

## **HV-AIM Supervision Study** **Home Visitor Focus Group Discussion Guide**<sup>1</sup>

**Public Burden Statement:** Through the Home Visiting Assessment of Implementation Quality study, HRSA aims to examine specific components of the Home Visiting Implementation Quality Conceptual Framework to inform strategies for implementing high quality home visiting programs. One of the three quality components the study will focus on is support for supervisors of home visitors. The requested information collection will explore how training for supervisors may be linked to home visitor job satisfaction. It will also examine how supervisor training in important content areas (e.g., substance use, intimate partner violence) may affect the extent to which home visitors talk to families about these topics. Data collection will include an online recruitment survey, interviews, and focus groups. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. That data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 1 hour and 30 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement

### **Introduction**

Thank you for taking the time to meet with us today and for your willingness to share your experiences with us. My name is XXX and I am joined by *[introduce any other team members on the call]*. I/we work for Child Trends, a nonprofit and nonpartisan research organization focused on improving the lives of children and families. We are working on a project funded by the Health Resources and Services Administration, or HRSA, to learn about different aspects of home visiting implementation quality, including the different factors that impact your job satisfaction as home visitors, and what impacts the topics that you most frequently discuss with the families you work with. In particular, we are looking at the extent to which training for supervisors matters.

Before we get started, I wanted to share some of our expectations for this discussion.

- As the facilitator, I'll be asking you questions. However, our goal is to start a discussion between all of you, and you should feel free to respond directly to one another. I might interrupt the conversation to ask you to clarify something or move us on to another topic.

---

<sup>1</sup> Note that this protocol is intended to serve as a guide rather than a script. Moderators will tailor questions and probes as needed to further explore experiences shared by focus group participants.

- It is up to you to share as you feel comfortable. You don't have to answer any questions you don't want to, and you can leave at any time.
- There are no right or wrong answers! Everyone here today comes from a variety of backgrounds and you may have different experiences or opinions, which we want to hear and understand.

We will take every precaution to keep what you share here today as confidential as possible. Because this is a focus group with many people, we cannot guarantee confidentiality, but we do ask that you not share with anyone outside this group what you hear today so that everyone can feel more comfortable participating. We will not share your name, the name of your home visiting program, or any other information that could identify you with anyone outside the study team, including HRSA.

We will take notes and record our discussion today, so we don't miss anyone's important comments. We will use the recording to fill in our written notes, and it will not be shared with anyone outside our team. At the end of our project, the recording will be destroyed.

Are you still willing to participate in our focus group today and be recorded?

Do you have any questions for us before we begin?

## Background

1. To begin, please share your first name, how long you've been a home visitor, and what home visiting model(s) you use with families.

## Job Satisfaction

First, we would like to hear about how satisfied you are with your job and your thoughts on the trainings supervisors receive.

2. What are the top 3 to 5 things that influence your overall job satisfaction as a home visitor?
  - a. *Example probes:*
    - i. *What factors make you feel more satisfied with your job? Why?*
    - ii. *What factors make you feel less satisfied with your job? Why?*
3. *[If supervisor comes up as a factor influencing home visitor job satisfaction]:* Why does a supervisor influence home visitor job satisfaction?
4. *[If supervisor does not come up as a factor influencing home visitor job satisfaction]:* Does your supervisor play a role in your job satisfaction? Why or why not?
5. Do you think the amount of experience your supervisor has affects your job satisfaction? Why/why not?

6. Are you familiar with the training your supervisor receives?

*If yes:*

- a. What type of training do supervisors receive and on what topics?
- b. How often do they attend training?
- c. Do supervisors attend training with home visitors?

*If no:*

- a. Do you have a sense of how often they attend supervisor-specific training?
- b. Are supervisors attending training with home visitors?

7. Do you think the amount of training a supervisor receives or whether a supervisor receives training on supervisory skills is related to how satisfied a home visitor is with their job? In other words, if your supervisor received more hours of training, or received training on being a supervisor, do you think it would have any impact on your job satisfaction?

*If yes:*

- a. Why do you think supervisor training affects home visitors' job satisfaction?
- b. What are some examples of when supervisor training affected home visitors' job satisfaction?
- c. Are there circumstances when you think supervisor training affects home visitors' job satisfaction the most? By circumstances, we mean characteristics of home visitors, supervisors, the program, training quality, training topic, or other contextual factors that you think may make supervisor training matter more for home visitor job satisfaction.
- d. Are there circumstances when you think supervisor training might not affect home visitors' job satisfaction?

*If no:*

- a. Why do you think supervisor training does not affect home visitors' job satisfaction?
- b. What are some examples of when supervisor training did not affect home visitors' job satisfaction? For instance, you know your supervisor went to training about a particular topic, but they did not talk to you about it or change anything about your supervision.
- c. Are there circumstances when you think supervisor training might affect home visitors' job satisfaction? By circumstances, we mean characteristics of home visitors, supervisors, the program, training quality, training topic, or other contextual factors that you think may make supervisor training matter for home visitors' job satisfaction.
- d. Do you think the training supervisors receive impacts home visitors in other ways?
  - i. If yes, in what ways?

- ii. If no, why not?

## Extent to which home visitors talk to families about different topics

Next, we would like to talk about your work with families.

8. In addition to model requirements, how do you decide what to talk about with families during home visits? For example, child development, maternal health, depression, substance use, intimate partner violence, etc.
9. Does your supervisor encourage you to talk about certain topics with families or otherwise support you in talking about those topics?
  - a. What topics does your supervisor encourage you to talk about or support you in talking about?
  - b. Why do you think they encourage/support you talking about these topics and not others?
  - c. Do you talk about these topics with families? How often?
10. Is there additional support you would like from your supervisor to discuss any specific topics with families? What type of support? On what topics?
11. Do you think supervisor training in particular topics affects how much home visitors talk with families about those topics (such as child development, maternal health, depression, substance use, intimate partner violence, etc.)?

*If yes:*

- a. Why do you think supervisor training affects how much home visitors talk with families about particular topics?
- b. What are some examples of when supervisor training affected how much home visitors talk with families about particular topics?
- c. Are there circumstances when you think supervisor training might affect how much home visitors talk to families about certain topics the most?
- d. Are there circumstances when you think supervisor training might not affect how much home visitors talk to families about certain topics?

*If no:*

- a. Why do you think supervisor training does not affect how much home visitors talk with families about particular topics?
- b. What are some examples of when supervisor training did not affect how much home visitors talk with families about particular topics? For instance, you know your supervisor went to training about a particular topic, but they did not talk to you about it or change anything about your supervision.
- c. Are there circumstances when you think supervisor training might affect how much home visitors talk to families about particular topics?
- d. Do you think the training your supervisor receives impacts home visitors' work with families in other ways?
  - i. If yes, in what ways?

- ii. If no, why not?

## Supervisor Supports

Lastly, we would like to talk about the resources available to your supervisors.

- 12. In what ways could your supervisor better support you?
- 13. What training or supports do they need in order to provide you with that support? Why?
- 14. What topics do you think are most important for supervisors to receive training on? Why do these topics stand out as important to you?
  - a. *Example probes:*
    - i. *Probe for training on general supervisory skills (e.g., communication, stress management, supervisory methods, cultural sensitivity, data collection and quality assurance).*
    - ii. *Probe for training on the types of topics home visitors discuss with families (e.g., prenatal health, parenting, substance use).*
- 15. For those of you who have been in the home visiting field for several years, has supervision changed over time?
  - If yes:*
    - a. What has changed and why? When did the changes happen?
      - i. *Example probes:*
        - 1. *Probe for: Duration, frequency, content, structure, modality, other changes*

## Closing

That was our last question for today.

- 16. Is there anything else you'd like to add?

Thank you for your time today! In appreciation of your time, we will send each of you a \$50 e-gift card to Amazon or Walmart.