

Experiences of Services Coordinators (SCs) Using the *Getting Ready* Approach for Home Visits

Executive Summary

Services coordination is a critically important support provided to families of infants and toddlers with verified delays or disabilities. Vital supportive roles of Early Intervention (EI) services coordinators (SCs) are mandated by federal law and include introducing families to the workings of EI programs, establishing collaborative relationships, coordinating activities related to evaluation, assessment, Individualized Family Service Plan (IFSP) development and implementation, and ultimately supporting family and child transitions from the EI system. The supports are often delivered in the context of home visits with the families.

There is little known, however, about what constitutes effective in-service professional development for these key EI team members, or what would be particularly helpful in ensuring high-quality home visits. As part of a multi-year Results Driven Accountability (RDA) plan, Nebraska rolled out professional development in the use of the *Getting Ready* approach for SC and EI provider home visits which offered a set of strategies and practices to strengthen child-family interactions, and bolster family-professional partnerships for collaborative problem-solving.

In particular, the *Getting Ready* training for SCs focused on

- using strategies to enhance parent-professional partnerships
- implementing a structure for collaborative problem solving during home visits (e.g., identifying child & family strengths/concerns, reporting progress toward IFSP goals, checking on family rights/safeguards)
- developing a home visit plan (e.g., documentation of concrete steps to be taken, between visit communication plan, scheduling of next visit)

Purpose and Participants

A mixed method study conducted in three stages was designed to evaluate if and how the *Getting Ready* approach supported SCs efforts to fulfill their central roles. Participants were recruited from three populations across the state: (a) SCs, (b) supervisors of SCs, and (c) EI providers who worked with SCs. All SCs and EI providers had been trained and fidelity-approved in the implementation of the *Getting Ready* approach. Surveys were completed by 146 participants and follow-up focus group interviews were conducted with 41 participants.

Research Questions and Key Findings

1. How does the *Getting Ready* approach support SCs in fulfilling their identified roles and responsibilities in Early Intervention?

Implementing the *Getting Ready* approach bolstered SCs' confidence in facilitating the EI service delivery process for families and their infants/toddlers as demonstrated by SCs:

- Regularly reviewing progress toward child/family IFSP outcomes
- Affirming family ideas for needed resources and actions for achieving outcomes
- Communicating between home visits regarding efforts to jointly address family concerns

The quality of EI services was improved as shown by:

- Familiarity of families with both IFSP outcomes and planned strategies for achieving those outcomes
- Enhanced family skills for self-advocacy
- Consistent checks on family satisfaction with EI services and provision of constructive feedback to EI providers about family concerns

Documentation of EI service activities was enhanced as demonstrated by SCs:

- Summarizing family reports of progress toward IFSP outcomes
- Listing new resources/supports identified by families
- Documenting between-visit activities for both SC and family, as well as a between-visit communication plan

2. What barriers to using the *Getting Ready* approach do trained SCs report?

- Challenges completing all steps recommended for home visits when supporting some families (e.g., either very high or very low sets of needs/concerns; when utilizing interpreters during visits)
- Adjustments needed to maintain relationship-building skills while completing more documentation
- Uncomfortable, yet necessary, conversations with professional colleagues if families express dissatisfaction with EI services

3. What do SCs trained in the *Getting Ready* approach experience when doing co-visits with Early Intervention providers? How are these experiences the same as or different from being the sole home visitor?

- Surveys and interviewees mostly report co-visits occurring in 25% or less of home visits, with a moderate amount reporting co-visits occurring in 26 – 50% of home visits

- Factors prompting co-visits included family requests (e.g., tight schedules, COVID-19 concerns) and professionals' needs (e.g., preferences, scheduling difficulties, availability of interpreters, perceptions of safety concerns)
- Reported advantages of co-visits included enhanced SC and EI collaboration while serving families and a deeper understanding of supports being provided to families
- Reported disadvantages of co-visits included impacts on the independent role of SCs to check on family satisfaction with EI services, and difficulty of SCs' ability to complete their respective steps of the *Getting Ready* approach

Implications for Practice in Nebraska Early Intervention Services Coordination and Beyond

1. The *Getting Ready* approach builds upon previous RDA strategies of using routines-based assessments to develop high-quality IFSPs in that it further supports the skills and confidence of SCs to fulfill their key roles. The approach fosters SCs' home visit practices that strengthen family-professional partnerships and allow SCs to effectively coordinate necessary supports for children and families to achieve prioritized IFSP outcomes. Thus, continuing efforts across the state to maintain implementation of the *Getting Ready* approach for all EI professionals, including SCs, is warranted.
2. There is evidence that enhanced home visit quality has boosted family capacity for and confidence in supporting their young children with delays/disabilities (e.g., families have deeper knowledge of IFSP outcomes and planned strategies to achieve those outcomes, family ownership of EI process, family self-advocacy). This further supports continued use of the *Getting Ready* approach across all home visits in Nebraska EI programs.
3. Few issues were raised by participants about implementing the *Getting Ready* approach, therefore, offering follow-up coaching support for SCs who raise concerns may readily mitigate these and offer guidance for training for new SCs.
4. As a result of professional development in the RDA strategies, some SCs embraced leadership roles on their EI teams, in particular peer coaching or supporting the regular fidelity checks of trained staff's Routines-based Interview and *Getting Ready* implementation. Consider rewarding this expansion of leadership roles of experienced SCs by exploring a range of incentives, caseload adjustments, or work time offsets to compensate them for these tasks.
5. Explore options to minimize the incidence of SC and EI provider co-visits (e.g., highlight the key roles of independent SCs, establish guidelines for team decision-making regarding co-visits, develop strategies and training for home visit safety).

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