THE NATIONAL SERVICE OFFICE FOR Nurse-Family Partnership Helping First-Time Parents Succeed® | child first

**February 5, 2024**

**Carole Johnson**
**Administrator**
**Health Resources and Services Administration**
**U.S. Department of Health and Human Services**
**5600 Fishers Lane | Rockville, MD | 20857**

**Re: Proposed Information Collection Activity: Assessing the Use of Coaching to Promote Positive Caregiver-Child Interactions in Home Visiting**

Dear Administrator Johnson,

The National Service Office (NSO) for Nurse-Family Partnership® (NFP) and Child First appreciates the opportunity to respond to the Health Resources and Services Administration's (the Department's) proposed study to examine the use of coaching to promote caregiver-child interactions and positive caregiving skills (88 FR84342, published 12/5/2023). The NSO shares the Department's commitment to identify and study practices implemented in response to the COVID–19 public health emergency that support evidence-based practice and have the potential to enhance home visiting programming. The NSO has reviewed the proposed study instruments and makes the following recommendations.

Overall, our main concern is the Department's approach in trying to isolate "coaching" and measure its effectiveness. First, our programs, like most home visiting programs, are built upon client-centered principles. NFP nurses and Child First Clinicians adapt their approaches to each family differently, depending on the families' needs and desires. Our home visitors utilize clinical decision-making, which may include the provider's assessment of the caregiver's skills and needs (this relates to a behavioral concept of "graduated guidance," and working from the least restrictive intervention to most restrictive to support errorless teaching methods). This framework is specifically behavioral – therefore, the study needs to also understand the theoretical underpinnings of whatever model the home visitor may be using. Some may use these strategies, but for others, who are using a different clinical approaches/EBP approach, it may not make sense. Trying to account for all the ways that home visitors interact with clients under one umbrella term of "coaching" will not provide the results the Departments seeks to gain through this work. The instruments describe coaching as an isolated activity. Home visitors weave elements of "coaching" into their everyday practice. It would be hard to parse out the effects of just one element of a very complex and deeply personal interaction with a family.

The questions put forward by the Department for this study will likely not yield the intended results of understanding how home visitors coach or model caregiver-child interaction. NFP nurses, like most home visitors, already use a variety of styles of coaching and modeling dependent on the needs of the families. When responding to the questionnaires, we do not feel a home visitor would be able to isolate specific elements of their practice in any meaningful way to inform this work. Furthermore, we do not feel that "coaching" would resonate with families. Again, coaching and modeling are seamlessly built into our models, and not definitive parts of a families' experience. Asking a family about "coaching" they received

from their home visitor would be difficult for them to do. If the Department chooses to keep this language in the questionnaire for families, we recommend adding examples.

We also suggest that the Department consider how the word "coaching" will be interpreted by home visitors and families. Throughout the questionnaire, coaching connotes a sense that there is a right and a wrong way of doing things without providing options. As previously stated, our home visiting programs provide families with the options to pursue what is best for their lives. Coaching may even evoke a sense of authority over another. Different terminology, such as "scaffolding," "skill-building," or "teaching" are words that may resonate more with nurses, clinicians, and early childhood professionals. Questions such as "did you run into any issues when your home visitor was coaching you" demonstrates how the terminology could lead a family and the home visitor into thinking that there was a right and a wrong way, and that they did something wrong during their *own* home visiting experience. It is especially important to consider language when introducing this to families.

From a research standpoint, the tools created, and the methods described by Mathematica seem sound. Overall, we believe that, with some minor changes, this study may yield useful information for us at the NSO and our partners and affiliates. COVID gave us a unique opportunity to implement innovative strategies and it would be a shame if we did not learn from all of that. We can see utility in understanding more about experiences with all three components of this study and the resulting recommendations for supportive strategies. The only specific piece of feedback from a design perspective is that the protocols lacked information on obtaining informed consent. We urge the Department to explicitly inform families that their participation or lack of participation will not affect the home visiting services they receive. Finally, we encourage the Department to consider how many home visits are occurring virtually. Most NFP and Child First visits have returned to in-person, so many of the questions and therefore intended research results may not be as relevant as they once were.

Thank you for your consideration of these comments and your continued work to bring quality programs to families in need.

Regards,

**Charlotte Min-Harris**
**President and CEO**
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