

## **HV-AIM Supervision Study** **Supervisor 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 supervision in home visiting programs. In particular, we are looking at the extent to which training for supervisors matters for home visitors' job satisfaction and the extent to which home visitors talk to families about particular topics.

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

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<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.

another. I might interrupt the conversation to ask you to clarify something or move us on to another topic.

- 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 have been a supervisor, and what home visiting model(s) you use.

## Training

Now that we all have a better sense of who is in this group, we will dive into questions about training for supervisors in your program.

2. Can you please tell us about the training you received when you began in your role as a supervisor?
  - a. *Example probes:*
    - i. *What content was covered in the training?*
    - ii. *Was it a one-time training or spread out over time?*
      1. *Do you remember how long the training(s) was(were)?*
      2. *[If spread over time] How frequently did you receive training when you first began the job?*
    - iii. *What are your program or model requirements for initial supervisor training? Is there a minimum number of training hours required?*



*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 went to training about a particular topic, but you did not change anything about your 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. 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 went to training about a particular topic but perhaps you did not talk to home visitors about it, or you did and home visitors did not talk to families about it.
- 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 you receive 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 you as supervisors.

9. Which resources, supports, and/or trainings are most helpful to you in supporting the home visitors you supervise? Why?
10. What supports or trainings do you need more of as a supervisor to better support home visitors? Why?
  - a. In what ways would these make it possible for you to better support home visitors?
11. For those of you who have been in the home visiting field for several years, have supports for supervisors, such as training, changed over the years?

*If yes:*

- a. What changed and why?
- b. Probe for: training topic/content, availability, frequency, other changes
- c. When did the changes happen?

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Expiration date: XX/XX/20XX

## Closing

That was our last question for you today.

12. 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.