
Nebraska Results Driven Accountability

Quality Home Visitation Practices Evaluation 2019

Executive Summary

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.



Prior to the implementation of training to address quality home visit practices, a program evaluation was conducted in 2016 to identify the remaining statewide training needs related to quality home visits. Evaluation results suggested the need for quality home visit implementation training and technical assistance to include supporting early intervention providers in:

- Actively engaging both the parent and child in daily routines and activities during home visits
- Promoting and facilitating positive parent-child interactions during home visits
- Collaborating with parents to support their child's development in daily routines and activities outside of home visits

In response to these identified needs, the Getting Ready intervention was adopted for use with Part C programs across the state, in 2017. The Getting Ready intervention promotes joining parental expertise with that of the early childhood professional, bringing together family contributions about culturally relevant experiences, and professional contributions about developmentally important activities.

The objective of this evaluation was to examine the quality of the home visit practices for providers implementing the Getting Ready intervention. Additionally, the evaluation examined parents' perceptions of their own self-efficacy across three groups with varying levels of strategy implementation: (1) full implementation of all 3 strategies; (2) not yet trained in the Getting Ready intervention; and (3) implementing only RBI. The self-efficacy evaluation utilized family outcome data via a family survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM).

Quality Home Visit Practices

Quality evidenced based home visitation practices promote child development by (1) strengthening parenting confidence and competence (Klass, 2010) and (2) facilitating developmentally supportive parent-child interactions (Roggman, et al., 2012).

Key home visit practices include:

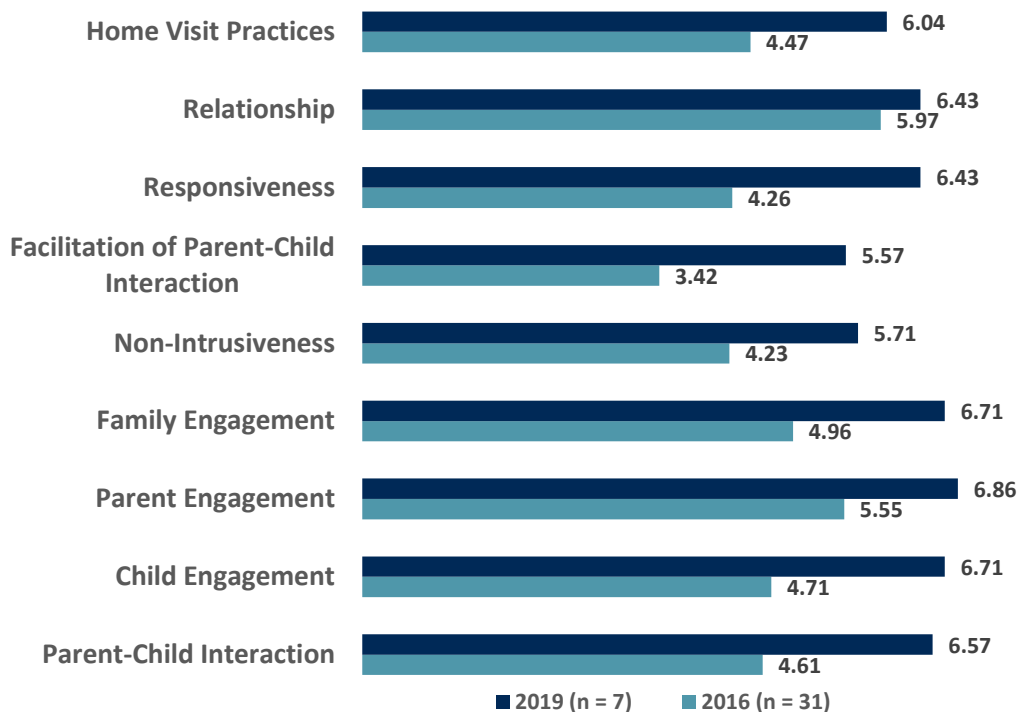
- Home visitor **relationship** with family and **responsiveness** to family
- Parent and child **engagement** during home visits
- Home visitor **collaboration** with the family
- **Facilitation** of parent-child interactions

The Getting Ready intervention structures home visits into three key components; the opening, the main agenda, and the closing. Within these components, providers are expected to incorporate key elements (e.g. co-establish purpose of the visit, support parent-child interactions) and implement the eight Getting Ready Strategies within the visit. The strategies include communicate openly and clearly; encourage parent-child interactions; affirm parent competencies; make mutual/joint decisions; focus parents' attention on child strengths; share developmental information and resources; use observations and data; and model and/or suggest.

The *Home Visit Rating Scales-Adaptive and Extended (HOVRS-A+ v.2.1)* was utilized to assess 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.

Home Visit Practices and Family Engagement ratings increased from 2016 to 2019.

The largest increases were in the provider's responsiveness to the family and facilitation of parent-child interactions.



The EI providers were asked to rate their confidence for the three structure components, facilitation of parent-child interactions, and use of the eight Getting Ready strategies for the visit they submitted. Reported confidence levels varied. All of the providers reported being very confident in the opening of their visits, and the majority reported being very or somewhat confident in the main agenda (96%), closing (71.5%), and implementing the Getting Ready Strategies (96%); however, fewer (28%) reported confidence in their facilitation of parent-child interactions during the visit.

The NCSEAM family survey measures three categories: family empowerment, family and professional partnerships, and community resources and coordination. To identify items with impact on parent self-efficacy, the family survey was cross-walked with *The Early Intervention Parenting Self-Efficacy Scale*. Twenty-two impact items were identified. Data collected in the spring of 2019 for the twenty-two items were included in a retrospective comparison analyses between the three groups. The family survey items are rated on a 1 = *very strongly disagree* and 6 = *very strongly agree* gradient. A mean score was computed for each item and mean comparison were made for each item between groups (group one, group two, and group three) using a one-way analysis of variance (ANOVA). The results of these analyses indicated there were no significant differences between groups at the item level.

Group	Mean (SD)
Group 1 (full implementation of all three strategies); n = 252	5.39 (.88)
Group 2 (implementing strategy one [RBI] and two [functional outcomes]); n = 135	5.45 (.81)
Group 3 (implementing strategy one [RBI]); n = 516	5.43 (.83)

Next Steps

A larger evaluation of the influence of the Getting Ready intervention is recommended, including a comparison of groups who are fully implementing and groups who are not yet implementing the intervention.

The participating EI providers reported varied levels of use of the Getting Ready intervention. Future evaluation examining the level of implementation and reasons for the varied levels would benefit future training and intervention implementation supports.

Many providers reported neutral confidence in promoting and facilitating parent-child interactions. Methods to provide support and feedback focusing on this home visit practice should be considered in the future for those who are trained in and implementing the Getting Ready intervention.