Identifying and Exploring Emerging Practice and Policy Concerns

HARC
Home Visiting Applied Research Collaborative

April 2023

HARC has consistently served an important role in translating emerging issues into learning opportunities. We have done this by clarifying how policy and community issues impact front line practice; promoting and implementing studies to unpack these topics; investigating promising solutions to address key challenges; and disseminating new learning to the field.

Over the next five years, we will use three main methods to continue the identification and exploration of emerging practice and policy concerns.

- Regular surveys and outreach to key stakeholders and HARC members to solicit their perceptions of emerging issues;
- Partnerships with academics, national home visiting models and state MIECHV leads to expand research opportunities to dive deeper into emerging practice issues and policy opportunities, offering actionable ideas to improve program implementation and family outcomes; and
- Syntheses and dissemination of new research idea and funding opportunities through a variety of communication methods including briefs, webinars, podcasts and special topic meetings.

Emerging Issues - *Establishing, delivering and sustaining home visiting programs, like all interventions are hard work and fraught with challenges. Going forward, HARC's focus will be elevating the subset of these issues that not only challenge current assumptions and practices but also require new thinking or new structures to effectively address them. These "emerging" issues are likely to reflect current conditions that could not have been predicted as well as long standing implementation issues that have grown increasingly complex, have proven resistant to traditional problem solving techniques, and beg for new thinking or innovations to tame them.*

OUR RECENT OUTREACH TO PARTNERS

Since HARC's reauthorization in July, we have conducted six focus groups with several of our key partners including members of the HV Alliance of Evidence Based Home Visiting Models; the National Home Visiting Network which includes representatives of the national models, the National Child Abuse Coalition, HARC, ASTHVI, HRSA, OPRE, and parent representatives; members of the MIECHV Technical Assistance group; and HARC Federal project officers. While the specific questions raised in each group varied depending upon the group's expertise, all of our sessions explored emerging issues in three domains:

- **Practice -** issues related to what home visitors do and how they do it;
- **Policy** - State or Federal public policies or administrative guidelines that exert external pressure on home visiting programs and the context in which they operate; and
- **Operational issues** - staffing, funding and other factors that impact quality program management.

In the course of our discussions, we sought input on both the **challenges** home visiting programs AND the **opportunities** that exist to significantly increase the proportion of expectant and new parents who know about and receive early home visiting services.

WHAT WE ARE LEARNING

Applying an equity lens in examining all of the challenges facing the field is essential.

Virtually every conversation regardless of stakeholder group or observed challenges referenced the need to examine both the problem and potential solutions with an eye toward how implicit and explicit bias has shaped the evolution of home visiting practice and the context in which programs operate. While extended research has been done on how provider bias can impact the health care a person receives, for example, we know little about how unequal or bias treatment from a home visitor impacts program outcomes. Do workers view the problems of families different if they are Black or BIPOC? What bias do workers have? Disaggregating outcomes by race can highlight differential outcomes but it does not let you know how *different* the home visiting experience is for different subpopulations. Elevating our consciousness on racial disparities and differential treatment based on participate characteristics and resources needs to be built into all of HARC's exploration of emerging issues.

Most of the concerns respondents mentioned are not "emerging" issues but rather long term challenges.

Focus group participants raised a wide range of long standing or "enduring" issues surrounding home visiting program delivery, replication and sustainability. Many of them are more acute today due to COVID's impact on the daily lives and routines of families but do not challenge the fundamental structure of home visiting – they reflect issues of degree not kind. That said, these issues present real challenges in doing the work and ensuring quality and effectiveness. These ongoing challenges include:

- The application of **reflective supervision techniques** for both home visitors as well as supervisors to improve program quality and staff capacity.
- Adequate, appropriate and timely **on-boarding and professional development training** for home visitors.
- **Participant engagement rates** both initial engagement and retention.
- Identifying effective ways to establish, strengthen and sustain **provider-participant relationships** in home visiting.
- **Accommodating program content** to fit specific subpopulation and community needs.
- **Improving collaboration and coordination** across agencies serving young children and their families.
- Insuring **access to effective clinical or remedial services** to address participant mental health, domestic violence, substance abuse, and physical and cognitive disabilities.
- The **impact of MIECHV guidelines** and benchmarks on program performance and the ability to respond to local concerns.

All of these are important research topics and factors that contribute to program quality. Continuing to address them by critically examining local, model and state implementation systems and guidelines will be key to improving practice. HARC's Precision Paradigm offers an important tool for the research and practice communities in examining these issues and better understanding their differential effects on specific populations and communities.

Hiring and retaining staff to deliver and manage home visiting services is the most frequently cited barrier to sustaining and growing program capacity.

Workforce development and capacity has long been referenced as a major implementation challenge in the home visiting field. Over the past two years, however, staffing shortages have become more acute across all employment categories including front line workers, supervisors, local program managers, and state home visiting personnel. Home visiting has always had a workforce issue but these issues are now being played out in a very different labor market. Workers in all professions, but particularly those in the "helping professions," have new expectations regarding what is an acceptable work-life balance. They are re-evaluating how much stress they want to absorb and how much they want to be "on call" for their clients. More money is important but it may well be insufficient to attract new staff and retain current home visitors. And significantly raising salaries with stable or only modest increases in funding for EBHV programs has implications on service capacity. Workforce challenges were cited by virtually by every stakeholder group as the key issue of the day. Specific issues raised by respondents under this heading include, among other things, worker qualifications (both education/training and lived experience), pay, career advancement, and identifying and addressing implicit bias among the workforce.

Building "Hybrid Models" or the centrality of "home" in home visiting is less clear today.

Most of the home visiting models are moving toward what they call a "hybrid model" in which some provider-participant interactions will be virtual. How this transformation will unfold is unclear – will it be based on evidence or participant preferences or provider preferences? Will it be consistent across a model or variable based on local program needs? Will the result of this transformation lead to less or more variability across home visiting models? At what point is a model so different that application of its RCT evidence is no longer relevant? Are policy makers and Congress as interested in supporting virtual visits as they are supporting home-based visits? Understanding how this new hybrid structure of "home visiting" will shape overall program implementation and, more importantly, program impacts is of high concern to those charged in developing and managing early home visiting programs.

Today's policy and community context provides new opportunities, as well as challenges, in delivering home visiting services.

Home visiting programs, like parents, are influenced by the normative and policy contexts in which they operate. Today, these contexts are less predictable and, in some instances, less favorable to giving parents (and programs) access to key recourses. Focus group respondents cited political volatility with respect to health care access and immigration policy as well as the level of public investment in a range of basic needs and social supports as issues that are shaping what home visitors can expect to offer program participants going forward. And greater awareness of the long-standing racial inequalities in health care and economic opportunities across communities

and populations have heightened the sense of urgency to use early intervention as a means to "level of the playing field" for families, particularly those of color. How home visiting programs navigate and respond to these challenges will be key in the strategy's ability to sustain and grow its impacts.

Conducting "high impact" research calls for new innovations in how studies are framed, data is collected and different perspectives are valued.

The Precision Paradigm offers an important new framework for advancing the ability to learn what aspects of home visiting works best for whom under what circumstances. It represents a major advancement over basing policy and investment decisions solely on randomized control studies of highly specified models. Beyond this structural change, however, lies two important questions: (1) how can researchers effectively incorporate participant and provider voice into their research designs, methods, measures and success indicators? And (2) how will this new body of research be used to shape policy guidelines and investment decisions? We may well find that what parents want from home visiting programs is what is currently being offered and that what the field and policy makers consider outcomes worthy of public investment reflect what parents want to see happen (e.g. greater parental self-sufficiency, positive parent-child interactions, healthy child development, etc.). But what if we find that there is a "disconnect" between what parents want and what programs are designed to provide? What if a parent's notions of progress does not mirror what has been consider as the scientific definition of "success" (e.g., progress on a well-established measure or progress against a commonly accepted benchmark)? Does the definition of "rigor" remain the same? Does the notion of "evidence-based decision making" still hold?

Targeted Versus Universal Investments.

Home visiting has been largely defined through MIECHV as the provision of intensive services to families facing notable challenges in meeting children's needs. While the recommended duration for the most common home visiting models range from a few months to several years, all these programs involve more than a single visit and generally target families who demonstrate some number of socio-economic or behavioral risk indicators. An alternative view has long existed, as least in the child abuse prevention field, that all parents, regardless of their personal situation, face challenges in caring for their infant or young child and therefore should be offered the opportunity to articulate their concerns and be referred on to resources that might help them or reduce their stress. Most recently, this universal offer of assistance has been operationalized through comprehensive assessments and referral systems delivered through primary health care services, community based information and referrals systems, and home visits delivered to all new parents in specific geographic areas. Whether you consider this last group of programs as "home visiting" programs or as infrastructure to support the efficient delivery of more intensive home visiting programs is a focus of debate now. Either way, a key question remains -- How can we best grow both approaches in ways that facilitate the equitable distribution of resources to families based on their perceived needs? Faced with the reality that intensive home visiting models will have limited capacity regardless of the number of sites that are funded and renewed concern over the stigma associated with offering targeted assistance only to those with certain socio-economic characteristics or behavioral challenges, understanding how to marry these two strategies seems an important issue to understand.

Suggested Citation: Daro, Deborah. (2023) Identifying and Exploring Emerging Practice and Policy Concerns. Retrieved from www.hvresearch.org