particular, FAN participants with lower mindful self-awareness, more emotional reactivity, and less reflective supervision appeared to decrease their feelings of burnout/emotional exhaustion and increase their feelings of work-related accomplishment. This may suggest that these staff, who arguably need more help in coping with job-related burnout and stress, benefit somewhat more in these areas from participating in FAN.

While outcomes for participants in NEAR@Home were less likely to reach statistical significance, there is preliminary evidence for changes that are in alignment with expected outcomes. For example, there were improvements in NEAR-related specific skills that approached significance, and there were significant skill improvements for staff with Bachelor's degrees and for those from NFP programs. It may be that those with more formal education are better able to incorporate the skills and techniques supported by NEAR@Home. Clearly, increasing staff skills related to addressing ACEs with families, doing the ACEs questions, and being mindful and self-regulating while discussing ACEs with families are the key short-term skills that NEAR@Home was designed to support. Given the phase of development of the NEAR@Home Learning model, it is perhaps not unexpected that longer-term outcomes related to burnout, self-efficacy, and organizational and supervisory supports were generally not changed. One exception to this was that, as was the case for FAN, NEAR@Home participants who reported initially lower levels of reflective supervision also reported more improvements in work-related stress, job-related burnout (emotional exhaustion) and feelings of job-related self-efficacy.

Feedback from the qualitative study suggests that the content of the NEAR@Home training may not have included the kinds of explicit practice and training in developing mindfulness and self-regulation skills that may be needed to effect these outcomes. Further, unlike the FAN model that explicitly

required ongoing close supervision and discussion of FAN concepts and use of self-assessment and other tools to support implementation, these kinds of implementation support strategies have yet to be systematically designed for NEAR@Home. NEAR@Home, being at an earlier stage of development, may want to consider incorporating some more content and focus on these supportive skills (mindfulness, reflective supervision) as well as tools for supporting implementation, as the model develops.

Interestingly, for NEAR@Home participants, staff perceptions of the extent to which their organizations had a *“learning culture”* decreased over time. Reasons for this are unclear and warrant further exploration; it may be that over time staff become more aware of what having time for shared learning can look like given the shared professional learning around these two models and that their initial organizational rates were inflated.

Quantitative outcomes for both models were modest; this finding aligns with qualitative data suggesting that the 4-6 month coaching and support period may not have been long enough to allow staff to have the ongoing opportunities to practice new skills and to receive feedback and support around trying new approaches with families. While interviews with home visitors and supervisors suggested a number of great successes with implementations, and stories of changes in how staff felt about themselves and their work with families, as well as insights into the possible impacts on families, implementation was not without challenge.

In terms of successes, FAN participants described several specific model elements as particularly helpful to them, such as the use of “ARC” questions to structure the visit (opening, mid-point, and end of visit), as well as specific questions that they felt helped both the parent and themselves to step back from the *“crises of the moment”* and think about their child’s experience and their parent-child relationship. A major “A-ha” moment across a number of staff was the emphasis of the FAN approach on the role of the home visitor as a supportive, empathic listener, rather than *“fixer.”* This message was repeated time and again by home visitors who participated in FAN, and may be a central driver of benefits of the model for reducing job-related stress among staff.

NEAR@Home participants also noted several key aspects of the model that they felt were particularly helpful to them. Most frequently, staff described their need for the additional support provided by NEAR@Home in bringing up and discussing sensitive and challenging issues with families. For many, the notion that they could bring up these topics, create space for the parents’ to explore their feelings, and maintain their own personal emotional regulation was a new way of thinking about this aspect of the work. A number also reflected that the process of doing this with parents, in a supportive and safe way, helped to deepen their relationships with the parents in a new way. Finally, staff noted that having more insight into the family’s trauma history helped them to be able to better understand families’ behaviors (especially behaviors that previously had been seen as *“difficult”* or *“non-engaged”*, such as missing visits, being emotionally distant/disengaged during visits) and to not take these behaviors as a sign that they were doing something *“wrong”*.

At the same time, both FAN and NEAR@Home participants reported challenges, and especially during the initial follow-up period, described instances of increased stress related to feeling pressure to

implement the models, and feeling unsure of their own capacity to do either model with competency. The support of the trainer/facilitators for supervisors working with staff was noted as key to helping supervisors create opportunities for staff to reflect on their attempts without feeling they had failed. Programs in which supervisors were able to integrate the new strategies and help home visitors see how it connected to existing program curricula and approaches seemed to have somewhat more success in helping staff to go from this initial implementation-related stress to feeling competent in their new way of working with families.

That said, the most frequent feedback provided by staff when asked what they would change about either model was the desire for more ongoing coaching and mentoring, as well as for “*refresher*” trainings after the 4-6 month coaching period. While this coaching and follow-up was seen as critically important, staff clearly felt that more would have been useful to them to solidify their skills. Interestingly, at the early stages of training implementation, the idea that there would be a fairly intensive follow up and mentoring period was somewhat unexpected, leading some to feel initial frustration about the amount of time and effort that would need to be invested by the home visiting teams after the initial training. This response, however, generally diminished over time.

### Recommendations for Sustainability, Future Model Development and Research

As described previously, efforts to support both sustainability of practices within the participating home visiting teams and programs, as well as efforts to expand and sustain the FAN and NEAR@Home models more broadly across the states and region are underway, although to somewhat different extents for states. Recommendations based on evaluation findings include the following insights described below.

*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 the communities of practice;
2. Developing and implementing methods for training new supervisors and staff within the programs that participated;
3. Developing a systematic follow up strategy to create “*retraining*” touchpoints with programs, and doing planned implementation follow up support to ensuring new practices related to implementing the FAN and doing NEAR visits are continued;
4. Considering tools and/or data collection that could help monitor ongoing implementation in a way that could support targeted implementation support in programs that are having more difficulty sustaining new practices;
5. Convening and supporting program and agency leadership training on the models and on the level of supervision and supports needed for programs to monitor implementation and create a “*culture of change*” that is in alignment with the model practices that can outlast staff turnover challenges;

6. Working with the national home visiting models to integrate FAN and / or NEAR@Home strategies into their core training and curriculum content.

Expansion work in the region is also moving forward, although states are differentially resourced to do this expansion work. In Idaho and Alaska, as noted previously, state leads felt that the NEAR@Home work would be more likely to be expanded given the work to ensure a trained facilitator with the state. That said, resource constraints were noted as a significant challenge in both states. Within both Washington and Oregon, however, work to expand FAN and NEAR was already being planned, and ways to leverage existing workforce supports and resources were being explored. FAN Trainers at Cooper House described several potential opportunities for doing additional trainings that had already been discussed and seemed likely to move forward. To do this expansion work will require state leadership and commitment to using existing resources to support more training and coaching opportunities such as those provided by this federal funding opportunity. It may also be the case that some local programs and partners seek funding and/or invest resources that can take advantage of the work stated here. For example, in Oregon, a local funder has expressed interest in working with Cooper House to provide FAN training to more home visiting programs across selected areas in Southern Oregon. Communication with the broader audience of funders and home visiting programs about the benefits of participating as well as the capacity for providing FAN and NEAR@Home more broadly may be an important next step to creating more opportunities for future expansion.

#### Future Work to Support Cultural, Linguistic, and other Adoptions

While qualitative interviews with home visiting supervisors and staff reflected relatively few specific adaptations to meet the needs of culturally diverse home visiting staff and families, the need for deeper work to “unpack” areas where this work may be needed was noted. In particular, future work in this area might gather information from family members who represent different cultural and ethnic backgrounds that could help identify places where the approaches need to be adapted to be more aligned with cultural values and practices. There were relatively few home visitors who themselves reflected African American, Latinx, Alaska Native, American Indian, or other communities of color. Therefore, the feedback accumulated in this study predominantly reflects the views of workers who self-identify as from a white dominant culture and thus provides a limited lens for understanding how to better meet the needs of families and workers of color. Taking the time to more systematically obtain feedback and input from these communities in developing culturally adapted version of both FAN and NEAR@Home remains an important area for future work. These type of culturally-specific feedback, input, and focus could also be a good next step for the Big 3 human-centered work. For example, similar workshops that were explicitly designed to engage culturally-specific staff and/or families to work on these challenging concerns could help to elevate important information for strengthening practices in working with families of color who are impacted by domestic violence, substance abuse and/or mental health.

#### Future Areas for Research & Evaluation

Future research and evaluation for the FAN and NEAR@Home will be important to continue to strengthen and improve the models and to solidify the evidence base for their effectiveness. For FAN, evaluations that can more systematically tests various versions of the training and follow-up coaching would be an important next step to develop a deeper understanding of what intensity and duration of

both in-person training and follow up coaching and support are needed to yield meaningful and sustained changes in worker practice and, ultimately family outcomes. Studies that follow trained staff for longer periods of time are also needed to examine sustainability of knowledge and practice changes, and to assess potentially longer-term outcomes such as whether hypothesized benefits for reduced staff burnout and turnover are achieved. More rigorous evaluation approaches will also help to solidify the evidence base. Because the design of the current study was formative and implementation-focused, rather than weighted towards outcomes and impact, the design was such that internal validity to draw causal conclusions regarding the outcomes that were documented were limited. Specifically, the study relied on pre-post assessment of changes linked to theoretically derived questions and constructs; however, no comparison group was used. Especially for the FAN model, more rigorous outcome evaluations will be important to strengthen the internal validity for drawing causal inferences about the effectiveness of the strategies for impacting the workforce.

For NEAR@Home, it will be important for model developers to use the findings of this evaluation to continue to strengthen the model strategies for training and support so that desired short-term benefits are achieved and can be documented. Additional research that can help to evaluate and inform these model improvements and which can contribute to ongoing efforts to strengthening the NEAR@Home system for implementation support will be important. Incorporating more short-term feedback loops and working with a small number of programs or teams to more systematically collected data that can help strengthen implementation would be one important approach to doing this next phase of work.

### Plan for Dissemination of Evaluation Findings

Below we outline the key avenues for dissemination of the final study findings. It should also be noted that considerable dissemination of findings related to implementation, training satisfaction, and immediate post-training outcomes occurred throughout the course of this project. Further discussion related to how to best disseminate findings to the home visiting field will take place at an upcoming June 2019 Summit convened by DCYF in Tukwila WA.

The primary intended audiences include Region X partners, trainers, model developers, and home visiting programs/staff that participated in the project. The final study results will be shared in several ways. Three “Research Briefs” will be developed from evaluation findings, one for each of the FAN, NEAR@Home, and the “Big Three” approaches. These will be 2-4 page summaries of the key implementation and outcome findings for each Innovation, presented in a community-friendly style with high readability for a lay audience. Briefs will be disseminated, along with the report Executive Summary, to participating state partners, LIA directors, and to all staff participants in the project. A Power Point presentation and webinar will be developed and facilitated by the evaluation team in collaboration with DCYF. The presentation will be recorded and shared with the Region X partners who are unable to attend, and made available to a wider audience.

At the national level, we plan to post the Executive Summary, full report, and research briefs to the PSU/CCF website, and disseminate the summary and research briefs to the Home Visiting Applied Research Network (HARC). We will explore tapping into appropriate organizations list serves for disseminating reports and briefs. If resources are available, we also hope to submit a presentation to the National Home Visiting Summit in 2020, as well as working on developing an article for publication in a peer-reviewed journal.

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