University of Nebraska Medical Center

Nebraska Results Driven Accountability

Quality Home Visitation Practices

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Early Development Network
Babies Can't Wait

Interdisciplinary Center For Program Evaluation

Collaborate | Evaluate | Improve

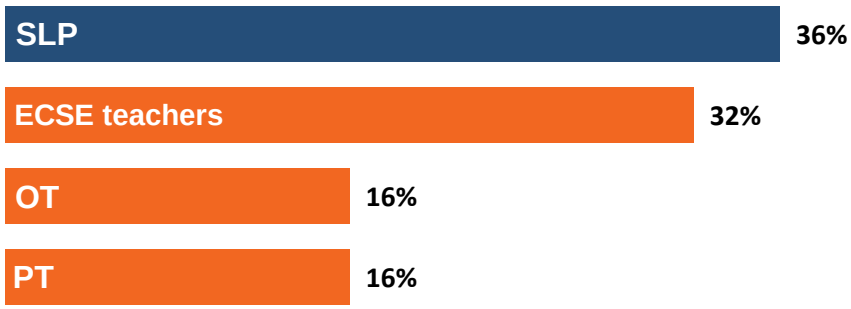
Nebraska Results Driven Accountability (RDA) - Part C

The Nebraska Department of Education and the Nebraska Department of Health and Human services have developed a State Systematic Improvement Plan (SSIP) to improve State Identified Measurable Results (SIMRs) related to increasing the number and percentage of infants and toddlers enrolled in Part C (early intervention) services who demonstrate progress in the acquisition and use of knowledge and skills. In order to impact these results, Nebraska has identified three improvement strategies: (1) Implementation of the Routines-Based Interview (RBI) as the recommended child and family assessment process; (2) Development of meaningful and measurable child and family outcomes using information obtained from the RBI; and (3) Implementation of quality routines-based home visits. The implementation of the RBI and the development of meaningful and measurable child and family outcome strategies are being actively promoted across the state via training and technical assistance. In order to identify the remaining statewide training and technical assistance needs related to quality home visits, a sample of home visits was reviewed to explore the implementation of evidence-based quality home visitation practices. To examine if there is a relationship between implementation of the RBI and writing functional outcomes and implementation of quality home visitations practices, the sample of early intervention (EI) providers was selected based upon identification of three groups: (1) EI providers who have been using the RBI and writing functional outcomes for two to three years; (2) EI providers who have recently been trained on the RBI and writing functional outcomes and have begun implementation; and (3) EI providers who have recently been trained but have not yet begun implementation or have not received RBI and writing functional outcome training.

About the Early Intervention Providers

A total of 31 EI providers participated in the evaluation. Demographic data was gathered through surveys submitted by the EI providers. Group one (veterans) had seven EI providers, 12 EI providers were in group two (recent training), and 12 EI providers were in group three (not yet implementing or no training). Slightly more (55%) reported providing early intervention services for five or more years than those with less than five years of experience. Provider experience was evenly distributed across groups. EI providers in Nebraska vary by discipline of training, including early childhood special education (ECSE) teachers, speech-language pathologists (SLP), occupational therapists (OT), and physical therapists (PT). For this evaluation, SLP and ECSE providers delivered the majority of the home visits.

The most common EI providers were speech-language pathologists and ECSE teachers.



n=31

What did early intervention providers tell us about service provision?

Information related to the provision of Part C services was gathered via survey from each participant. Early intervention services are often provided by groups of professionals or "teams" serving a school district or Educational Service Unit. All of the EI providers reported typically providing services as a member of an early intervention team and the majority (93%) reported their team to have a full complement of staff including ECSE, SLP, OT, PT, and a services coordinator. The majority (94%) of EI providers reported their EI team meets regularly (at least two times per month) and the majority (90%) reported all team members regularly attend team meetings. Participants were asked to indicate the primary purpose of their team meetings. Responses were coded using thematic analysis and two themes emerged; discussing children (both current and in the referral process) and coaching team members.

> We meet "to discuss new referrals, coach for kids on our caseloads, and celebrate our success."
>
> –EI provider

A primary service provider (PSP) approach to teaming in early intervention is one of the Early Childhood Technical Assistance's (ECTA) Key Principles for Early Intervention and has been encouraged in Nebraska. The PSP model is "most commonly associated with a transdisciplinary model of team development in which one member of the team is chosen to serve as the primary service provider to work directly with the child" (Rush & Shelden, 2012). All of the EI providers indicated their EI team selects one member from the team to serve as the PSP to provide services to a family. The majority (68%) of the providers indicated their team has attended PSP training. The PSP often provides services independently; however, in some cases, the PSP is in need of consultation to support a child and parent. In such situations, a team member might accompany the PSP on a joint visit. The majority of the providers (94%) reported conducting home visits independently more than 50% of the time. A small percentage (6%) of providers reported conducting visits with other team members less than 50% of the time.

The majority of the EI providers conduct home visits independently.

Few families receive direct services from more than one provider during home visits.

n=31

How did EI providers describe their experience with Routine-Based Interviews?

The EI providers were asked about their participation in RBI training. The majority (87%) of providers reported having some level of RBI training. The most commonly reported training was RBI boot camp (67%). Additionally, 30% of providers reported being trained by team members, and 7% of the providers indicated holding national certification in RBI practices. Of the providers with training, the majority (87%) indicated they typically participate in RBIs. EI providers reported a variety of team members are most likely to be involved in RBIs. Services coordinators (96%) and ECSE teachers (88%) were most likely to participate in the RBI

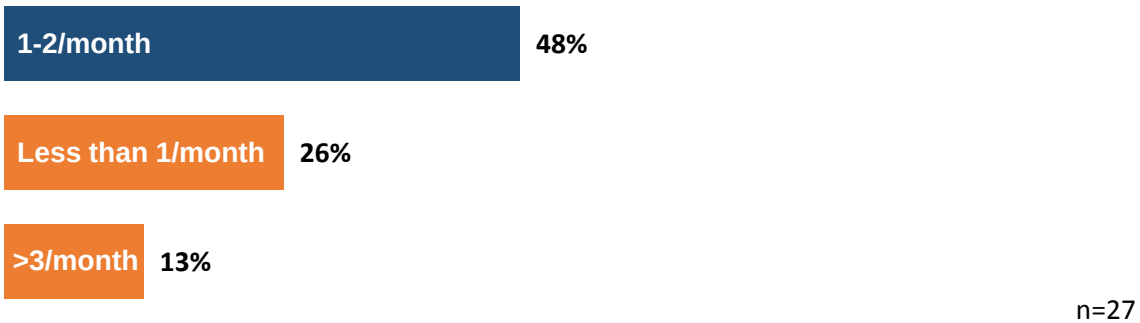
96% of EI providers indicated their team's **services coordinator is most likely to be involved in RBI.**

process.

The providers reported varying frequencies of participation in RBI. Of the providers who participate in RBI, 48% reported participating in one to two interviews per month, 26% participate in less than one interview per month, and 13% participate in more than three interviews per month.

EI provider's participation in Routines-Based Interview is varied.

Few providers participate in more than three interviews per month.



n=27

What was the quality of home visitation practices?

The *Home Visit Rating Scales-Adaptive and Extended* (HOVRS-A+ v.2.1) assesses the quality of home visitation practices based on a video of a home visit. The observational measure is scored on a 7 point scale, with 7 indicating high quality. The HOVRS-A+ v.2.1 results are reported in two domains. The first domain, *Home Visit Practices*, measures the home visitor's responsiveness to the family and how the visitor facilitates parent-child interaction, builds relationships with the family, and uses non-intrusive approaches. The second domain, *Family Engagement*, measures parent-child interaction and the level of parent and child engagement within the activities of the home visit.

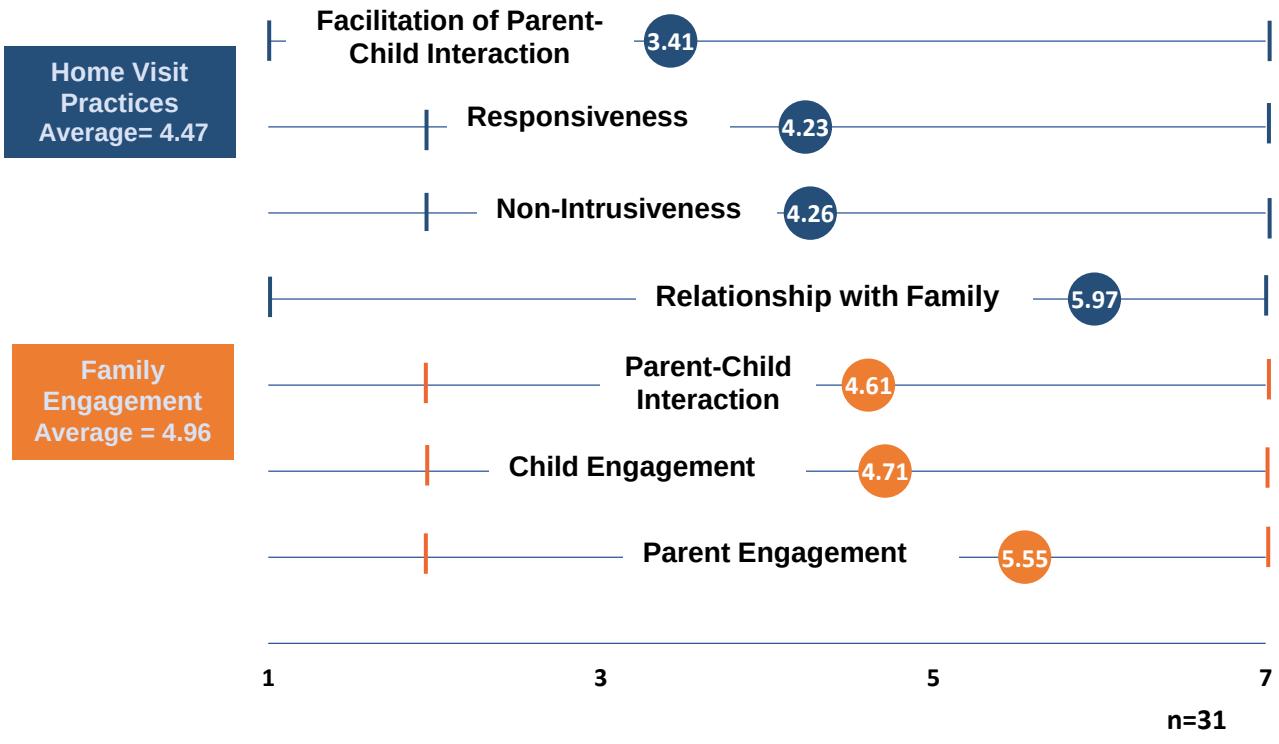
Each of the 31 EI providers submitted a video recording of one of their home visits. The visits were assessed using the HOVRS-A+ v2.1. The overall average for the *Home Visit Practices* domain fell in the moderate range. Home visitors showed the greatest strength in building relationships with families. A high rating on this scale indicates the home visitor and family are frequently engaged in warm, positive behaviors during the home visit. An area for growth is the home visitor facilitation of parent-child interactions (PC-I) subscale. This scale measures the

home visitor's effectiveness at facilitating and promoting positive parent-child interactions, and using materials in the home and daily routines during the home visit.

The overall average for the *Family Engagement* domain was in the moderate range. The greatest strength was in the area of parent engagement. A high rating on this scale indicates that the parent frequently displayed behaviors that indicate engagement and interest in the home visit. The areas of PC-I and child engagement were measured lower than the level of parent engagement. The PC-I subscale examines the nature of the parent and child interactions during the home visit and encompasses parental responsiveness and attentiveness. The child engagement subscale focuses on the child's level of interest and engagement in the activities of the home visit.

Home Visitors have built strong relationships with their families.

Parents were engaged during home visits.

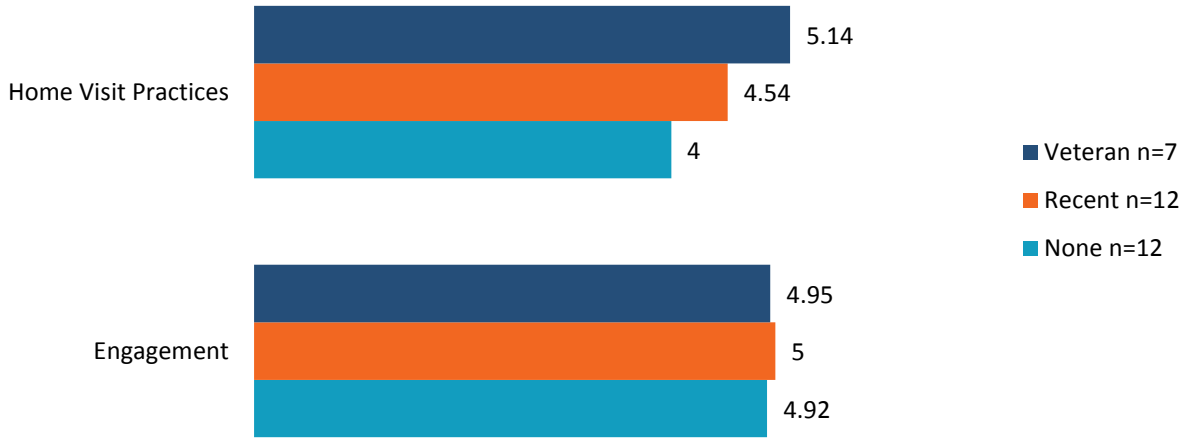


How did experience with RBI impact quality of home visit practices?

To examine the relationship between implementation of the RBI and writing functional outcomes and implementation of quality home visitations practices, EI providers were assigned to three groups: (1) EI providers who have been using the RBI and writing functional outcomes for two to three years (veteran; n=7); (2) EI providers who have recently been trained on the RBI and writing functional outcomes and have begun implementation (recent; n=12); and (3) EI providers who have recently been trained but have not yet begun implementation or have not received RBI and writing functional outcome training (none; n=12). Analyses were completed to determine if the level of experience with RBI influences scores on the *Home Visit Practices* and *Family Engagement* scales. Comparisons were made between groups (veteran, recent, and none) for each scale using a one-way analysis of variance (ANOVA). The results of these analyses indicate there were no significant differences in the scores between groups, *Home Visit Practices* [F(2,28)=1.39, ns] and *Family Engagement* [F(2,28)=.01, ns]. These results should be viewed with caution due to the small number of participants in the veteran group.

Overall average scores were similar across groups.

There were no significant* differences between groups.

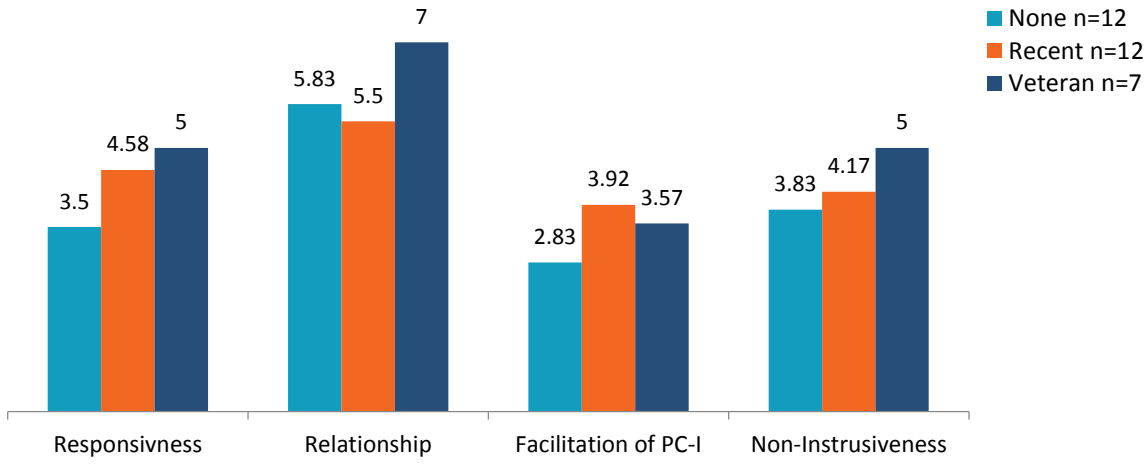


* α= .05

The scores for the home visit practices sub-scales; responsiveness to family, relationship with family, facilitation of parent-child interaction (PC-I), and non-intrusiveness and collaboration, were calculated for each group. Analyses were completed to determine if the level of experience with RBI influences scores on the *Home Visit Practices* sub-scales. Comparisons were made between groups (veteran, recent, and none) for each subscale using a one-way analysis of variance (ANOVA). The results of these analyses indicate there was no significant differences in the scores between groups: responsiveness [F(2,28)=3.01, ns]; relationship with family [F(2,28)=2.30, ns]; facilitation of parent-child interactions [F(2,28)=1.0, ns]; and non-intrusiveness and collaboration [F(2,28)=1.0, ns]. The results suggest that the level of experience with RBI does not influence *Home Visit Practices*; however, the relationship between the level of experience with RBI and responsiveness is trending toward a significant difference. This trend suggests providers with more experience with RBI are more responsive to families. Average scores for the groups did not show similar patterns across subscales. These results should be viewed with caution due to the small number of participants in the veteran group.

Home visitors in all groups have strong relationships with families.

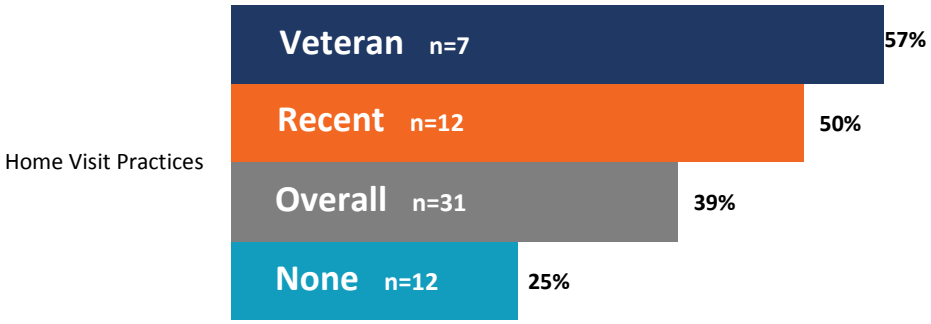
No significant* differences were found between groups.



*α= .05

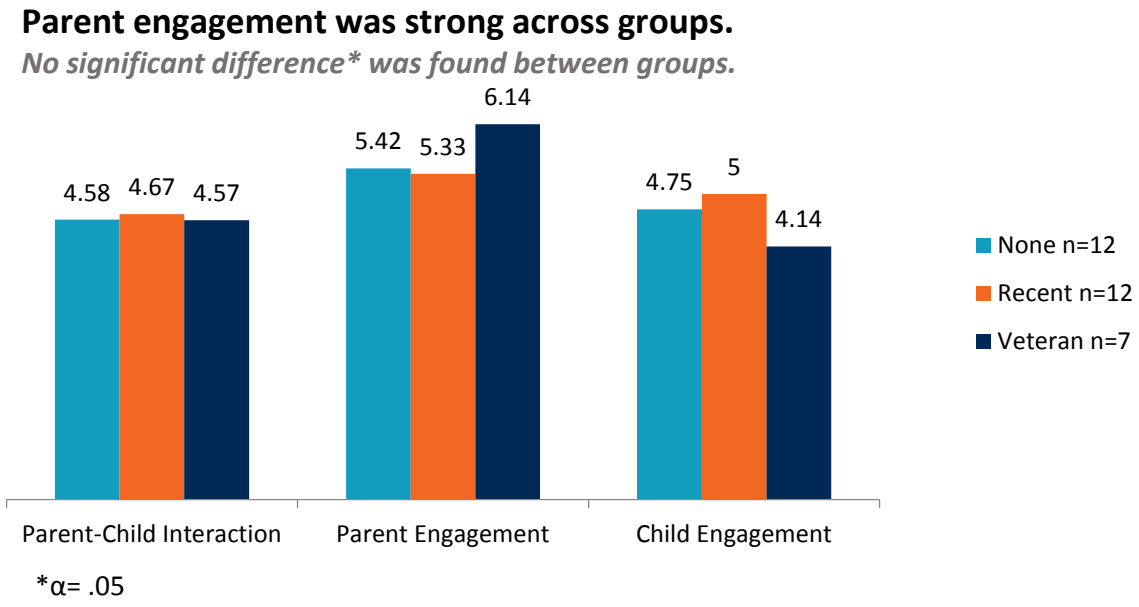
A quality benchmark of five was used to examine the percentage of providers meeting or exceeding quality practices on the *Home Visit Practices* scale. The majority (57%) of veteran providers and half of recently trained providers met the benchmark. Fewer (25%) of the providers with no training met the benchmark. Overall, less than half (39%) of providers met or exceeded the quality benchmark.

The majority of veteran providers met the quality benchmark.



The average scores for the family engagement sub-scales; parent-child interaction, parent engagement, and child engagement were calculated for each group. Analyses were completed to determine if the level of experience with RBI influences scores on the *Family Engagement*

sub-scales. Comparisons were made between groups (veteran, recent, and none) for each subscale using a one-way analysis of variance (ANOVA). The results of these analyses indicate there were no significant differences in the scores between groups: parent-child interaction [F(2,28)=.01, ns]; parent engagement [F(2,28)=.73, ns]; child engagement [F(2,28)=.78, ns]. These results suggest that level of experience with RBI does not influence *Family Engagement* scores. Parent engagement scores were consistently higher than parent-child interaction or child engagement scores. This pattern suggests the occurrence of dyadic interactions (EI provider and parent) to be more prevalent than triadic interactions (EI provider facilitation of parent-child interactions). Average group scores did not show similar patterns across subscales. These results should be viewed with caution due to the small number of participants in the veteran group.



Summary

Nebraska has identified three improvement strategies for Part C services: (1) Implementation of the Routines-Based Interview (RBI) as the recommended child and family assessment process; (2) Development of meaningful and measurable child and family outcomes using information obtained from the RBI; and (3) Implementation of quality routines-based home visits. To identify the remaining statewide training and technical assistance needs related to the implementation of quality home visitation practices, current home visitation practices were evaluated. The results of this evaluation did not find a significant relationship between implementation of RBI and meaningful and measurable child and family outcomes and the implementation of quality home visitation practices. Results indicate home visit practices and family engagement practices in the moderate range. EI providers have strong relationships with families and parents are engaged during visits. The lower scores noted in child engagement and parent-child interaction scores and higher scores in parent engagement may reflect the occurrence of dyadic interactions versus triadic interactions. Data from this evaluation suggest facilitation of parent-child interactions is an area for growth. This area focuses on the home visitor's facilitation and promotion of positive parent-child interactions during the home visit. Future considerations include encouraging both the parent and child to be actively engaged in home visit activities, increasing opportunities for the parent to take the lead in parent-child interactions and collaborating with the parent to support their child's development in daily routines and activities.

References

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