

**Supervisor Forum Notes**  
**Working with High Risk Families**  
**April 20<sup>th</sup> & 21<sup>st</sup>, 2022**

**Attendance:**

Cap/MH –  
Rockland (Nancy)  
Albany (Marciquie, Season, Jennifer, Erinn, Xiomara)  
Delaware – (Rayeann)  
Rensselaer (Maria)  
Orange (Carly)  
Sunset Park (Mengli, Kayla)  
Ulster (Kaitlyn)  
Monroe (Kalonda)  
Dutchess (Ali, Nora)  
Sullivan (Stacy)

NYC –  
Dutchess (Addy, Britney)  
Orange (Rebecca)  
Bushwick (Rebeca, Martha)  
Jamaica (Carmen, Gloria)  
Morris Heights (Evonne)  
South Bronx (Maribel)  
Brookdale (Migdalia, Yuleyni)

CW –  
Chemung (Lynnette)  
Broome (Kari, Marisa)  
Jefferson (Joe)  
Steuben/Livingston (Matt, Tasha, Quay, Chrissy, Marlene)  
Schenectady (Nicole)  
Central Harlem (Julianna)  
Cortland (Katie)  
Wayne (Diane)  
Niagara (Suzanne, Taylor)  
Buffalo (Michalle, Marisol, Betty)  
Otsego (Heather)

**What kinds of challenges is your program having with engaging and working with high risk families?**

Retaining new families, families leaving right after enrollment  
Hard time getting ahold of people due to housing issues, moving, don't know where to find them

Getting families to be interested in program

Families' work schedules, only available after 7-8 pm or weekends, workers willing to meet after hours but not every day

Lack of coordination/communication between HF and DSS/ACS. HF being called upon to follow up on DSS/ACS issues

FSSs feel more like case managers, doing other people's work

Wait lists into care management programs are too long

Hard to focus on PCI, not for lack of trying, hard to focus on curriculum

Staff is overwhelmed, can't focus on what they'd like

Majority of families are high risk/have multiple stressors, feels like 90% are high risk families

A lot of competition, other programs give diapers, etc., engagement is harder and harder when we can't meet concrete needs

Families are busy in their lives and not mentally available during visits, making it hard to engage them

New hires get too emotionally involved with families, and have difficulty flipping the "emotional switch" and disengaging.

A lot of community services changed their hours and what services they offer [as a result of the pandemic]. As a result, staff don't know where to refer families, and need to start from scratch with identifying resources and services

Families are facing a lot of economic stressors. For instance, some have lost their jobs and can't afford rent, and landlords are trying to remove them from their apartments

During the COVID lockdown everyone was home. Now parents are back to work, and scheduling a visit is challenging.

On the one hand, high risk families disregard a lot of home visitors say during home visits and don't engage, on the other, they expect more than what the program provides. Once they understand what the program can and can't do, it can be difficult to engage them

One family struggling to see child in Foster Care due to challenges, even if getting visits with child it's hard for FSS to have visits with parent and child

Seeing a lot of domestic violence, teen parents, need to help workers understand and stay positive through cycle of domestic violence

### **How does work with high risk families impact home visitors?**

A lot more support and supervision is needed

Frustrated staff

Price of gas, stressed if go to home visit and no one home

Home visitors experiencing same stressors as families

Home visitors judging families, needing to connect dots of immediate needs and fear, have to support more in being trauma informed

Need to know what supports and resources are available as they rapidly change in community  
Secondary trauma

Staff have high expectations regarding what other service providers can do for their families when the family is in crisis. They become frustrated when they make a referral and the agency doesn't respond quickly.

Some staff get triggered by the choices families make. For instance, staff may have biases related to a family's use of therapy and medication  
Struggle with staying strength-based

**What kind of challenges are you having with supporting home visitors in their work with these families?**

Service planning when every area is a priority, hard to focus and follow through, issues are more complicated and grey, service plan seems to be too black and white for complex issues  
Focus on PCI, but service plans focus on other things too, gets confusing as to what priority is  
Fine line harder for newer staff to understand

High risk families take up a lot of time in supervision, which presents a challenge related to time management; learning to balance the needs of high risk families with a need to focus on other families

Staff feel pulled to perform case management duties for a family, especially when other agencies are unresponsive; holding space for them to explore the challenges they face when working other agencies.

Avoiding getting into fix-it mode. We tend to stress ourselves because we want to support our staff as much as possible, but also support them in finding answers themselves.

Challenges with home visitor's willingness to present activities that support PCI during phone or video visits, and challenges with staff preparing families for these activities beforehand

Work hard to keep home visitors focused, need to support workers in supporting families, need a lot of empathy

Supervisors experiencing third-hand trauma

**What have you done to help home visitors be successful in serving high risk families?**

Need to reinforce trauma-informed practice more

Need to affirm/focus on protective factors/building resilience

Validating frustrations

Reminding staff we can't fix everybody, can't make families do things, helping home visitors see it's not all their responsibility

Thank them for sharing, getting it out so they can move forward, Feel: Name and Tame

Helping define values, what they're bringing into the home

Defining roles, showing how we are building resilience

Avoid compassion fatigue, validating, providing structure, feel valued

Process worker's feelings and how we address within our role

Encourage self-care, we are part of home visitors' self-care plans

Getting staff together, laughing together, and having teambuilding activities all help to decrease stress

Help workers see that they are making a difference

Remind staff that we're there to support changes they want to make, not the changes we want them to make

Checking in with staff about their weekend activities to remind them to something for themselves, and to take a day off, use personal time, etc. Doing for ourselves what we tell families to do

Holding space, staff needs sounding board

Important to have open door policy, being approachable

Keeping things in perspective, reminding home visitors that family's reaction to program isn't personal

Allowing staff to support and share with each other

Supervision is key, helping staff stay organized, have space, looking for cues of burnout, making sure using time off, role play tough conversations, how to keep focus on PCI

Home visitors having harder time seeing big picture/Service Planning. Sup doing more observations to help be another set of eyes/ have another perspective. See the strategies FSS is using and point out the impact they are having.

Need to stay strength-based to help home visitors stay strength-based

Supporting workers in being neutral and objective in their observations and work with families

### **How have you supported home visitors in keeping the focus on PCI, attachment, and child development?**

Meeting families where they are at, all successes don't look the same

Only takes one moment to bring attention back to baby, may only have small, short opportunities, maybe only one ATP will make the difference

Won't look the same for each family

Point out small successes, identify places to hold space for that in home visits, parents will learn that we focus on PCI but we will also have time for other needs, important for parents to know that both will get attention, we're predictable

Using curriculum and the CCI to incorporate PCI into the visit. Reminding staff that it can be challenging for 2-4 year olds to sit through an activity, and for parents too

Using tools like ASQs, etc. in supervision to keep supervisions and home visits focused on the child.

Have home visitors write about a home visiting experience/success story for reflection and then review in supervision.

At the end of the day, encourage staff to take 5 minutes for self-regulation activity before they leave work.

Incorporate fun and joy into visits, remind families that home visit is a time that they can take a break from everything else and focus on child.

### **As a supervisor, how are you helping home visitors work through their reactions and decrease their stress?**

Being supportive of each other

Using open door policies

Using PM to support supervisors

Using other supervisors

Making use of parallel process, easier to carry load if we know who can help us

ATP each other, use at home as well, addresses sense of helplessness too

Support healthy boundaries, remind staff to "stay in lane"

**What's something that you heard that you want to put into practice?**

Encouraging home visitors to explore what parents are doing for self-care. The suggestion to add a "self-care" check box to the home visit narrative

Parallel process: doing for ourselves what we encourage families to do for themselves

Check in more with staff more often. I used to pass by their cubicle and chat, but with remote work I don't do that anymore

Helping workers identify something they like about working with a difficult family

Keep validating and role modeling

Self-care=great parenting

Continue sharing creative and innovative self-care strategies

Explore staff's definitions of their value in the homes

Start supervision by asking what went well this week

Ask home visitors at supervision what they were successful at since the last supervision

Foster more opportunities to support one another, collaborative learning and problem solving

Be more supportive and model for them

Continue open door policy for workers to talk whenever they need in-between supervisions.

Focus on what FSS is doing for self-care

Appreciate when staff share feelings and utilize supervision appropriately to process them, develop a plan of intervention to balance their feelings within their role

Encouraging self-regulating activity at end of day

Had a shift today about self-care, need to make more of a priority

Look into compassion fatigue trainings

Talk about the "emotional switch" with team and how they can turn it off

Take walks before supervision to get in good headspace, or while doing supervision

**Resources to share:**

Available resources on Compassion Fatigue:

- On the TOL website under TOL resources/Reflective Capacity, there are two webinars:
  - Compassion Fatigue and Self-Care
  - Secondary Traumatic Stress<https://tol397.wixsite.com/transfereoflearning/tolresources>
- On the Institute for the Advancement of Family Support Professionals, there is a training package on Professional Conduct and Self-Care  
<https://institutefsp.org/modules/professional-conduct-and-self-care>

**Resources needed from PCANY:**

Want continued forums to collaborate

FSS/FRS Forums

Come visit our sites! We miss seeing you in person!

Positive approaches to discussion on HV rates and how staff are feeling about them

Would like resources on compassion fatigue (see above)

Normalization of what our families are going through and ground our workers in that, creative outreach is not in vain

**Misc.**

Breakout groups were insightful, really great experience, lots of positive head nods, would like more time, were able to be supportive to each other, seemed to go well

Running theme is trauma, for society, workers, families. Where do we put that trauma? What do we do to address it?