Pergamon

Child Abuse & Neglect 29 (2005) 1003–1013

Child Abuse & Neglect

Improving the quality of home visitation: An exploratory study of difficult situations

Craig Winston LeCroy [a,*], Kate Whitaker [b]

[a] *Arizona State University, School of Social Work-Tucson Component, 340 N. Commerce Park Loop, Suite 250, Tucson, AZ 85745, USA*
[b] *Healthy Families Arizona, Tucson, AZ, USA*

Received 10 May 2004; received in revised form 16 March 2005; accepted 3 April 2005

Abstract

Objective: The primary purpose of this study was to use an ecological assessment model to obtain a better understanding of difficult situations that home visitors confront when implementing home visitation services.
Method: A mixed method study was used which included conducting focus groups to identify specific situations faced by home visitors who implement the Healthy Families America model of child abuse and neglect prevention. The results of the focus groups were used to design a survey. The survey had 91 Healthy Families home visitors rate situations according to frequency and difficulty.
Results: The results revealed that situations that were ranked most difficult included working with families where there are limited resources, where family mental illness is present (e.g., threatening suicide), where there is substance use in the home, and where families are unmotivated. A factor analysis of the situations produced five factors that reflect the difficulty of doing home visitation: having a lack of clinical skill, addressing family difficulties, addressing parenting difficulties, resolving personal difficulties, and having a lack of experience.
Conclusion: The situations identified in this study can assist in developing the competencies needed by home visitors. The factor analysis results can be conceptualized into an inventory for staff supervision, with workers completing the inventory to identify individual areas of training needs.

Keywords: Home visitation; Ecological assessment; Competencies; Supervision and training

* Corresponding author.

0145-2134/$ – see front matter © 2005 Elsevier Ltd. All rights reserved.
doi:10.1016/j.chiabu.2005.04.003

Home visitation models have expanded in efforts to prevent child abuse and neglect. While there are clearly noted advantages to home visitation as a vehicle for service delivery, such services have continued to face a number of critical challenges. Perhaps most significant has been the challenge of demonstrating positive effects. Evaluations of home visitation programs have shown mixed results: some positive, others neutral, and some negative (see e.g., Chaffin, 2004; Daro & Harding, 1999; Duggan et al., 1999, 2004; Gomby, Culross, & Behrman, 1999; Guterman, 2001; Olds & Kitzman, 1993).

While there will undoubtedly be continued discussions about the effectiveness of home visitation services, one of the most critical issues for the field is improving the quality of home visitation programs. A key finding from the comprehensive review of home visitation programs conducted by Gomby et al. (1999, p. 24) was that: "Existing home visitation programs should focus on efforts to enhance implementation and the quality of their services." Ultimately, better-implemented programs may produce stronger effects.

Understanding critical issues related to implementation, moreover, is likely to lead to enhanced program fidelity. This is important given that program fidelity has been increasingly recognized as a critical factor in examinations of program effectiveness (Blakely et al., 1987; Dane & Schneider, 1998; Duggan et al., 2004; Yoshikawa, Rosman, & Hsueh, 2002). Home visiting programs rely on home visitors to build relationships and enhance the effectiveness of their work with families. If home visitors cannot deliver the program as intended, then there is no reason to believe the program would have the desired effect, that is, the integrity of the services will be compromised (Hebbeler & Gerlach-Downie, 2002).

Another aspect of program implementation and fidelity has to do with the various dynamics and environmental factors a home visitor encounters while working with families. With any given family, a home visitor is likely to face a number of critical decisions about how to handle program implementation. For instance, if home visitors go to the home and find mothers are not able to participate in the curriculum that day for a variety of reasons, what do they do? Should they continue with the delivery of the curriculum or set aside the work and address the mother's inability to focus? These day-to-day issues have received scant attention, yet are critical to the implementation of the programs. Hebbeler and Gerlach-Downie (2002) discuss the need to elucidate the "black box" of home visiting programs.

Discussions about implementation often focus on staffing. Recently, a question of interest has been whether these programs should be delivered by professional or paraprofessional workers (McGuigan, Katzev, & Pratt, 2003). However, another direction suggested by the present study is to determine the necessary competencies and skills that home visitors must have, and how to train and supervise them in strengthening those competencies and skills. A beginning point for improving the training of home visitors and the quality of services is to obtain a better understanding of the difficulties in conducting home visits. This information can be used for building a set of competencies needed by home visitors to address those difficulties.

The development of the Difficult Situations Inventory

Programs usually develop training agendas on the basis of face validity without any verification of the skills and abilities that are required as part of the work. Research is needed to identify what unique competencies are required of home visitors as a group because developing the content of supervision and training programs without first analyzing the performance problems of a population defeats the intent of helping home visitors interact effectively with their environments. Lewin (1939) long ago argued the importance of the situation in understanding human behavior. He believed that any attempt to understand

behavior by studying the individual devoid of the environment in which he or she functions was inevitably incomplete.

Within a framework that acknowledges the environment, Mischel (1968, p. 10) observed "the emphasis is on what a person *does* in situations rather than on inferences about what attributes he *has* more globally." From this conceptualization, one's environment places demands on a person that are experienced as problematic or difficult. The extent to which a person can effectively address those situations is determined by the skills and competencies he or she has to meet those environmental demands (Goldfried & D'Zurilla, 1969). Problems occur when there is an imbalance between abilities or competencies and demands in the person-in-environment system. Therefore, the task is to match the person's competencies with the situational demands of the environment by establishing a balance in the system either through the promotion of competencies needed to meet the demands, or through decreasing or eliminating the environmental demands. Thus, the implication for supervision and training is clear: identifying problematic situations provides a framework for designing training and supervision to teach the skills needed to competently interact in the difficult situations.

The situational or environmental context is considered important because situations can contain subtle and complex factors that elicit poor performance. The situations themselves may contain critical information needed to understand how to develop competent responses. Furthermore, in understanding the role of situational variables, the development of a taxonomy of difficult situations is helpful. Two types of potential taxonomies that can be helpful include the frequency of problem situations and the level of difficulty in problem situations (Goldfried & D'Zurilla, 1969). Home visitors ought to know how to respond to problem situations that come up more frequently, and should be able to respond to problem situations of varying difficulty since it is here that the demands of the situation may exceed their skills and abilities. In summary, the quality of home visitation depends on the competencies of the home visitor. Because previous studies have not addressed the skills and competencies needed for home visitation, this study sought a better understanding of difficult situations that confront home visitors to identify specific skills and competencies that can be used for training.

Method

A large and representative sample of common problem situations that are relevant and genuinely problematic for home visitors was identified through focus groups. Included were specific situations in which individuals must respond effectively to be considered "competent" (Goldfried & D'Zurilla, 1969). Furthermore, these situations need to be "problematical" to the degree that how to respond is not immediately apparent.

At a statewide meeting of Healthy Families all home visitors present were invited to participate in the first part of the study. The Healthy Families Arizona program is part of the Healthy Families America network of home visitation programs. Healthy Families is a home-based, voluntary program serving primarily first-time families of newborns. Families that are identified as having significant risk factors such as poverty, being a single parent, or having a past history of abuse are recruited to participate in the program. It is designed to strengthen families during the first 5 years of a child's life.

Twenty focus groups were conducted to gather the situations. A total of 114 home visitors participated in the groups. In groups of about five to eight individuals, home visitors were given instructions to identify problem situations. Specifically, they were told to "make a list of difficult or challenging situations you

have encountered, situations in which you were not sure what to do, situations that did not go well." After identifying difficult situations individually, focus group members worked together to elicit additional situations. Trained facilitators conducted the focus groups with a detailed set of instructions. Home visitors wrote situations down on index cards, and then the facilitator worked with the group to continue generating additional situations that were placed on a white board.

This process resulted in a large pool of problem situations that were generated by the focus groups participants.

Two researchers sorted and reviewed the situations. They worked independently and then made consensus decisions to establish the final pool of situations so that redundant items were eliminated and similar situations were combined into one. This produced a final list of 77 problem situations.

In the second part of the study, an inventory of the items was created in order to obtain ratings of the frequency and difficulty level associated with each of the 77 problem situations. Five-point Likert scales were used to rate the frequency and difficulty level of the situations. Situations were rated from very frequent (= 5) to rare (= 1) and from extremely difficult (= 5) to very easy (= 1).

After conducting the focus groups and fashioning the situations into an inventory, the level of truly "difficult" situations that home visitors faced became more prominent. During the focus groups specific examples of difficulties that home visitors had faced were described. Because of this it was decided to also ask home visitors specific questions about their experiences with three critical problems: domestic violence, substance abuse, and mental illness.

The inventory was administered to a sample of home visitors. This sample was drawn from the universe of home visitors implementing the Healthy Families program in Arizona. Some of the home visitors who participated in the focus groups also completed the questionnaire. Mailed surveys were sent to site locations implementing the Healthy Families program. A total of 91 home visitors completed and returned the questionnaire by rating each situation and answering some demographic questions. This represents a 90% return rate.

Principal component analyses were used to explore the factor structure inherent in subjects' ratings of difficulty. This helped to determine if a meaningful taxonomy of problem situations was created. Results of these analyses were then used to form separate, unidimensional scales measuring home visitors' perceptions of problem situations across distinct aspects of their work. The principal components analysis used a varimax rotation and selected only those items that displayed simple structure. A screen plot was used to determine the number of factors. An IRB review panel from the Healthy Families program reviewed and approved the research design, questionnaires, and protocols for the study.

Results

The background characteristics of the 91 home visitors are presented in Table 1. All home visitors were female, and while the majority of the sample was Caucasian (42%), there was also a large percentage of Hispanics (28.6%). The average age was 35.4 years old, and most of the home visitors had at least some college education (38.8% some and 45.9% college degrees). Most of the Bachelor's degrees were in human service fields such as social work, family studies, and psychology. Home visitors were fairly experienced, having done home visiting for an average of 3.8 years; 70.4% were themselves mothers.

Table 2 presents the top 15 problem situations rated to be difficult based on the mean ratings by home visitors. Perhaps surprisingly, the situation rated as most difficult was "working with limited resources

Table 1
Demographic characteristics of the home visitors ($N = 91$)

Characteristic	*N*	Percent	Mean	*SD*
Ethnicity				
Caucasian	38	42.9		
Hispanic	26	28.6		
African American	4	4.4		
Asian American	1	1.1		
Native American	6	6.6		
Mixed race	12	13.2		
Other	4	4.4		
Age			35.4	10.4
Education				
HS graduate	5	5.9		
Some college	33	38.8		
Bachelor degree	39	45.9		
Graduate degree	8	9.4		
Length of time in position (months)			46.2	48.1
Have children				
Yes	57	70.4		

to help parents." Home visitors were clearly frustrated in their attempts to provide (or connect families to) the kinds of services that families needed. In the focus groups home visitors described clear needs many families had and their inability to meet those needs through identification of specific resources, in particular, mental health services. The other situations suggesting clear difficulties were those in which substance use was present. Working with uncommitted or unmotivated families as well as safety issues

Table 2
Fifteen most difficult situations for home visitors

Situation	Mean	*SD*
Limited resources to help parents	3.58	1.14
Helping parents who threaten to commit suicide	3.34	1.23
One person in the home is under the influence of alcohol or drugs	3.34	1.33
Working in the homes during the summer heat	3.31	1.26
When someone reports having given drugs or alcohol to children	3.31	1.26
Responding to threats or dangerous behavior directed at home visitor	3.19	1.46
Working with uncommitted families	3.09	1.10
Working with families that aren't motivated	3.08	1.13
Dealing with family members who show up under the influence	3.00	1.27
Inability to contact parents	2.99	1.13
Helping parents to change their parenting style	2.98	1.13
Family members who are not motivated because of alcohol or drugs	2.96	1.12
Families who are in constant crisis	2.92	1.00
Proving services in unsafe homes	2.89	1.23
Addressing domestic violence	2.87	1.08

Table 3
Fifteen most frequent difficult situations for home visitors

Situation	Mean	*SD*
Working in homes during the summer heat	3.97	1.26
Working with limited resources to help parents	3.52	1.21
Working with teenage mothers	3.48	1.11
Trying to create a confidential environment	3.22	1.42
Knowing what activities to do during a home visit	3.22	1.6
Working with parent's whose decisions you don't agree with	3.19	1.18
Working with families that aren't motivated	3.19	1.18
Working with parent's emotional feelings (like sadness)	3.18	1.10
Helping families when they are experiencing a crisis	3.08	1.08
Working with uncommitted family members	3.07	1.23
Working with parents who have different values	3.04	1.28
Working with immature clients	3.04	1.16
Working with parents who are in denial about their problems	2.98	1.24
Trying to collaborate with other agencies	2.98	1.24
Inability to contact clients to set appointments	2.98	1.30

was also rated high on difficultly. Similarly, situations such as changing parenting styles and contacting parents were rated high on difficulty. Lastly, many of the situations identified as difficult revolved around addressing some of the more "clinical" aspects of working with families: substance use, suicide, domestic violence, and crisis situations.

Table 3 presents the top 15 problem situations rated to occur the most frequently by home visitors. The number one most frequent difficulty, "working in homes during the summer heat" is a problem situation most likely unique to the geographic region where the study was conducted (Arizona). Many of the other situations rated as frequent reflect different aspects of doing home visitation, such as work with teenage mothers, keeping the environment confidential, selecting activities for the home visit, working with parents whose decisions you do not agree with, working with unmotivated families and working with parent's expressed affect (e.g., sadness). In many respects these situations represent a broad diversity of problem situations that occur with a high level of frequency.

It is also noteworthy to examine items that are rated high on both difficulty and frequency. These problem situations include: working with families who are in constant crisis, working with limited resources to help parents, working with uncommitted family members, working with families that are not motivated, and working in homes during the summer heat.

Table 4 presents data on the percent of home visitors who reported to have experienced domestic violence, substance abuse, and mental illness (from their perception) in the last year and in the last 30 days. Overall, these three serious issues were common, over 80% of home visitors had confronted each of these difficult issues. When asked about the occurrence of these issues in the last 30 days over 60% of the home visitors had experienced working with families on at least one of these issues.

The analysis of the factor structure in the subjects' ratings of difficulty used eigenvalue plots. These plots suggested factor solutions for up to 18 different factors. This number was reduced to five factors by using factor loadings greater than .40, having greater than three items per factor, and clear interpretability of factors. Based on these criteria, analyses of the difficulty ratings yielded the five factors that explained 56.5% of the variance. Table 5 presents the factors and the items with their respective factor loadings.

Table 4
Percent and mean number of serious difficulties faced by home visitors

Situation	Percent[a]	Mean[b]
Domestic violence		
In the last year	81.8	5.09 (6.2)
In the last 30 days	64.6	1.86 (2.5)
Substance abuse		
In the last year	82.7	5.67 (8.6)
In the last 30 days	67.5	2.21 (3.1)
Mental illness		
In the last year	86.7	4.84 (5.2)
In the last 30 days	78.5	2.70 (3.1)

[a] Percent of home visitors who have seen families with these problems.
[b] Standard deviation in parentheses.

The data for the reliability of the factors was based on internal consistency (coefficient alpha) for each scale. As Table 6 shows, all of the scales show adequate reliability ranging from .79 to .90, with the exception of the experience scale where the reliability was .56.

Discussion

Using an ecological model of assessment, this study sought to understand the problematic situations home visitors face in conducting their work. The 15 most difficult and the 15 most frequent situations identified in this study provide a framework for designing supervision and training. Too often training and supervision have focused on personal characteristics of the home visitor deemed important to home visitation efficacy rather then on empirically derived contextual situations. Findings from the difficulty ratings can be used to conceptualize a training framework focused on working with difficult family issues, addressing domestic violence and substance abuse, and motivating families. The frequency ratings also provide a very direct agenda for training, for example, working with teenage mothers, knowing what activities to do during a home visit, working with families that are not motivated, and helping families when they are experiencing a crisis. Based on this research, these areas should become priorities for the training and supervision of home visitors.

Furthermore, many of these results suggest that home visitors may be overwhelmed by some of the complex situations they face. These findings suggest that in addition to the training and supervision that may be needed, an additional strategy may be to match the family's need with the appropriate level of home visitor background and training.

The factor analysis also suggests a way of conceptualizing an overall training effort. There were five factors identified as important and that can be thought of as core areas for training: lack of clinical skill, addressing family difficulties, addressing parenting difficulties, personal difficulties, and lack of experience. Moreover, the inventory developed could be used to individualize supervision, as workers could complete the inventory to identify areas they need the most help with.

Past studies and reviews (Gomby et al., 1999; Guterman, 2001; McCurdy & Daro, 2001; McGuigan et al., 2003) have noted lack of family retention as a critical issue in the delivery of home visitation services.

Table 5
Factor analysis of difficult situations for home visitation

Factor	Coefficient
Factor 1: Lack of clinical skill	
Working with a family member when they are under the influence	.79
Dealing with a family member who shows up under the influence	.77
Working with families when you know there is alcohol or drug use in the home	.73
Working with families when someone reports giving drug or alcohol to children	.72
Working with parents who deny alcohol or drug use	.68
Providing services in unsafe homes	.64
Inability to contact clients to set appointments	.62
Working with parents not to change their parenting style	.62
Working with parents who are not motivated due to alcohol or drug problems	.60
Working with clients who are forced to receive services	.60
Working with uncommitted clients	.59
Not knowing how to intervene when parents use physical punishment	.48
Dealing with polices or procedures that inhibit your progress	.45
Working with parents when they have disclosed alcohol or drug use	.40
Factor 2: Addressing family difficulties	
Knowing how to respond to child abuse with a family	.72
Addressing domestic violence with a family	.71
Knowing how to respond to child neglect with a family	.70
Working with multiple social problems within a family	.70
Knowing when to report a family to CPS	.68
Knowing how to respond to domestic violence	.63
Knowing when to report a family to your supervisor	.54
Using confrontation with families	.51
Helping parents who threaten to commit suicide	.46
Factor 3: Addressing parenting difficulties	
Working with families with limited understanding due to cognitive difficulties	.77
Educating parents with mental health problems	.74
Working with parents who have emotional feelings	.67
Helping parents accept children ‘the way they are’	.65
Working with limited resources to help parents	.61
Finding strengths in families that you can use	.46
Working with extended family members	.42
Factor 4: Personal difficulties	
Dealing with personal frustration and failed efforts to help	.74
Working with parents who have different values from your own	.72
Working with parents regarding their sexual orientation	.65
Trying to collaborate with other agencies	.64
Making a successful referral for additional services	.60
Working with parents whose decisions you don’t agree with	.57
Not understanding cultural differences	.58
Feeling uncomfortable with the required paperwork	.54
Factor 5: Lack of experience	
Knowing what activities to do in a home visit	.60
Knowing how to intervene when problems arise	.58
Not having enough experience to help parents	.53
Not having enough experience to address mental health problems	.50

Table 6
Reliability scores for factors

Factor	Number of items	Reliability
Lack of clinical skill	14	.90
Family difficulties	9	.88
Parenting difficulties	7	.79
Personal difficulties	8	.80
Lack of experience	3	.56

This study puts urgency on family retention because in many cases there was a serious level of need identified (i.e., high rates of domestic violence, substance abuse, and mental illness). Indeed, the findings suggest that supervision, training, and matching families and workers be re-examined as the types of difficult situations suggest that frequent consultation with supervisors may be critical. How best to serve these higher priority families should be explored by programs and future research.

While some may see the need for more advanced degrees as a solution to the complexity facing home visitors, a focus on competencies may also be fruitful. Many of the difficult issues are context-specific and advanced trained specialists may be no better at addressing these issues. Instead, more complete training curricula focused on competencies needed for effective home visitation may be the preferred alternative. Research by Bigelow and Lutzker (2000) found that when home visitors were given additional training there were clear improvements in their work.

Training is often focused on providing information rather than developing specific competencies in home visitors. For example, knowing about the dynamics of substance abuse is one thing, but having attained competencies and skills to respond to a substance abuse situation may be entirely different.

Limitations of the study

This study is a beginning attempt to provide an in-depth understanding of the process of doing home visitation. While providing important new information about the difficulties of home visitation there are important limitations to the study. Most importantly, the study represents only one small sample of home visitors and from only one part of the country. It is not clear whether these same results would be replicated with a different sample of home visitors. In addition, the factor analysis was conducted on a smaller number of participants than is desired, and these results could be influenced by the small sample size.

Implications for practice

The impact of home visitation may be improved by addressing the specific skills and competencies needed for home visitation. Because of the complex situations that home visitors confront a competency-based method of training is needed. The situations identified can be used by home visiting programs as part of a training program. The factors identified can be used as either a focus of supervision or as an inventory to assess the home visitor's skills.

These results also suggest that stronger links to mental health agencies and services are needed. At present, most home visitors operate in isolation from ancillary services. Forging a stronger link to other

agencies may create more leverage for home visitors to obtain the mental health services needed by families. Also, because of the seriousness of the difficult situations many home visitors confront, these results suggest the importance of home visitors knowing when to refer a family for additional intervention. Some home visiting programs have explored the possibility of adding "clinical specialists" to their staff in order to meet more completely the mental health needs of families. Alternately, staff supervisors with advanced clinical training (e.g., M.S.W., Ph.D.) could provide regular case consultations.

Conclusion

The implementation of home visitation services can be improved by understanding the specific skills and competencies required in delivering home visitation services. It is not enough for a home visitation model to utilize training and increased supervision; it needs to identify specific competencies that relate directly to the context of home visiting. If home visitors acquire these competencies, receive increased supervision, and obtain on-going training in working with families, outcomes of home visiting are likely to increase, and perhaps, broaden to other areas of influence.

Acknowledgments

The authors would like to acknowledge helpful comments from Karen McCurdy, Debra Daro, and Barbara Hanna Wasik on an early draft of this paper.

References

Bigelow, K. M., & Lutzker, J. R. (2000). Training parents at risk or reported for child abuse and neglect to identify and treat their children's illnesses. *Journal of Family Violence*, *15*, 311–330.

Blakely, C. H., Mayer, J. P., Gottschalk, R. G., Schmitt, N., Davidson, W. S., Roitjman, D. B., & Emshoff, J. G. (1987). The fidelity-adaptation debate: Implications for the implementation of public sector social programs. *American Journal of Community Psychology*, *15*, 253–268.

Chaffin, M. (2004). Is it time to rethink Healthy Start/Healthy Families? *Child Abuse & Neglect*, *28*, 589–595.

Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: Are implementation effects out of control? *Clinical Psychology Review*, *9*, 27–43.

Daro, D., & Harding, K. A. (1999). Healthy families America: Using research to enhance practice. *Future of Children*, *9*, 152–176.

Duggan, A., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: Impact in reducing parental risk factors. *Child Abuse & Neglect*, *28*, 623–643.

Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, L. A., Salkever, D. S., Fuddy, L., Rosenberg, L. A., Buchbinder, S. B., & Sia, C. C. J. (1999). Evaluation of Hawaii's Healthy Start program. *Future of Children*, *9*, 66–90.

Goldfried, M. R., & D'Zurilla, T. J. (1969). A behavioral-analytic model for assessing competence. In C. D. Spielberger (Ed.), *Current topics in clinical and community psychology* (pp. 61–83). New York: Academic Press.

Gomby, D. S., Culross, P. L., & Behrman, R. E. (1999). Home visiting: Recent program evaluations—analysis and recommendations. *The Future of Children*, *9*, 4–26.

Guterman, N. B. (2001). *Stopping maltreatment before it starts*. Thousand Oaks, CA: Sage Publishing.

Hebbeler, K. M., & Gerlach-Downie, S. G. (2002). Inside the black box of home visiting: A qualitative analysis of why intended outcomes were not achieved. *Early Childhood Research Quarterly*, *17*, 28–51.

Lewin, K. (1939). Field theory and experiment in social psychology: Concepts and methods. *American Journal of Sociology*, *44*, 868–896.

McCurdy, K., & Daro, D. (2001). Parent involvement in family support programs: An integrated theory. *Family Relations*, *50*, 113–121.

McGuigan, W. M., Katzev, A. R., & Pratt, C. C. (2003). Multi-level determinants of retention in a home-visiting child abuse prevention program. *Child Abuse & Neglect*, *27*, 363–380.

Mischel, W. (1968). *Personality and assessment*. New York: Wiley.

Olds, D. L., & Kitzman, H. (1993). Review of research on home visiting for pregnant women and parents of young children. *Future of Children*, *3*, 53–92.

Yoshikawa, H., Rosman, E. A., & Hsueh, J. (2002). Resolving the paradoxical criteria for the expansion and replication of early childhood care and education programs. *Early Childhood Research Quarterly*, *17*, 3–27.

Resumen

Objetivo: El principal objetivo del estudio fue utilizar un modelo de evaluación ecológico para alcanzar una mejor comprensión de las situaciones difíciles que los educadores familiares deben afrontar cuando desarrollan su trabajo en el domicilio familiar.

Método: Se llevaron a cabo grupos de trabajo focalizados para identificar las situaciones específicas con las que se enfrentan los educadores familiares que llevan a cabo los programas basados en el modelo Healthy Families America para la prevención del maltrato y el abandono infantil. Los resultados de estos grupos de trabajo se utilizaron para diseñar una encuesta. La encuesta presentaba 91 situaciones que los educadores familiares del programa Healthy Families America puntuaban de acuerdo a su frecuencia y dificultad.

Resultados: Los resultados muestran que las situaciones que fueron señaladas como más frecuentes eran las de tener que trabajar con familias con recursos limitados, con familias que presentan problemas de salud mental (p.e. amenaza de suicidio) o consumo de drogas en el hogar y con familias desmotivadas. En un análisis factorial de todas las situaciones se obtuvieron cinco factores que reflejaban las dificultades para llevar a cabo el trabajo de educador familiar: falta de destrezas clínicas, abordaje de las dificultades familiares, abordaje de las dificultades parentales, resolución de las dificultades personales y la falta de experiencia.

Conclusión: Las situaciones identificadas en este estudio pueden ser de ayuda para desarrollar las competencias que necesitan los educadores familiares. Los resultados del análisis factorial pueden ser presentados en forma de un inventario para la supervisión de los profesionales, de manera que los profesionales cumplimenten los inventarios para identificar las necesidades individuales de formación.