

# Part C Quality Home Visit Practices

Evaluation Report  
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**Collaborate. Evaluate. Improve.**  
Interdisciplinary Center for Program Evaluation

# Nebraska Results Driven Accountability (RDA)- Part C

## QUALITY HOME VISIT PRACTICES

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.

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, a sample of home visits was reviewed to explore the current status of home visitation practices. Three groups with varying levels of RBI training submitted video recorded home visits for review: (1) providers with two to three years of experience with RBI and functional outcomes (2) providers recently trained in RBI and functional outcome practices and (3) providers with no RBI or functional outcomes training. 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 to use with Part C programs across the state. This intervention (Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010; Sheridan, Knoche, Kupzyk, Edwards, & Marvin, 2011; Sheridan, Marvin, Knoche, & Edwards, 2008) was designed to provide an integrated, ecological, strengths-based approach to school readiness for families with children from birth to 5 years who are participating in early education and intervention programs. The Getting Ready intervention promotes a joining of expertise of parents with that of the early childhood professional, bringing together family contributions about culturally relevant experiences and professional contributions about developmentally important activities.



The first cohort to receive Getting Ready training had been fully implementing the strategies for one year in the fall of 2018. In order to evaluate the influence of the Getting Ready intervention on the quality of home visit practices, an evaluation to investigate the influence of the implementation of a quality routines-based home visits approach on the quality of home visit practices was planned. The objective of the evaluation was to examine how the home visiting behaviors of providers vary between two groups, Getting Ready trained and non-trained in Getting Ready.

The co-leads actively recruited from two groups, Part C early intervention (EI) providers from the Getting Ready trained and non-trained in Getting Ready EI providers, for participation in the evaluation with a target of 20 participants per group. The elective nature of the evaluation influenced the number of willing participants from each group. Recruitment yielded seven participants from the Getting Ready trained group and no participants from the non-trained group; therefore, it was not feasible to answer the comparative evaluation question.

### About the Early Intervention Providers

A total of seven EI providers, from three planning region teams, participated in the home visit practices evaluation. Demographic data was gathered through surveys submitted by the EI providers. Five of the providers identified themselves as Early Childhood Special Education teachers, one as an Occupational Therapist, and one as a Physical Therapist. Of the seven providers, five indicated that they were trained as a coach for the Getting Ready intervention. Experience level of the providers varied. Two providers had more than 10 years of early intervention experience, one had 5-10 years of experience, three providers had 3-5 years of experience, and one had 1-2 years of experience.

### Where were the services provided and who were the families?

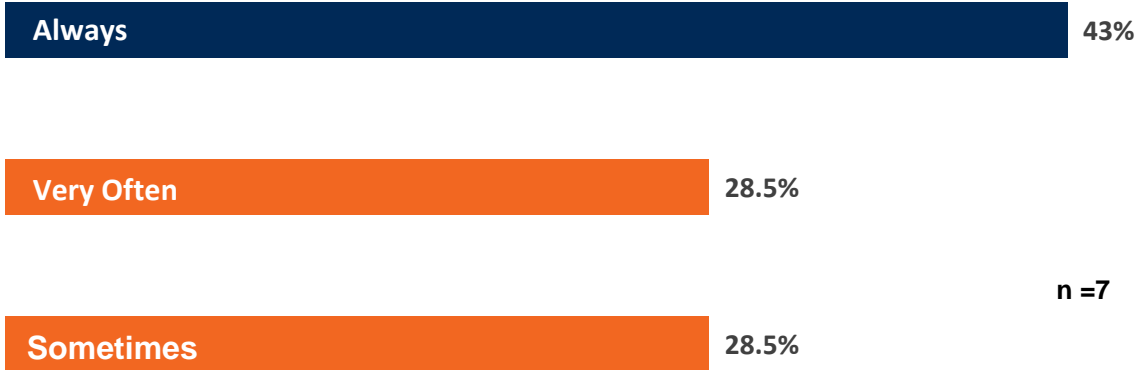
Information related to the provision of Part C services was gathered via survey from each participant. All of the visits took place in the child's home. One of the providers had been providing services to the family for over 24 months, three for 12-18 months, two for 6-12 months, and one for less than 6 months. The mean number of visits per month for the families in the videos was 2.57 visits (range 2-4). The majority of the visits occurred with the child's mother present, two also included the father, and one was completed with the child's grandmother. The mean age of the children in the submitted videos was 26.8 months (range 13-41 months).

### What did the early intervention providers tell us about their visit and the Getting Ready intervention?

The majority (86%) of the EI providers were overall satisfied with the visit that they submitted. The EI providers were asked how often they use the Getting Ready intervention to guide their home visits. They reported varying levels of use, 28.5% reported *always* using the intervention, 43% reported using the intervention *very often*, and 28.5% reported that they *sometimes* use the intervention. When asked about their satisfaction with the Getting Ready intervention for use in their home visits, the providers reported being either very satisfied (43%) or slightly satisfied (57%).

## EI providers use the Getting Ready intervention at varied levels.

*All providers reported using the intervention at least sometimes to guide their home visits.*

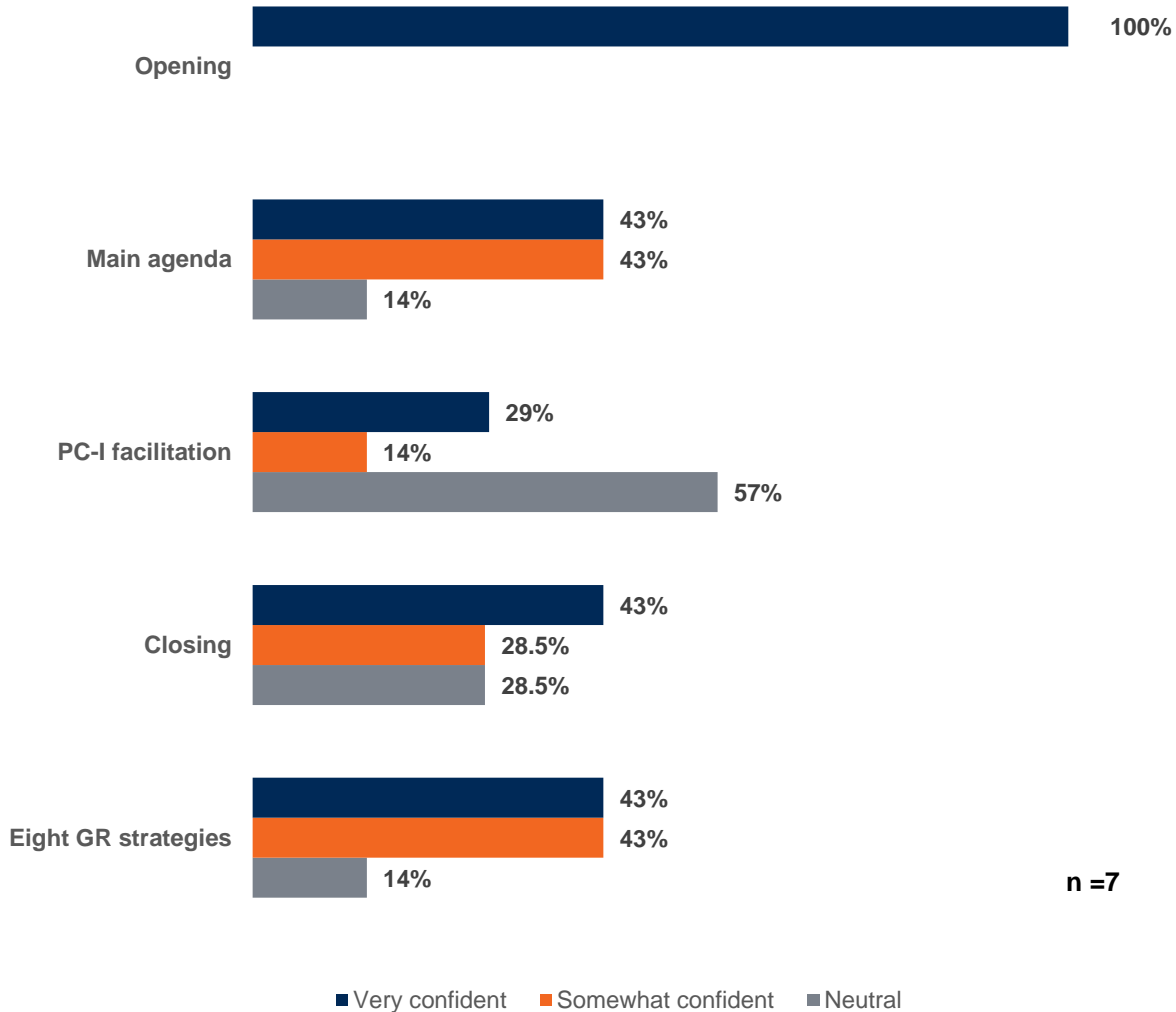


The Getting Ready intervention structures home visits into three key components; the opening, the main agenda, and the closing. Within these components, providers are expected to incorporate key elements (e.g. co-establish purpose of the visit, support parent-child interactions) and implement the eight Getting Ready Strategies within the visit. These 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 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 providers reported being very confident in the opening of their visits and the majority reported 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.



## EI providers are confident in the opening of their home visits.

Many providers are neutral about their confidence in facilitation of parent-child interactions.



## 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.



The *Home Visit Rating Scales- Adapted and Extended* (HOVRS-A+ v.2.1) was utilized for the 2016 evaluation and for the current evaluation. The HOVRS-A+ v.2.1 assesses the quality of home visit practices and levels of family engagement during home visits based on a 30 to 60 minute video recording. HOVRS-A+ v.2.1 is scored on a 7-point scale, with seven indicating high-quality home visitation practices.

The results of the assessment are reported in two domains. The first domain, Home Visit Practices, measures the family engagement specialist's responsiveness to the family's strengths and culture, how the visitor builds relationships with the family, the effectiveness of the family engagement specialist at facilitating and promoting positive parent-child interactions, and non-intrusive approaches utilized by the visitor that support effective collaboration.



The second domain, Family Engagement, examines the nature of the parent-child relationships and interactions, as observed during the home visit, and the level of parent and child engagement within the activities of the home visit.

In 2016, HOVRS- A+ v 2.1 data were available for 31 Part C EI providers with varying levels of training and implementation of improvement strategies one (RBI) and two (functional outcomes). In 2019, HOVRS- A+ v 2.1 data were available for 7 EI Part C providers. These providers were fully implementing all three improvement strategies (RBI, functional goals and outcomes, and Getting Ready intervention). The mean scores for the Home Visit Practices and Family Engagement domains and each of the subscales are shown in the table below.

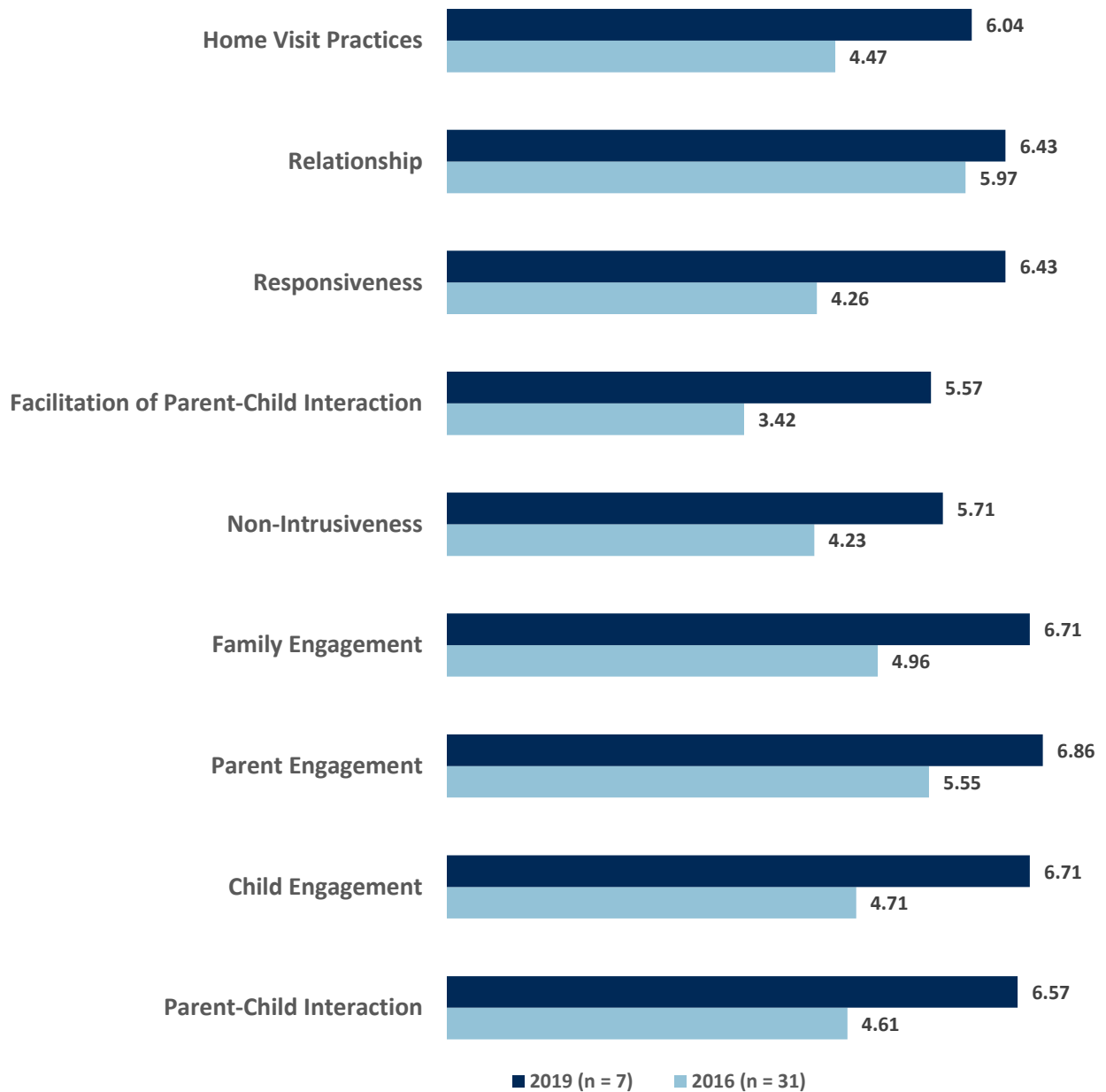
Descriptive analyses comparing the HOVRS- A+ V 2.1 from 2016 with the HOVRS- A+ V 2.1 from 2019 revealed improvement in the mean ratings for both the Home Visit Practices scales and Family Engagement scales and each subscale. Due to the small size of the 2019 sample, additional analyses measuring statistical significance between the group means were not feasible and there was no consistency between the 2016 and 2019 EI providers; therefore, direct comparison cannot be completed.



For providers who participated in all three improvement strategies, the results suggest that this group demonstrated high-quality home visit practices and high levels of family engagement during their home visits, and the providers demonstrated strength in the targeted improvement areas that were identified through the 2016 Home Visit Practices evaluation. The providers established active engagement with both the parent and child during the home visit, promoted and facilitated positive parent-child interactions during the home visit, and collaborated with parents to support their child's development outside 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.*



## RDA STRATEGY IMPLEMENTATION AND PARENT SELF-EFFICACY

Each state is required to report on the percentage of families participating in Part C early intervention who report that their services have helped their family to (1) know their rights, (2) effectively communicate their needs, and (3) help their children develop and learn. Nebraska collects family outcome data via a family survey developed by the National Center for Special Education Accountability Monitoring (NCSEAM). The family survey contains a section of questions related to parent self-efficacy. To evaluate the influence of the implementation of the three improvement strategies on parent's perceptions of their self-efficacy, this study conducted an evaluation of parent perceptions of self-efficacy across three groups: (1) full implementation of all 3 strategies; (2) not yet trained in the Getting Ready intervention; and (3) implementing only RBI groups.

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* (EIPSIS; Guimond, et al., 2008). All items were categorized into the three focus categories of the family survey and parent self-efficacy impact items were identified for each of the groups from the family survey. 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. Data were included for participants who completed 80% of the items of interest, and a mean composite score was calculated for each participant and each of the three strategy implementation groups. The mean composite scores for each implementation group is shown in the table below.

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

Analyses were completed to determine if there were differences in self-efficacy outcomes based on provider participation in one of the three implementation groups. Level of strategy implementation influenced the levels of parent reported self-efficacy. Mean comparisons were made 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 in the scores between groups [ $F(2,900) = .295, ns$ ]. Additional analyses were conducted at the item level. 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.



Nebraska family survey data collected in spring of 2019 for items related to parent self-efficacy yielded high mean scores on the gradient scale with minimal variability. These high scores suggest that, regardless of level of strategy implementation, parents had high levels of perceived abilities to produce positive change in their child and promote their child's development.

## 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. Training and implementation support for these strategies have been the focus of statewide efforts related to Results Driven Accountability. Previous evaluation results suggested the need for quality home visit implementation training and technical assistance to support EI providers; therefore, the Getting Ready intervention was adopted for use in Part C home visitation. Evaluation of EI providers, with varied level of experience, found that providers from this small sample, who participated in all three improvement strategies demonstrated high-quality home visit practices and high levels of family engagement during their home visits.

All of the EI providers demonstrated strengths in the areas identified as needing improvement through the 2016 Home Visit Practices evaluation. The quality of facilitation of parent-child interactions increased from 3.42 in 2016 to 5.57 in 2019 suggesting that EI providers *promoted positive parent-child interactions* during their home visit. Despite many of the providers reporting neutral confidence in their ability to facilitate parent-child interactions, the results suggest that the providers demonstrated moderate to high-quality practices in this area. Scores on the responsiveness to family subscale increased from 4.26 in 2016 to 6.43 in 2019. The most recent scores suggest the EI providers demonstrated high-quality practices in *collaborating with parents to support their child's development in daily routines and activities outside of home visits*. Family Engagement scale scores increased from 4.96 in 2016 to 6.71 in 2019. High scores on this scale suggest high levels of *active parent and child engagement in activities during the home visit*. The recent evaluation results suggest EI providers made gains in the areas of need identified by the 2016 evaluation; however, due to the small sample size, future evaluation of the influence of the Getting Ready intervention on the quality of home visitation practices is needed.

Nebraska family survey data related to parent self-efficacy yielded high scores across the three levels of strategy implementation. The minimal variability across groups suggests that the level of strategy implementation does not influence parent's reported levels of self-efficacy.

## NEXT STEPS

A larger evaluation of the influence of the Getting Ready intervention is recommended and should include a comparison of groups who are fully implementing the intervention 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 implementation would benefit future training and intervention implementation supports.

Given that many providers reported neutral confidence in promoting and facilitation parent-child interactions, methods to provide support and feedback focused on this home visit practice should be considered for future training and technical assistance for those who are trained in and implementing the Getting Ready intervention.

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