Experiences of Services Coordinators Utilizing the *Getting Ready* Approach for Home Visits

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Services coordination is a critically important support provided to families of infants and toddlers with verified delays or disabilities under the auspices of Part C of the Individuals with Disabilities Education Act (IDEA, 2004). Childress and colleagues (2013) argue that "when provided by qualified, skilled practitioners, good services coordination not only affects the provision of quality services but also influences the broader goals of early intervention" (p. 165) regarding empowering families in their quests to support the positive development of their children.

Recently, the Division for Early Childhood (DEC) and the IDEA Infant & Toddler Coordinators Association (ITCA) issued a joint position statement that outlined the knowledge and skills needed by services coordinators (SCs) to fulfill their vital supportive roles (DEC & ITCA, 2020). Roles include introducing families to the workings of Early Intervention (EI), 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 organizations further called for state and local EI programs to ensure the provision of

> high-quality, evidence-informed professional development so service coordinators can gain the knowledge and skills needed to effectively collaborate with families; manage the workload; achieve compliance with federal, state, and local requirements; and coordinate team activities (DEC & ITCA, 2020, p. 2).

A review of the literature, however, yields few reports of studies of professional development efforts aimed primarily at SCs serving on EI teams. There currently is no federal-

level consensus regarding how services coordination should be conducted or what criteria should exist for in-service professional development (Bruder & Dunst, 2006; Childress et al., 2013). Assessing effective services coordination training and practices is made challenging by the complexity of the process (Childress et al., 2013). In addition, there are few tools developed that effectively measure services coordination outcomes (Bruder & Dunst, 2008; Trute et al., 2008), and little documentation of the preservice or in-service training of SCs specifically serving the field of EI (Bruder, 2010; Bruder & Dunst, 2005; Park & Turnbull, 2003; Roberts & Akers, 1996).

Training of Services Coordinators in Early Intervention

One early qualitative study explored collaboration among medical professionals, EI SCs, and families of young children with significant health challenges. Frustrated parents shared they often found themselves in the middle of the groups of professionals, attempting to "ensure smooth communication between the providers from the health or medical setting and those from…EI settings" (O'Neil et al., 2008, p. 128). This study yielded recommendations for cross-disciplinary communication training for professional providers as well as use of technology to improve both communication and collaboration.

Childress and colleagues (2013) found a significant and positive change in knowledge about services coordination practices for 39 participants (89.7% of whom worked as SCs) who attended a two-day introductory training. Training content included 10 guiding principles of EI, the role of the SC, IFSP development and facilitation, the state EI process from referral to service, and skills of effective SCs—specifically teamwork, communication, and cultural responsiveness. Posttest items indicated the greatest percentage increases were those addressing the role of the SC, eligibility determination, IFSP development, family-centered practices, and

communication. However, three items on the posttest were answered correctly by fewer than 75% of the participants. Content within these items addressed active listening skills, effective practices for working with families, and one of the 10 EI guiding principles. Knowledge of and successful implementation of skills in all areas of training are critical for effective services coordination. Study participants who responded to a follow-up survey indicated that the role of the SC in completing the IFSP form and writing outcomes was the most useful feature of the training, however, they continued to need information on family resources, and requested yet more training on writing IFSPs and outcomes, Medicaid case management, and changes in EI procedures (Childress et al., 2013).

Recently, Childress and colleagues (2019) surveyed 769 EI participants (61.6% of whom self-identified as fulfilling a services coordination role) across eight states with an aim of gathering information about services coordination activities and potential needs of coordinators. These states' strongest SC activities included informing families of rights and procedural safeguards, coordinating assessment/evaluation, assisting families with accessing IFSP services, and coordinating EI services. Four activities were rated as needing the most improvement. These included coordinating various funding sources, making referrals, facilitating transition, and activities related to timely delivery of EI services. Open-ended survey questions yielded themes focused on improved professional development, adjustments of workload, and more robust compensation as key needs for SC support. Thus, those most closely engaged as or with SCs identified "better and more frequent training opportunities" (p. 139) as a critical need. While the study documented this critical need, it did not address how best to deliver effective professional development. Researchers therefore concluded that "[b]ecause of the paucity of recent research focusing on Part C service coordination, there is a need for additional study on how to best

support the work of these professionals within the EI system" (Childress et al., 2019, p. 147).

The common set of knowledge and skills needed by SCs to effectively manage their varied roles and responsibilities in EI has been mapped (DEC & ITCA, 2020), and it represents a great challenge to entities tasked with preparing such versatile professionals. SCs must have thorough, culturally responsive knowledge of infant and toddler development within various family and socio-economic contexts. They must have a deep knowledge of EI procedures and legal safeguards at each stage from referral to transition. Additionally, they must understand and be able to implement a variety of family-centered practices and leadership and teaming skills, all while maintaining high levels of organization and professionalism. It is not surprising that gaps remain in the literature informing the field of effective training practices to meet the numerous needs of SCs.

Early Intervention Services Coordination Delivery Models

In 2008, Bruder and Dunst published a seminal article defining three models of EI services coordination delivery: (a) dedicated model—the SC engages in the role of services coordination only, through an entity independent from EI service provision; (b) intra-agency model—the SC engages in the role of services coordination only, however, works for the same entity as the EI service providers; and, (c) blended model—the SC engages in providing both EI services and services coordination (Bruder & Dunst, 2008).

Nebraska is one of several states that utilizes an independent dedicated SC model of service delivery. Within the state, this model is valued for allowing SCs to probe families' levels of satisfaction with EI services and advocate alongside families with educational entities providing such services. Since families have, therefore, two or more EI team members (a dedicated SC and at least one EI provider), quandaries may emerge regarding the practice of the

SC and other EI team members co-visiting with families. State leadership advocates for separate visits to allow SCs full opportunities to complete functions of the SC role, particularly gathering information on child and family progress toward the achievement of IFSP outcomes and family satisfaction with EI services. The state leadership team was, therefore, interested in incorporating training during professional development of SCs and EI providers to limit the number of co-visits across EI teams. Thus, parameters of co-visiting became an additional component of consideration when developing the state Results-Driven Accountability (RDA) plan.

The *Getting Ready* Approach for High-Quality Home Visits

The federal Office of Special Education Programs rolled out RDA to shift focus from compliance with special education law to an emphasis on positive outcomes for infants, toddlers, children, and youths with disabilities. Federal resources became available to support state plans for this new area of focus. In Nebraska, the Early Intervention Co-Lead Agencies (Departments of Education and Health and Human Services) designed a multi-year RDA plan to improve child/family assessment, the functionality of IFSP outcomes, and the quality of home visits for infants and toddlers with delays/disabilities and their families. As a part of this initiative, professional development and technical assistance was offered to members of EI teams, including SCs, in pilot sites across Nebraska. The plan promoted three strategies: (a) using Routines-Based Interviews (McWilliams, 2010) for assessment of child and family needs and priorities, (b) translating Routines-Based Interview results into functional IFSP outcomes, and (c) using the *Getting Ready* approach (Sheridan et al., 2008) for high-quality routines-based home visits.

Getting Ready was influenced by two theoretical models—Bronfenbrenner's ecological model (1992) which recognized how young children are impacted by the interactions of the

multiple systems within which they exist, and a behaviorally-based collaborative consultation model that focuses on strengths and capacity building to promote children's development (Sheridan et al., 2004). A set of eight essential interaction strategies were identified to accomplish two aims: (1) strengthening family-child interactions to advance children's learning, and (2) enhancing family-professional partnerships (Sheridan et al., 2008). These strategies were further embedded into a collaborative model of consultation and problem solving built on family strengths. In this report, this package of essential interaction strategies embedded into collaborative, problem-solving practices will be referred to as the *Getting Ready* approach.

The *Getting Ready* approach prompts intentional use of eight strategies by professionals to advance effective partnerships with families for purposes of defining and accomplishing meaningful outcomes. Such partnerships allow all team members to collaborate in identifying concerns, setting outcomes that advance child development or family priorities, selecting strategies, and monitoring progress to achieve outcomes. Implementation of *Getting Ready* in settings such as Early Head Start, Head Start, and public pre-K programs has been shown to improve a variety of child and family outcomes (Knoche et al., 2012; Marvin et al., 2020; Sheridan et al., 2011). Although these contexts certainly included young children with delays or disabilities and their families, the *Getting Ready* approach had not yet been widely utilized in EI programs.

University researchers and state EI technical advisors familiar with earlier uses of the *Getting Ready* approach designed professional development and technical assistance for adapting the approach for use in the context of EI home visits. Services coordinators were trained to implement seven of the eight essential *Getting Ready* strategies (Marvin et al., 2020) during home visits—three aimed to strengthen relationships with families (e.g., communicate openly

and clearly, affirm parent competencies, make mutual/joint decisions) and four aimed to build family competencies for supporting the development of their young children with delays or disabilities (e.g., focus parent's attention on child's strengths; share resources or developmental information; use observations and data; model, suggest, and practice ideas and strategies). The SCs had a "Guide for Interactions" that prompted them to address key components of their role throughout the three sections—Opening, Main Agenda, and Closing/Reflection—comprising a typical home visit. Some examples of the prompts on this guide included jointly determining an agenda for the visit, reviewing IFSP outcomes, brainstorming needed services/resources with families, identifying steps to be taken and who would be responsible, and planning for communication between visits. SCs were encouraged to utilize the seven *Getting Ready* strategies throughout all sections of the home visit. In addition, the development of effective home visit action plans was supported by the creation of a document template that prompted SCs to record key information from the visit. For more details about the *Getting Ready* approach and its application for EI and early childhood special education home visiting see the work of Marvin and colleagues (2020).

In 2019, an evaluation study of pilot site implementation examined experiences of EI providers, SCs, and Nebraska families using the *Getting Ready* approach for visits held within family homes (Kuhn & Higgins, 2020). At the time of the study, the pool of trained SCs across the pilot sites was limited, thus only seven individuals participated in semi-structured interviews and only four home visits documents were submitted by SCs for analysis. Findings from that study, therefore, were considered preliminary in nature.

The findings from the study of that limited group of SCs did, however, point to some potential strengths and concerns with utilization of the *Getting Ready* approach for SC home

visits. Strengths included (a) enhanced collaboration with families (e.g., setting the agenda for the home visit with families, joint problem-solving), (b) use of participatory-building practices (e.g., implementing coaching practices with families during visits, planning for between-visit communication), and (c) heightened focus on achievement of child/family IFSP outcomes. Concerns included (a) difficulty completing steps of the prescribed home visit guide with particular families (i.e., families in crisis, families who are well-resourced and do not seem to need "help"), and (b) challenges regarding use of the guide during co-visits with EI providers (Kuhn & Higgins, in press).

Since the 2019 study, training in all three RDA strategies has been scaled up across Nebraska and most EI team members are currently trained. Thus, state leadership was interested in collecting more robust data from SCs, their supervisors, and EI providers with whom they work to provide richer information about these potential strengths and concerns related to the impact of the *Getting Ready* approach on the quality of SC home visits.

Purpose of the Study

The purpose of this study was to gain a wider and deeper perspective of the utility of training in and implementation of the *Getting Ready* home visiting approach specifically for SCs. We sought a better understanding of if and how the approach supports SCs efforts to fulfill the central roles and demonstrate the key skills as identified by the DEC/ITCA joint position statement for SCs. Findings from this study have the potential to guide state leadership in refining and delivering training for newly hired SCs, suggest areas for SCs' on-going professional development, and strengthen the implementation of the *Getting Ready* approach across EI professionals in the state. Additionally, these findings have the potential to expand the knowledge base of our field regarding EI SCs' use of this promising home visit approach thus

responding to calls from national entities for evidence-informed professional development (Childress et al., 2019; DEC & ITCA, 2020).

Research Questions

1. How does the *Getting Ready* approach support SCs in fulfilling their identified roles and responsibilities in Early Intervention?
2. What barriers to using the *Getting Ready* approach do trained SCs report?
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?

Method

A mixed method sequential explanatory design was used for this study, which was comprised of three stages. Initially, quantitative data was collected through a Qualtrics survey in the first stage of the project. The analyses of that data informed the collection of qualitative data in the second stage, wherein participants from the initial survey were invited for follow-up, in-depth focus group interviews. At the completion of quantitative and qualitative data collection and analyses, a third stage of inquiry was conducted. That is, findings emerging from the first two stages were examined side-by-side and explored for connections or disparities that might explain the initial findings. Conclusions drawn in this manner were "integrated to provide fuller understanding of the phenomenon under study" (Teddlie & Tashakkori, 2009, p. 305), in this case—the experiences of SCs trained to use the *Getting Ready* approach for home visits.

Setting and Participants

Participants were recruited from three populations across the state: (a) SCs trained and fidelity-approved in the implementation of the *Getting Ready* approach for home visits as

identified by the state agencies overseeing Early Intervention services, (b) supervisors of trained/approved SCs, and (c) early intervention providers who had also been trained/approved in the *Getting Ready* approach and who worked with trained/approved SCs.

Professional Development and Technical Assistance

All SCs and EI providers who participated in this study had previously been trained in all three evidence-based strategies included within the state's RDA plan. This was accomplished through statewide professional development and technical assistance rolled out over the course of several years. Most recently, they had been trained to utilize the *Getting Ready* approach for improving the quality of home visits. The professional development included a one-day training session, followed by technical assistance through individual virtual meetings with a state-approved *Getting Ready* coach. The SCs and EI providers submitted their video recordings of home visits to the coach who examined their practices for fidelity of implementation, and they received initial approval upon achieving an 80% or higher fidelity checklist score on two videos. A description of the training and assessment of fidelity process is beyond the scope of this report, however, more details may be found in Kuhn and Higgins (in press).

Data Collection

Surveys

In the first stage of the study, all identified members of the three populations from across the state were invited to participate in their respective version of an anonymous Qualtrics survey. Survey questions were developed by the first author and several reviewers examined the questions and provided feedback. Reviewers included state level Part C team members, an experienced practicing SC, the second author who has experience supervising SCs, and an experienced EI provider. Based on reviewer feedback, some initial questions were deleted due to

redundancy and others were re-worded for clarity and focus. Surveys and follow-up reminders were emailed to 71 trained SCs, 23 SC supervisors, and 186 trained EI providers. This yielded the following number of actual participants and participation rates: trained SCs (n = 50, 70% return rate), SC supervisors (n = 15, 65% return rate), and trained EI providers (n = 81, 44% return rate). Analyses of survey responses yielded descriptive and comparative results. The quantitative results further informed the second stage of the study.

Surveys for the three groups were parallel in format in that they asked questions about similar topics, however they aimed to gather each group's unique perspectives. Items were structured along a 6-point Likert scale ranging from strongly disagree to strongly agree. SCs were asked, for example, to express their levels of confidence in their abilities to demonstrate the comprehensive set of knowledge and skills identified by the Workgroup on Recommended Knowledge and Skills for Service Coordinators (RKSSC, 2020). They were also asked to express their levels of confidence in their abilities to implement key features of the *Getting Ready* approach—including the seven essential strategies and collaborative problem-solving practices. Finally, some items addressing co-visiting with EI providers and communication methods used with families between visits were included. (See the survey protocol for SCs in Appendix A).

Meanwhile, supervisors and EI providers indicated their level of agreement with statements about the SCs with whom they worked. They were asked if the SCs demonstrated the RKSSC set of knowledge and skills and consistently used the *Getting Ready* approach during home visits. In addition to the range of responses indicating agreement, there was an N/A (unknown or no opportunity to observe) response option for supervisors and EI providers. All groups provided demographic information upon completing the survey.

Focus Group Interviews

The second stage of data collection focused on gathering qualitative data through focus group interviews. Representative groups from the three populations were invited to participate in hour-long Zoom interviews. Recruitment purposefully included participants from urban, suburban, and rural settings across the state as well as participants serving families speaking a variety of home languages. Literature recommends that focus groups be comprised of six to eight participants (Guest et al., 2017; Merriam, 2009; Teddlie & Tashakkori, 2009). Further, Guest and colleagues (2017) determined that 90% of thematic information is discoverable by conducting three to six focus groups. Seven groups of SCs (n = 21), three groups of supervisors (n = 11), and three groups of EI providers (n = 9) were held to interview participants who volunteered for this stage of the study.

Prior to beginning the interview, participants were given an on-line link where they could indicate their consent to participate in the research and complete a short demographic survey. The interviews were facilitated by the first and second authors using semi-structured protocols whereby the set of open-ended questions were asked verbatim and in the same order for each interview. The facilitators posed follow-up questions as needed for clarification of or expansion upon topics. The Zoom interviews were recorded securely to the university system cloud. Subsequently, captions were generated by the Zoom system producing transcripts for qualitative analysis.

Similarly to the surveys, the three interview protocols were comprised of questions that were parallel in nature, but individualized for the three types of groups being interviewed. All groups were shown the roles and responsibilities of SCs as outlined in Part C of IDEA (2004) and the RKSSC set of knowledge and skills for SCs. The groups then responded to prompts about relative ease and difficulty for SCs in fulfilling the roles and responsibilities, other

roles/responsibilities not shown that SCs fulfill, strongest areas of competence for the SCs in the knowledge and skills identified, and any area of knowledge and skills requiring further training. SCs were queried about aspects of implementation of the *Getting Ready* approach during their home visits, including use of the home visit action plan. Finally, all three types of groups were asked questions about EI team home visiting practices such as co-visiting of SCs and EI providers. (See the focus group interview protocol for SCs in Appendix B). Complete demographic descriptions for survey and interview participants may be found below in Table 1.

This report documents findings from analyses of quantitative and qualitative data that answer the three research questions specified above and explicitly focus on SC home visiting practices. A second report of additional findings primarily regarding the broader set of knowledge, skills, roles, and responsibilities of SCs in Nebraska will be forthcoming.

Table 1

Demographic Information for Survey and Focus Group Participants

Characteristics	Groups of Survey Participants			Groups of Focus Group Participants		
	Services Coordinators n = 50	Services Coordinator Supervisors n = 15	Early Intervention Providers n = 81	Services Coordinators n = 21	Services Coordinator Supervisors n = 11	Early Intervention Providers n = 9
Age (in years)	x = 43.26	x = 50.14	x = 42.92	x = 47.52	x = 47.33	x = 43.11
	SD = 9.39	SD = 7.49	SD = 9.88	SD = 8.79	SD = 6.02	SD = 9.18
Gender						
Female	98.0%	93.0%	99.0%	100.00%	100.00%	100.00%
Male	2.0%	7.0%	1.0%	--	--	--
Ethnicity						
Hispanic	8.2%	--	2.5%	4.8%	--	--
Non-Hispanic	91.8%	100.0%	97.5%	95.2%	100.00%	100.00%
Race						
Black or African American	2.0%	--	--	--	--	--
Caucasian or White	90.0%	100.0%	98.7%	100.00%	100.00%	100.00%

Two or more races	2.0%	--	1.3%	--	--	--
Other	4.0%	--	--	--	--	--
Highest Level of Education						
High school diploma/GED	2.0%	--	--	4.8%	--	--
Some training beyond high school but not a degree	10.0%	--	--	14.3%	--	--
Two-year college degree.	12.0%	7.0%	--	9.5%	9.1%	--
Four-year college degree	62.0%	26.0%	10.0%	52.4%	27.3%	--
Graduate degree.	14.0%	67.0%	88.8%	19.0%	63.6%	100.00%
Years Employed in Position						
1-5 years	46.0%	33.0%	36.0%	38.0%	27.0%	11.0%
6-10 years	22.0%	20.0%	25.0%	19.0%	37.0%	22.0%
11-15 years	16.0%	13.0%	10.0%	14.0%	--	11.0%
16-20 years	6.0%	27.0%	15.0%	5.0%	18.0%	34.0%
21-25 years	8.0%	7.0%	7.0%	19.0%	18.0%	22.0%
26-30 years	2.0%	--	5.0%	5.0%	--	--

Data Analysis Plan

Quantitative Analyses

A Likert scale was chosen for survey responses as these are commonly used for measuring attitudes and opinions in the social sciences (Göb et al., 2007). Since the responses offered to participants consisted of discrete “categories ordered by a relation of the type ‘<’…any two measure values can be compared in terms of the order relation” (Göb et al., 2007, p. 602). Thus, for the surveys, statistical analyses applicable for ordinal measures that compared distributions of rankings were selected. Descriptive statistics included identifying median and quartile Likert scores.

Next, for a within-group analysis of SC responses to various survey items, Friedman’s two-way analysis by ranks was chosen and, when necessary, pairwise comparisons performed. For a between-group analysis of supervisor and EI provider ordinal responses, the Mann-Whitney U-test was used.

Qualitative Analyses

A constant comparative qualitative method (Merriam, 2009) was used by members of the research team to analyze the interview data from the three groups of participants with an aim of providing a rich and thorough description and deeper understanding of the experiences of SCs using the *Getting Ready* approach for their EI home visits. *NVivo*™ software was utilized to store and organize uploaded interview transcripts and further facilitated efficient coding and accurate thematic development.

For the first stage of coding in this iterative and inductive process, all transcripts were read, and meaningful text segments were identified and given an initial code by two independent coders. The coders consequently met, and the identified codes were compared and the labels

given them were examined for appropriateness (Kisely & Kendall, 2011). Upon reaching consensus regarding the code label, that code was clearly defined in the code book. At the second level of coding, coders examined the patterns emerging from the set of codes which resulted in the identification of themes. Finally, links among the themes were discussed. Quotations from participants illustrating these themes were identified so that their voices could be heard in this report.

Methodological Integrity

Several approaches to ensuring methodological integrity were employed. Codes, code definitions, and resultant themes were examined by an expert reviewer whose feedback on the accuracy of the qualitative analysis was considered by the coders who made refinements as agreed upon. Next, a summary of preliminary findings from both qualitative and quantitative analyses were shared with a stakeholder group in a state meeting. Feedback gathered at the meeting indicated the findings were reasonable and no changes were recommended. Finally, the preliminary qualitative findings were shared with all interview participants in a follow-up email requesting their feedback as a member check. No interview participants expressed disagreements with nor suggested additions to the preliminary findings.

Results

Quantitative Results

Responses from the surveys completed by the three populations were exported into SPSS and analyses were run to generate descriptive and comparative information. The survey Likert scale scores corresponded to the following responses: 1.00—Strongly disagree; 2.00—Disagree; 3.00—Tend to disagree; 4.00—Tend to agree; 5.00—Agree; 6.00—Strongly agree.

First, descriptive statistics were run to identify median and quartile Likert scores for

items on the SCs survey indicating SC levels of confidence in utilizing *Getting Ready* strategies throughout home visits and prompts from the "Guide for Interactions" as they completed home visit action plans to be left with families. The descriptive statistics are reported in Appendix C. It is important to note that the median scores for all of these survey questions fell within two categories—Agree (median response was 5) and Strongly Agree (median response was 6)—demonstrating relatively high levels of confidence reported across this group of trained SCs for implementing what they had learned.

Next, a Friedman two-way analysis by ranks was conducted to compare the distribution of the ordinal choices made in response to the Likert surveys. The result indicated statistically significant differences within the set of survey items addressing use of the seven *Getting Ready* strategies when conducting home visits, $\chi^2(6) = 27.214, p = <.001$, and within the set of items addressing areas documented in a *Getting Ready* home visit action plan template, $\chi^2(5) = 15.457, p = .009$. It was, therefore, necessary to conduct a pairwise follow-up comparison of the various survey items to better understand how respondents ranked their confidence in use of *Getting Ready*.

With regard to *Getting Ready* strategies, the median response category selected for level of confidence in using three strategies was "Strongly Agree." These strategies were: suggesting ideas and resources when requested by families, communicating openly and clearly with family members, and affirming family members' ideas/actions for achieving outcomes. Rankings for these three strategies were statistically different when compared to less confident rankings selected for three other strategies: focusing family members' attention on child strengths ($p < .025$, $p < .001$, and $p < .008$, respectively); engaging families in establishing mutual decisions ($p < .016$, $p < .001$, and $p < .013$, respectively); and, helping families carry out plans in between

visits ($p < .007$, $p < .001$, and $p < .008$, respectively).

The set of survey items about areas to be documented in a *Getting Ready* home visit action plan template was similarly analyzed. One area—documenting a description of who will do what between visits was ranked significantly lower by SC respondents when compared to four other areas: summarizing the discussion during that home visit ($p < .013$), summarizing progress toward IFSP outcomes ($p < .033$), listing new resources or supports needed by the family ($p < .002$), and documenting the plan for communication between home visits ($p < .035$). Only one additional pairwise comparison was statistically significant—more confidence was reported for the area of listing new resources/supports needed by the family than for that of describing what is working and not working for the family ($p < .02$).

Similar descriptive statistics for supervisors' and EI providers' perspectives regarding consistency of use of the *Getting Ready* approach by SCs with whom they work were calculated. Supervisors had a median rating of 5.00 (Agree) ($IQR = 4.75 – 5.25$), and EI providers also had a median rating of 5.00 (Agree) ($IQR = 4.00 – 5.00$). A Mann-Whitney test of significance indicated no significant difference between supervisors' and EI providers' ratings for SCs consistently using the *Getting Ready* approach, $U = 292.50$, $p = .418$.

Finally, all survey respondents reported their estimations of the incidence of SC and EI provider home co-visits. The percentages reported by each group are found below in Table 2. Across the groups, 51.75% of participants reported co-visits occurred in 25% or less of home visits, 31.5% reported co-visits occurred on 26- 75% of home visits, and 13.4% reported co-visits for 76% or more of total home visits.

Table 2

Survey participants' estimation of incidence of SC and EI provider home co-visits

	SC (*n* = 50)	Supervisor (*n* = 15)	EI Provider (*n* = 81)	Total Survey Participants (*n* = 146)
25% or less of total home visits	40.0%	31.6%	64.2%	51.7%
26 – 50% of total home visits	14.0%	21.1%	24.7%	20.8%
51 – 75% of total home visits	18.0%	15.8%	4.9%	10.7%
76% or more of total home visits	26.0%	10.6%	6.2%	13.4%
No specific estimation reported	2.0%	21.1%	0.0%	3.4%

Qualitative Findings

The Merriam-Webster definition of "clarify" is making something easier to understand. Interview participants provided many examples of how professional development in and implementation of the *Getting Ready* approach for EI home visits has clarified SCs' roles and responsibilities for SCs themselves, their colleagues, and the families they serve. SCs have traditionally been tasked with facilitating the EI service process, connecting families with desired resources, and documenting these efforts but study participants described how *Getting Ready* has sharpened the focus on effectively accomplishing these roles/responsibilities and, at times, presented perceived challenges or barriers to doing so. Evidence of this was seen in three areas which serve as the first three overarching themes for this data set: (a) family-centered practices and ability to coordinate services, (b) family capacity/confidence to support their child with a disability, and (c) impacts upon quality of EI programs for children and families. Additionally, a theme illuminating the practice of co-visiting in EI emerged. The four themes will be explained

next and representative participant quotes shared for each theme.

Theme 1: Family-Centered Practices and Ability to Coordinate Services

All groups of interview participants reported reinforcement of SCs' family-centered practices which in turn influenced SCs' ability to effectively coordinate and monitor EI services. When utilizing the *Getting Ready* approach, SCs intentionally focus on child and family strengths by collecting information on what has been going well for the child and family and how they are progressing toward achieving all IFSP outcomes. A supervisor said: *"[T]hey're continually making sure parents know what their rights are and checking in with families about goals."* One SC reported: *"It's a good reflection back when you start looking at [what has happened since the last time we've been here…all those positives]. This is where we…started and look what we're talking about now."* Another SC provided this perspective:

> *I feel like my home visits have a lot more conversation about the goals and I'm participating, not just so much in providing resources, but actually feel like I'm more part of the educational side and in that goal monitoring and I actually really liked it.*

Family-SC partnerships deepened as SCs had opportunities to implement essential *Getting Ready* strategies such as affirming family ideas and actions for achieving IFSP outcomes and jointly making decisions about ideas for how to do so. For example, SCs would engage family members in brainstorming of ideas/actions as well as needed resources to achieve an outcome. Then, the family and SC could jointly make decisions about proceeding and the SC would document a plan of action, including supports to be provided by the SC. The documentation also included prompts for planning a method of and timeline for communicating with the family in between SC home visits. One SC reported: *"I feel a lot more focused at visits and able to…meet those needs of the family."* Another stated that she encouraged families in this

way: *"In between our visits I'll text families, just to see how things are going… you're checking on them, making sure everything's going well, if [they] need anything."*

The structure thus implemented in SC home visits through the *Getting Ready* approach reportedly supported SCs planning for home visits resulting in a sense the visits were productive. SCs described the phenomena this way: "*It…gives you a guideline, but it's very open. It..bring[s] more structure to the visit to make it purposeful. It created a bit more planning," "It just made me more intentional, which obviously benefits the families. It helps families know what to expect too."* An SC explained that more preparation for a home visit prevented her from *"just throwing the kitchen sink [at families] and hoping something sticks."* She found this especially useful for families on her caseload who did not require extensive services coordination due to having fewer needs for outside resources or supports. Previously, she was unsure how best to support such families but using the *Getting Ready* approach assisted her to feel that she was indeed *"doing something"* useful for all families on her caseload. One supervisor added: *"Some of our SCs that were with us before* Getting Ready *have talked about one thing they appreciate—it's given them…structure as far as what those visits should look like and what they should make sure they're covering."*

While SCs consistently reported that the structure of the *Getting Ready* approach supported fulfillment of their roles, when asked about challenges presented by its use participants shared that certain family or child characteristics (e.g., significant medical needs, use of interpreters, critical mental health needs, families in crisis) require flexibility in the focus of home visits. Therefore, SCs are not always able to complete portions of the *Getting Ready* approach as designed, giving rise to worries about fidelity of use. A supervisor noted: *"Sometimes this process, using it strictly as it is, doesn't work for every family…So knowing*

where that flexibility has to be and how to adapt to the family's needs within that process, just takes time and finesse." An SC shared this experience:

> *I was just going to say one barrier for me is if there's a family that has a high medical or medically fragile child. And they have a lot of resources that are needed, so you open up with the* Getting Ready *[prompt], of how things are going. One of my visits, that was like almost an hour of…updates and what they wanted, or what they needed support with and all of that, and so we eventually got to updating on the progress of the goals, but their needs were so high at that time that it just took us a lot [of time] to get through.*

Another SC said:

> *I…[have] five families that I need an interpreter for so sometimes it's hard for me to use that format exactly because we have a limited amount of time and that that makes it difficult for me with families who English is not their first language. It might take you two hours to go through the IFSP goals that way.*

There were three unique participants who expressed concern that use of the *Getting Ready* approach led to challenges with family relationship-building, primarily due to a sense that SCs are now asked to utilize a structure that is professional in nature. One SC said:

> *I feel there's a difference in some of the…relationships that I used to have with families, I feel like they used to be a lot more … casual and …[we would] do a lot more just sharing about stuff … but where it's … so structured now with … making sure that you're reviewing all the goals and everything I feel like you, almost kind of lose some of that relationship.*

Another SC shared this: *"I think it took some of the personal…relationship building out of it and made it extremely professional…like it just…took some of the warm and fuzzy out of it."*

Theme 2: Family Capacity for and Confidence in Supporting Their Child

Key enhancements have been observed by these groups of participants in both families' capacity for and confidence in supporting the development of their children with identified delays/disabilities. Participants observed deeper family knowledge of the outcomes developed on the IFSPs and note that these seem quite meaningful to families.

> *Before when we did this, I'm not even sure parents knew what their goals were past the day you wrote them at the IFSP…[Now], they can tell when their child has met a goal and they want to share that with you… They really know what they put down and where they're trying to get with those goals.*

Families are described understanding and using strategies generated and practiced within usual routines or activities in home visits. One SC noted the following about the use of the *Getting Ready* approach by the entire EI team:

> *Within the provider framework… they must model some things, so I think that's so helpful for families…Parents [also] can look back at this document and follow up with it… It's organized and we can…be meaningful and purposeful with it. I just really…love it.*

Additionally, families reportedly demonstrate more ownership of the process of EI through embracing leadership on their teams and developing skills for self-advocacy. One SC stated: *"I like that parents are now more engaged and feel like they're a part of their child's progress versus somebody else is doing it*." Another mentioned carry-over of family self-advocacy skills as children transitioned into Part B services:

> *I feel like the biggest impact that I have seen, and we are … not very far into it after we were trained. But…I've had some IEPs with some of the individuals… since that time, and I feel like those parents are better prepared to advocate for their child when they go to the IEP and I think it's the way we [make] good use of open ended questioning… and*

touching base on things I just think the parent is better able to articulate what they want for their child.

Theme 3: Impacts upon Quality of Early Intervention Services

SCs' training in and implementation of the *Getting Ready* approach was linked to improved quality of EI services in several key areas. Participants reported recognizing SCs active involvement in the EI process as valued team members, with a central role of facilitating collaboration and communication between families and EI providers. Independent SCs were prompted to more systematically collect family perspectives on their satisfaction with EI services and communicate to EI service providers family needs for additional supports or families' shifting priorities. An SC stated that prior to the roll-out of this professional development she *"wasn't as intentional about asking [a] family specifically about how [EI is] going and are they satisfied with…the services they are getting."*

While this serves as a safeguard for family rights in EI, it was sometimes described as uncomfortable for SCs who are then asked to advocate on behalf of families who may be dissatisfied with the EI providers or the services that school districts or educational service units are delivering. One SC said:

> *I don't know if it's with* Getting Ready *that created it necessarily, but I almost feel like we're policing the providers, asked to check up on them… 'Are you satisfied with your services?' And I feel like it's creating more of a divide between teams than a collaboration. I want to feel like I'm part of the team, not like I'm checking in on [them].*

A supervisor noted: "*When [SCs] have to go back and advocate [for services], and especially if it involves the school district, [it] is very complicated and stressful for everybody".*

Supervisors reported impacts on the consistency of services coordination support provided to children and families. One supervisor put it this way: *"I…think it has helped make the visits look more consistent among the staff members".* Another supervisor reported: *"Even though things are individualized, ...families are getting similar experiences with what a service coordination visit looks like".*

One outcome of utilization of the *Getting Ready* approach was richer documentation of families' experiences in EI services. A supervisor shared this:

> *We've heard from families that they like having a copy of the [SC home visit] sheet. Some families want it emailed or some like the copy that's left there with them. Families have referenced that they like having that. They know they have some written record in a week or so to go back to if things are really busy.*

An SC said: *"I've had families say, 'Oh, this will be great, my husband can look at this when he gets home to see what we talked about.' It…also then lets him be involved."* SCs also appreciated the emphasis on and consistency of use of home visit documentation by all EI team members:

> *I have been doing this a while…and I felt like this was always something that was missing. When we would go in and do visits and…did not have a document to leave with them. Parents can look back at this document and follow up with it…it's organized, and we can be meaningful and purposeful with it.*

The template for home visit documentation had consistent features for SCs and EI providers, which supported collaboration among EI team members. An SC shared:

> *I think it's really exciting when I go on a home visit, and I'll start talking about the services and they'll pull out their yellow sheet from the provider and we will review that together. It's really awesome.*

Such rich documentation poses additional challenges for SCs. Completing the home visit plan during the visit may present a difficult balance between attending to writing notes and being a present and active listener with a family during conversations. An SC reported: *"The biggest challenge for me is just being able to write and do the home visit summary during the time that I'm there."* The more detailed information gathered as a result of the action plan template requires more time to type into the state documentation system at a later time. One SC explained: *"Sometimes the documentation is difficult… just longer. I feel like that's just my perception … because we get so much information, I feel like I'm typing so much, maybe that's a personal thing."* A supervisor said: *"Doing their home visit sheet, and then having to come back and put that in [the state system], is a duplication of their efforts and not the best way to use their time."*

Finally, some SCs serve EI teams by providing peer coaching and assessing team members' fidelity to the Routines-Based Interview (RBI) strategy and *Getting Ready* approach rolled out in Nebraska's RDA process. This topic emerged in response to a question posed to SCs about roles they serve in their position that are not identified in the national description of knowledge and roles of SCs. One SC said her role included: *"…a lot of coaching with new team members, new services coordinators, as well as any team member that comes on board to kind of help them get acclimated to their new position."* Another explained that, in addition to completing her own fidelity checks she does *"…at least seven to six fidelity checks a year for providers"* in her region. Although this is not directly related to home visits, these statements do reflect changes for some SCs' team leadership roles that are due to RDA professional development across the three strategies.

A challenge related to this particular opportunity for team leadership is that it is time intensive and has been added to SCs' already full slate of roles/responsibilities. A supervisor

observed:

> *I would also say the [RBI] fidelity checks and that process for us is a challenge partly because we spend so much time making sure we're all doing the process right, sometimes we forget that we're there actually to meet the family's needs, it's not about the fidelity check, but yet it is about the fidelity check.*

SCs shared challenges with *"keeping up with regards to the three best practices [RDA strategies] and being a coach for [those] and being a services coordinator on top of that,"* and that these additional responsibilities *"take a lot of time."*

Theme 4: Co-visiting Practices in Early Intervention

Interview participants were asked to estimate the incidence of SC and EI provider co-visits occurring in their programs. The largest proportion of participants (44.2%) stated co-visits occurred in 25% or fewer home visits. Notably, 23.3% of participants shared that co-visits occurred in 26- 50% of home visits. Just 9.3% of participants estimated co-visits occurred in 76 – 100% of visits. Interviews allowed a deeper exploration of the decision-making process teams used to determine if co-visits are necessary. Patterns emerged regarding the basis of these decisions as well as the advantages and disadvantages of co-visits.

Regarding the process used to make decisions whether or not to co-visit, participants most often reported that family requests drove the decision. Explanations included tight family schedules precluding separate visits or health concerns related to COVID-19 prompting families to limit the number of times visitors came to their homes. Sometimes, decisions to co-visit were driven by professionals. Explanations included personal preferences of individual SCs or EI providers, scheduling difficulties, availability of interpreters for families whose primary language was not English, and perceptions of safety concerns for solo home visitors.

Participants reported both advantages and disadvantages of co-visits. Advantages noted in co-visiting were that SCs and EI providers collaborated to cover the dual aims of the home visit and reported a deeper understanding of what each team member was doing to support the family and child.

The primary disadvantage noted by participants was feelings of discomfort with co-visits because they understood that state leadership was promoting separate visits by SCs. They acknowledged the rationale that this enabled SCs to accomplish their roles more easily as independent coordinators of EI services through checking on family satisfaction with services and supports. Many teams made efforts to overcome this disadvantage by ensuring that the SC came before or stayed after the EI provider in order to inquire about family satisfaction with EI services and complete other tasks related to desired family resources. Specific to the RDA strategy of using the *Getting Ready* approach for home visits, another disadvantage of co-visits that emerged was that SCs encounter difficulty with or do not have adequate time to complete the *Getting Ready* structure due to the primary focus of the home visit on family interactions with the EI provider.

Mixed Method Study Point of Mixing

Upon completion of quantitative and qualitative analyses of the data sources, these results were integrated to effectively answer the three research questions.

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

Federal and state laws mandate a number of key roles and responsibilities held by SCs as critically important colleagues on EI teams. This study revealed that training in and implementation of the *Getting Ready* approach for home visits holds potential for trained SCs to

experience high levels of confidence in fulfilling several of these roles/responsibilities. First, training to enhance family-professional partnerships reportedly aided SCs' skills for facilitating the EI service delivery process for families and their infant/toddlers. Specifically, SCs intentionally reviewed progress toward child/family IFSP outcomes, affirmed family ideas for needed resources and actions for achieving outcomes, and planned to communicate between home visits regarding efforts to move family/child outcomes forward or address additional family needs/concerns. Next, evidence emerged regarding increased familiarity of families with their IFSP outcomes as well as the ideas generated and actions planned to achieve the outcomes. The *Getting Ready* approach reportedly prompted SCs to be more intentional regarding checking on family satisfaction with EI services and providing feedback to EI providers about family concerns, thus enhancing family capacity for leadership and self-advocacy and improved quality of EI services. These findings suggest the role of SCs as team collaborators and family advocates was strengthened through using the *Getting Ready* approach. Finally, use of the home visit action plan template assisted with the SC role of thorough documentation of EI service activities. In interviews and surveys, SCs provided descriptive examples of and indicated strong agreement with their confidence in using several documentation practices: summarizing family reports of progress toward IFSP outcomes, listing new resources or supports needed by families, and documenting the between-visit communication plan.

Research Question 2: What barriers to using the* Getting Ready *approach do trained SCs report?

While participants described a wide array of benefits the implementation of the *Getting Ready* approach has brought to SC home visit practices, there were some barriers which emerged from the study. Participants found completing the steps included in the structured approach

difficult in some situations, particularly when families had either very high or very low sets of needs and concerns, or when utilizing interpreters for family communication.

Occasionally, interviewed SCs perceived an impact on their ability to build relationships with families in that the format prompted that they focus more of their attention on deeper documentation of visit activities and in-between visit plans. Interestingly, surveyed SCs reported lower rankings of confidence in two related areas—documenting a description of "who does what" between scheduled home visits and then carrying out those between-visit plans.

Finally, the focus on the role of SCs to facilitate collaboration and communication between families and EI providers led to reportedly uncomfortable conversations as SCs attempted to balance their positions as valued and insightful EI team members and trusted advocates for families.

Research Question 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?

Trainings provided by state leaders have emphasized the importance of SCs and EI providers conducting independent home visits with families to optimize EI services and allow for an independent check by the SC on family satisfaction with services. Independent home visits allow professionals the time needed with families to regularly address all child and family IFSP outcomes as well as, in the case of SCs, discuss and obtain additional resources beneficial to family capacity to support the development of their child. Surveys and interviews indicated that professionals generally endeavor to meet this expectation because both data sources reported co-visits mainly occurring in 25% or less of home visits (see Table 4 below).

However, a moderate amount of co-visits continue to occur and Theme 4 of the qualitative results shed light on the reasons given for these as well as perceived advantages and disadvantages of doing visits in this format.

Table 4

Survey and interview participants' estimation of incidence of SC and EI provider home co-visits

	Total Survey Participants (n = 146)	Total Interview Participants (n = 43)
25% or less of total home visits	51.7%	44.2%
26 – 50% of total home visits	20.8%	23.3%
51 – 75% of total home visits	10.7%	4.7%
76% or more of total home visits	13.4%	9.3%
No specific estimation reported	3.4%	18.6%

Discussion

High-quality, family-centered practices are necessary and historically valued components of EI services and home visiting (Division for Early Childhood, 2014; Workgroup on Principles and Practices in Natural Environments, 2008). SCs are often the glue that holds the EI system together for families and other team members, and as such, must receive effective professional development to fulfill their many essential roles and responsibilities. Trute and colleagues (2008) discovered a statistically significant association between families who reported receiving higher

quality family-centered services coordination requesting fewer resources over time. Yet, there have been few studies of initial training packages to meet the broad array of needs for these key EI team professionals, and Childress and colleagues (2019) recently observed that "there is no consensus on…what in-service professional development should be required for professionals who fill this role" (p. 140). The results of this study add key information about training in and implementation of one package of practices that support high quality EI home visits—the *Getting Ready* approach. In particular, these findings relate to the home visits of SCs.

Implications for Policy and Practice

A number of implications for policy and practice emerged from this study. This is one of the first examinations of the use of *Getting Ready* approach in the context of EI. The *Getting Ready* approach demonstrated promise as offering a set of essential strategies, collaborative, problem-solving practices, and a structure that supports the vital roles and responsibilities of EI services coordinators. The approach emerges from a theoretical grounding in an ecological model for understanding child development (Bronfenbrenner, 1992) paired with a collaborative, strengths-based, solutions-oriented model for tackling prioritized outcomes (Sheridan et al., 2004). SCs appreciated and expressed high levels of confidence for using the set of strategies to strengthen partnerships with families and focus efforts of EI teams on achieving family and child IFSP outcomes. The structured approach reportedly led to more intentional planning for and, thus, productive home visits. In addition, use of the home visit action plan based on the *Getting Ready* approach prompted richer documentation of the EI process and planning for communication between home visits. Such communication has potential to facilitate delivery of the dosage of support needed by young children in their natural environments (Sawyer & Campbell, 2012; Warren et al., 2007).

Participants also noted deepening family knowledge of IFSP outcomes and understanding of ideas and actions generated through family-professional collaboration to address the outcomes. Family ownership of the EI process and strengthening of family self-advocacy skills were observed across participants. This enhancement of the family's capacity for and confidence in supporting their child with a disability or developmental delay lies at the heart of effective EI services (Dunst & Trivette, 2009). Thus, training in and use of the *Getting Ready* approach for enhancing the quality of SC home visits has been shown to do just that in numerous ways. This finding has implications for the field as states or other entities explore potential models for professional development in home visiting practices.

While participants described a robust set of advantages of use of the *Getting Ready* approach, concerns did arise for some users. These concerns suggest areas for further adjustment of the approach for this population OR further professional development in its use. For example, some SCs expressed concern about the impacts of using a suggested format for documentation on their ability to stay present in a conversation or build a positive relationship with a family member. Such concerns may be mitigated with follow-up coaching to better understand how the SC is tackling this task, and collaboratively problem-solving ways for the SC to convey a sense of presence or more efficient methods to complete the documentation.

Other participants described challenges with accomplishing all facets of a *Getting Ready* approach home visit when families had particular characteristics. For example, if the child had significant and varied needs, an SC might spend a large portion of the home visit time being updated by the family about current concerns and needs and run out of time to review progress on all child and family outcomes or ask the family if they are satisfied with their EI services. *Getting Ready*, however, aims to guide SCs to regularly tap into pivotal points of contact about

EI services (e.g., current/changing child or family needs, progress on IFSP outcomes, family satisfaction with services). Though each point may not be addressed on every visit, SCs have been advised by state leadership that they may use follow-up phone contacts, e-mail, or other methods of gathering information that might have been missed due to time constraints. Thus, a recommendation for practice would be that the entities hiring SCs develop methods to easily gather data (e.g., electronic tools, e-mail formats) and, further, have policies specifying reliable, systematic methods of follow-up communication for SCs to gather information between visits (Higgins, n.d.; Higgins & Kuhn, 2022).

Next, in Nebraska, SCs who were early completers of the training and fidelity-approval process for the three RDA strategies were tapped as peer coaches for EI providers and SCs following in their footsteps. They participated in fidelity checks for accurate use of the RBI strategy and the *Getting Ready* approach. This allowed experienced SCs to take on leadership roles in their regions and to be viewed as valued senior team members. There was, however, a related cost of adding this responsibility to already full workloads. Thus, entities asking SCs to perform peer coaching should consider adjustments to caseload, additional salary, incentives, or other options to offset SC work time devoted to such activities (Nichols et al., 2023).

Finally, state leadership has stressed the importance of the role of the independent dedicated model of services coordination in providing accountability and safeguards to families to receive EI services as outlined in their IFSPs. To accomplish this role, the SC asks families about how their EI services are going and communicates and collaborates with EI providers on their teams to address family concerns or requests for changes. Families are most able to honestly convey their satisfaction with EI services when the SC conducts an independent home visit as opposed to a co-visit with an EI provider. Many participants in this study expressed that

they clearly understand the position of state leadership in this matter. Participants also reported various barriers to and gaps in the ability of SCs to comply. These barriers and gaps will require an array of solutions. Several participants reported that SCs go early or stay later at a home visit in order to collect satisfaction with service information from families. While this addresses one role of SCs, it may limit other roles of SCs due to time constraints (e.g., time to collect documentation on progress toward achieving IFSP outcomes or to partner with families to identify new resources for concerns/needs). Another barrier mentioned was SC or supervisor perceptions of safety issues for the SC. The issue of home visitor safety has been studied for some social service professions, such as child welfare workers and home health care providers (Geiger-Brown et al., 2007; Kim & Hopkins, 2017), however, no research findings specific to providers of voluntary home visiting programs such as EI were located. Kim and Hopkins (2017) have studied the development of a "valid and reliable measure…for assessing the level of perceived home visit risks that home visiting professionals…may experience" (p. 613). Further investigation of risk and protective factors, as well as individual worker behaviors that mitigate risk would provide SCs, other EI home visitors, and their supervisors valuable information for developing guidelines for making decisions about home visit safety and developing strategies for secure home visits.

Limitations

For this study, a survey was used to explore SC participants' levels of confidence in using a variety of aspects of the *Getting Ready* approach in their home visits, and supervisors' and EI providers' perceptions about the consistency of SC use of that approach. Follow-up focus group interviews provided further evidence from all three groups regarding the quality of SC home visits. However, the voluntary nature of both of these participant pools limits the generalizability

of the findings, thus they must be interpreted cautiously. A randomized observational study of a sample of actual home visits of trained SCs would provide additional evidence of on-going implementation of *Getting Ready* in SCs' home visits as well as information about levels of fidelity of use of the approach.

Conclusion

Services coordinators often provide families' first introduction to EI services. Doing so opens doors of opportunity for effective SCs to establish trustworthy, supportive relationships during one of the most vulnerable times in the family life of young children with delays/disabilities. Further, SCs are tasked with a broad range of roles and responsibilities as key EI team members who continually strive to support families as they identify needed resources. As such, SCs require effective training and on-going professional development. When considering practices that would boost the quality of EI home visits in the state of Nebraska, leadership chose the *Getting Ready* approach due to the wealth of literature supporting its effectiveness in programs serving families and young children.

Quantitative and qualitative data collected and analyzed for this study yielded several positive findings regarding SC experiences with using the *Getting Ready* approach as well as some on-going gaps and barriers to address. SCs' ability to fulfill key roles and responsibilities on EI teams was strengthened, family capacity in terms of ownership of their EI services and ability to self-advocate grew, and as a result, quality of the EI services in this state was enhanced. Current practices related to SC and EI provider home co-visits were also explicated. In conclusion, this study revealed evidence that the quality of EI services and, in particular, demonstration of key SC roles and responsibilities has improved across the state subsequent to training in and implementation of the *Getting Ready* approach for home visits.

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