

HV-AIM Supervision Study **LIA Program Director Interview Guide¹**

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 one hour 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. 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 the wellbeing 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. This interview is about supervision in home visiting programs, and we will be asking you questions about the training provided to supervisors at your program and whether you think training impacts home visitors' job satisfaction and/or the topics home visitors most frequently discuss with the families they work with.

As we go, it is up to you to share as you feel comfortable. You do not have to answer any questions you don't want to, and you can also leave at any time. There are no right or wrong answers, we are just interested in hearing about your experiences and perspective.

We will take every precaution to keep what you share here today confidential. We will not share your name, the name of your [state/jurisdiction/Tribe], or any other

¹ 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 interview participants.

information that could identify you with anyone outside the study team, including HRSA.

We will take notes and record our interview today. 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 interview today and be recorded?

Do you have any questions before we begin?

Background

1. To begin, we want to confirm that we have accurate information about your current position. Our understanding is that you are [job title] and have been in this role for [time in role]. Is that accurate?

Training for supervisors

Thank you for answering those questions. It is very helpful for us to have this context. We will now dive into questions about training for supervisors in your program.

2. What is training like for supervisors at your program?
 - a. *Example probes:*
 - i. *How many hours of training do supervisors typically receive when hired or when starting the position? Do you follow specific requirements from the model?*
 - ii. *How often do supervisors receive additional training? How long are the trainings?*
 - iii. *What topics are covered in these trainings?*
 1. *Probe for topics related to: communication skills, clinical skills, race equity, cultural sensitivity, reflective supervision, management skills; data collection and quality assurance; reporting; topics related to working with diverse families: immigrants, families experiencing homelessness, intimate partner violence*
 - iv. *Do you feel the training supervisors receive adequately prepares them to support home visitors?*
 - v. *Is there anything else you would like to share about training for supervisors?*
3. Does the model provide support to supervisors with their supervision of home visitors?
 - a. What are some examples of the types of supports the model provides?
 - b. How do supervisors access these supports and/or participate in them?
 - c. How often are they provided? (i.e. monthly, annually, one-time, etc.)
 - d. How does the model ensure that supervision support is available for supervisors?

4. What additional training or supports do you think supervisors need or could benefit from?
 - a. In what ways would these make it possible for supervisors to better support home visitors?
5. Would your program be able to provide these trainings or supports?
 - a. If yes, are there any plans to implement these trainings or supports? What are the plans?
 - b. If no, what are the barriers to providing these trainings or supports?
6. In what ways have supports for supervisors, such as training, changed over the years?
 - a. *Example probes:*
 - i. *What changed and why?*
 - ii. *Probe for: Duration, frequency, content, structure, modality, other changes*
 - iii. *When did the changes happen?*

Outcomes

Thank you for sharing this information about training for supervisors in your program. We would also like to learn whether and how supervisor training relates to home visitors' job satisfaction and the topics they most frequently discuss with families.

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?

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 a supervisor

went to training about a particular topic, but they did not change anything about their supervision practices.

- 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 visitor 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?
8. 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. Are there circumstances when you think supervisor training might affect how much home visitors talk to families about certain topics the most?
- c. Are there circumstances when you think supervisor training might not affect how much home visitors talk to families about certain topics?
- d. In what ways do specific model requirements influence the connection between supervisor training and which topics home visitors discuss with families?

If no:

- a. Why do you think supervisor training does not affect how much home visitors talk with families about particular topics?
- b. Are there circumstances when you think supervisor training might affect how much home visitors talk to families about particular topics?
- c. What other factors influence the extent to which home visitors discuss specific topics with families?
- d. Do you think the training supervisors receive impacts home visitors' work with families in other ways?
 - i. If yes, in what ways?
 - ii. If no, why not?

Closing

That was our last question for you today.

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

Thank you for your time today! In appreciation of your time, we will send you an e-gift card to Amazon or Walmart.