

2022 MIECHV STAFF SURVEY REPORT

Professional Development

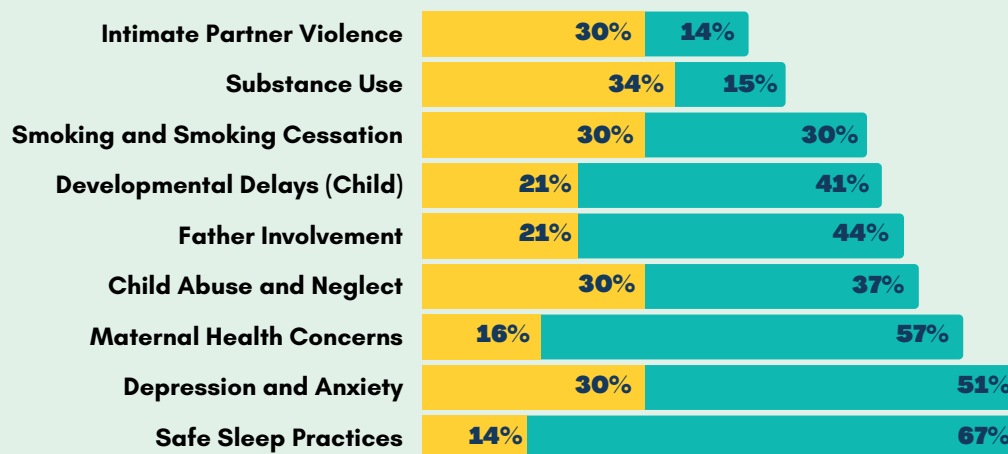
THE SURVEY

The MIECHV Staff Survey is conducted each year by the Center for Prevention Research and Development (CPRD) at the University of Illinois in conjunction with the Illinois Department of Human Services, Division of Early Childhood, Bureau of Home Visiting (IDHS DEC BHV). The goals of the survey are to obtain feedback and better understand the needs of the Illinois MIECHV Home Visiting workforce. In 2022, 77 out of 116 MIECHV staff members responded to the survey, a 66% response rate.



DISCUSSING SENSITIVE TOPICS

Throughout the course of the MIECHV program, home visitors discuss a variety of sensitive topics with participants and families. From a pre-selected list of topics, home visitors were asked to rate their comfort level on a scale of 1, meaning least comfortable, through 7, meaning most comfortable. The responses to this question are charted below, with yellow (■) representing the percentage that chose 6 and green (■) representing the percentage of respondents that chose 7.



Home visitors are least comfortable talking to families about intimate partner violence (IPV), substance use, and smoking cessation. This trend holds regardless of number of years of experience. However, home visitors with one year or less on the job feel least comfortable with these topics when compared to their peers with more experience.

MIECHV teams participated in a national 18-month CQI project on Maternal Depression lasting through July 2022. Home visitor comfort level with the topic of "depression and anxiety" went from 71% in FY 2021 to 81% in FY 2022. In FY 2022, the tobacco cessation rate for Illinois was only 50%, so home visitors may benefit from support on how to talk to families about smoking cessation. Interestingly, although home visitors rated themselves as having some discomfort discussing IPV with clients, home visitors showed a high completion rate for both IPV screening and completed IPV referrals in FY 2022 (88% and 80% respectively).

HOME VISITOR FEEDBACK ON SENSITIVE TOPICS

Most written comments about the challenges related to talking to families about sensitive topics focused on the three topics that home visitors felt least comfortable with: intimate partner violence (IPV), substance use, and smoking cessation. For IPV, comments were related to ensuring caregivers' safety when screening for IPV and caregiver ability to follow through on safety plans. Challenges with discussing substance use and smoking concerns primarily address a reluctance by the caregiver to actively pursue stopping the activity.

"Sometimes partners are nearby, so it can make it really hard to discuss screenings or IPV."

MIECHV HOME VISITOR

The predominant tips shared by home visitors to address the challenges of discussing sensitive topics with families included: building a trusting relationship with families; sharing information multiple times but in different ways; normalizing the topic by talking about it with all families; using Infant Mental Health Consultants, supervisor(s) and coworkers to reflect on best ways to support families; sharing materials and activities with families prior to a home visit; and describing early intervention as a tool that assures early attention to development rather than denoting something is wrong.

"I have learned that my role is to educate and provide knowledge, leaving it up to the client to decide what to do with it."

MIECHV HOME VISITOR

HOME VISITOR SELF-RATED EFFECTIVENESS

On a scale of 1-10, with 1 being lowest and 10 highest, home visitors (HV) rated their level of effectiveness during the past year in the hybrid setting as an average of 8.23. In fact, 70% rated themselves as an 8, 9, or 10. This is higher than last year but hasn't quite returned to a pre-COVID-19 level of effectiveness.

The results from 2021 were reflective of the impact of COVID-19, when service-delivery was virtual and HVs were still trying to figure out how to interact effectively with clients virtually and implement solutions to promote successful communication. In 2022, there appears to be a rebound in confidence level. Additionally, and as expected, home visitors with less than 1 year of experience rate themselves as less effective (7.75) than their more experienced peers.

2020: 87% ranked themselves 8 or higher

2021: 46% ranked themselves 8 or higher

2022: 70% ranked themselves 8 or higher

SUPPORTS TO INCREASE EFFECTIVENESS IN A HYBRID SETTING

Overall, home visiting staff recommended to continue hybrid (partially in-person, partially virtual) home visiting service delivery. To assist with virtual service delivery, survey respondents asked for trainings on how to optimize family engagement and parent-child interaction and activities that can be done virtually.

**“I think hybrid is good and/or what is comfortable for our families.
Some families like and want those options to be ongoing moving forward.”**

MIECHV HOME VISITOR

ADDITIONAL TRAINING NEEDED

This year's MIECHV survey asked respondents for feedback on additional trainings they would like to see offered. Responses to the training topics needed are contingent on staff role. Home visitors are provided with a wealth of training opportunities, thus almost 75% of them responded that they did not need any additional trainings. Alternatively, supervisors and CI were more likely to desire additional training.

Although both CI and supervisors listed trainings needed, the number of CI and supervisor respondents were low. However, CIs mentioned the following as training needs:

- Diversity and inclusion
- Working with fathers
- Building outreach skills
- Working with trauma-impacted families
- Working with DCFS-involved families

Supervisors mentioned the following as topics to address:

- Working with grandparents
- Safe formula (versus only breastfeeding trainings)
- Setting healthy boundaries in home visiting



ADDITIONAL TRAINING NEEDED (cont.)

Of the 14 home visitors that listed trainings needed, a wide variety of training needs were shared without much consensus, including:

- Mental health (suicide intervention, anxiety/depression)
- Responding to a family in crisis (coping with crisis, trauma-impacted families)
- Autism or special needs
- Lactation trainings and certification
- Home visitor safety in the community and homes
- Racism in the workplace and community (diversity, equity and equality)

"Some training could go deeper in the subject area. Always seems to be lack of time. Training needs are different for new staff vs. those who have been in positions for some time."

MIECHV HOME VISITING SUPERVISOR

SUGGESTIONS FROM THE FIELD

In addition to training needs, respondents also expressed the need for more support from MIECHV leadership, agency leadership, and supervisors, as well as increased communication about MIECHV. Respondents suggestions include:

- Supervisors and agency leaders should ensure that new staff learn about MIECHV and understand the funding available as well as what's allowable regarding spending.
- Continue to provide opportunities for state MIECHV leadership to talk directly to CI and home visiting staff and supervisors about updates, strategies, and state-level efforts.
- Facilitate opportunities for MIECHV supervisors to meet with their shared IMHC.
- Supervisors should communicate intentionally to their agency leadership (e.g., director, board) about the outcomes of MIECHV to advocate for the value of MIECHV in the community and support of the home visiting workforce with decisions such as salary and benefits.
- More staff involvement in participating in decision-making at their agency, such as decisions that affect their job (e.g., hazards, funding, family incentives).

"At my agency, having upper leadership, such as board of directors, learn about MIECHV and the valuable service through the programming we provide to the community would help them to value, appreciate, and provide equitable salaries to home visitors."

MIECHV HOME VISITOR