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A NATIONAL SURVEY OF TRAINING PRACTICES OF
AGENCIES EMPLOYING HOME VISITORS

by

Nicole Hawkins

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Psychology

Approved:

UTAH STATE UNIVERSITY
Logan, Utah

1996

ABSTRACT

A National Survey of Training Practices of
Agencies Employing Home Visitors

by

Nicole Hawkins, Master of Science

Utah State University, 1996

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Department: Psychology

This study reports the characteristics of home visitor training based on the results of a national survey of nominated best practice home visiting programs that service children with disabilities and their families. Two hundred thirty-six programs were nominated by their state's director of Maternal-Child Health and/or their state's Part H Coordinator as community-based programs that have had success integrating home visiting services into their community's overall system of care for children eligible for Part H services and/or special health care needs. The return rate of the survey was 85%, and these 193 programs serve as the basis for this study. Results include information on topic areas on which home visitors received preservice and inservice training (i.e., atypical child development, community-based services, cultural competence), the amount of training home visitors received (i.e., hours of preservice and inservice training), and how training practices compare to what experts in the

field view as recommended practices. The results indicate that the majority of program directors provided their home visitors with preservice and inservice training. The results also suggest that agencies that only employed professional home visitors tended to provide more training than those agencies employing only paraprofessionals. The results of this study indicate that a program's model of service delivery did not predict the amount or type of training home visitors received. The discussion includes recommendations that are offered to directors of home visiting programs.

(181 pages)

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Nicole Hawkins

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INTRODUCTION

Part H of Public Law 99-457, the Education of the Handicapped Act Amendments, was passed to ensure that a greater number of young children with disabilities could receive comprehensive services. P.L. 99-457 is designed to give children with disabilities family-centered, community-based care. In doing so, it provides a clear policy mandate for family assessment, the development of family goals, and the provision of family services (Apter, 1994; Powell, 1990). These mandates reflect a shift in service delivery from an individual focus to a family focus (Wasik, Bryant, & Lyons, 1990). This new focus has increased the need for highly trained home visitors two-fold, since this model of service delivery has been recommended as a tool for family preservation and for family support (Bailey, 1989; Bruder, Lippman, & Bologna, 1994; Gomby, Larson, Lewitt, & Behrman, 1993; Palsha, Bailey, Vandiviere, & Munn, 1990; Wasik & Roberts, 1994). By having an individual come directly into a family's home, home visiting enables the family's service needs to be assessed in full context, which allows for a more accurate intervention. Part H requires home visitors and early interventionists to conduct family assessments and Individualized Family Service Plans (IFSP), and they must also demonstrate specialized skills in the areas of infant/toddler service delivery, interdisciplinary planning, and case management (Apter, 1994). The law also requires states to develop a comprehensive system of personnel development that includes preservice and inservice training for individuals who work on a regular basis with children who have disabilities and their families (Kontos & File, 1992). Part H was passed in 1986 and had to be fully implemented by 1991. This should have

served as a catalyst for both qualitative and quantitative changes in professional preparation programs for home visitors to prepare them to serve children under the mandates of P.L. 99-457 (Apter, 1994; Bailey, 1989; Johnson et al., 1992).

However, research in the area of professional preparation indicates that home visitors and early interventionists are not adequately prepared to fulfill the mandates of P.L. 99-457 (Bailey, Simeonsson, Yoder, & Huntington, 1990). Most college and university preservice training programs train interventionists to work with preschool-age children or school-aged children, and these skills are qualitatively different from those needed to work with infants and toddlers (Bailey, 1989). Preservice training programs also spend little time covering areas of family assessment, family intervention, and case management, which are necessary components of Part H (Bailey, Palsha, & Huntington, 1990).

Currently, a few colleges and universities are beginning to expand their preservice programs to cover areas of infant and toddler intervention (Bailey, Palsha, et al., 1990). Unfortunately, there is only a handful of graduates from these specialized programs, and the small numbers will not meet the current shortage of qualified personnel in the field (Ludlow, 1994, McCollum & Bailey, 1991; Miller, 1992; Palsha et al., 1990). The shortage of qualified personnel is a large and far-reaching problem. A national survey by Meissels, Harbin, Modigliani, and Olson (1988) surveyed all 50 states, and 88% of the states reported a shortage of qualified early childhood specialists to serve children from birth to 1 year. Unfortunately, this study also found that 80% of the respondents indicated that the shortage of qualified

personnel would continue into the next decade. The combination of inadequate preservice training and the shortage of qualified personnel has created a crisis in the field of early intervention. It seems clear that there is currently an intense need for highly trained personnel that can provide services to children with disabilities mandated by P.L. 99-457 (Palsha et al., 1990).

With the shortage of qualified personnel, it has now become essential for existing intervention programs employing home visitors to provide preservice training, along with their current inservice training, to ensure that their professionals can provide coordinated, comprehensive, interagency, and multidisciplinary services for infant and toddlers with disabilities required by law (Hansen & Lovett, 1992; Ludlow, 1994). In terms of the inservice training provided by agencies, there have been few research attempts to integrate information across disciplines in this area. Researchers suggest that home visitors are also receiving inadequate inservice training (Wasik & Roberts, 1994), and that the majority of inservice currently provided is not in line with known recommended practices, and subsequently may be ineffective (Guskey, 1986).

As a result of the lack of empirical research on inservice training, and the apparent inadequate preservice training in college and universities in the country, there is a need to determine if directors of early intervention programs are currently providing their home visitors with preservice and inservice training required to ensure that service providers have the necessary skills to serve infants and toddlers with disabilities mandated by P.L. 99-457.

REVIEW OF LITERATURE

Home Visiting

The practice of home visiting has existed in the United States since at least the 1890s and has served a variety of families in a variety of forms (Gomby et al., 1993). Home visiting is a unique service delivery modality that provides a variety of services directly in a family's home. As a result, it allows home visitors to go into families' homes and gain a richer understanding of the needs of the child and the family. The passage of P.L. 99-457 reflects a shift in today's home visiting practice from the individual to the family, as a focus of intervention (Dunst, Johanson, Trivette, & Hamby, 1991). This new focus, however, has placed a large amount of responsibility on the home visitor (Wasik, 1993). Home visitors now need to have a vast repertoire of skills that allow them to work with many types of families and provide a broad range of services (Wasik, 1993). As a result of the new responsibilities placed on home visitors, the hiring and training of home visitors in the last few years has been forced to evolve. To aid this evolution, information is needed from the evaluation of successful home visiting programs in order to open the door for other intervention programs to change hiring criteria and encourage the implementation of additional preservice and inservice training in important areas that may, for whatever reason, currently receive little attention (Bailey, 1989). Findings related to the aspects of hiring and its relationship with training are briefly discussed, and then the remaining review focuses on research examining preservice and

inservice training and recommended practice models of training.

Hiring

There has been a long-standing debate on the hiring of professionals versus paraprofessionals as home visitors (Wasik & Roberts, 1994). This debate is often only theoretical since there is a lack of empirical evidence to support one level of hiring over another. This issue has important implications for home visitor training, since it has been assumed that professionals need less preservice training and only occasionally supervision and inservice training in relation to paraprofessionals (Wasik et al., 1990). The largest study that has examined home visiting programs through a national survey was conducted by Roberts and Wasik in 1988 (Roberts, Soutor, & Wasik, 1992; Roberts & Wasik, 1990; Wasik & Roberts, 1989, 1994). This national survey obtained information from 1,904 home visiting programs across the country. The researchers found that the majority of home visiting programs that responded only hired professional home visitors and the results also indicated that 85% of the programs required a bachelor's degree or higher for employment (Wasik & Roberts, 1994). Based on these findings, it seems evident why many early intervention programs often do not provide preservice and inservice training to home visitors. When compared with individuals with no academic or experiential preparation, graduates from professional academic training programs probably need less supervision, inservice, and developmental activities (Wasik et al., 1990). However, as this review will demonstrate, research in the area of professional training programs has shown that when professionals graduate from these programs, they are

not adequately prepared to work with families and children with disabilities, particularly in the home setting.

Preservice

Preservice training of professionals is typically conducted by colleges and universities, and preservice training for paraprofessionals is often conducted through junior colleges, but is almost always the responsibility of the employing agency (Wasik et al., 1990). Research examining professional preservice training has demonstrated only a small amount of time is spent addressing issues related to early intervention with infants and toddlers, and it is rare for programs to address the specific needs of home visitors.

One of the largest studies addressing preservice training was conducted by Bailey, Palsha, et al. (1990). These researchers surveyed 449 preservice training programs across eight disciplines in order to document the training professionals were receiving related to children with disabilities and their families. The results indicated that the average student in the professional training programs surveyed received "only a small amount of information" related to infant and family intervention (p. 32). The results also suggest that the training students received in this area was mainly theoretical and conceptual instead of practical knowledge or clinical experience. Unfortunately, the survey respondents also reported that their style of professional preparation is unlikely to change in the future.

There are several other important studies that have examined the issue of

preservice training with smaller sample sizes, and these studies have found similar results to Bailey, Palsha, et al., (1990). A study by Bailey, Palsha, et al. (1990) randomly surveyed 20 preservice programs by telephone and 37 programs by mail to assess the amount of training students were receiving. The researchers found that unless graduate and undergraduate students had an infancy and early childhood focus, they received very little or no information on how to work with infants with disabilities and their families. A similar study found that only 56% of the professionals surveyed had contact with infants with special needs, and only 52% had contact with families during training (McCollum & Thorp, 1988). Almost half of the graduates in this study were entering the field without ever working with a family or with a child that has special needs. In another research project, Hansen and Lovett (1992) conducted a study involving 141 California personnel preparation programs and found similar results to the other studies reviewed. An additional finding was that besides training not being received in infant/toddler intervention and family issues, professionals were receiving little or no training in interdisciplinary team process, case management, and ethnic/cultural diversity. This raises concern since all of these areas have been documented as essential elements for professionals serving children under P.L. 99-457.

The studies of professional preservice training programs consistently demonstrate that professionals are entering the workforce with limited knowledge of early intervention topics. As a result, this puts a large burden on directors of early intervention programs to conduct extensive preservice training, which few have

established as a solid component in their programs. Many preservice programs are mainly oriented in helping home visitors learn the policies and procedures of the agency, and not the basics of child development and family dynamics. Since preservice training for home visitors in the past has not been provided by most of the early intervention programs, it has received only limited research other than case studies.

The national survey of home visiting programs by Roberts and Wasik (1990), discussed earlier, is the only large-scale study examining preservice training provided by home visiting programs. Out of the 1,904 programs on which respondents provided information, it was found that preservice training was provided to home visitors in 913 of the programs (Roberts et al., 1992). Out of the 913 programs that provided preservice training, 115 of these programs sent copies of the agency's training manuals, which were subsequently analyzed for content and format. The results indicated that most programs placed a strong emphasis on responsibilities of a home visitor, communication skills, and parenting skills. The results also suggest that training focused less on areas of self-awareness, assertiveness, understanding human needs, and creating empathy and trust. The researchers also found that home visiting programs used written materials, discussions, lectures, and audio-visual presentations as the main means of disseminating information. However, these programs spent less time using problem-solving exercises, observations of experienced home visitors, and conferencing/discussing of current cases. The home visitors were not receiving hands-on practical training. The researchers also found

that the average amount of preservice training provided by the agencies surveyed was around 11 to 15 hours. This finding indicates that one half of the home visitors were going into families homes' with less than 15 hours of training. Unfortunately, 26% of the programs sent home visitors into homes with less than 11 hours of training. The results of this survey also indicated that only 55% of the programs provided on-going inservice training. The findings of this study provide little evidence that home visitors were gaining the full repertoire of skills in preservice training that are critical to serve children with disabilities and their families.

It seems clear that more research is needed that examines the preservice training provided by early intervention agencies. Almost all of the research in the area of preservice training was conducted before P.L. 99-457 was in full implementation (this is also the case for inservice training); and information is now needed to determine if programs have expanded personnel training to encompass components of the law, and if practice is in line with policy.

Inservice

Inservice training is a process where practicing professionals engage in activities designed to improve or change professional practice (Bailey, 1989). Inservice offers service providers an opportunity to receive diverse training activities to enable them to grow in terms of organizational and individual goals (Rush, Sheldon, & Stanfill, 1995; Trohanis, 1994). Inservice is critical for home visitors since professional training programs do not cover topics essential to home visiting (Wasik & Roberts,

1994). In the last several years, interest in inservice training for home visitors has gained momentum, and many researchers have been concerned with testing new inservice training models. However, researchers have been less interested in examining existing inservice training and determining its effectiveness. By studying existing inservice training, researchers can determine where gaps are in training and can then create new models based on these findings (McCollum & Bailey, 1991).

A study conducted by Johnson et al. (1992) was designed to identify gaps in the inservice training of early interventionists. The researchers surveyed 422 supervisors of early intervention programs and 442 service providers in six states to determine skills that were "thought to be important, and needed" in training (p. 140). The findings indicated that supervisors and service providers felt more knowledge was needed in the following areas: federal and state legislation, community resources, appropriate assessment practices, time management, communication with parents and colleagues, and program evaluation. These areas of knowledge are all critical for practitioners in order to deliver family-centered and community-based care. Although it is encouraging that supervisors recognized these areas as needing more coverage, a finding in this study that raises concern is that supervisors felt they themselves were not sufficiently trained in these areas. If the supervisors did not have the appropriate training, it would be difficult for them to impart this requisite knowledge to their staff.

A study by Bruder, Klosowski, and Daguio (1991) suggests that the reason inservice training is inadequate is due to lack of personnel standards. These

researchers conducted a national survey of 50 states, across 10 disciplines, and found that there is "a serious lack of personnel standards specific to professionals providing services to birth to age 3 children" (Bruder et al., 1991, p. 76). The results of this study suggest that the reason inservice training is not covering important areas is due to varying information and an absence of knowledge on what topics should be emphasized and viewed as essential. As a result, there are no set standards of the delivering of services to children with disabilities.

The largest research project that examined inservice training of home visitors was also from the national survey conducted by Wasik and Roberts. According to this national survey, of the programs surveyed employing only professional home visitors, 34.4% provided inservice training (Wasik & Roberts, 1994). This finding is not extremely surprising given the old view that professionals need little or no inservice training. It was also found that, of those programs that employed only paraprofessionals, 43.3% of the programs provided inservice training.

Unfortunately, the results of this survey indicate that the majority of professionals and paraprofessionals did not receive inservice training. The results also indicated 35.5% of the programs that employed both professional and paraprofessional home visitors provided no inservice training at all for the home visitors. Seventeen percent of programs employing only paraprofessionals reported providing no inservice training. This finding is particularly distressing given the amount of preservice training the majority of paraprofessionals receive. The results of this national survey suggest that inservice training was only being offered by 65.5% of the programs,

which indicates there were a large number of home visitors that were not receiving ongoing training, which is now required by law.

As mentioned earlier, most of the research available on preservice and inservice training was conducted before P.L. 99-457 was in full implementation, and there is now a lack of empirical data on what forms of training home visitors are now receiving. Based on the mandates of the law and documented infrequent training practices, several researchers have proposed models of training that represent areas in which home visitors need training to provide appropriate services to families and children.

Recommended Practice Models of Training

The difficulties in previous preservice and inservice training have demonstrated the lack of a concerted effort in this area. Recommended models of training have been developed to address the shortcomings apparent in the training of home visitors. There has been almost a complete absence of research on the effectiveness of personnel training models for home visitors, but articles have been slowly appearing in the literature (Klein & Campbell, 1990). Many researchers have documented the needs of children with disabilities and their families; however, there is relatively little data that relate to the effectiveness of training personnel to work with disabled children and their parents (Klein & Campbell, 1990).

Several researchers have recognized the need for training models, and have acknowledged that the training of home visitors has not been adequate in the past.

These researchers have begun to develop models of training that would provide guidelines for home visitors to be more adequately prepared to provide appropriate services. These models are fairly new and have not been extensively researched in terms of effectiveness, but several directors of early intervention programs have adopted these models and results of these program directors' efforts and success are appearing in the literature (Alabama Institute for Deaf and Blind Preschool Technical Assistance Center, 1990).

Wasik et al. (1990) presented a model that has been used by several intervention programs as a recommended practice model for the training of home visitors. The model contains three interrelated procedures: role playing, experiential learning, and peer teaching. More importantly for this research, Wasik's model also describes topic areas that are essential in home visiting training that can be addressed with the three interrelated procedures. The topic areas that Wasik views as critical include: the history of home visiting; the philosophy of home visiting; knowledge and skills of the helping process (e.g., clinical skills, and professional and ethical issues); knowledge of families and children (e.g., child development, family systems theory, child management, prenatal/perinatal development); knowledge and skills specific to programs (e.g., program goals, record keeping, curriculum); and knowledge and skills specific to communities (e.g., cultural characteristics, health and human service resources, and transportation issues). Wasik et al.'s (1990) model covers the topics that these researchers viewed as essential for home visitors to serve children. There is, however, one limitation of Wasik's model that should be mentioned in relation to

the present research. Wasik's model does not specifically address topics that she views as essential for home visitors serving children that fall under the P.L. 99-457.

A second model for home visitor training was developed by Bruder and Nikitas (1992). Their model recognizes many of the topics covered in Wasik's model, but their model also covers home visitor training under P.L. 99-457. Bruder and Nikitas's (1992) model suggests that several other topics, in addition to those in Wasik's model, should be integrated into preservice and inservice training. Bruder and Nikitas (1992) suggested topics include information on: P.L. 99-457, family centered care, child assessment tools, team meetings, collaboration with families, and Individualized Family Service Plan implementation. Their model clearly covers elements that are now required by law and, if these topics were integrated in to training, it would enable home visitors to provide community-based and family-centered care.

Klein and Campbell (1990) have also suggested elements of training that are necessary for personnel serving children with disabilities and their families under the law. Although their model is not designed exclusively for the training of home visitors, home visitors fall under this model since they have to follow the mandates of the law as service providers for children with disabilities. The core contents that Klein and Campbell suggest in their model of personnel training include: atypical child development; cognitive, affective, language, psychomotor development of children from birth to 5; family systems and functioning; team-based program planning; methods of developmental assessment; and interdisciplinary programming

for at-risk and disabled children. Klein and Campbell (1990) stated that this model is based on graduate-level training, and they stressed that personnel working with disabled children who follow this model of training should leave training with a knowledge of typical and atypical infants and children, function and structure of families, and the role of families in promoting development. In addition to knowledge in these areas, they stress that personnel must be able to assess infant, child, and family needs, demonstrate use of effective intervention strategies, create developmentally appropriate learning environments, collaborate with parents and professionals, and perform service coordination. Klein and Campbell (1990) recognized that it will take universities and colleges some time to create programs that incorporate the components of their model. The authors suggested that early intervention programs need to expand inservice training to meet aspects of their model to provide personnel with skills to service children with disabilities and families.

Eggbeer, Fenichel, Pawl, Shanok, and Williamson (1994) have also developed a model of training for service providers to serve children with disabilities and their families. The model these authors developed consists of four key elements of training. They discussed that these training elements are applicable to any professionals who work with children under three and their families in routine situations. The four elements in their model are described in Figure 1 below. Although Eggbeer et al.'s (1994) model does not cover topics of training, it does outline the framework that early intervention programs should cover in their opinion.

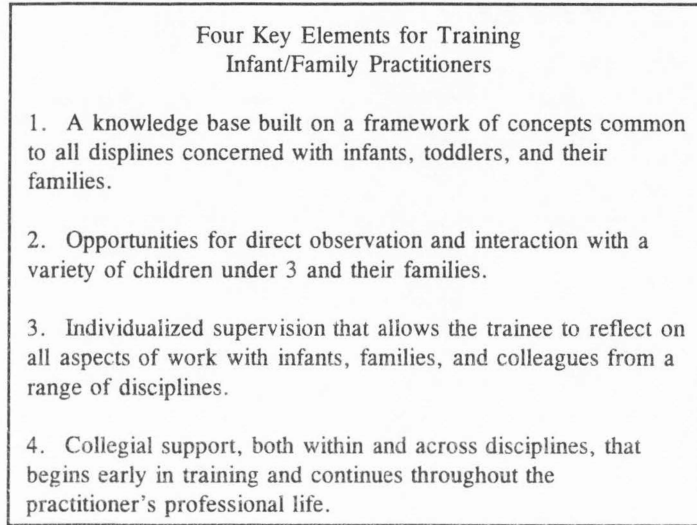


Figure 1. Four key elements for training infant/family practitioners (taken from Eggbeer et al., 1994).

The four models of home visitor training that have been presented represent recommended practice areas of training that experts in the field view as essential for home visitors to have knowledge of in order to provide competent services to children and their families. Research on existing programs is now needed to determine if personnel development programs have been expanded in the last few years to meet the mandates of the law that were to be in full implementation 4 years ago. Research is also needed to identify the impact of specific models of training or content of home visitors and service recipients. Without qualified personnel, the success of the law will never be realized.

PURPOSE AND OBJECTIVES

The general purpose of this study was to analyze results of a national survey of home visiting programs to obtain information on the training practices in preparing home visitors to serve children and their families with disabilities. The purpose of this study was to assess the actual training of home visitors employed at programs that have been nominated as exemplary programs. An additional goal of this project was to make recommendations with respect to needed shifts in established training of home visitors.

There were several objectives to this study:

1. To document the characteristics (e.g., hours of training, and instructor characteristics) of home visitor training in nominated exemplary early intervention programs.
2. To document what topics are addressed in home visitor training and compare them with suggested recommended practices.
3. To document the relationship between the amount of training home visitors received and the credentials (e.g., professional or paraprofessional) of the home visitors.
4. To document the relationships between the characteristics of training for home visitors and the characteristics of the early intervention agencies.
 - a. To document the relationship between the primary focus of home visiting services (e.g., child, parent/child, family as a unit) and the topics covered and the amount of training home visitors receive.

- b. To document the relationship between the model of service delivery followed by the agency (e.g., limited communication, linked services, one-stop shopping) and the topic areas covered in preservice and inservice training.
- c. To document the relationship between the characteristics of the population (e.g., child's disability, SES) served by the agency with the amount of training and topics covered in preservice and inservice training.

By using data obtained in a national home visiting program survey, these objectives provide information on the current reported characteristics of preservice and inservice training for home visitors within best practice programs. Many of the home visiting interventions implemented by programs are model driven. Intervention programs may focus on the child only, or the parent and the child together, or the family as a unit. Intervention programs that follow different service models and have different foci of intervention may conduct training for their home visitors in diverse forms. An additional goal of this study was to determine whether the training provided in nominated, recommended practice programs reflects the current essential components as determined by experts in the field of early intervention. Since training is so basic to the realization of P.L. 99-457, one could argue that training serves as one of the cornerstones for providing exemplary services as defined in the legislation.

Procedures

Source of Data

The data for this study were obtained from a research project conducted by the Early Intervention Research Institute (EIRI) at Utah State University as part of a grant from the Bureau of Maternal and Child Health (Order #HRSA 93-410(P)). This project is designed to develop, synthesize, and disseminate best practice indicators for the integration of home visiting services within early intervention efforts sponsored and supported through State Maternal and Child Health programs. One component of this project, and the focus of this research, was a national survey of agencies employing home visitors. This study focused on one aspect of the survey, the preservice and inservice training component.

Program Identification and Collection of Data

A letter was sent by EIRI staff in July of 1994 to each state's director of Maternal-Child Health and each state's Part H Coordinator requesting them to submit three nominations of community-based programs that were successful in integrating home visiting services into their community's overall system of care for children eligible for Part H services and/or children with special health care needs. The directors were requested to return their nominations within 2 weeks of receiving the letter. The nonrespondents then received telephone calls in July 1994 from EIRI staff members and nominations were taken over the telephone.

Once all the nominations from a state were received, the nominations were sent

to the Parent Training Center for comments and additional nominations, if members were not satisfied with the nominations. Of the 236 nominated programs, there was only one nominated program that the parent group did not agree deserved the designation of "successful."

On September 1, 1994, the directors of the nominated home visiting programs were sent a letter informing them of their nomination along with a copy of the "National Survey on the Integration of Home Visiting Services" included as Appendix A. The directors of the home visiting programs were asked to return the survey within two weeks. Six weeks after the survey was sent, nonrespondents were sent a postcard reminding them to return the survey. Two weeks after sending the postcards, those program directors that had still not returned the survey were telephoned by EIRI staff members, and additional surveys were sent if program directors had misplaced the original. EIRI staff members made follow-up phone calls until approximately 85% of the surveys had been returned. Program directors that completed the survey were sent a \$20 gift certificate for their participation.

Once surveys were received, staff members checked each survey for completion, and to ascertain if all the survey items were filled out correctly. Items that were left blank or filled out incorrectly were photocopied by a staff member and then re-sent to the applicable program to be completed.

Sample

The sample for this study consisted of all nominated programs that completed the

national survey conducted by the Early Intervention Research Institute (EIRI) . Home visiting programs that participated in this survey were nominated by either their state's director of Maternal-Child Health or their state's Part H Coordinator as community-based programs that were having success integrating home visiting services into their community's overall system of care for children eligible for Part H services or children with special health care needs. There were 236 programs that were nominated. Four states submitted more than six nominations: Maine, Iowa, California, and Oregon. Only one state, New York, declined to participate in the survey. Eight programs were excluded from this survey. Three of these programs did not qualify as home visiting programs, and two other programs were combined with other programs in their state which made them ineligible. One survey was returned without a name, and another program would not complete the survey due to time constraints. The final survey that was not included in the data was returned after the cutoff date of April 10, 1995. After these eight programs were excluded from the sample, there were 228 appropriate programs, and 193 (85%) of these programs returned surveys.

These nominated programs represent agencies engaging in perceived best practices of home visiting across the country, since the programs were nominated by informed supervisors as successful programs in the community. The findings from these successful programs can then serve as models for other home visiting programs and to act as a benchmark with respect to the current state of recommended practice programs in this area.

Instrumentation and Data

Nominated home visiting programs received the "National Survey of the Integration of Home Visiting Services" (refer to Appendix A). The survey contains 77 items that are open-response and forced choice responses, and most questions have an "other" category. The survey is divided into four main sections: (a) serving children and families through home visiting, (b) working with other local agencies to serve children and families, (c) working with state systems to integrate services for children and families, and (d) general descriptors of agency. A subsection of this survey contains numerous items on preservice and inservice training. This section contains multiple choice and Likert-scale questions regarding hours of preservice and inservice training (e.g., How many hours of preservice training are required for home visitors prior to their receiving an active caseload?), who conducts training sessions (e.g., Who conducts inservice training for home visitors?), and how agencies encourage training (e.g., How does your agency provide support to staff in acquiring inservice training?). This subsection also contains a question that covers topics that are viewed as important content areas of training (e.g., family-centered care, atypical child development, family assessment, Part H legislation, cultural competence, and stress management) where agencies check which topics are covered during preservice and/or inservice home visitor training.

This survey was partially based on the original survey developed by Roberts and Wasik (1990), but was extensively revised to include more detailed information on service integration and coordination efforts, as well as more complete information on

home visitors' education requirements and aspects of training. The new survey was piloted with five home visiting programs and was reviewed by the Director of the National Parent's Organization, the Project Officer at the Bureau of Maternal-Child Health, and a recognized expert in the field of home visiting. The survey was also reviewed and formatted by a survey developer. The survey was revised according to the feedback received from these reviews.

The data collection procedures for this study had four primary objectives: (a) to determine the characteristics of home visitor training, (b) to describe topics covered in home visitor training, (c) to determine how training is related to credentials of home visitors, and (d) to determine how training is related to characteristics of the employing agency. The nominal data related to these objectives were in the form of frequencies.

Coding of the Data

Once the surveys were received and checked for completion, a coding system that was developed by EIRI staff was employed to systematically code the responses to each survey questions. The coding system was designed to assess four primary areas: (a) how children and families are served through home visiting, (b) how agencies work with other local agencies to serve children and families, (c) how agencies work with state systems to integrate services for children and families, and (d) general descriptors of the agencies. The coding system for these data included a coding dictionary and conventions and these were used to standardize the coding procedures (see Appendix B). The coding dictionary consisted of a list of 491

variable names (e.g., Source), a description, and then codes for each variable name (e.g., Source; 1=MCH, 2=Part H, 3=Joint), and the number of columns in the data set each variable would span (e.g., column 4). The coding dictionary was formatted to correspond to the organization of the survey. The variable names started with the question number that corresponded with the survey.

Responses to the survey were first independently coded by two trained staff members using the coding instrument and conventions. The coders then compared and resolved any coding discrepancies until there were no discrepancies. The complete data set was then entered into SPSSX-PC independently by two staff members, and their data files were compared by computer to detect discrepancies in data entry. Discrepancies were further checked against the raw data to ensure a completely accurate data set.

Methods

Characteristics of Training

The first objective of data collection, to determine the characteristics of home visitor training, was broken down into two areas. The first area was the number of hours training was conducted in the forms of preservice and/or inservice training. The second area was the instructor's relationship with the agency (e.g., agency director, parent, or home visitor supervisor). The information for this objective was provided by respondents' answers to four categorical questions in the survey, and the data were in the form of frequencies. Cross tabulations were calculated between the

instructor's relationship with the agency and the hours of training provided.

Areas of Training

The second objective of data collection, to describe areas covered in training, addressed preservice and inservice training. The data collected were in the form of frequencies obtained from one question on the survey, which contained a list of 27 topics and an "other" category for respondents to mark which topics were covered in preservice and/or inservice training. Thirteen of the topics represent recommended practice areas of training. These 13 topic areas are all contained in one or more of the four recommended practice models discussed earlier. The other 14 topic areas represent general topic areas that commonly are covered during home visitor training.

Home Visitor Credentials

The third objective of this study, to describe the relationship between the amount of training home visitors received and the credentials of the home visitors, was completed by examining responses to two survey questions on minimum education requirements of home visitors, and then with the responses on questions concerning the amount of training. The data obtained for this objective were in the form of frequencies from several categorical questions contained in the survey. Cross tabulations were conducted between the required hiring credentials of agencies and the amount of training home visitors received.

Program Characteristics

The final objective of this study, to describe the relationship between the

characteristics of home visitor training with the characteristics of the employing agency, was completed by examining responses to several questions on the survey. The primary focus was to identify the characteristics of the early intervention programs that could be related to the training of home visitors. This information came directly from the coding system. The data from the categorical questions contained in the survey were in the form of frequencies for the subsequent analyses and included the following variables: primary focus of intervention, education requirements, population served, and service model. These variables were then related to characteristics of training (i.e., hours of training, and topics covered). Cross tabulations were calculated for each of these variables in relationship to the hours of training and the topics covered in training.

NATIONAL SURVEY RESULTS

The primary objective of this research was to describe the training practices of early intervention agencies employing home visitors to serve children under the age of 3 with disabilities. This objective was broken down into four distinct areas that are presented in the following order: (a) characteristics of training (i.e., amount, who conducts training), (b) topics covered in training, (c) differences in the training of professional home visitors versus paraprofessional home visitors, and (d) the relationship between training practices and characteristics of the employing agency. The general characteristics of the study participants are first presented to provide a context for the research objectives.

Characteristics of Study Participants

To examine the general characteristics of the study participants, the characteristics were grouped in two parts. The first section describes the general qualities of the programs, which included: population density, income levels, ethnic population, and eligibility criteria. All of the results in this section were calculated with nominal data and are in the form of percentages. In the second section, the general home visiting practices of the agencies are reported. The results reported in this section were also calculated with nominal data and are also in the form of percentages.

General Demographics

Nearly one quarter (22.5%) of the programs surveyed operated in semi-urban

cities of 10,000 to 50,000 people. As repeated in Table 1, the largest proportion (27.7%) of the responses was in the "other" category, implying that agency directors completing the survey could not describe their population's general density in relation to the categories listed in the survey. The majority (54%) of the program directors that endorsed the "other" category reported that their agency served multi-county areas, and another 20% reported their program served small urban or rural areas.

An unexpected finding of this research was that the majority of programs (51.2%) primarily served families in the income level of \$5,000 to \$14,999 per year. There were no agency directors who indicated that their program typically served families earning \$50,000 or more per year. Table 2 shows the breakdown of income levels of most families served by programs.

The average composition of ethnic populations served by home visiting in this sample was 66.1% Caucasian, 17.7% African American, 11% Hispanic/Latino, 3.1% Native American, and 2.1% Asian American. The mean, median, and range of the ethnic groups are reported in Table 3. The median percentage for Asian American and Native American families as a percentage of the total families being served by programs was zero. The percentages of Asian Americans and Native Americans served by early intervention agencies were low, but the wide range in the percentages presented in Table 3 indicates that select programs did serve large proportions of these groups.

All of the programs that participated in this study served children with

Table 1

General Population Density of Programs Surveyed

General Population Density	Percent of Programs	Range of Percentages
Larger metropolitan city of 500,000 or more	7.9	0-99
Medium metropolitan city of 150,000 to 499,999	11.5	0-100
Small metropolitan city of 50,000 to 149,000	12.6	0-95
Semi-urban city of 10,000 to 49,999	22.5	0-98
Semi-rural city of 2,500 to 9,999	14.7	
Rural town of less than 2,500	3.1	
Other	27.7	
Total (N = 193)	100.0	

Table 2

Income Level of Families Served by Programs

Income Level	Percent of Programs
Below \$5,000	9.3
\$5,000 - \$14,999	51.2
\$15,000 - \$29,999	37.8
\$30,000 - \$44,999	1.7
\$50,000 and above	0.0
Total (N = 172)	100.0

Table 3

Ethnic Composition of Families Receiving Home Visiting Services

Ethnicity	Mean %	Median %	Range of Percentages
African American	17.7	7.5	0-99
Asian American	2.1	0	0-30
Caucasian	62.1	69.5	0-100
Hispanic/Latino	11.0	5.0	0-95
Native American	3.1	0	0-70
Other	3.6	0	0-98
Total (N = 190)			

disabilities, and agency directors were asked to endorse the different eligibility criteria their program used to enroll children into the program. Three quarters (75.9%) of agency directors reported that children were eligible to be served by their agency if a developmental delay (e.g., cognitive, motor, speech delays) was present. As reported in Table 4, 71.7% of the program directors indicated that children with specific disabilities (e.g., cerebral palsy, hearing impairment) were also eligible to be served by their programs. Only 4.2% of agency directors reported that their programs did not base program eligibility criteria on the characteristics of the child, implying that these programs may target a parent characteristic for eligibility, or it could indicate that any child may be eligible.

General Home Visiting Practices

The second area that fell under the section of general characteristics of study

Table 4

Eligibility Criteria for Children Served by Programs

Criteria	Percent of Programs
Child characteristics not a factor in determining eligibility	4.2
General population	13.5
Preterm/low birthweight	56.5
Medically fragile (e.g., chronically ill, failure to thrive, technology-dependent)	68.6
Specific disabilities (e.g., cerebral palsy, hearing impairment)	71.7
Developmentally delayed (e.g., cognitive, motor, speech delays)	75.9
Potential or reported child abuse/neglect	32.5
High risk for delay or disability	62.3
Other	19.4
Total (<u>N</u> = 193)	

Note. Eligibility criteria are not mutually exclusive.

participants was the basic home visiting practices of agencies surveyed. The method of service delivery that the program directors reported is presented in Table 5.

Forty-nine percent of the agency directors reported that their program offered home-based and center-based services for children with disabilities under the age of three. Thirty-seven percent of the programs offered only home-based services for families and children. Many of the program directors that endorsed the "other" category responded that their program offered many other types of services besides

Table 5

Agency's Services for Children with Disabilities

Agency's Services	Percent of Programs
Home-based services	37
Home-based and center-based services	49
Other	14
Total (N = 194)	

home visiting. As Table 6 indicates, the majority of program directors (52.9%) reported that the primary focus of their home visitors was to focus on the family as a unit, where the home visitors use specific interventions aimed at improving the whole family's functioning. Twelve percent of the agency directors reported that their home visitors only focused the intervention on the child, which usually means that the home visitors try to improve the child's health and developmental skills.

Model of Service Delivery

The majority (63.1%) of agency directors reported that their agency used linked services to help families obtain services in their community. With linked services, the home visitor generally serves as a link between the family and other agencies, with little interaction at administrative levels. A service coordinator, usually the home visitor, may be assigned to help families find the services they need and may help make initial contacts. As Table 7 indicates, 11.7% of the agency directors reported that their model of service delivery was one of limited communication rather

Table 6

Primary Focus of Home Visiting Services

Primary Focus	Percent of Programs
The child	12.0
The parent/primary caretaker and the child	27.2
The family as a unit	52.9
Other	7.9
Total (N = 193)	100

Table 7

Model of Service Delivery

Model of Service Delivery	Percent of Programs
Limited communication	11.7
Linked services	63.3
One-stop shopping	8.0
Other	17.0
Total (N = 190)	100

than a linked system. In a limited communication model, the services (including home visiting) are separate with little communication among agencies. Families typically contact agencies separately and may have multiple service plans with minimal coordination of services. Only 8% of the programs had a one-stop shopping model of service delivery in effect. In a one-stop shopping model, home visiting services are fully integrated so that coordinators can assist families in accessing

services with one stop. Shared intake procedures and/or forms enable families to qualify for several services and several services may be housed at the same complex.

Figure 2 illustrates the examples of the three models of service delivery that were presented in the survey.

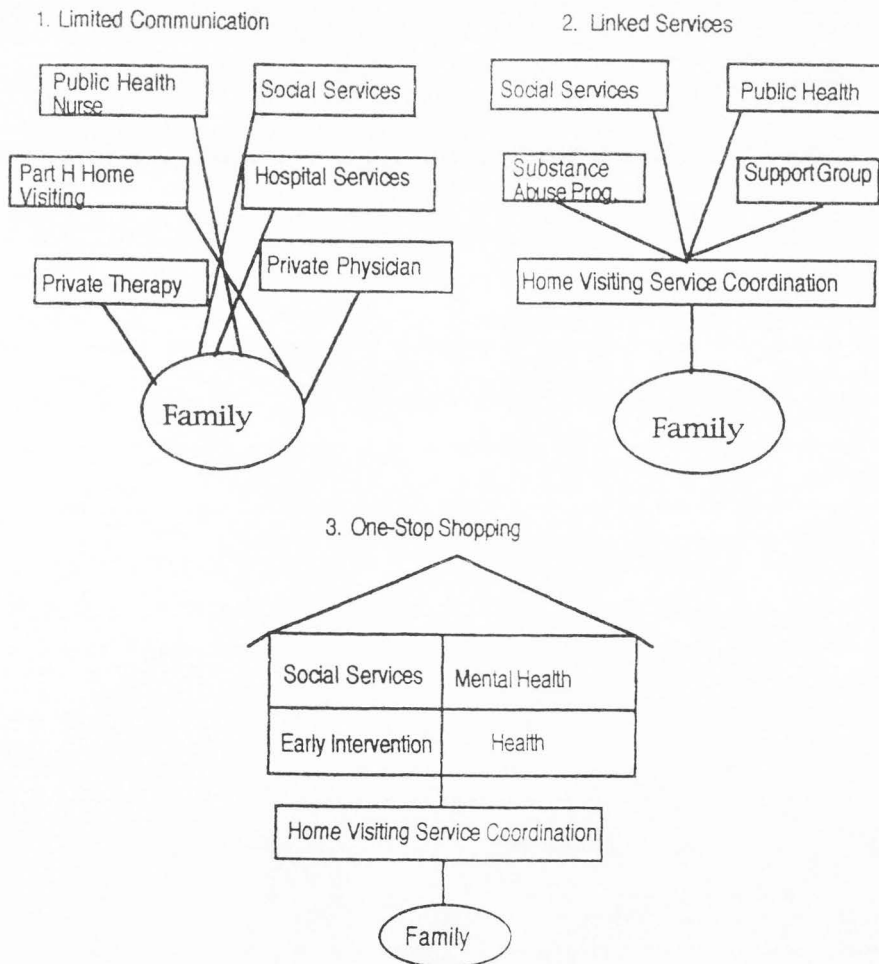


Figure 2. Models of service delivery.

Frequency of Home Visits

The largest proportion (48.1%) of the program directors reported that children served by their program received weekly home visits as indicated in Table 8. Only 3.7% of the program directors reported that home visits occurred every 4 to 6 months. Table 9 shows the percentage breakdowns of the length of time most children and families received home visits. The results indicate that the average length of time children and families received home visits was for 1 to 2 years. There were 29.6% of the agency directors who reported that families served by their programs received home visits over a period of 2 years.

Home Visitor Training

The first objective of this study was to examine the characteristics of training. The qualities of training analyzed included the amount of training home visitors received, who conducts training, and how training is facilitated. The data obtained for each of these qualities that were analyzed were in the form of nominal data. Approximately one third (31.3%) of the home visitors received more than 30 hours of preservice training before they began serving children and families on home visits. The average amount of preservice training home visitors received was between 11 and 20 hours. However, 7.8% of the agency directors reported that their home visitors provided services to children and families with no preservice training. The breakdown of preservice training is reported in Table 10.

In terms of inservice training, 38% of the home visitors received between 3 and 6

Table 8

Frequency That Children Receive Home Visits

Frequency of Home Visits	Percent of Programs
Weekly	48.1
Every 2 weeks	13.9
Monthly	11.2
Every 1-3 months	8.6
Every 4-6 months	3.7
Other	14.4
Total (N = 189)	100

Table 9

Length of Time Most Families Receive Home Visits

Length of Time Families Receive Visits	Percent of Programs
Less than one month	1.1
1-3 months	4.8
4-6 months	4.2
7-12 months	10.1
1-2 years	32.7
Over 2 years	29.6
Other	17.5
Total (N = 191)	100

hours of inservice training per month. As Table 11 indicates, only 2.1% of home visitors received no inservice training each month. The average amount of inservice

Table 10

Hours of Preservice Training Required for Home Visitors

Hours of Preservice Training	Percent of Programs
0 hours	7.8
1-5 hours	13.4
6-10 hours	15.1
11-20 hours	14.5
21-30 hours	17.9
More than 30 hours	31.3
Total (N = 179)	100

Table 11

Hours per Month of Inservice Training

Hours of Inservice Training	Percent of Programs
0 hours	2.1
1 hour	17.1
2 hours	30.5
3-6 hours	38.0
7-9 hours	6.4
10 or more hours	4.3
Conditional and based on need	1.6
Total (N = 193)	100

training that most home visitors received each month was 2 hours. Only 1.6% of the agency directors reported that inservice training was conditional based on need and

was not consistent in hours from month to month. According to the results presented in Table 12, the majority (92.1%) of agency directors reported that they supported inservice training for home visitors by providing inservice during working hours. Eighty-five percent of the agency directors also reported that they paid their staff's tuition to attend training at other institutions. Offering release hours and compensation time were also common means of supporting inservice training.

Agency directors were asked to identify the person or persons that conduct preservice and inservice training for home visitors. Table 13 shows the breakdown of who conducted home visitor training. The majority (80.6%) of the home visitors received preservice training from a home visitor supervisor or mentor. In comparison, only 62.3% of the home visitors received inservice training from a home

Table 12

How Agencies Provide Staff Support for Acquiring Inservice

Agency Support for Inservice Training	Percent of Programs
Inservice is provided during working hours	92.1
Release hours	63.4
Agency pays staff tuition to attend training	85.3
Compensation time if training is outside of work time	64.4
Other	15.7
Total (N = 193)	100

Note. Support categories are not mutually exclusive.

Table 13

Who Conducts Preservice and Inservice Training

Who Conducts Training	Percent of Programs Providing Preservice (<u>N</u> = 188)	Percent of Programs Providing Inservice (<u>N</u> = 193)
Agency director	44.1	42.9
Home visitor supervisor/mentor	80.6	62.3
Parents	15.6	23.6
Staff sponsored by state agencies	31.2	66.5
Staff from other local agencies	25.8	66.5
Faculty/staff from local colleges/universities	14.5	34.6
Other	19.4	27.2

Note. Categories are not mutually exclusive.

visitor supervisor. Around two thirds of the home visitors received inservice training from staff sponsored by state agencies and staff from other local agencies. The agency directors of the early intervention programs provided preservice (44.1%) and inservice (42.9%) training in similar amounts for home visitors.

Topics Covered In Home Visitor Training

The second objective of this study was to examine the topics covered in preservice and inservice training. Program directors that participated in this study were asked to indicate from a list of 27 topics those their agency covered in preservice and/or inservice training for home visitors. The list of 27 topics was

divided into two groups. The first group (Table 14) consisted of 14 topics that were considered "general topics" of home visitor training since these topics are usually standard topics covered during home visitor training. The second group (Table 15) consisted of 13 topics that were considered by experts in the field as recommended

Table 14

General Topics Covered in Home Visitor Training

General Topics	Percent of Programs Covering Topics in Preservice	Percent of Programs Covering Topics in Inservice
Adolescent pregnancy/parenting	24.9	47.1
CPR	29.1	61.4
Health and nutrition	28.6	63.0
Child abuse/neglect agencies	59.8	76.7
Substance abuse	22.2	56.6
Stress management	22.2	63.5
Self-protection and safety for home visitors	43.4	57.1
Violence in the home/community	18.5	47.1
Typical child development	57.7	70.9
Medicaid/SSI funding	34.4	68.3
General home visiting procedures	73.0	54.5
Values clarification	38.6	55.0
Communication/listening skills	52.9	75.1
Behavior management	29.1	69.8
Other	6.3	11.1

Note. Topic categories are not mutually exclusive.

Table 15

Recommended Topics Covered in Home Visitor Training

Recommended Topics	Percent of Programs Covering Topics in Preservice	Percent of Programs Covering Topics in Inservice
Care/service coordination	47.6	75.1
Family-centered care	51.1	70.9
Community-based services	51.9	69.8
Atypical child development	47.1	76.2
Specific disabilities	26.5	75.7
Part H legislation	43.3	70.9
Cultural competence	38.6	66.1
Parental response to a child with a disability	39.7	67.7
Family counseling	24.0	53.0
Child assessment	59.8	76.7
Family assessment	56.1	71.4
IFSPs	54.5	78.8
Family and child advocacy	36.5	67.7
Individuals with Disabilities Act (IDEA)	37.0	53.4

Note. Topic categories are not mutually exclusive.

recommended topics for home visitors serving children and their families under P.L. 99-457.

As Table 14 indicates, the majority of home visitors (73%) received preservice training in general home visiting procedures and 54.4% of home visitors received

inservice training in this area also. The topic area of general home visiting procedures was the only topic area endorsed by more program directors during preservice training than inservice training. There were 75.1% of the program directors who reported that their home visitors received inservice training on communication and listening skills, and 52.9% provided it during preservice. Another topic that received a high proportion of coverage in both preservice (59.8%) and inservice training (76.7%) was child abuse and neglect. A topic that was endorsed at the lowest level (18.5%) in preservice training by early intervention program directors was violence in the home and community. This topic was also ranked as the lowest topic covered in inservice training as well.

Other topics that were covered in preservice training by less than one third of the program directors included: adolescent pregnancy and parenting, CPR, health and nutrition, substance abuse, stress management, and behavior management. In terms of inservice training, these topics were all taught by the majority of programs and there were only two topics, adolescent pregnancy and parenting and violence in the home and community, that were endorsed by less than half of the program directors.

The breakdown of recommended topics for home visitors serving children that fall under P.L. 99-457 is reported in Table 15. The results indicate that 70.9% of the home visiting programs provided inservice training on Part H legislation, but only 43.3% of the programs offered it during preservice training. Over three quarters of the program directors indicated that home visitors received inservice training in the areas of: care and service coordination, atypical child development, IFSPs, child

assessment, and specific disabilities. Family-centered care, community-based services, IFSPs, family assessment, and child assessment were all topics endorsed by over half of the program directors as taught during preservice training. Only 38.6% of the program directors endorsed that they provided preservice training in the area of cultural competence, and 66.1% provided inservice on this topic. Only 39.7% of the agency directors reported that home visitors received preservice training in the area of parental response to a child with a disability, but 67.5% reported covering this topic in inservice.

Professional-Paraprofessional Training

The third objective of this study was to describe the differences in training practices of agencies employing paraprofessional and professional home visitors. The results contained in this section were calculated with nominal data and the results are in the form of percentages. The minimum education requirements of home visiting agencies that employed professional home visitors are reported in Table 16. Only 5.4% of the agency directors surveyed reported that they do not hire professionals. The largest percent (71.5%) of the program directors reported that professionals must have at least a bachelor's degree in a related area. However, 8.7% of the directors reported that their agency hired professionals with credentials below a bachelor's degree.

The education requirements of agencies employing paraprofessionals are reported in Table 17. Forty-six percent of the agency directors reported that they do not hire

Table 16

Minimum Education Requirements of Professional Home Visitors

Minimum Professional Education Requirements	Percent of Programs
Our agency does not hire professional home visitors	5.4
High school diploma/GED	3.8
Associate of Arts degree (AA)	3.8
Child Development Associate (CDA) certificate	1.1
Bachelor's degree in related area	71.5
Master's degree in related area	2.7
Other	11.8
Total (N = 186)	100

Table 17

Minimum Education Requirements of Paraprofessional Home Visitors

Minimum Professional Education Requirements	Percent of Programs
Agency does not hire paraprofessional home visitors	46.2
High school diploma/GED	36.4
Associate of Arts degree (AA)	3.3
Child Development Associate (CDA) certificate	1.6
Other	12.5
Total (N = 184)	100

paraprofessional home visitors. Of the agencies that employed paraprofessionals, 36.4% required the home visitors to have a high school diploma or a GED. Only 1.6% of the agency directors required paraprofessional home visitors to have a Child Development Associate certificate.

The relationship between the type of home visitors (e.g., professional or paraprofessional) employed by agencies with the amount of training received is reported in Table 18. The programs were broken down into three types: those that employed only professionals, those that employed only paraprofessionals, and those programs that employed both types. There were only eight programs that reported they hired only paraprofessional home visitors. In terms of preservice training, all of the agency directors that employed only paraprofessional home visitors reported that the home visitors received preservice training. However, 10.4% of the programs that employed only professionals provided no preservice training to the home visitors. Only 5.8% of the program directors that hired both types of home visitors reported home visitors received no preservice training. Unfortunately, 27.3% of the programs that employed only professionals provided 5 hours or less of preservice training, where none of the programs that employed paraprofessionals provided less than 6 hours. The three types of agencies reported similar amounts of training in the category of 30 hours or more of preservice training.

Although there were not many differences in relation to the amounts of preservice training provided by the three types of agencies, there were differences in the amounts of inservice training offered. The results indicate that 3.8% of the

Table 18

Amounts of Professional-Paraprofessional Home Visitor Training

Amount of Training	Percent of Agencies Employing only Professionals (N = 82)	Percent of Agencies Employing only Paraprofessionals (N = 8)	Percent of Agencies Employing Both (N = 90)
Preservice			
0 hours	10.4	0	5.8
1-5 hours	16.9	0	9.3
6-10 hours	13.0	25.0	12.8
11-20 hours	10.4	25.0	18.6
21-30 hours	19.5	12.5	18.6
More than 30 hours	29.9	37.5	34.9
Inservice			
0 hours	3.8	0	1.1
1 hours	17.5	25.0	17.0
2 hours	30.0	50.0	29.5
3-6 hours	35.0	12.5	40.9
7-9 hours	7.5	0	6.8
10 or more hours	3.8	12.5	3.4
Based on need	2.5	0	1.1

agencies that employed only professional home visitors provided no inservice training. However, all of the agencies that employed only paraprofessionals provided inservice training. Three quarters of the agency directors that employed only paraprofessionals reported that their home visitors received 2 hours or less of inservice training per month, compared to only 51.4% of those that employed only

professionals and 47.6% that employed both. The results indicate that 12.5% of the agency directors that employed only paraprofessionals provided 10 hours or more of inservice training. However, only 3.8% of agencies which employed only professionals provided a similar amount of training.

Characteristics of the Agencies and the Characteristics of Training

The final objective of this study was to examine the relationship between the characteristics of the employing home visiting agencies with the characteristics of training. The characteristics of the agencies that were used in the analysis included: income of most families served by programs, eligibility criteria of children served, model of service delivery, and the focus of home visiting services. The data obtained for each of these characteristics were in the form of nominal data and the results are in the form of percentages.

Income of Most Families and Training

The analysis of income and training was grouped into two sections. The first analysis compared average income of most families served by programs with the amount of training provided by home visitors. The second analysis compared income with the topics covered in home visitor training.

Income and amount of training. The relationship between the amount of preservice training that home visitors received and the income level of most families served by the agency is reported in Table 19. The percentage of home visitors that

Table 19

Income Level of Families and the Amount of Preservice Training

Income Level of Families	Amount of Preservice Training						% of Total Programs
	% Providing 0 hours	% Providing 1-5 hours	% Providing 6-10 hours	% Providing 11-20 hours	% Providing 21-30 hours	% Providing > 30 hours	
Below \$5000	6	6	0	24	35	29	10
\$5000-\$14,999	6	11	18	13	18	35	51
>\$15,000	6	17	12	15	17	32	39
Overall Total	6	13	14	15	19	33	100
Total (N = 172)							

received no preservice training (6%) was consistent across all three income level categories. Thirty-seven percent of the program directors serving families that earned \$15,000 or more provided less than 10 hours of inservice training. However, only 12% of the programs serving families at an income level below \$5,000 received less than 10 hours of preservice training. Sixty-four percent of the programs serving families that earned at or below \$5,000 a year received 20 or more hours of training, whereas only 43% and 49% of programs serving families between \$5,000-\$14,999 and over \$15,000, respectively, provided that amount.

The relationship between the amount of inservice training that home visitors received and the income level of most families served by the programs is reported in Table 20. Of the agencies primarily serving families with income levels below \$5,000, 41% of the home visitors received 1 hour or less of inservice training.

Table 20

Income Level of Families and the Amount of Preservice Training

Income Level of Families	Amount of Inservice Training per Month						% of Total Programs
	% Providing 0 hours	% Providing 1 hour	% Providing 2 hours	% Providing 3-6 hours	% Providing 7-9 hours	% Providing > 10 hours	
Below \$5000	0	41	12	29	18	0	10
\$5000-\$14,999	1	15	28	40	7	8	50
> \$15,000	3	15	36	41	4	1	40
Overall Total	2	17	30	39	7	5	100
Total (N = 172)							

Sixteen percent of the programs that served families earning between \$5,000 and \$14,999 received 1 hour or less of inservice training, and 18% of those serving families earning \$15,000 or more received the same amount of inservice. No programs that served mostly families earning \$5,000 or less provided 10 hours or more of inservice training. However, 8% of the home visitors that served families who earned between \$5,000 and \$14,999 received 10 hours or more of inservice training.

Income and topics covered in training. The relationship between topics covered in preservice and inservice training and the income level of most families served by the home visiting programs is reported in Table 21. The results suggest that preservice training, in the majority of areas, was covered by a greater percentage of home visiting programs if they served families earning less than \$5,000 than if

Table 21

Topics Covered in Training and Income Levels of Most Families

Topics of Training	Income Levels					
	% of Programs Providing Preservice			% of Programs Providing Inservice		
	> \$5,000	\$5,000- \$14,999	Above \$15,000	> \$5,000	\$5,000- \$14,999	Above \$15,000
Adolescent pregnancy	59	22	22	71	54	39
CPR	53	29	29	47	58	67
Health and nutrition	53	30	26	77	65	59
Child abuse/neglect	59	51	44	94	76	70
Substance abuse	53	22	15	77	56	54
Stress management	35	19	23	88	65	59
Self-protection and safety for h.v.	53	41	44	82	54	54
Violence in the home/community	41	17	15	65	51	36
Typical child development	65	57	58	77	65	75
Atypical child development	59	41	52	82	71	83
Child assessment	65	57	62	82	72	78
Family assessment	59	54	61	82	66	73
IFSPs	53	51	65	77	76	80
Family-centered care	41	48	61	53	66	78
Community-based services	65	51	54	82	69	65
Medicaid/SSI funding	53	35	32	77	59	75
Care/service coordination	65	47	46	77	76	73
Specific disabilities	35	24	29	71	71	84
General home visiting procedures	88	73	71	59	54	51
IDEA legislation	35	37	44	59	49	52
Part H legislation	29	42	48	71	65	73
Parental response to a child w/dis.	65	36	42	77	64	70
Values clarification	65	34	36	71	58	49
Cultural competence	59	36	38	77	64	64
Family counseling	53	20	20	71	51	48
Family and child advocacy	47	35	36	88	65	62
Communication/listening skills	71	48	55	71	74	74
Behavior management	53	24	28	77	70	67

Note. Categories are not mutually exclusive.

programs served families in the other income levels. However, there were five topic areas that were covered by a greater percentage of programs if they primarily served families in income brackets above \$5,000 and these included: family assessment,

assessment, IFSPs, family-centered care, IDEA, and Part H legislation. The results indicate a similar pattern with inservice training. Home visitors that served families with incomes below \$5,000 received, on average, more coverage in all topic areas than the other income levels, except for seven topic areas. These seven topic areas included: CPR, atypical child development, IFSPs, family-centered care, specific disabilities, Part H legislation, and communication and listening skills. If programs primarily served families earning less than \$5,000, they were more likely to cover the following topics in preservice training: adolescent pregnancy and parenting, CPR, substance abuse, violence in the home and community, parental response to a child with a disability, values clarification, cultural competence, family counseling, and behavior management.

Eligibility Criteria and Training

Program directors were asked to select the primary characteristics of the eligibility criteria for most children served by their programs. The eligibility criteria included: general population, preterm/low birthweight, medically fragile, specific disabilities, developmentally delayed, high risk for delay or disability, potential or reported child abuse/neglect, and child characteristic not a factor. The analysis of eligibility criteria and training was broken down into two areas. First, the results of the relationships between eligibility criteria and the amount of training are reported, and then the relationships between topic areas and the eligibility criteria are reported.

Eligibility criteria and amount of training. The relationship between the child eligibility characteristics and the amount of preservice training is reported in

Table 22. The results indicate that if home visitors served children with a high risk of delay or disability or children in the general population, or if the child characteristic was not a factor, then these home visitors received the most training on average. Nine percent of the programs that served developmentally delayed children did not provide the home visitors with any preservice training. Eight percent of the program directors reported that if their eligibility criteria were medically fragile, specific disability, or potential or reported child abuse, then they provided no preservice training for their home visitors.

The results of eligibility criteria in relation to the amount of inservice training home visitors received are provided in Table 23. Twenty-six percent of the programs that did not have the child characteristic as a factor in the eligibility criteria provided 7 hours or more of inservice training. However, if the eligibility criteria consisted of something different, then only 12% or less of the programs provided 7 hours or more of inservice training. Program directors using the other eligibility criteria provided their home visitors with between 3 to 6 hours of inservice training on average.

Eligibility criteria and topics covered in training. The relationship between eligibility criteria and the topics covered in preservice training is reported in Table 24, and the topics covered in inservice training in relation to eligibility criteria are contained in Table 25. With the exception of seven topic areas, the results indicate that, on average, programs with no child characteristic as a basis for eligibility covered a larger percentage of topics in training than did those programs

Table 22

Primary Characteristics of the Eligibility Criteria for ChildrenServed in Relation to Preservice Training

Eligibility Criteria	Amount of Preservice						% of Total Programs
	% Providing 0 hours	% Providing 1-5 hours	% Providing 6-10 hours	% Providing 11-20 hours	% Providing 21-30 hours	% Providing > 30 hours	
Child characteristics not a factor	0	0	13	38	0	50	4
General population	4	13	13	17	13	42	13
Preterm/low birth weight	7	14	10	17	18	35	56
Specific disabilities	8	16	13	15	18	31	71
Developmentally delayed	9	14	15	15	18	30	76
High risk for delay or disability	4	11	5	14	23	44	32
Potential or reported child abuse/neglect	8	11	13	16	17	36	60
Overall Total (<i>N</i> = 179)	8	13	15	14	18	32	100

Note. Criteria categories are not mutually exclusive.

with specified eligibility criteria. Of those programs that specified low birthweight as a primary eligibility criterion, only 23% provided coverage of adolescent pregnancy and parenting in preservice training, and 51% provided coverage in these areas during inservice training. Twenty-nine percent of those programs that targeted low birthweight children covered health and nutrition in preservice, and 65% covered the topic in inservice training. Of the programs particularly serving medically fragile, 47% covered atypical child development in preservice, and 77% covered the

Table 23

Primary Characteristics of the Eligibility Criteria for ChildrenServed in Relation to Inservice Training

Eligibility Criteria	Amount of Preservice						% of Total Programs	% of Total Programs
	% Pro- viding 0 hours	% Pro- viding 1 hour	% Pro- viding 2 hours	% Pro- viding 3-6 hours	% Pro- viding 7-9 hours	% Pro- viding > 10 hours		
Child characteristics not a factor	0	0	25	50	13	13	0	4
General population	0	27	23	35	0	12	4	14
Preterm/low birth weight	2	14	32	40	6	5	2	56
Specific disabilities	2	13	33	42	6	3	2	68
Developmentally delayed	2	12	33	40	8	4	1	75
High risk for delay or disability	0	18	27	40	7	7	2	32
Potential or reported child abuse/neglect	2	14	31	42	8	3	1	62
Overall Total (N = 179)	2	17	31	38	7	4	2	100

Note. Criteria categories are not mutually exclusive.

topic in inservice training. Twenty-seven percent of these programs targeting medically fragile children covered the topic of health and nutrition in preservice, and 61% of the programs covered it in inservice.

If a specific disability (e.g., cerebral palsy, hearing impairment) was endorsed as a primary eligibility characteristic, then 50% of the programs covered atypical child development in preservice, and 80% covered the topic in inservice training. Only

Table 24

Eligibility Criteria of Children Served and Topics Covered in Preservice Training

Topics Covered in Preservice Training	Eligibility Criteria								Overall Row Totals
	% of Char. not a Factor	% of General Popul.	% of Low Birth Weight	% of Medical Fragile	% of Spec. Dis.	% of Devel. Delay	% of Child Abuse	% of High Risk D.D.	
Adolescent pregnancy/parenting	75	54	23	22	19	20	44	24	25
CPR	50	35	37	33	33	32	40	34	30
Health and nutrition	75	58	29	27	23	23	44	26	29
Child abuse and neglect	88	73	47	47	48	46	65	44	49
Substance abuse	50	35	25	22	20	22	37	22	23
Stress management	38	19	23	21	21	20	31	22	23
Self-protection and safety	75	58	45	43	43	42	60	43	44
Violence in the home/community	38	23	19	17	15	16	34	18	19
Typical child dev.	100	85	54	52	56	56	66	54	58
Atypical child dev.	68	54	48	47	50	51	57	52	48
Child assessment	88	65	60	58	61	60	65	58	60
Family assessment	88	62	61	57	58	57	63	59	56
IFSPs	50	27	56	57	61	60	52	56	55
Family-centered care	63	54	51	53	57	54	56	52	51
Community-based services	88	58	54	53	53	51	63	55	52
Medicaid/SSI funding	75	46	32	37	38	34	44	37	35
Care/service coordin.	75	54	48	50	50	47	57	47	48
Specific disabilities	25	8	26	28	29	29	27	28	27
General home visiting procedures	100	81	72	70	74	72	79	71	73
IDEA	38	23	35	38	42	40	32	36	38
Part H legislation	63	19	43	47	50	47	39	44	43
Parental response to a child with a disability	38	31	38	41	45	42	45	43	40
Values clarification	63	62	39	37	37	37	60	41	39
Cultural competence	75	54	41	40	38	38	58	41	39
Communication/listening skills	63	73	54	53	55	52	73	55	53
Behavior management	25	27	28	28	29	28	45	29	29
Family counseling	25	19	24	22	24	24	36	26	24
Family and child advoc.	63	46	36	37	38	35	55	39	37
Number of program	8	26	106	131	137	144	62	118	191

Table 25

Eligibility Criteria of Children Served and Topics Covered in Inservice Training

Topics Covered in Inservice Training	Eligibility Criteria								% Overall Row Totals
	% of Char. not a Factor	% of General Popul.	% of Low Birth Weight	% of Medical Fragile	% of Spec. Dis.	% of Devel. Delay	% of Child Abuse	% of High Risk D.D.	
Adolescent pregnancy/parenting	100	77	51	47	45	44	66	48	48
CPR	88	58	65	66	65	65	66	63	62
Health and nutrition	100	81	65	61	64	62	76	64	63
Child abuse and neglect	75	89	83	78	79	77	89	85	76
Substance abuse	88	77	65	59	56	56	71	60	57
Stress management	100	85	71	66	61	64	79	70	64
Self-protection and safety	75	73	60	54	54	58	73	63	58
Violence in the home/community	75	73	52	48	46	47	63	50	48
Typical child dev.	88	77	76	75	75	75	82	78	71
Atypical child dev.	88	77	80	79	80	80	81	81	76
Child assessment	88	85	77	79	77	79	76	81	77
Family assessment	88	81	72	73	72	74	77	73	72
IFSPs	63	69	81	82	81	83	77	83	79
Family-centered care	88	89	72	73	75	74	74	72	71
Community-based services	88	85	72	72	69	72	86	71	71
Medicaid/SSI funding	75	73	75	74	71	72	76	70	69
Care/service coordin.	100	89	73	76	74	75	81	75	75
Specific disabilities	88	81	80	82	83	83	76	80	76
General home visiting procedures	100	69	56	57	56	56	65	58	55
IDEA	63	50	58	60	61	61	53	61	54
Part H legislation	75	58	72	76	75	77	69	78	71
Parental response to a child with a disability	75	73	75	79	72	74	69	75	68
Values clarification	88	73	59	56	54	55	68	59	56
Cultural competence	100	85	73	68	66	69	76	66	67
Communication/listening skills	100	85	78	78	75	77	75	81	75
Behavior management	88	85	70	70	69	73	74	71	70
Family counseling	75	85	59	54	52	55	73	58	53
Family and child advoc.	88	81	66	67	69	72	77	72	68
Number of program	8	26	106	131	137	144	62	118	191

29% of the programs that endorsed the specific disability criterion covered the topic area of specific disabilities in preservice training, and 83% covered the area in inservice. Forty-five percent of these same programs covered the topic of parental response to a child with a disability in preservice, and 72% covered the topic in inservice.

When programs chose developmental delay as a primary eligibility criterion, 51% of the program directors reported that atypical child development was covered in preservice training, and 80% covered the topic in inservice training. In addition, 42% of the program directors reported covering parental response to a child with a disability in preservice training, and 74% covered the topic in inservice training. If child abuse/neglect was an eligibility criterion for the program, then 65% of the program directors provided preservice training in child abuse and neglect, and 84% provided inservice training in this topic area. Thirty-four percent of these programs provided preservice training on violence in the home and community, and 63% covered the topic in inservice training.

Model of Service Delivery and Topics Covered in Training

Programs were asked to describe their service delivery model as either: limited communication, linked services, one-stop shopping, or other. These three models of service delivery were then used to analyze topics covered in home visitor training. Table 26 shows the mean number of preservice topics covered for each of the three models of service delivery. As the results indicate, the model of service delivery

Table 26

Model of Service Delivery and the Number of Topics Covered in Preservice Training

Model of Service Delivery	Mean Number of Preservice Topics	Standard Deviation	Number of Programs
Limited communication	11.36	7.10	22
Linked services	11.06	8.19	119
One-stop shopping	11.25	9.31	16
Other	12.67	8.42	33
Overall Total	11.39	8.17	190

did not discriminate between the mean number of topics covered in preservice training. The mean number of topics was 11, independent of the self described model. However, program directors that described their model of service delivery as something different from the three presented models covered, on average, one topic more in preservice training than the others.

If program directors endorsed having a limited communication model of service delivery, they were less likely (15% less endorsement rate) to cover the following topics in preservice: Part H legislation, Individuals with Disabilities Act, family counseling, and behavior management. If the program directors endorsed having a linked services model of service delivery, they were less likely (15% less endorsement rate) to cover the topic of general home visiting procedures in preservice. When program directors endorsed following a one-stop shopping model of service delivery, they were less likely to teach the preservice topics of adolescent pregnancy and parenting, health and nutrition, child abuse and neglect, and substance

abuse.

Table 27 shows the mean number of topics covered in inservice training for each of the models of service delivery. Agencies with a limited communication model or a linked services model both covered an average of 18 topics during inservice training. Programs with a one-stop shopping model covered only 16.63 topics on average. The 22 program directors that indicated their model of service delivery was something other than the described models covered approximately 20 topics on average during inservice training.

If program directors endorsed having a one-stop shopping model of service delivery, they were more likely to cover the topic of child abuse and neglect in inservice training. However, they were less likely to cover the topic of CPR. If program directors endorsed having a limited model of service delivery, they were more likely to cover cultural competence in inservice training.

Focus of Service Delivery and Home Visitor Training

The relationship between the focus of service delivery and home visitor training was analyzed in two parts. The first section reports the relationship between focus of service delivery and the amount of training, and the second section reports the relationship between focus of service delivery and the topics covered in training.

Focus of service delivery and amount of training. The relationships between the focus of service delivery and the amount of preservice training home visitors received are reported in Table 28. The results indicate that if the parent and the child were

Table 27

Model of Service Delivery and the Number of Topics Covered in Inservice Training

Model of Service Delivery	Mean Number of Preservice Topics	Standard Deviation	Number of Programs
Limited communication	18.10	6.73	22
Linked services	18.18	7.11	119
One-stop shopping	16.63	10.07	16
Other	20.18	5.43	33
Overall Total	18.39	7.11	190

Table 28

Focus of Service Delivery and the Amount of Preservice Training

Focus of Intervention	Amount of Preservice Training						# of Cases
	% Providing 0 hours	% Providing 1-5 hours	% Providing 6-10 hours	% Providing 11-20 hours	% Providing 21-30 hours	% Providing > = 30 hours	
Child	9.5	14.3	9.5	33.3	19.0	14.3	21
Parent and the child	12.0	16.0	16.0	12.0	12.0	32.0	50
Family as a unit	5.2	12.5	13.5	9.4	24	35.4	96
Other	7.1	7.1	28.6	28.6	0.0	28.6	14
Overall total	14	24	27	26	33	14	181

the focus of service delivery, then 12% of the programs provided no preservice training for home visitors, and if the family as a unit was the focus, then only 5.2% of the programs provided no preservice training. Approximately two thirds (59%) of the programs that served the family as a unit provided more than 20 hours of preservice training to the home visitors. However, approximately one third of the

programs that had the two other models provided more than 20 hours.

The relationship of how inservice training is related to the program directors' focus of service delivery is reported in Table 29. Thirty-five percent of the programs that had the child as the focus provided home visitors with 1 hour or less of inservice training, compared to only 14% with the family as a unit as the focus. Out of the programs that focused on the parent and the child, only 3.8% provided 10 hours or more of inservice training, and only 4% of the programs that focused on the family as a unit provided a similar amount.

The relationships between the topics covered in training and the focus of service delivery for home visitors are reported in Tables 30 and 31. The results indicate that for those program directors who had the family as a unit for the focus of service delivery, 58% provided home visitors with preservice training in the area of family assessment, and 71% offered inservice training in this topic area. Of these same

Table 29

Focus of Service Delivery and the Amount of Inservice Training

Focus of Intervention	Amount of Inservice Training							# of Cases
	% Providing 0 hours	% Providing 1 hour	% Providing 2 hours	% Providing 3-6 hours	% Providing 7-9 hours	% Providing > 10 hours	% Providing Cond. hours	
Child	4.3	30.4	26.1	26.1	4.3	8.7	0.0	23
Parent and the child	1.9	17.0	34.0	32.1	11.3	3.8	0.0	53
Family as a unit	1.0	13.0	32.0	42.0	5.0	4.0	3.0	100
Other	7.7	23.1	15.4	46.2	7.7	0.0	0.0	13
Overall total	4	32	58	71	13	8	3	189

Table 30

Topics Covered in Preservice Training and the Focus of Home Visiting Intervention

Topics Covered	Focus of Intervention				Overall Total
	The Child	Parent and Child	Family as a Unit	Other	
Adolescent pregnancy/parenting	21.7	28.3	24.0	26.7	25.1
CPR	39.1	26.4	31.0	20.0	29.8
Health and nutrition	26.1	30.2	30.0	26.7	29.3
Child abuse/neglect	39.1	52.8	47.0	60.0	48.7
Substance abuse	30.4	18.9	23.0	26.7	23.0
Stress management	21.7	26.4	21.0	20.0	22.5
Self-protection and safety for home visitors	52.2	47.2	41.0	40.0	44.0
Violence in the home/community	17.4	18.9	20.0	20.0	19.4
Typical child development	52.2	62.3	56.0	66.7	58.1
Atypical child development	43.5	49.1	50.0	33.3	47.6
Child assessment	65.2	60.4	60.0	53.3	60.2
Family assessment	52.2	56.6	58.0	46.7	56.0
IFSPs	52.2	54.7	56.0	46.7	54.5
Family-centered care	52.2	41.5	58.6	33.3	51.1
Community-based services	47.8	54.7	54.0	33.3	51.8
Medicaid/SSI funding	34.8	28.3	40.0	20.0	34.6
Care/service coordination	56.5	49.1	47.0	40.0	48.2
Specific disabilities	26.1	26.4	26.0	33.3	26.7
General home visiting procedures	73.9	83.0	69.0	66.7	73.3
Individuals with Disabilities Education Act	34.8	32.1	43.0	26.7	37.7
Part H legislation	34.8	37.7	49.0	33.3	42.9
Parental response to a child with a disability	30.4	39.6	46.0	20.0	40.3
Values clarification	34.8	37.7	42.0	26.7	38.7
Cultural competence	43.5	37.7	42.0	20.0	39.3
Family counseling	26.1	18.9	45.0	13.3	36.1
Family and child advocacy	39.1	26.4	60.0	69.7	67.6
Communication/listening skills	60.9	52.8	56.0	26.7	53.4
Behavior management	34.8	28.3	31.0	13.3	29.3
Total (N = 191)					

programs, 58.6% provided preservice training in family-centered care, and 78% provided inservice training. Sixty percent of these programs covered family and

Table 31

Topics Covered in Inservice Training and the Focus of Home Visiting Intervention

Topics Covered	Focus of Intervention				Overall Total
	The Child	Parent and Child	Family as a Unit	Other	
Adolescent pregnancy/parenting	52.2	47.2	47.0	46.7	47.6
CPR	2.2	67.9	63.0	46.7	61.8
Health and nutrition	73.9	56.6	66.0	53.3	63.4
Child abuse/neglect	87.0	81.1	74.0	53.3	75.9
Substance abuse	69.6	50.9	60.0	40.0	57.1
Stress management	47.8	66.0	66.0	66.7	63.9
Self-protection and safety for home visitors	60.9	60.4	57.0	46.7	57.6
Violence in the home/community	52.2	47.2	47.0	46.7	46.7
Typical child development	69.6	69.8	74.0	60.0	71.2
Atypical child development	82.6	86.8	73.0	53.3	76.4
Child assessment	78.3	83.0	74.0	73.3	77.0
Family assessment	78.3	77.4	71.0	46.7	71.7
IFSPs	56.5	84.9	83.0	66.7	79.1
Family-centered care	60.9	69.8	78.0	46.7	71.2
Community-based services	65.2	66.0	78.0	40.0	70.2
Medicaid/SSI funding	60.9	60.4	78.0	46.7	68.6
Care/service coordination	65.2	71.7	80.0	73.3	75.4
Specific disabilities	73.9	75.5	79.0	60.0	75.9
General home visiting procedures	39.1	43.4	67.0	40.0	55.0
Individuals with Disabilities Education Act	39.1	74.2	60.0	60.0	53.9
Part H legislation	39.1	68.8	78.0	73.3	70.7
Parental response to a child with a disability	69.6	69.8	69.0	53.3	68.1
Values clarification	52.2	68.5	75.0	40.0	55.5
Cultural competence	65.2	64.2	73.0	60.0	68.1
Family counseling	60.9	56.6	45.0	13.3	36.1
Family and child advocacy	39.1	26.4	60.0	69.7	67.6
Communication/listening skills	60.9	69.8	83.0	66.7	75.4
Behavior management	69.6	75.5	69.0	60.0	70.2
Total (N = 191)					

child advocacy in preservice and inservice training.

For the program directors that focused on the child only, 65.2% covered child

assessment in preservice, and 78.3% during inservice. For those program directors who focused on the parent and the child, 41.5% offered preservice training in family-centered care, and 69.8% during inservice training. Of these programs, 18.9% offered preservice training on family counseling, and 56.6% provided inservice training on this topic. There were 26.4% of the program directors who reported providing training in family and child advocacy in preservice and inservice training.

DISCUSSION

This study examined the training practices of early intervention agencies employing home visitors to serve children under the age of 3 with disabilities. This goal was accomplished by evaluating information obtained in a national survey of agency directors who employed home visitors. The results from the present analysis include an examination of the overall training practices of nominated home visiting programs. The four research questions each addressed a specific component of home visitor training and each question is addressed in turn. Several general characteristics of the home visiting programs are first discussed, because these have relevance to the later discussion of the research questions. In addition, recommendations for improving the training practices of home visiting agencies are provided.

Characteristics of Study Participants

There were several findings concerning the characteristics of the study participants that were addressed, since these may have influenced the findings reported. One surprising result was that a substantial number of programs, 60.5%, reported that they primarily served families that earned below \$15,000 a year. This finding is important in terms of home visitor training, because there has been a longstanding debate over whether paraprofessional or professional home visitors should primarily work with families at lower income levels. Past researchers have argued that paraprofessional home visitors are often designated to work with low-income families because they can often better relate to the families served.

Paraprofessionals often come from the same community that the agency serves or usually share the similar racial or cultural backgrounds of their clients (Wasik, 1993).

Although many past researchers have argued strongly for the use of paraprofessional home visitors with low-income families, several recent researchers have found positive results when professionals are used to serve low-income families. In a meta-analysis by Olds and Kitzman (1993), they found that programs that worked with low-income families were more likely to have success if they employed nurses as home visitors since nurses could address the mother's concerns about health. However, these researchers also found that the credentials were not as critical to the low-income families if they received frequent home visits and the families were able to establish a working relationship with the home visitor early on.

In terms of hiring criteria, the results of this research indicate that 90 (47%) program directors reported that they employed both professionals and paraprofessionals, 82 programs (42%) employed only professionals, and 8 programs employed only paraprofessional home visitors. These findings suggest that programs have a slight tendency to employ both paraprofessionals and professionals in one agency, which could allow program directors more flexibility when assigning home visitors to lower income families. By having home visitors with varying levels of educational training and various backgrounds, this may allow program directors who employ both paraprofessionals and professionals to create a "better fit" with home visitors and the low-income families they serve.

Another general characteristic of the home visiting programs that deserves

comment is the frequency of reported home visits. Sixty-two percent of the program directors reported that their program provided home visits to families once or twice in a 2-week period. Although the majority of programs provided their families with frequent home visits, many programs still do not. With infrequent home visits, even the best trained home visitors may have difficulty providing competent care for children with disabilities. In a study by Ramey and Ramey (1992), they found that families who received home visitors frequently had the highest gains in their children. Their results also indicated if families were more active participants in the program, then they had a significant reduction in the incidence of mental retardation compared to the control group. The results of the present research are promising, given that the majority of programs are providing families with frequent visits.

Home Visitor Training

The first research question examined the amounts of preservice and inservice training home visitors were receiving. The results indicate that 92.2% of the program directors responded that their program offered preservice training to home visitors. This finding suggests these program directors, from nominated home visiting programs, are adhering to the requirements of Part H. By comparison, in an earlier national survey of home visiting programs conducted by Roberts et al. (1992), they found that only 48% of the program directors surveyed indicated they provided preservice training. The study conducted by Roberts et al. (1992) was undertaken before Part H was fully implemented in all states. Unlike the sample in this

research, their sample did not consist of nominated recommended practice programs but surveyed all identified programs. The findings of the present research suggest one of two things: (a) there may be a trend for more directors to offer preservice training to their home visitors, or (b) nominated home visiting programs are more likely to offer more preservice training to their home visitors. Unfortunately, the results from this research cannot provide the answer because there is no direct comparison between these two samples.

For the programs offering preservice training, the results of this study indicate that the average amount of preservice training provided was between 11 and 20 hours. This result was similar to the findings of the national survey by Roberts and Wasik (1990). Although the number of programs offering preservice training may have increased over the years, if the first hypothesis above is correct, the amount of preservice training provided by these nominated programs continues to be surprisingly low. As a general policy issue in early intervention, there are no clear guidelines on the necessary preservice training requirements for home visitors or service providers in general. Given the lack of consensus in the field on recommended practice models for preservice training, these data raise some concerns. Can directors be confident that their home visitors are providing competent, comprehensive care to children with disabilities given that home visitors are, on average, only receiving between 11 and 20 hours of training before seeing their first client? Although this research cannot address the quality of training home visitors are receiving, early intervention programs need to explore this important issue.

In terms of inservice training, 97.9% of the program directors reported that their agency provides regular inservice training. These results are a strong indication that program directors are following the mandates of P.L. 99-457. In a similar study conducted by Wasik and Roberts (1994) discussed earlier, they found that 79% of Head Start home visiting agencies provided inservice training, and only 47% of the public education agencies provided inservice. Once again, the findings of the present research cannot address all home visiting programs, but these results indicate that almost all of the nominated programs are able to provide inservice training that can serve as a model for all home visiting programs.

Agency directors were asked to indicate the individual(s) who conducted inservice and preservice training for home visitors. A finding that raises some concern is that only 15.6% of the agency directors reported using parents during preservice training, and only 23.6% reported using parents for inservice training. With 52.9% of the agency directors responding that they focused on the family as a unit, and 27.2% endorsing focusing on the parent and child together, it would suggest that programs would seek to include parents as an integrated part of the training of home visitors. By involving parents in the process of training home visitors, it would allow home visitors to become more aware of the needs of their families and more importantly, train home visitors from a new perspective. Because a major component of all Part H programs involves providing services in a family-centered context, it becomes particularly important that families be involved in the training of those individuals who will be providing direct services to other families.

Topics Covered in Training

The second research question concerned the topics covered in home visitor training. This question has important implications in terms of services home visitors provide to families because it is assumed that home visitors can only provide services in areas where they have been adequately trained. When the general topic areas listed in Table 14 for home visitors are compared to the topic areas most frequently reported in this study, several concerns are raised. Of the 14 topic areas that are listed as "general topics" (refer to Table 14), only 4 of these topics were covered by the majority of programs during preservice training. The only four topic areas covered by the majority of programs included: child abuse/neglect, typical child development, general home visiting procedures, and communication/listening skills. These findings suggest that 71% of the topics that are considered essential for home visitor training are not being covered by the majority of programs in preservice training. In terms of topic coverage during inservice training, 12 out of the 14 (86%) general topics were covered by the majority of programs directors. These results indicate that the majority of home visitors are receiving training in the form of inservice in the general topic areas only after they have been serving clients. The two topic areas that were least frequently covered by programs during inservice were violence in the home/community and adolescent pregnancy/parenting.

The findings related to the general topic areas covered in training raise questions regarding the competency of home visitors. It appears that preservice training is not covering many of the critical topics of which home visitors need to be aware to

provide appropriate services to their clients. Only after working an average of 1 year at an agency and serving children with disabilities would the average home visitor receive training in all general topic areas. One possible explanation for these findings is that many program directors may want their home visitors to begin serving clients before they completely receive all of their training. Training may be more beneficial to home visitors if they can relate it to experiences in the field. Unfortunately, the findings of this research cannot answer this speculation; this is an area where future research could prove valuable.

The 13 recommended topics (refer to Table 15) were all selected by experts in the field as essential for home visitors when working with children with disabilities and their families. The results indicate that only 5 of the 13 recommended topics were covered by the majority of programs during preservice training. This means that 61% of the topics recommended as part of the training to serve children with disabilities were not being covered by the majority of programs during preservice training. Some of the topic areas not covered by a large percentage of programs during preservice included specific disabilities, parental response to a child with a disability, and cultural competence. Although these topics are covered by the majority of programs during inservice, program directors may want to consider covering these topic areas in preservice training to help their home visitors better cope and manage children with disabilities and their families. The results indicate that all of the 13 recommended topic areas were covered by the majority of programs during inservice training. These findings suggest that the majority of home visitors

are receiving training in the topic areas that experts view as essential, but most of the home visitors receive this training only after they start serving their first client.

When the data from both sets of topic areas are combined, the results indicate that the majority of program directors are covering a small number of topics (9/27) in preservice training and then covering some of these topics and others (25/27) in inservice training. The average amount of inservice training home visitors received was 2 hours per month. This suggests that during a period of 1 year the majority of program directors are providing 24 hours of inservice training and covering 25 topic areas. In terms of preservice, the majority of program directors offered between 11 and 20 hours of preservice training and covered nine topics on average. These findings suggest that home visitors probably receive indepth coverage of certain topics during preservice, but inservice training may cover many topics briefly with little depth. With few topic areas being covered in preservice training, this could create a problem for early intervention agencies because staff turnover is very high in these programs (Palsha et al., 1990). Due to frequent turnover, new home visitors will probably receive preservice training in a few areas, but they will not likely receive training in many of the topic areas covered during inservice. This is an area where future researchers may want to examine the effects of turnover on home visitor training.

Professional-Paraprofessional Training

The third research question was to determine the relationship between the

credentials of home visitors and the amount of training they received. Seventy-four percent of the program directors reported they required professional home visitors to have a bachelor's degree or higher. In a study conducted by Roberts and Wasik (1990), they found that 85% of the programs surveyed required professionals to have a bachelor's degree or higher. The results of the present research do not suggest why 26% of the agency directors reported they hired professionals with less than a bachelor's degree. One explanation for this finding is the complicated issue of "what is a professional home visitor?" This has been a long evolving issue with many program directors and researchers and there appears to be no set standard in the field. Many program directors consider a bachelor's degree the criterion for a professional, but others do not. The findings of this research suggest that many of the program directors who completed the survey had differing views on the criteria for establishing a home visitor as a professional.

Forty-six percent of the program directors reported that they did not hire paraprofessional home visitors. This finding would suggest that these program directors who hire only professional home visitors would provide less preservice training than those agency directors that only hired paraprofessional home visitors. The findings partially support this assumption: The results indicate that programs employing only paraprofessionals generally had higher minimum amounts of training required for their home visitors when compared to programs employing only professionals. However, in terms of maximum hours of training, there were no differences in the amount of training received by paraprofessional and professional

home visitors. This finding suggests that paraprofessional home visitors, on average, are not receiving more hours of preservice training than professionals. With inservice training, the results indicate that programs which employ only paraprofessional home visitors provide less training than programs that employ only professionals or both. The findings surrounding programs employing only paraprofessionals are alarming. It has always been assumed that programs employing only paraprofessionals would provide their home visitors with the most training since these home visitors have received no professional training in the area. Unfortunately, the results indicate that paraprofessionals are not receiving a large amount of training, implying that they may not be adequately prepared to serve children with disabilities and their families.

Characteristics of the Agencies and Characteristics of the Training

The final research question examined the relationship between the characteristics of the employing agency with the characteristics of training. The first component of this research question examined the relationship between the income level of most families served by agencies with training. The findings indicate that those programs that primarily served families at the lowest income level (below \$5,000) generally provided their home visitors with the most preservice training. However, the reverse appears to be true with inservice training. Programs that primarily served families earning less than \$5,000 a year provided their home visitors with less inservice

training, on average, than programs serving families in the other income categories. The responses of the program directors give no indication as to why home visitors who primarily serve families at the lowest income level receive the largest amounts of preservice training, but then receive less inservice training. This question cannot be answered by this research project but is an area where future research would be valuable.

In the area of topics covered in training, programs that served families earning \$5,000 or less provided their home visitors with more topic areas, on average, than programs serving families in other income categories. Although programs that serve families at the lowest income levels on average provide coverage of the most topics in preservice training, the five topic areas that are an exception to this rule (i.e., family assessment, IDEA, IFSPs, family-centered care, and Part H) raise some concern. All of these topic areas are basic components of the federal mandates for programs serving children with disabilities. It is unclear why programs serving families at the lowest income levels would focus less on the mandates of the law and areas of family-centered care. Unfortunately, the results of this survey cannot answer why programs that primarily serve families at the lowest income levels seem to be covering these topics infrequently when compared to other programs.

Eligibility Criteria and Training

The second component of the fourth research question examined the relationship between the primary eligibility criteria of children served by programs in relation to home visitor training. Surprisingly, the results indicate that if programs primarily

served children with serious disabilities (i.e., specific disabilities, developmentally delayed, and medically fragile), then their home visitors were less likely to receive preservice training than programs with children under other eligibility criteria. The results are similar in regards to inservice training as well. It appears that program directors who reported the child's characteristics as "not a factor in eligibility" provided their home visitors with more preservice and inservice training, on average, than the other programs that have more specific disabilities as the target for their intervention. Programs serving children with more profound disabilities may be hiring home visitors with more training in specialty areas. Another possible explanation is that programs that primarily serve children with more profound disabilities provide more preservice and inservice training for home visitors in topic areas related to the disability. One finding to support this explanation comes from topic areas covered by programs that did not have the child's characteristic as a factor in eligibility. The results indicate that if programs did not have the child's characteristic as a factor in eligibility, then they were more likely to cover the critical topic areas than programs that used the child's characteristic as a factor. This supports the notion that if programs serve children with broad needs, they will train their home visitors in broad and numerous topic areas. However, the results indicate that the child's eligibility criterion does not predict the topic areas that will receive coverage in home visitor training. This is an unsettling result, because one would assume that programs targeting children with specific problems would be more likely to train their home visitors in topics related to the targeted problems. However, the

results suggest that this is not the case. Unless program directors are hiring home visitors with specialty training in the targeted eligibility criteria of the children they serve, directors may need to restructure the topic areas they cover in training to bring the topics more in line with the needs of the children they serve.

Model of Service Delivery and Topics

The third component of the fourth research question examined the relationship between the model of service delivery and the topics covered in training. A program's model of service delivery defines how a program serves families and also the responsibilities of the home visitor. One would assume that programs that follow different models of service delivery would in turn train home visitors in varying topics with many different areas of interest. However, as the results of this research demonstrated, a program's model of service delivery did not differentiate between the mean number of preservice topics in which home visitors received training. The results indicate that programs having a limited communication model were less likely to cover topics informing home visitors of the mandates of Part H and the Individuals with Disabilities Act. There also appears to be a trend for programs that follow a one-stop shopping model to be less likely to cover specific topics (i.e., substance abuse, and health and nutrition).

With inservice training, the model of service delivery did discriminate between the number of topics in which home visitors received training. Program directors that followed a one-stop shopping model tended to provide their home visitors with less coverage of topics during inservice training. One reason for this may be due to

the fact that one-stop shopping models often have all of the services located in one central location. This eliminates home visitors from having to be trained in specific services like substance abuse, child abuse, and health and nutrition because these services are often provided by trained professionals in the center.

Focus of Service Delivery and Training

The final component of the fourth research question examined the relationship between the program's focus of service delivery and home visitor training. The results indicate that if the family as a unit was the focus of service delivery, then program directors were more likely to offer their home visitors more preservice training. However, the focus of service delivery did not discriminate in terms of the amount of inservice training home visitors received. If programs identified the family as a unit for the focus of service delivery, they were more likely to provide preservice training in the areas of Part H legislation, family counseling, and family and child advocacy. These programs were also more likely to cover the topics of Medicaid/SSI funding, general home visiting procedures, IDEA, family and child advocacy, and communication/listening skills. Intuitively, it makes sense that programs that serve families as a unit would provide more training in topic areas related to Part H and family functioning.

Limitations and Future Directions

There are several limitations of this study that need to be addressed. The first limitation of this research is the generalizability of the results. The research sample

consisted of nominated exemplary home visiting programs and caution should be exercised in generalizing the results of this study to all home visiting programs serving children with disabilities. Since these programs were nominated as exemplary, it is assumed that these programs are qualitatively different from other home visiting programs. The areas where these differences lie are unknown because this study did not compare nominated programs with other programs in the field. An area where future research is needed is the training practices of all home visiting programs. There has not been a national survey of home visiting programs since P.L. 99-457 has been in full implementation, and research in this area would be valuable to the field.

Another limitation of this study is the self-report nature of the survey. As with all survey research, there is a possibility of response bias. Participants' responses in this survey may have been influenced by the fact that they were nominated as best practice programs and this may have influenced program directors to portray their programs in a better light. An area where future research would aid the field is the documentation of the actual training practices of home visiting programs by obtaining the training booklets and curriculum of agencies providing preservice and inservice training.

A final limitation of this research was the lack of operational definitions of the topic areas covered in training. The respondents only indicated if they covered the topic or if they did not. Based on the data collected in this study, there is no way to document the extent that each home visiting program covered a specific topic area.

An area of future research that would be beneficial to the field is to document the extent and depth that topics are covered during home visitor training.

Summary and Recommendations

The results of this national survey of nominated recommended practice programs indicate that an overwhelming majority of the programs surveyed are providing preservice and inservice training to home visitors. The average amount of preservice training was between 11 and 20 hours and the average amount of inservice was 2 hours per month. The majority of home visitors received most of their training during inservice sessions. It appears that home visitors received intense coverage of a few topic areas in preservice training and then covered the majority of topics at a faster and less intense pace during inservice. The results also indicated that programs employing only paraprofessional home visitors were less likely to offer large amounts of preservice and inservice training compared to other programs. Those programs that did not use the child's eligibility criteria for admission into the program were more likely to provide the most training.

Based on the results of this project, there are several recommendations that are offered to directors of home visiting programs. Not all of these recommendations are applicable for every home visiting program.

1. Since families in poverty comprise a large portion of clients for most programs, program directors must make a concerted effort to train home visitors to work specifically with lower income families.

2. Agency directors must begin to systematically offer more than 20 hours of preservice training to ensure that their home visitors can effectively serve children with disabilities and their families. Many of these families have complex needs, and 20 hours of training is not adequate to give home visitors a strong foundation in the variety of issues needed to serve these families.

3. Directors of home visiting programs should routinely involve parents in the training of home visitors. Parents offer a unique perspective and helpful insights for new home visitors. Training that does not include parents as co-trainers is not family centered because it does not include the family viewpoint in the training process.

4. Program directors need to increase the range and depth of topics during preservice training to ensure that home visitors are equipped with essential skills to serve families. For instance, the topic areas of stress management, values clarification, and self-protection and safety for home visitors are covered by few programs during preservice training. These topics would be more valuable to home visitors if they were covered in preservice rather than inservice. Home visitors must feel prepared to take on the challenges of their job.

5. It is strongly recommended that program directors pay stronger attention to the training home visitors receive in topic areas related to the specific eligibility criteria of the children they primarily serve. The results of this research indicate that a program's eligibility criteria do not correspond to the topic areas home visitors receive training in.

6. Program directors who employ only paraprofessional home visitors need to

ensure that the levels of training they provide for home visitors are adequate and consistent with the job requirements.

The results of this research project indicate that programs that employ only paraprofessionals provide the least amount of training. No data exist to suggest that paraprofessionals have the skills required to serve children with disabilities when they begin at a program based on the hiring criteria of programs.

The results of this study indicate that the majority of the directors of these home visiting programs are following the mandates of P.L. 99-457 by providing their home visitors with inservice and preservice training. The majority of programs are covering the critical recommended topics during inservice training. One interesting finding of this research was that a program's model of service delivery did not predict the amount or types of training home visitors received. A surprising result of this research was that program directors do not let the primary eligibility criteria of the children they serve with home visiting dictate the topics they cover in training.

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APPENDIXES

Appendix A

National Survey on the Integration
of Home Visiting Services

Appendix A

National Survey on the Integration
of Home Visiting Services

The purpose of this national survey is to learn:

1. *how home visiting is used to facilitate the integration of services for children with disabilities under age three and their families;*
2. *how programs such as yours are attempting to collaborate with other programs and agencies at the community level and the state level.*

By gaining a better understanding of how this process works within the agencies that serve children and families within each state's Part H system, we will be able to describe the variety of successful options being used to provide comprehensive, integrated home visiting services for families. We hope to use this information to develop guidelines and training materials that can be used by other agencies in improving their service integration for families.

Recognizing that home visiting may not be your main vehicle for working with families or may be used in combination with other methods, we are asking you to keep in mind that the **main focus of this survey is on home visiting**. In addition, we realize that your program may serve a broader population than Part H eligible children. Please answer the questions related to your overall home visiting services, inclusive of all the children ages birth to three that you serve and their families.

The survey is divided into four main sections:

1. **Serving Children and Families through Home Visiting**
2. **Working with Other Local Agencies to Serve Children and Families**
3. **Working with State Systems to Integrate Services for Children and Families**
4. **General Description of Your Agency**

Because of the variability of local agency titles and acronyms, please write out the entire title when you first use it; for example, Children's Medical Services (CMS). You may then abbreviate it in later answers.

Also, please feel free to use the back side of these pages to elaborate on your responses to open-ended questions.

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OFFICE USE ONLY ID# _____	
Source of Information	<input type="checkbox"/> MCH
	<input type="checkbox"/> Part H
	<input type="checkbox"/> Joint

NATIONAL SURVEY ON THE INTEGRATION OF HOME VISITING SERVICES

1. Name of Agency/Program: _____
2. Address: _____
3. City/State/Zip: _____
4. Phone: _____ FAX: _____
5. Your name/position: _____
6. Which of the following best describes **your agency's services** for children with disabilities under age three and their families. **CIRCLE ONLY ONE.**
 - 1 Home-based services
 - 2 Home- and center-based services
 - 3 Center-based services
 - 4 Other; describe _____
7. Briefly describe the **other kinds of services** (besides home visiting) provided by your agency/program.

Serving Children and Families Through Home Visiting

8. The **primary focus** of your home visiting service is: **CIRCLE ONLY ONE**
 - 1 **The child**--by trying to improve the child's health and developmental skills
 - 2 **The parent/primary caretaker and the child**--by trying to improve the interactions between the parent and child
 - 3 **The family as a unit**--by using specific interventions aimed at improving the whole family's functioning
 - 4 **Other**, describe _____

9. For which of the following purposes does your agency use home visiting? **CIRCLE ALL THAT APPLY.**

- 1 To make the **initial face-to-face contact** with the child and family (in contrast to a center visit)
- 2 To conduct all or a portion of your agency's child/family **eligibility assessment**
- 3 To provide **direct services** (child development, OT/PT parent training/support, etc.)
- 4 For ongoing **service coordination** to meet the needs of the child and family
- 5 Other; describe _____

10. What means are used to **heighten community awareness** or disseminate information regarding services and activities of your agency? **CIRCLE ALL THAT APPLY.**

- 1 Brochures/posters placed in prominent places in the community
- 2 TV/radio announcements
- 3 Newspaper articles/advertisement
- 4 Newsletters
- 5 Presentations to community groups
- 6 Specially designated outreach workers
- 7 Interagency information network
- 8 Other means, specify: _____

11. We are interested in your **sources for child and family referrals** to your agency. Indicate your best estimate of the percent of your referrals your agency receives from each of the following sources. **THE TOTAL SHOULD EQUAL 100%.**

- _____ Self-referral by families
 - _____ Hospitals
 - _____ Physicians
 - _____ Public health nurse/agency
 - _____ Family services/social services agency
 - _____ Local/state hotline
 - _____ Private providers (PTS, OTS, psychologists, etc.)
 - _____ Mental health center
 - _____ Home Start/Head Start
 - _____ Other; list _____
- 100%

12. We are interested in what services your agency offers to children and families and how they are typically provided. Put an "X" in the appropriate columns according to the following definitions. If you offer multiple options to families, please select all the columns that apply.

Column 1: We do not provide or link this service

Column 2: We provide this service through home visiting

Column 3: We provide this service through methods besides home visiting (in the office, classroom, reading materials, etc.)

Column 4: We usually link families to another agency to receive this service

Service	Service Not Provided or Linked	Service Provided via Home Visiting	Service Provided by Other Methods	Service Linked With Other Agencies
Enhancing child development				
Enhancing parenting skills				
Speech Therapy				
Physical /Occupational Therapy				
Service coordination				
Transportation				
Respite care				
Homemaker services				
Job training counseling				
Child developmental and diagnostic screening				
Professional mental health services				
Informal family counseling				
Family support group				
Substance abuse support/counseling				
Financial assistance				
Immunizations				
Well-baby check ups				
Prenatal health care				
EPSDT screening				
General health care				
WIC/Nutrition services				
Stress management				
Other; please specify _____				
Other; please specify _____				

13. Describe the **kinds of services or health needs** that your home visitors and/or service coordinators have difficulty in helping families obtain for their child or themselves.
-
-
-
14. Does your **intake process** also qualify children and families for programs or services other than those provided by your agency?
- 1 Yes, specify: _____
- 2 No
15. Where is your agency's child and family **eligibility and intake process** conducted? **CIRCLE ONLY ONE.**
- 1 Entire eligibility/intake process takes place in the home
- 2 A portion of the eligibility/intake process takes place in home
- 3 Entire eligibility/intake process is conducted at our center/agency
- 4 Other _____
16. What percentage of your home visitors' time is spent on **service coordination** for the children and families on their caseload?
- _____ % time
17. What portions of the intake/assessment process are your home visitors responsible for?
-
-
18. How do home visitors participate in **individualized family service plan (IFSP) meetings/case conferences** for families they serve? **CIRCLE ALL THAT APPLY.**
- 1 Home visitors schedule the meeting
- 2 Home visitors contact other agencies needed to be present at the meeting
- 3 Home visitors assist in writing the IFSP goals and objectives/service plans
- 4 Home visitors act as the facilitator of the meeting
- 5 Home visitors serve as the service coordinator for the family
- 6 Other _____
19. Describe two or three examples in which meeting a child/family's needs (as identified on their IFSP) involved a **collaborative effort** where two or more agencies worked together to solve a problem or to provide a service(s). List the problem, agencies involved, and the solution.
-
-
-

20. We are interested in the extent to which other agencies and providers participate with you in developing IFSPs/service plans for children and families you serve. For each provider, CIRCLE THE NUMBER that corresponds to their level of participation in developing IFSPs/service plans.

IFSP/SERVICE PLAN PARTICIPATION

PROVIDERS	Never Participates	Participates Less than 10% of the Cases	Participates 10-25 % of the Cases	Participates 26-50% of the Cases	Participates 51-75% of the Cases	Participates More than 75% of the Cases
Physicians	0	1	2	3	4	5
Hospitals	0	1	2	3	4	5
Schools	0	1	2	3	4	5
Social service agencies	0	1	2	3	4	5
Public health nurse/ public health agency	0	1	2	3	4	5
Head Start/Home Start	0	1	2	3	4	5
Child care provider	0	1	2	3	4	5
Community service organizations (e.g., Kwanis, Easter Seals)	0	1	2	3	4	5
Community mental health center	0	1	2	3	4	5
Early intervention/Part H program	0	1	2	3	4	5
Other private providers (PTS, OTS, psychologists, etc.)	0	1	2	3	4	5
Other, specify _____	0	1	2	3	4	5

21. What do you think are the major factors that prevent families from using your services? CIRCLE ALL THAT APPLY.

- 1 Families do not meet eligibility criteria
- 2 Families are unaware that services exist
- 3 Difficulties with transportation
- 4 Problems with scheduling services
- 5 Families are not aware that they need services
- 6 Waiting list
- 7 Difficulties due to language and/or ethnic barriers
- 8 Difficulties paying for services
- 9 Families do not want services delivered in the home
- 10 Other problems _____

22. Do your home visitors have access to **emergency funds** when a child/family has need for goods or services that are not obtainable through established funding sources?

- 1 Yes; source of funds? _____
- 2 No

23. a. **CIRCLE** the minimum educational requirement for **professional home visitors** hired by your agency.

- 0 Our agency does not hire professional home visitors
- 1 High school diploma/GED
- 2 Associate of Arts degree (AA)
- 3 Child Development Associate (CDA) certificate
- 4 Bachelor degree in related area (nursing, social work, education, etc.)*
- 5 Master's degree in related area*
- 6 Other; specify _____

* List preferred college majors: _____

b. Indicate the specific educational degrees of your currently employed **professional home visitors** and the number you employ.

Degree	Number Employed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

24. a. **CIRCLE** the minimum educational requirement for **paraprofessional home visitors** hired by your agency.

- 0 Our agency does not hire paraprofessional home visitors
- 1 High school diploma/GED
- 2 Associate of Arts degree (AA)
- 3 Child Development Associate (CDA) certificate
- 4 Other; specify _____

b. How many **paraprofessionals** do you currently employ in each category?

- _____ High school diploma/GED
- _____ Associate of Arts degree (AA)
- _____ Child Development Associate (CDA) certificate
- _____ Other; specify _____

25. Please rate the **importance of the following characteristics** when selecting professional and/or paraprofessional home visitors for your program on the following scale:

3 Very Important		2 Somewhat Important	1 Not Important
Professional	Paraprofessional		
			Meets educational requirement
			Is a parent
			Is a parent of a child with a disability
			Resides in the local community
			Is approved by local parent group
			Has previous experience working with families/children
			Is bilingual
			Has good communication skills
			Has good writing skills
			Has prior experience in providing home visiting services
			Has personal characteristics such as warmth and empathy
			Has racial/ethnic similarities to the families they serve
			Other; specify _____

26. How often do **most** families receive home visits? **CIRCLE THE RESPONSE THAT BEST FITS.**

- 1 Weekly
- 2 Every 2 weeks
- 3 Monthly
- 4 Every 1-3 months
- 5 Every 4-6 months
- 6 Other, Please specify: _____

27. For what length of time do **most** families receive home visits? **CIRCLE ONLY ONE.**

- 1 Less than one month
- 2 1-3 months
- 3 4-6 months
- 4 7-12 months
- 5 1-2 years
- 6 Over 2 years
- 7 Other, specify _____

28. What percent of the home visits your staff provides occur **outside of normal working hours** (i.e., evenings or weekends)?

_____ %

29. Describe how the **frequency of home visiting service** is determined for individual families.

30. How do you handle **transitions for children and families who are no longer eligible** for your home visiting services? **CIRCLE ALL THAT APPLY.**

- 1 Child/family *graduates* into our center-based services
- 2 Child/family *graduates* to another program/agency
- 3 Family is contacted periodically for monitoring
- 4 Family is placed on the state risk registry/computer tracking program
- 5 With family permission, client's material is sent to the receiving agency
- 6 Contact is maintained with family's primary care physician
- 7 No contact is maintained
- 8 Other; specify _____

31. What role does the home visitor play in this **transition process**? **CIRCLE ONLY ONE.**

- 1 Does not participate in the transition process
- 2 Participates in the transition process, but does not lead it
- 3 Is the leader in the transition process
- 4 Other _____

32. When the child/family *graduates* to another program/agency, circle the other kinds of programs that children from your agency typically transition to. **CIRCLE ALL THAT APPLY.**

- 1 Head Start
- 2 Chapter I Preschool
- 3 Part B preschool services
- 4 Private preschools
- 5 Public health
- 6 Private therapy services
- 7 Other; specify _____

WORKING WITH OTHER AGENCIES TO SERVE CHILDREN AND FAMILIES

33. Which of the following strategies is your agency using to enhance the integration of services for the children and families you serve? CIRCLE ALL THAT APPLY.

- 1 Computer tracking system
- 2 Pooled or decategorized funding
- 3 Multi-agency planning
- 4 Multi-agency administration
- 5 Co-location of other programs/services within our office/building complex that may be needed by children and families we serve. If yes, please list _____

- 6 other: _____

34. At what level is your agency part of an interagency coordinating council? CIRCLE ALL THAT APPLY.

- 1 Not a member of an interagency coordinating council
- 2 Local level
- 3 State level

35. Describe how state interagency coordinating council/ agreements facilitate your community's efforts to provide home visiting services in an integrated manner. _____

36. At the local level, with what other agencies does your agency have written interagency agreements? CIRCLE ALL THAT APPLY.

- 0 No written agreements
- 1 Public Health
- 2 Education
- 3 Social Services
- 4 Mental Health
- 5 Head Start
- 6 Local preschools/child care providers
- 7 Local hospitals
- 8 Provider groups; specify _____
- 9 Parent/consumer groups; specify _____
- 10 Other community resources, specify: _____

37. In which activities does your program collaborate with other local agencies and service providers? **CIRCLE ALL THAT APPLY.**

- 0 No collaboration
- 1 Shared intake/eligibility procedures (single point of entry)
- 2 Joint IFSP meetings/child and family conferences
- 3 Shared care/service coordination
- 4 Development of local guidelines for service integration
- 5 Advisory board membership
- 6 Membership in local area councils or coalitions
- 7 Joint training
- 8 Community information network or clearinghouse
- 9 Community needs assessment
- 10 Subcontracts with other agencies to provide services
- 11 Home visitor support group
- 12 Other activities, specify: _____

38. How do you encourage parents to collaborate with your agency? **CIRCLE ALL THAT APPLY.**

- 1 Parent input into general policies or guidelines
- 2 Advisory board membership
- 3 Outreach efforts that link new parents with other families who previously participated in our program
- 4 Participation in joint training with our staff
- 5 Participation in IFSPs
- 6 Other, Please Specify: _____

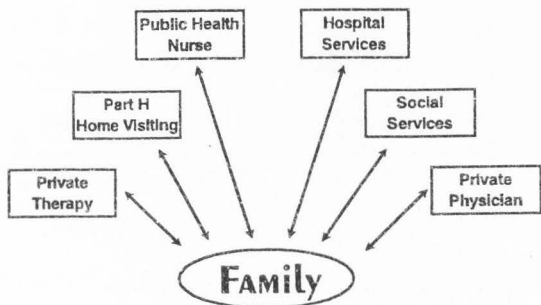
39. Which of the following are **significant barriers** to interagency collaboration in serving children and families in your community? **CIRCLE ALL THAT APPLY.**

- 1 No effective mechanism for communication between agencies is established
- 2 Confidentiality policies impede the sharing of client information
- 3 Agencies are protective of their "professional turf"
- 4 Historically, there is a lack of trust among agencies
- 5 Agencies do not share the same philosophy for serving children/ families
- 6 Agencies are frequently unaware that they are serving the same children and families
- 7 Case loads are too large
- 8 Insufficient time is available for coordination
- 9 Other; _____

40. Looking to the future, please list two or three things about your home visiting services that you and/or your staff would like to see happen or be developed in the coming year or two to improve coordination.

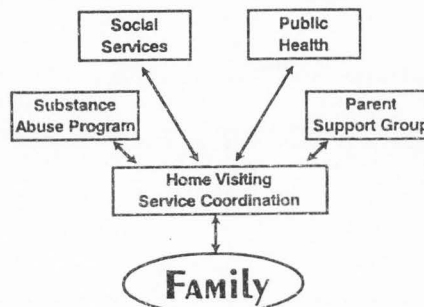
41. We are interested in your perceptions about how the home visiting services provided by your agency fit into the broader picture of how families typically obtain services in your community. Please circle the number of the graphic that best depicts your community's efforts or draw your view of how this process works in your community.

1. Limited Communication



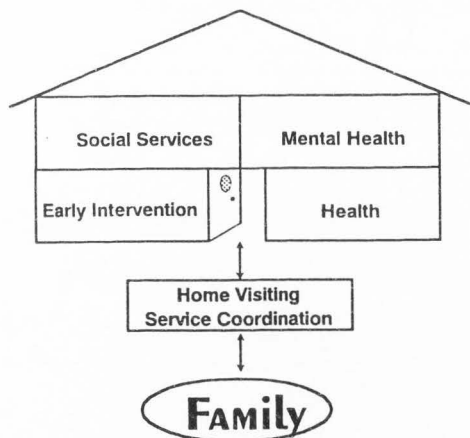
Services (including home visiting) are separate with little communication among agencies. Families typically contact agencies separately and may have multiple service plans with minimal coordination of services.

2. Linked Services



Home visiting serves as a link between the family and other agencies, with little interaction at administrative levels. A service coordinator may be assigned to help families find the services they need and may help make initial contacts.

3. One-Stop Shopping



Home visiting services are fully integrated so that service coordinators can assist families in accessing services with "one stop." Shared intake procedures and/or forms enable families to qualify for several services and several services may be housed at the same site/complex.

4. Our Process
(if different from 1, 2, or 3)

Please describe:

WORKING WITH STATE SYSTEMS TO INTEGRATE SERVICES FOR CHILDREN AND FAMILIES

42. In which activities does your program collaborate with state agencies? **CIRCLE ALL THAT APPLY.**
- 0 No collaboration
 - 1 Development of general policies or guidelines
 - 2 Advisory board membership
 - 3 Membership in regional or area councils
 - 4 Development of shared intake/eligibility procedures
 - 5 Training and technical assistance
 - 6 State/regional information network or clearinghouse
 - 7 Other activities, specify: _____
43. How do state agencies provide support to your agency? **CIRCLE ALL THAT APPLY.**
- 0 No support provided
 - 1 Helps with referral for in- and out-of-state resources for our agency/families (e.g., accessing specialized medical or support services)
 - 2 Conduct needs assessments to determine training and technical assistance needs
 - 3 Routinely gather community input into the development of state policy
 - 4 Provide information on current laws and policies related to Part H, MCH, etc.
 - 5 Keep our agency informed about recent changes in state and local policies that may affect our program and families
 - 6 Provide a newsletter to keep agencies informed of local and national issues
 - 7 Offer a computer-assisted network to access info and assistance, e.g. e-mail....
 - 8 Encourage community-based solutions to local challenges/problems
 - 9 Other _____
44. Which state agencies have been most successful in promoting collaborative activities and linkages that "make life easier" at the community level and why? Please be specific about what kinds of things have been most helpful.
- _____
- _____
- _____
45. How does your agency provide input/support to state agencies? **CIRCLE ALL THAT APPLY.**
- 0 No input/support provided
 - 1 Participates in state sponsored training and conferences
 - 2 Attends at least 75% of the local interagency coordinating council's (LICC) meetings
 - 3 Submits grant proposals for public and/or private funding
 - 4 Contacts state legislators regarding health and disability issues
 - 5 Participates in lobbying efforts to improve services to children/families at community level
 - 6 Other, _____

46. What **suggestions** do you have for state agencies that would **enhance your agency's ability** to serve children and families more effectively?

PRESERVICE AND INSERVICE TRAINING

Many agencies require training for their staff. Training that is provided prior to new personnel beginning work or before they take on active caseloads is called **preservice training**; training provided for staff on an ongoing basis is called **inservice training**.

47. How many **hours of preservice training** are required for home visitors prior to their receiving an active caseload? **CIRCLE ONLY ONE.**

- 0 0 hours
- 1 1-5 hours
- 2 6-10 hours
- 3 11-20 hours
- 4 21-30 hours
- 5 More than 30 (specify)_____

48. Who conducts **preservice training** for home visitors? **CIRCLE ALL THAT APPLY.**

- 1 Agency director
- 2 Home visitor supervisor/mentor
- 3 Parents
- 4 Staff sponsored by state agencies
- 5 Staff from other local agencies
- 6 Faculty/staff from local colleges/universities
- 7 Other_____

49. How does your agency provide support to staff in acquiring **inservice training**? **CIRCLE ALL THAT APPLY.**

- 1 Inservice is provided during working hours
- 2 Release hours
- 3 Agency pays staff tuition to attend training
- 4 Compensation time if training is outside of work time
- 5 Other:_____

50. Does your agency have a staff person (other than the agency director) assigned as the **home visitor supervisor**?

1 Yes

2 No

Supervisor Title: _____

Supervisor Degree and Area: _____

51. What is the role of your **home visitor supervisor(s)**? **CIRCLE ALL THAT APPLY.**

0 There is no home visitor supervisor

1 Facilitates collaboration between home visitors and other agencies

2 Provides emotional support for home visitors

3 Models home visitor skills during in-home supervision sessions

4 Facilitates home visitor support activities

5 Assures compliance with program policies

6 Evaluates home visitors

7 Arranges/conducts inservice training

8 Other; specify _____

52. What provisions have state agencies (health, education, social services) made in providing training opportunities for staff? **CIRCLE ALL THAT APPLY.**

0 None

1 State/regional training is offered

2 Tuition subsidies

3 On-site training/technical assistance is available to your agency

4 Other: _____

53. Does your agency **sponsor or co-sponsor** training that is available to other agencies in your community?

1 Yes

2 No

54. Describe any **collaborative arrangements** you have with other agencies for providing preservice and/or inservice training for your staff.

55. How many hours per month are devoted to inservice training? **CIRCLE THE RESPONSE THAT BEST FITS.**

- 0 0 hours
- 1 1 hour
- 2 2 hours
- 3 3-6 hours
- 4 7-9 hours
- 5 10 or more hours (specify) _____

56. Who conducts inservice training for home visitors? **CIRCLE ALL THAT APPLY.**

- 0 No inservice training provided
- 1 Agency director
- 2 Home visitor supervisor/mentor
- 3 Parents
- 4 Staff sponsored by state agencies
- 5 Staff from other local agencies
- 6 Local colleges/universities
- 7 Other _____

57. Which topics are covered during home visitor training? Use an "X" to indicate whether the topic is covered during preservice and/or inservice for all that apply.

Preservice	Inservice	
		Adolescent pregnancy/parenting
		CPR
		Health and nutrition
		Child abuse/neglect
		Substance abuse
		Stress management
		Self-protection and safety for home visitors
		Violence in the home/community
		Typical child development
		Atypical child development
		Child assessment

Preservice	Inservice	
		Family assessment
		Individual Family Service Plans (IFSPs)
		Family-centered care
		Community-based services
		Medicaid/SSI funding
		Care/service coordination
		Specific disabilities
		General home visiting procedures
		Individuals w/Disabilities Education Act (IDEA)
		Part H legislation
		Parental response to a child with a disability
		Values clarification
		Cultural competence
		Communication/listening skills
		Behavior management
		Family counseling
		Family and child advocacy
		Other (Specify)

58. What strategies are employed to ensure that your home visiting staff is adequately prepared to meet the needs of the various cultural groups represented in your community? **CIRCLE ALL THAT APPLY.**

- 1 Preservice training in cultural competency
- 2 Inservice training in cultural competency
- 3 Specifically targeted outreach efforts to cultures represented in your community
- 4 Home visitor ethnicity is matched with client ethnicity
- 5 Community needs assessment includes local cultural groups
- 6 Parent participation includes minority parents
- 7 Provision of translated materials, as needed
- 8 Access to interpreters
- 9 Other means; specify _____

AGENCY DESCRIPTION

59. How long has your agency been providing home visiting services?

_____ (Number of Years)

60. In your agency, what is the age range of children who are eligible to receive home visiting services?

Ages served: _____ to _____
(age in years) (age in years)

61. Does your agency provide prenatal home visiting?

- 1 Yes
- 2 No

62. Which category below best describes your programs' administrative affiliation? **CIRCLE ONLY ONE.**

- 1 Private/education
- 2 Private/social service
- 3 Private/health
- 4 Public/education
- 5 Public/social service
- 6 Public/health
- 7 Head Start/Home Start
- 8 Other, specify: _____

63. Which of the following best describes the service area covered by your agency? **CIRCLE ONLY ONE.**

- 1 School District
- 2 Health District
- 3 Local Community
- 4 County
- 5 Statewide
- 6 Multi-state
- 7 Other, Specify: _____

64. Describe the **general population density** of the area served by your agency? **CIRCLE ONLY ONE.**

- 1 Large Metropolitan: City of 500,000 or more, many suburbs, very little open country
- 2 Medium Metropolitan: City of 150,000 to 499,999, several suburbs, some open country
- 3 Small Metropolitan: City of 50,000 to 149,000, few suburbs, considerable open country
- 4 Semi-Urban: City of 10,000 to 49,999, few smaller towns and much open country
- 5 Semi-Rural: City of 2,500 to 9,999, one or two smaller towns, mostly open country
- 6 Rural: Town of less than 2,500, surrounded entirely by open country
- 7 If none of the above categories fit, please describe the area served by your agency:

65. How many children and/or families did your agency serve during the last fiscal year?

(# Children)

(# Families)

66. Record the estimated percentage of your **current operating costs** supported by the following sources. **The total should equal 100%.**

- ___% Federal grants (e.g., demonstration, SPRANS, research)
- ___% Title V block grants
- ___% State Part H contract
- ___% State budget line item
- ___% State discretionary grant
- ___% Private non-profit organizations (e.g., United Way, Catholic Charities, private foundations)
- ___% Private insurance
- ___% Medicaid
- ___% Client fee-for-service
- ___% In-kind contributions (e.g., contributed office and classroom space, volunteers)
- ___% Other; specify _____
- 100%

67. Over that past few years, what changes have had an **impact** on your community and the children and families you serve? **CIRCLE ALL THAT APPLY.**

- 0 Our community has not changed significantly in recent years
- 1 Significant increase in unemployment
- 2 Significant decrease in unemployment
- 3 Significant increase in population
- 4 Significant decrease in population
- 5 Significant ethnic/cultural changes in our community
- 6 Natural disaster
- 7 Other; _____

68. Record the approximate percentage of families within the following **ethnic/racial categories** who receive home visiting services . **The total should equal 100%.**

_____ %African American
 _____ %Asian American
 _____ %Caucasian
 _____ %Hispanic/Latino
 _____ %Native American
 _____ %Other, Specify: _____
 100%

69. Which category best describes the **income level** of most of the families your agency serves?
CIRCLE ONLY ONE.

1 Below \$5,000
 2 \$5,000 - \$14,999
 3 \$15,000 - \$29,999
 4 \$30,000 - \$44,999
 5 \$50,000 and above

70. Is income level a requirement for eligibility for your program?

1 Yes
 2 No

71. Select the primary characteristic(s) that best **describe the eligibility criteria for children served** by your agency. **CIRCLE ALL THAT APPLY.**

0 Child characteristics not a factor in determining eligibility
 1 General population
 2 Preterm/Low birthweight
 3 Medically fragile (e.g. chronically ill, failure to thrive, technology-dependent)
 4 Specific disabilities (e.g. cerebral palsy, hearing impairment)
 5 Developmentally delayed (e.g. cognitive, motor, speech delays)
 6 Potential or reported child abuse/neglect
 7 High risk for delay or disability
 8 Other, please specify: _____

72. Select the primary characteristic(s) that best describes the eligibility criteria for the parents served by your agency? CIRCLE ALL THAT APPLY.

- 0 Parent characteristics are not a factor in determining eligibility
- 1 General population
- 2 Parent of preterm/low birthweight infant
- 3 Parent of child with a developmental delay
- 4 Parent of child with special health care needs
- 5 Teenage mother
- 6 Parents at risk for reported child abuse/neglect
- 7 Parents referred because of documented abuse and neglect
- 8 Families living at or below the poverty level
- 9 Parental substance abuse
- 10 Racial/ethnic minority
- 11 Other, please specify: _____

PROGRAM EVALUATION

73. What methods are used to evaluate the quality of your program? CIRCLE ALL THAT APPLY.

- 0 No evaluation process
- 1 State compliance monitoring
- 2 Self-assessment of program objectives (e.g., by examining child/family progress)
- 3 Monitoring adherence to specific program criteria (e.g., staff:child ratio, staff credentials)
- 4 Collaborative evaluation with other agencies
- 5 Periodic reaccreditation of program (e.g., with NAEYC)
- 6 Use of program quality review instruments. Please specify instrument:

- 7 Longitudinal or follow-up study
- 8 External evaluations
- 9 Other, please specify: _____

74. How frequently are program evaluations conducted? CIRCLE ONLY RESPONSE THAT BEST FITS.

- 1 Not routinely conducted
- 2 More than once per year
- 3 Annually
- 4 Every 2 Years
- 5 Every 3 Years
- 6 Greater than 3 years
- 7 Other, please specify: _____

75. Which of the following methods does your agency use to monitor **progress of children**?
CIRCLE ALL THAT APPLY.

- 0 Do not monitor child progress in a formal manner
- 1 Attainment of IFSP goals
- 2 Case notes on home visits
- 3 Standard form for home visits
- 4 Family interview/Survey
- 5 Behavior checklists
- 6 Monitoring health and growth
- 7 Standardized developmental measures (e.g., Bayley, Battelle)
- 8 Other; specify: _____

76. Which of the following methods does your agency use to monitor **progress for families**?
CIRCLE ALL THAT APPLY.

- 0 Do not monitor family progress in a formal manner.
- 1 Case notes on home visits
- 2 Standardized form for home visits
- 3 Testing parents on information presented in the curriculum
- 4 Satisfaction/opinion instruments
- 5 Family functioning measures, e.g. stress, resources, support measures
- 6 Other, please specify: _____

77. Please let us know any other **current improvements and/or challenges** for your home visiting program that have made a significant impact on child and family services.

Thank you for completing this survey. Check over your answers to see if you may have omitted any information. If you have any questions, call Adrienne Akers or Scott DeBerard at (800) 887-1699. Please return the survey using the envelope provided or mail to:

**Debra Peck
Utah State University
Early Intervention Research Institute
Logan, UT 84322-6579**

Appendix B

National Survey on the Integration
of Home Visiting Services
(Code Book)

Appendix B

National Survey on the Integration
of Home Visiting Services

(Code Book)

VARIABLE	NAME	COLUMN LOCATION	DESCRIPTION	COMMENT
1. (Survey, Page 1)	ID	1-3	3-Digit Program ID	Pre-recorded on form and command file
2. (Survey, Page 1)	SOURCE	4	Source of Information: 1. MCH 2. Part H 3. Joint	
3. (Survey # 6)	Q6	5	Service Delivery: 1=Home-based 2=Home & Center-Based 3=Center-Based 4=Other	
4. (Survey # 7)	Q7	6	Other services offered by your program in addition to HV. (open-ended) 1=response 0=no reponse	Open-ended question
5. (Survey # 8)	Q8	7	Primary Focus of HV Services: 1=Child 2=Parent/Caretaker 3=Family 4=Other	
6. (Survey # 9)	Q9.1	8	HV used for: Initial Contact 1=circled 0=not	
7. (Survey # 9)	Q9.2	9	HV used for: Eligibility 1=circled 0=not	
8. (Survey # 9)	Q9.3	10	HV used for: Direct Service 1=circled 0=not	

9. (Survey # 9)	Q9.4	11	HV used for: Service Coord 1=circled 0=not	
10. (Survey # 9)	Q9.5	12	HV used for: 1=circled 2=not	
11. (Survey # 10)	Q10.1	13	Means for heightening community awareness: Brochures/Posters 1=circled 0=not	
12. (Survey # 10)	Q10.2	14	Means for heightening community awareness: TV/Radio 1=circled 0=not	
13. (Survey # 10)	Q10.3	15	Means for heightening community awareness: Newspaper/Advert. 1=circled 0=not	
14. (Survey # 10)	Q10.4	16	Means for heightening community awareness: Newsletters 1=circled 0=not	
15. (Survey # 10)	Q10.5	17	Means for heightening community awareness: Presentations 1=circled 0=not	
16. (Survey # 10)	Q10.6	18	Means for heightening community awareness: Outreach Workers 1=circled 0=not	

17. (Survey # 10)	Q10.7	19	Means for heightening community awareness: Interagency Info 1=circled 0=not	
18. (Survey # 10)	Q10.8	20	Means for heightening community awareness: Other 1=circled 0=not	
19. (Survey # 11)	Q11SR	21-23	Indicate % of client referrals from the following agencies: Self-Referral	
20. (Survey # 11)	Q11HOS	24-26	Indicate % of client referrals from the following agencies: Hospitals	
21. (Survey # 11)	Q11PHY	27-29	Indicate % of client referrals from the following agencies: Physicians	
22. (Survey # 11)	Q11PUB	30-32	Indicate % of client referrals from the following agencies: Public Health nurse	
23. (Survey # 11)	Q11FAM	33-35	Indicate % of clients referred to program? Family/Social Serv	
24. (Survey # 11)	Q11LOC	36-38	Indicate % of clients referred to program? Local/State Hotline	
25. (Survey # 11)	Q11PRIV	39-41	Indicate % of clients referred to program? Private Providers	
26. (Survey # 11)	Q11MENT	42-44	Indicate % of clients referred to program? Mental Health Ctr.	

27. (Survey # 11)	Q11HOME	45-47	Indicate % of clients referred to program? Home/Head Start	
28. (Survey # 11)	Q11OTH	48-50	Indicate % of clients referred to program? Other Agencies	
29. (Survey # 12)	Q12ECD1	51	Enhancing Child Dev: (1=Yes,0=no,9=invalid) Column A	
30. (Survey # 12)	Q12ECD2	52	Enhancing Child Dev: (1=Yes,0=no,9=invalid) Column B	
31. (Survey # 12)	Q12ECD3	53	Enhancing Child Dev: (1=Yes,0=no,9=invalid) Column C	
32. (Survey # 12)	Q12ECD4	54	Enhancing Child Dev: (1=Yes,0=no,9=invalid) Column D	
33. (Survey # 12)	Q12EPS1	55	Enhancing Parent Skills: (1=Yes,0=no,9=invalid) Column A	
34. (Survey # 12)	Q12EPS2	56	Enhancing Parent Skills: (1=Yes,0=no,9=invalid) Column B	
35. (Survey # 12)	Q12EPS3	57	Enhancing Parent Skills: (1=Yes,0=no,9=invalid) Column C	
36. (Survey # 12)	Q12EPS4	58	Enhancing Parent Skills: (1=Yes,0=no,9=invalid) Column D	
37. (Survey # 12)	Q12ST1	59	Speech Therapy: (1=Yes,0=no,9=invalid) Column A	

38. (Survey # 12)	Q12ST2	60	Speech Therapy: (1=Yes,0=no,9=invalid) Column B	
39. (Survey # 12)	Q12ST3	61	Speech Therapy: (1=Yes,0=no,9=invalid) Column C	
40. (Survey # 12)	Q12ST4	62	Speech Therapy: (1=Yes,0=no,9=invalid) Column D	
41. (Survey # 12)	Q12POT1	63	PT/OT: (1=Yes,0=no,9=invalid) Column A	
42. (Survey # 12)	Q12POT2	64	PT/OT: (1=Yes,0=no,9=invalid) Column B	
43. (Survey # 12)	Q12POT3	65	PT/OT: (1=Yes,0=no,9=invalid) Column C	
44. (Survey # 12)	Q12POT4	66	PT/OT: (1=Yes,0=no,9=invalid) Column D	
45. (Survey # 12)	Q12SC1	67	Service Coordination: (1=Yes,0=no,9=invalid) Column A	
46. (Survey # 12)	Q12SC2	68	Service Coordination: (1=Yes,0=no,9=invalid) Column B	
47. (Survey # 12)	Q12SC3	69	Service Coordination: (1=Yes,0=no,9=invalid) Column C	
48. (Survey # 12)	Q12SC4	70	Service Coordination: (1=Yes,0=no,9=invalid) Column D	

49. (Survey # 12)	Q12TRAN1	71	Transportation: (1=Yes,0=no,9=invalid) Column A	
50. (Survey # 12)	Q12TRAN2	72	Transportation: (1=Yes,0=no,9=invalid) Column B	
51. (Survey # 12)	Q12TRAN3	73	Transportation: (1=Yes,0=no,9=invalid) Column C	
52. (Survey # 12)	Q12TRAN4	74	Transportation (1=Yes,0=no,9=invalid) Column D	
53. (Survey # 12)	Q12RC1	75	Respite Care: (1=Yes,0=no,9=invalid) Column A	
54. (Survey # 12)	Q12RC2	76	Respite Care: (1=Yes,0=no,9=invalid) Column B	
55. (Survey # 12)	Q12RC3	77	Respite Care: (1=Yes,0=no,9=invalid) Column C	
56. (Survey # 12)	Q12RC4	78	Respite Care: (1=Yes,0=no,9=invalid) Column D	
57. (Survey # 12)	Q12HS1	79	Homemaker Services: (1=Yes,0=no,9=invalid) Column A	
58. (Survey # 12)	Q12HS2	80	Homemaker Services: (1=Yes,0=no,9=invalid) Column B	
59. (Survey # 12)	Q12HS3	81	Homemaker Services: (1=Yes,0=no,9=invalid) Column C	

60. (Survey # 12)	Q12HS4	82	Homemaker Services: (1=Yes,0=no,9=invalid) Column D	
61. (Survey # 12)	Q12JTC1	83	Job Training: (1=Yes,0=no,9=invalid) Column A	
62. (Survey # 12)	Q12JTC2	84	Job Training: (1=Yes,0=no,9=invalid) Column B	
63. (Survey # 12)	Q12JTC3	85	Job Training: (1=Yes,0=no,9=invalid) Column C	
64. (Survey # 12)	Q12JTC4	86	Job Training: (1=Yes,0=no,9=invalid) Column D	
65. (Survey # 12)	Q12CDDS1	87	Child Dev. & Diag. Screen. (1=Yes,0=no,9=invalid) Column A	
66. (Survey # 12)	Q12CDDS2	88	Child Dev. & Diag. Screen. (1=Yes,0=no,9=invalid) Column B	
67. (Survey # 12)	Q12CDDS3	89	Child Dev. & Diag. Screen. (1=Yes,0=no,9=invalid) Column C	
68. (Survey # 12)	Q12CDDS4	90	Child Dev. & Diag. Screen. (1=Yes,0=no,9=invalid) Column D	
69. (Survey # 12)	Q12PMHS1	91	Mental Health Services: (1=Yes,0=no,9=invalid) Column A	

70. (Survey # 12)	Q12PMHS2	92	Mental Health Services: (1=Yes,0=no,9=invalid) Column B	
71. (Survey # 12)	Q12PMHS3	93	Mental Health Services: (1=Yes,0=no,9=invalid) Column C	
72. (Survey # 12)	Q12PMHS4	94	Mental Health Services (1=Yes,0=no,9=invalid) Column D	
73. (Survey # 12)	Q12IFC1	95	Informl Family Counseling: (1=Yes,0=no,9=invalid) Column A	
74. (Survey # 12)	Q12IFC2	96	Informi Family Counseling: (1=Yes,0=no,9=invalid) Column B	
75. (Survey # 12)	Q12IFC3	97	Informl Family Counseling: (1=Yes,0=no,9=invalid) Column C	
76. (Survey # 12)	Q12IFC4	98	Informl Family Counseling: (1=Yes,0=no,9=invalid) Column D	
77. (Survey # 12)	Q12FSG1	99	Family Support Group: (1=Yes,0=no,9=invalid) Column A	
78. (Survey # 12)	Q12FSG2	100	Family Support Group: (1=Yes,0=no,9=invalid) Column B	
79. (Survey # 12)	Q12FSG3	101	Family Support Group: (1=Yes,0=no,9=invalid) Column C	

80. (Survey # 12)	Q12FSG4	102	Family Support Group: (1=Yes,0=no,9=invalid) Column D	
81. (Survey # 12)	Q12SASC1	103	Substance Abuse Counslng: (1=Yes,0=no,9=invalid) Column A	
82. (Survey # 12)	Q12SASC2	104	Substance Abuse Counslng: (1=Yes,0=no,9=invalid) Column B	
83. (Survey # 12)	Q12SASC3	105	Substance Abuse Counslng: (1=Yes,0=no,9=invalid) Column C	
84. (Survey # 12)	Q12SASC4	106	Substance Abuse Counslng: (1=Yes,0=no,9=invalid) Column D	
85. (Survey # 12)	Q12FA1	107	Financial Assistance: (1=Yes,0=no,9=invalid) Column A	
86. (Survey # 12)	Q12FA2	108	Financial Assistance: (1=Yes,0=no,9=invalid) Column B	
87. (Survey # 12)	Q12FA3	109	Financial Assistance: (1=Yes,0=no,9=invalid) Column C	
88. (Survey # 12)	Q12FA4	110	Financial Assistance: (1=Yes,0=no,9=invalid) Column D	
89. (Survey # 12)	Q12IMM1	111	Immunizations: (1=Yes,0=no,9=invalid) Column A	

90. (Survey # 12)	Q12IMM2	112	Immunizations: (1=Yes,0=no,9=invalid) Column B	
91. (Survey # 12)	Q12IMM3	113	Immunizations: (1=Yes,0=no,9=invalid) Column C	
92. (Survey # 12)	Q12IMM4	114	Immunizations: (1=Yes,0=no,9=invalid) Column D	
93. (Survey # 12)	Q12WELL1	115	Well Baby Check-Ups: (1=Yes,0=no,9=invalid) Column A	
94. (Survey # 12)	Q12WELL2	116	Well Baby Check-Ups: (1=Yes,0=no,9=invalid) Column B	
95. (Survey # 12)	Q12WELL3	117	Well Baby Check-Ups: (1=Yes,0=no,9=invalid) Column C	
96. (Survey # 12)	Q12WELL4	118	Well Baby Check-Ups: (1=Yes,0=no,9=invalid) Column D	
97. (Survey # 12)	Q12PHC1	119	Prenatal Health Care: (1=Yes,0=no,9=invalid) Column A	
98. (Survey # 12)	Q12PHC2	120	Prenatal Health Care: (1=Yes,0=no,9=invalid) Column B	
99. (Survey # 12)	Q12PHC3	121	Prenatal Health Care: (1=Yes,0=no,9=invalid) Column C	
100. (Survey # 12)	Q12PHC4	122	Prenatal Health Care: (1=Yes,0=no,9=invalid) Column D	

101. (Survey # 12)	Q12EPSD1	123	EPSDT Screening: (1=Yes,0=no,9=invalid) Column A	
102. (Survey # 12)	Q12EPSD2	124	EPSDT Screening: (1=Yes,0=no,9=invalid) Column B	
103. (Survey # 12)	Q12EPSD3	125	EPSDT Screening: (1=Yes,0=no,9=invalid) Column C	
104. (Survey # 12)	Q12EPSD4	126	EPSDT Screening: (1=Yes,0=no,9=invalid) Column D	
105. (Survey # 12)	Q12GHC1	127	General Health Care: (1=Yes,0=no,9=invalid) Column A	
106. (Survey # 12)	Q12GHC2	128	General Health Care: (1=Yes,0=no,9=invalid) Column B	
107. (Survey # 12)	Q12GHC3	129	General Health Care: (1=Yes,0=no,9=invalid) Column C	
108. (Survey # 12)	Q12GHC4	130	General Health Care: (1=Yes,0=no,9=invalid) Column D	
109. (Survey # 12)	Q12WIC1	131	WIC/Nutrition Services: (1=Yes,0=no,9=invalid) Column A	
110. (Survey # 12)	Q12WIC2	132	WIC/Nutrition Services: (1=Yes,0=no,9=invalid) Column B	
111. (Survey # 12)	Q12WIC3	133	WIC/Nutrition Services: (1=Yes,0=no,9=invalid) Column C	

112. (Survey # 12)	Q12WIC4	134	WIC/Nutrition Services: (1=Yes,0=no,9=invalid) Column D	
113. (Survey # 12)	Q12SM1	135	Stress Management: (1=Yes,0=no,9=invalid) Column A	
114. (Survey # 12)	Q12SM2	136	Stress Management: (1=Yes,0=no,9=invalid) Column B	
115. (Survey # 12)	Q12SM3	137	Stress Management: (1=Yes,0=no,9=invalid) Column C	
116. (Survey # 12)	Q12SM4	138	Stress Management: (1=Yes,0=no,9=invalid) Column D	
117. (Survey # 12)	Q12OTH11	139	Other: (1=Yes,0=no,9=invalid) Column A	
118. (Survey # 12)	Q12OTH12	140	Other: (1=Yes,0=no,9=invalid) Column B	
119. (Survey # 12)	Q12OTH13	141	Other: (1=Yes,0=no,9=invalid) Column C	
120. (Survey # 12)	Q12OTH14	142	Other: (1=Yes,0=no,9=invalid) Column D	
121. (Survey # 12)	Q12OTH21	143	Other: (1=Yes,0=no,9=invalid) Column A	
122. (Survey # 12)	Q12OTH22	144	Other: (1=Yes,0=no,9=invalid) Column B	

123. (Survey # 12)	Q12OTH23	145	Other: (1=Yes,0=no,9=invalid) Column C	
124. (Survey # 12)	Q12OTH24	146	Other: (1=Yes,0=no,9=invalid) Column D	
125. (Survey # 13)	Q13	147	For your community, describe the kinds of services or health needs that your H.V./service coordinators have difficulty in helping families obtain? 1=non-blank 0=blank	Open-Ended Question
126. (Survey # 14)	Q14	148	Intake process lead to eligibility for programs or services other than your own? 1=Yes 2=No	
127. (Survey # 15)	Q15	149	Where is your intake/ eligibility process conducted? 1=All in home 2=Portion in home 3=Conducted at center/agency 4=Other	
128. (Survey # 16)	Q16	150-152	What % of your home visitor's is spent on service coordination?	
129. (Survey # 17)	Q17	153	What aspects of intake/assessment process are HV's responsible for? 1=non-blank 0=blank	Open-Ended
130. (Survey # 18)	Q18.1	154	How do HV's participate in IFSP's?: 1=HV schedules meeting 0=not	

131. (Survey # 18)	Q18.2	155	How do HV's participate in IFSP's?: 1=HV contacts other agencies 0=not	
132. (Survey # 18)	Q18.3	156	How do HV's participate in IFSP's?: 1=HV assists writing IFSP 0=not	
133. (Survey # 18)	Q18.4	157	How do HV's participate in IFSP's?: 1=HV acts as facilitator 0=not	
134. (Survey # 18)	Q18.5	158	How do HV's participate in IFSP's?: 1=HV acts as coordinator for family 0=not	
135. (Survey # 18)	Q18.6	159	How do HV's participate in IFSP's?: 1=Other 0=not	
136. (Survey # 19)	Q19	160	Describe 2-3 examples of a collaborative effort. 1=non-blank 0=blank	Open-ended
137. (Survey # 20)	Q20PHYS	161	Freq of agencies involved in IFSP's: Physicians 0=Never 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	

138. (Survey # 20)	Q20HOSP	162	Freq of agencies involved in IFSP's: Hospitals 0=Never 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	
139. (Survey # 20)	Q20SCH	162	Freq of agencies involved in IFSP's: Schools 0=Never 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	
140. (Survey # 20)	Q20SSA	164	Freq of agencies agencies involved in IFSP's: Social service agencies 0=Never 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	
141. (Survey # 20)	Q20PHN	165	Freq of agencies involved in IFSP's: Public health nurse/agency 0=Never 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	
142. (Survey # 20)	Q20HSHS	166	Freq of agencies involved in IFSP's: Head start/home start 0=Never 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	

143. (Survey # 20)	Q20CCP	167	Freq of agencies involved in IFSP's: Child care provider 1-<10% 2-10-25% 3-26-50% 4-51-75% 5->75%	
144. (Survey # 20)	Q20CSO	168	Freq of agencies involved in IFSP's: Comm. Service Organiz 1-<10% 2-10-25% 3-26-50% 4-51-75% 5->75%	
145. (Survey # 20)	Q20CMHC	169	Freq of agencies involved in IFSP's: 9=Comm. Mental Health Ctr 1-<10% 2-10-25% 3-26-50% 4-51-75% 5->75%	
146. (Survey # 20)	Q20EIPH	170	Freq of agencies involved in IFSP's: Early Intervention/Part H 1-<10% 2-10-25% 3-26-50% 4-51-75% 5->75%	
147. (Survey # 20)	Q20OPP	171	Freq of agencies involved in IFSP's: Other private providers 1-<10% 2-10-25% 3-26-50% 4-51-75% 5->75%	

148. (Survey # 20)	Q200TH	172	Freq of agencies involved in IFSP's: Other 1=<10% 2=10-25% 3=26-50% 4=51-75% 5=>75%	
149. (Survey #21)	Q21.1	173	Major factors why families may not utilize services from your agency: 1=Don't meet eligibility criteria	
150. (Survey #21)	Q21.2	174	Major factors why families may not utilize services from your agency: 1=Unaware that services exist 0=not	
151. (Survey # 21)	Q21.3	175	Major factors why families may not utilize services from your agency: 1=Difficulties with transportation 0=not	
152. (Survey # 21)	Q21.4	176	Major factors why families may not utilize services from your agency: 1=Scheduling problems 0=not	
153. (Survey # 21)	Q21.5	177	Major factors why families may not utilize services from your agency: 1=Not aware they need services 0=not	

154. (Survey # 21)	Q21.6	178	Major factors why families may not utilize services from your agency: 1=Waiting list 0=not	
155. (Survey # 21)	Q21.7	179	Major factors why families may not utilize services from your agency: 1=Language barriers 0=not	
156. (Survey # 21)	Q21.8	180	Major factors why families may not utilize services from your agency: 1=Difficulties paying for services 0=not	
157. (Survey # 21)	Q21.9	181	Major factors why families may not utilize services from your agency: 1=Families don't want services delivered in the home 0=not	
158. (Survey # 21)	Q21.10	182	Major factors why families may not utilize services from your agency: 1=Other 0=not	
159. (Survey # 22)	Q22	183	Do your home visitors have access to emergency funds? 1=Yes (source of funds) 2= No	

160. (Survey # 23A)	Q23A	184	Minimum Educational Req. for Professional H.V.: 0=Our agency does not hire professional H.V. 1=H.S./GED 2=A.A. Degree 3=CDA 4=B.A./B.S. 5=M.A./M.S. 6=Other	
161. (Survey # 23)	Q23PREF	185	List Preferred college majors:	Open-Ended
162. (Survey # 23)	Q23BHS	186-187	Number with HS/GED Code 0 if blank	
163. (Survey # 23 b)	Q23BAA	188-189	Number with A.A. Code 0 if blank	
164. (Survey # 23 b)	Q23BCDA	190-191	Number with C.D.A. Code 0 if blank	
165. (Survey # 23 b)	Q23BBACH	192-193	Number with Bachelor's Code 0 if blank	
166. (Survey # 23 b)	Q23BMAST	194-195	Number with Master's Code 0 if blank	
167. (Survey # 23 b)	Q23BOTH	196-197	Number with other Code 0 if blank	
168. (Survey # 24a)	Q24A	198	Minimum educational requirement for paraprofessional home visitors hired by your agency: 0=does not hire parapro. 1=H.S./GED 2=A.A. 3=CDA 4=Other	

169. (Survey # 24b)	Q24BHS	199-200	How many paraprofessionals do you currently employ in each category?: High School/GED 0 if blank	
170. (Survey # 24b)	Q24BAA	201-202	How many paraprofessionals do you currently employ in each category?: Associate of Arts 0 if blank	
171. (Survey # 24b)	Q24BCDA	203-204	How many paraprofessionals do you currently employ in each category?: CDA 0 if blank	
172. (Survey # 24b)	Q24BOTH	205-206	How many paraprofessionals do you currently employ in each category?: Other, specify 0 if blank	
173. (Survey # 25)	Q25MEET1	207	Rate Characteristics of Professional H.V.: Meets Educational Requirment 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
174. (Survey # 25)	Q25MEET2	208	Rate Characteristics of Paraprofessional H.V.: Meets Educational Requirement 3=Very Imp 2=Somewhat 1=Not Import 0=blank	"

175. (Survey # 25)	Q25PAR1	209	Rate Characteristics of professional H.V.: Is a parent 3=Very Imp 2=Somewhat 1=Not Import 0=blank	"
176. (Survey # 25)	Q25PAR2	210	Rate Characteristics of paraprofessional H.V.: Is a parent 3=Very Imp 2=Somewhat 1=Not Import 0=blank	"
177. (Survey # 25)	Q25PCD1	211	Rate Characteristics of professional H.V.: Is a parent of a child w/ a disability 3=Very Imp 2=Somewhat 1=Not Import 0=blank	"
178. (Survey # 25)	Q25PCD2	212	Rate Characteristics of paraprofessional H.V.: Is a parent of a child w/ a disability 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
179. (Survey # 25)	Q25RES1	213	Rate Characteristics of professional H.V.: Resides in the local community 3=Very Imp 2=Somewhat 1=Not Import 0=blank	

180. (Survey # 25)	Q25RES2	214	Rate Characteristics of paraprofessional H.V.: Resides in the local community 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
181. (Survey # 25)	Q25APPR1	215	Rate Characteristics of professional H.V.: Is approved by local parent group 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
182. (Survey # 25)	Q25APPR2	216	Rate Characteristics of paraprofessional H.V.: Is approved by local parent group 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
183. (Survey # 25)	Q25WWF1	217	Rate Characteristics of professional H.V.: Has previous experience working with families/children 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
184. (Survey # 25)	Q25WWF2	218	Rate Characteristics of paraprofessional H.V.: Has previous experience working with families/children 3=Very Imp 2=Somewhat 1=Not Import 0=blank	

185. (Survey # 25)	Q25BIL1	219	Rate Characteristics of Professional H.V.: Is bilingual 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
186. (Survey # 25)	Q25BIL2	220	Rate Characteristics of Paraprofessional H.V.: Is bilingual 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
187. (Survey # 25)	Q25COMM1	221	Rate Characteristics of professional H.V.: Has good communication skills 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
188. (Survey # 25)	Q25COMM2	222	Rate Characteristics of Paraprofessional H.V.: Has good communication skills 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
189. (Survey # 25)	Q25WRIT1	223	Rate Characteristics of professional H.V.: Has good writing skills 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
190. (Survey # 25)	Q25WRIT2	224	Rate Characteristics of Paraprofessional H.V.: Has good writing skills 3=Very Imp 2=Somewhat 1=Not Import 0=blank	

191. (Survey # 25)	Q25PHV1	225	Rate Characteristics of professional H.V.: has prior experience in home visiting 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
192. (Survey # 25)	Q25PHV2	226	Rate Characteristics of paraprofessional H.V.: has prior experience in home visiting 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
193. (Survey # 25)	Q25PERS1	227	Rate Characteristics of professional H.V.: has personal chars. such as warmth & empathy 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
194. (Survey # 25)	Q25PERS2	228	Rate Characteristics of paraprofessional H.V.: has personal chars. such as warmth & empathy 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
195. (Survey # 25)	Q25RACE1	229	Rate Characteristics of professional H.V.: racial/ethnic similarities to the families they serve 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
196. (Survey # 25)	Q25RACE2	230	Rate Characteristics of Paraprofessional H.V.: racial/ethnic similarities to the families they serve 3=Very Imp 2=Somewhat 1=Not Import 0=blank	

197. (Survey # 25)	Q25OTH1	231	Rate Characteristics of professional H.V.: Other 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
198. (Survey # 25)	Q25OTH2	232	Rate Characteristics of Paraprofessional H.V.: Other 3=Very Imp 2=Somewhat 1=Not Import 0=blank	
199. (Survey # 26)	Q26	233	How often do families receive home visits?: 1=weekly 2=every 2 weeks 3=monthly 4=every 1-3 months 5=every 4-6 months 6=other	
200. (Survey # 27)	Q27	234	What length of time do families receive home visits?: 1=< 1 month 2=1-3 months 3=4-6 months 4=7-12 months 5=1-2 years 6=over 2 years 7=other	
201. (Survey #28)	Q28	235-236	What percent of Home Visits occur outside of normal working hours?	
202. (Survey # 29)	Q29	237	Describe how the frequency of home visiting service is determined for individual families.	Open-ended
203. (Survey # 30)	Q30.1	238	How do you handle transitions for children? 1=child/family graduates into out center-based services 0=not	

204. (Survey # 30)	Q30.2	239	How do you handle transitions for children? 1=child/family graduates to another program/agency 0=not	
205. (Survey # 30)	Q30.3	240	How do you handle transitions for children? 1=Family is contacted periodically by H.V. for monitoring 0=not	
206. (Survey # 30)	Q30.4	241	How do you handle transitions for children? 1=Family is placed on state risk registry/computer tracking program 0=not	
207. (Survey # 30)	Q30.5	242	How do you handle transitions for children? 1=with permission, client's material is sent to receiving agency 0=not	
208. (Survey # 30)	Q30.6	243	How do you handle transitions for children? 1=contact is maintained with family's primary care physician 0=not	
209. (Survey # 30)	Q30.7	244	How do you handle transitions for children? 1=no contact is maintained 0=not	
210. (Survey # 30)	Q30.8	245	How do you handle transitions for children? 1=Other, specify 0=not	
211. (Survey # 31)	Q31	246	What role does the H.V. play in the transition process?: 1=does not participate 2=is a member of transition team 3=is a major participant 4=other	

212. (Survey # 32)	Q32.1	247	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Head Start 0=not	
213. (Survey # 32)	Q32.2	248	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Chapter I Preschool 0=not	
214. (Survey # 32)	Q32.3	249	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Part B Preschool 0=not	
215. (Survey # 32)	Q32.4	250	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Private Preschools 0=not	
216. (Survey # 32)	Q32.5	251	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Public Health 0=not	
217. (Survey # 32)	Q32.6	252	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Private Therapy Services 0=not	

218. (Survey # 32)	Q32.7	253	When child/family graduates to another agency/program, circle the types of transition programs that apply: 1=Other, specify 0=not	
219. (Survey # 33)	Q33.1	254	Strategies to enhance service integration: 1=Computer tracking system 0=not	
220. (Survey #33)	Q33.2	255	Strategies to enhance service integration: 1=pooled or decategorized funding 0=not	
221. (Survey # 33)	Q33.3	256	Strategies to enhance service integration: 1=multi-agency planning 0=not	
222. (Survey # 33)	Q33.4	257	Strategies to enhance service integration: 1=Multi-agency administration 0=not	
223. (Survey # 33)	Q33.5	258	Strategies to enhance service integration: 1=co-location of programs/services 0=not	
224. (Survey # 33)	Q33.6	259	Strategies to enhance service integration: 1=other 0=not	
225. (Survey # 34)	Q34.1	260	At what level is your agency part of an ICC? 1=not a member 0=not	
226. (Survey # 34)	Q34.2	261	At what level is your agency part of an ICC? 1=Local Level 0=not	

227. (Survey # 34)	Q34.3	262	At what level is your agency part of an ICC? 1=State Level 0=not	
228. (Survey # 35)	Q35	263	Describe how state ICC facilitate your community's efforts to provide H.V. in an integrated manner? 1=non-blank 0=blank	Open-ended
229. (Survey # 36)	Q36.0	264	Local level written interagency agreements: 0=No written agreements	
230. (Survey # 36)	Q36.1	265	Local level written interagency agreements: 1=Public Health 0=not	
231. (Survey # 36)	Q36.2	266	Local level written interagency agreements: 1=Education 0=not	
232. (Survey # 36)	Q36.3	267	Local level written interagency agreements: 1=Social Services 0=not	
233. (Survey # 36)	Q36.4	268	Local level written interagency agreements: 1=Mental Health 0=not	
234. (Survey # 36)	Q36.5	269	Local level written interagency agreements: 1=Head Start 0=not	
235. (Survey # 36)	Q36.6	270	Local level written interagency agreements: 1=Local preschools/ child-care providers 0=not	
236. (Survey # 36)	Q36.7	271	Local level written interagency agreements: 1=Local Hospitals 0=not	

237. (Survey # 36)	Q36.8	272	Local level written interagency agreements: 1=Provider Groups 0=not	
238. (Survey # 36)	Q36.9	273	Local level written interagency agreements: 1=Parent/Consumer Groups 0=not	
239. (Survey # 36)	Q36.10	274	Local level written interagency agreements: 1=Other comm. resources 0=not	
240. (Survey # 37)	Q37.0	275	Collaborative Activities with other local agencies: 0=no collaboration	
241. (Survey # 37)	Q37.1	276	Collaborative Activities with other local agencies: 1=Shared Intake/Eligibility 0=not	
242. (Survey # 37)	Q37.2	277	Collaborative Activities with other local agencies: 1=Joint IFSP meetings/child & family conferences 0=not	
243. (Survey # 37)	Q37.3	278	Collaborative Activities with other local agencies: 1=Shared care/service coord. 0=not	
244. (Survey # 37)	Q37.4	279	Collaborative Activities with other local agencies: 1=Dev. of local guidelines for service integration 0=not	
245. (Survey # 37)	Q37.5	280	Collaborative Activities with other local agencies: 1=Advisory board membership 0=not	

246. (Survey # 37)	Q37.6	281	Collaborative Activities with other local agencies: 1=membership in local area councils or coalitions 0=not	
247. (Survey # 37)	Q37.7	282	Collaborative Activities with other local agencies: 1=Joint Training 0=not	
248. (Survey # 37)	Q37.8	283	Collaborative Activities with other local agencies: 1=Comm. info. network or clearinghouse 0=not	
249. (Survey # 37)	Q37.9	284	Collaborative Activities with other local agencies: 1=Community needs assessment 0=not	
250. (Survey # 37)	Q37.10	285	Collaborative Activities with other local agencies: 1=Subcontracts with other agencies & service providers 0=not	
251. (Survey # 37)	Q37.11	286	Collaborative Activities with other local agencies: 1=Home visitor support group 0=not	
252. (Survey # 37)	Q37.12	287	Collaborative Activities with other local agencies: 1=Other activities 0=Not	
253. (Survey # 38)	Q38.1	288	How do you encourage parents to collaborate with your agency? 1=Parent input into general policies or guidelines 0=not	

254. (Survey # 38)	Q38.2	289	How do you encourage parents to collaborate with your agency? 1=Advisory board membership 0=not	
255. (Survey # 38)	Q38.3	290	How do you encourage parents to collaborate with your agency? 1=Outreach efforts that link new parent with previous participants 0=not	
256. (Survey # 38)	Q38.4	291	How do you encourage parents to collaborate with your agency? 1=Participation in joint training with staff 0=not	
257. (Survey # 38)	Q38.5	292	How do you encourage parents to collaborate with your agency? 1=Participation in IFSP's 0=not	
258. (Survey # 38)	Q38.6	293	How do you encourage parents to collaborate with your agency? 1=Other, please specify 0=not	
259. (Survey # 39)	Q39.1	294	Significant barriers to interagency collaboration: 1=inadequate communication between agencies 0=not	
260. (Survey # 39)	Q39.2	295	Significant barriers to interagency collaboration: 1=confidentiality policies impede sharing of client info. 0=not	
261. (Survey # 39)	Q39.3	296	Significant barriers to interagency collaboration: 1=agencies protective of their "turf" 0=not	

262. (Survey # 39)	Q39.4	297	Significant barriers to interagency collaboration: 1=Lack of trust among agencies 0=not	
263. (Survey # 39)	Q39.5	298	Significant barriers to interagency collaboration: 1=agencies don't share same philosophies for serving children/families 0=not	
264. (Survey # 39)	Q39.6	299	Significant barriers to interagency collaboration: 1=agencies unaware that they are duplicating services 0=not	
265. (Survey # 39)	Q39.7	300	Significant barriers to interagency collaboration: 1=case loads too large 0=not	
266. (Survey # 39)	Q39.8	301	Significant barriers to interagency collaboration: 1=insufficient time 0=not	
267. (Survey # 39)	Q39.9	302	Significant barriers to interagency collaboration: 1=Other 0=not	
268. (Survey # 40)	Q40	303	What are 2-3 aspects of your H.V. services that you want to develop in the coming year? 1=non-blank 0=blank	Open-Ended Question
269. (Survey # 41)	Q41	304	Please circle the number of the graphic that best depicts your community's efforts regarding HV.: 1=Limited Communication 2=Linked Services 3=One-Stop Shopping 4=Our Process	

270. (Survey # 42)	Q42.0	305	Activities in which you collaborate with state agencies= 1=No Collaboration 0=not	
271. (Survey # 42)	Q42.1	306	Activities in which you collaborate with state agencies= 1=Dev. of general policies/guidelines 0=not	
272. (Survey # 42)	Q42.2	307	Activities in which you collaborate with state agencies= 1=advisory board membership 0=not	
273. (Survey # 42)	Q42.3	308	Activities in which you collaborate with state agencies= 1=Memberships in regional or area councils 0=not	
274. (Survey # 42)	Q42.4	309	Activities in which you collaborate with state agencies= 1=Dev. of shared intake/eligibility procedures 0=not	
275. (Survey # 42)	Q42.5	310	Activities in which you collaborate with state agencies= 1=Training and technical assistance 0=not	
276. (Survey # 42)	Q42.6	311	Activities in which you collaborate with state agencies= 1=State/regional information network or clearinghouse 0=not	
277. (Survey # 42)	Q42.7	312	Activities in which you collaborate with state agencies= 1=Other Activities 0=not	

278. (Survey # 43)	Q43.0	313	How do state agencies provide support?: 1=No support provided 0=not	
279. (Survey # 43)	Q43.1	314	How do state agencies provide support?: 1=helps with referral for in-and out-of-state resources for our agency/families 0=not	
280. (Survey # 43)	Q43.2	315	How do state agencies provide support?: 1=conducts needs assessments to determine training & technical assistance needs 0=not	
281. (Survey # 43)	Q43.3	316	How do state agencies provide support?: 1=routinely gathers community input in dev. state policy 0=not	
282. (Survey # 43)	Q43.4	317	How do state agencies provide support?: 1=provide info. on current laws related to Part H, MCH 0=not	
283. (Survey # 43)	Q43.5	318	How do state agencies provide support?: 1=keeps our agency informed of recent changes in state policies that affect us 0=not	
284. (Survey # 43)	Q43.6	319	How do state agencies provide support?: 1=provides a newsletter to keep agencies informed of national & local issues 0=not	
285. (Survey # 43)	Q43.7	320	How do state agencies provide support?: 1=Offers a computer-assisted network to access info & assistance 0=not	

286. (Survey # 43)	Q43.8	321	How do state agencies provide support?: 1=encourages comm. based solutions to local challenges/problems 0=not	
287. (Survey # 43)	Q43.9	322	How do state agencies provide support?: 1=Other 0=not	
288. (Survey # 44)	Q44	323	Which state agencies have been most successful in promoting collaborative activities and linkages at the community level and why? 1=non-blank 0=blank	Open-ended
289. (Survey # 45)	Q45.0	324	How does your agency provide input/support to state agencies? 0=No input/support provided	
290. (Survey # 45)	Q45.1	325	How does your agency provide input/support to state agencies? 1=Participates in state sponsored training and conferences 0=not	
291. (Survey # 45)	Q45.2	326	How does your agency provide input/support to state agencies? 1=Attends at least 75% of local ICC meetings 0=not	
292. (Survey # 45)	Q45.3	327	How does your agency provide input/support to state agencies? 1=Submits grant proposals for public/private funding 0=not	
293. (Survey # 45)	Q45.4	328	How does your agency provide input/support to state agencies? 1=Contacts state legislators regarding health and disability issues 0=not	

294. (Survey # 45)	Q45.5	329	How does your agency provide input/support to state agencies? 1=participates in lobbying efforts to improve services provided to families at community level 0=not	
295. (Survey # 45)	Q45.6	330	How does your agency provide input/support to state agencies? 1=Other 0=not	
296. (Survey # 46)	Q46	331	What suggestions do you have for state agencies that would enhance your ability to serve children and families? 1=non-blank 0=blank	Open-Ended
297. (Survey # 47)	Q47	332	How many hours of preservice training are required for H.V. prior to receiving an active caseload? 0=0 1=1-5 2=6-10 hours 3=11-20 hours 4=21-30 hours 5= > 30 hours	
298. (Survey # 48)	Q48.1	333	Who conducts preservice training for home visitors? 1=Agency Director 0=not	
299. (Survey # 48)	Q48.2	334	Who conducts preservice training for home visitors? 1=Home visitors supervisor/mentor 0=not	
300. (Survey # 48)	Q48.3	335	Who conducts preservice training for home visitors? 1=parents 0=not	

301. (Survey # 48)	Q48.4	336	Who conducts preservice training for home visitors? 1=staff sponsored by state agencies 0=not	
302. (Survey # 48)	Q48.5	337	Who conducts preservice training for home visitors? 1=staff from other local agencies 0=not	
303. (Survey # 48)	Q48.6	338	Who conducts preservice training for home visitors? 1=local colleges/universities 0=not	
304. (Survey # 48)	Q48.7	339	Who conducts preservice training for home visitors? 1=Other 0=not	
305. (Survey # 49)	Q49.1	340	How does your agency support staff in acquiring inservice training? 1=Inservice provided during working hours 0=not	
306. (Survey # 49)	Q49.2	341	How does your agency support staff in acquiring inservice training? 1=release hours 0=not	
307. (Survey # 49)	Q49.3	342	How does your agency support staff in acquiring inservice training? 1=agency pays staff tuition to attend training 0=not	
308. (Survey # 49)	Q49.4	343	How does your agency support staff in acquiring inservice training? 1=Comp Time if training is outside of normal working hours 0=not	

309. (Survey # 49)	Q49.5	344	How does your agency support staff in acquiring inservice training? 1=other 0=not	
310. (Survey # 50)	Q50	345	Does your agency have a staff person assigned as home visitor supervisor? 1=Yes 2=No	
311. (Survey # 50)	Q50TITLE	346	HV supervisor's title: Open-ended 1=non-blank 0=blank	
312. (Survey # 50)	Q50DEG	347	HV supervisor's degree: 1=bachelors 2=master's 3=Ph.D. 4=other	
313. (Survey # 50)	Q50AREA	348	1=Public Health 2=Psych 3=Social Work 4=Business 5=Sociology 6=Nursing 7=OT 8=PT 9= 0=Other	
314. (Survey # 51)	Q51.0	349	What is the role of your H.V. supervisor? 0=There is no HV supervisor	
315. (Survey # 51)	Q51.1	350	What is the role of your H.V. supervisor? 1=Facilitates collaboration 0=not	
316. (Survey # 51)	Q51.2	351	What is the role of your H.V. supervisor? 1=Provides emotional support for Home Visitors 0=not	
317. (Survey # 51)	Q51.3	352	What is the role of your H.V. supervisor? 1=models H.V. skills during in-home supervision 0=not	

318. (Survey # 51)	Q51.4	353	What is the role of your H.V. supervisor? 1=Facilitates home visitor support activities 0=not	
319. (Survey # 51)	Q51.5	354	What is the role of your H.V. supervisor? 1=Assures compliance with program policies 0=not	
320. (Survey # 51)	Q51.6	355	What is the role of your H.V. supervisor? 1=Evaluates home visitors 0=not	
321. (Survey # 51)	Q51.7	356	What is the role of your H.V. supervisor? 1=Conducts/arranges inservice training 0=not	
322. (Survey # 51)	Q51.8	357	What is the role of your H.V. supervisor? 1=other; specify 0=not	
323. (Survey # 52)	Q52.0	358	What provisions have state agencies made in providing training opportunities for your staff? 1=None 0=not	
324. (Survey # 52)	Q52.1	359	What provisions have state agencies made in providing training opportunities for your staff? 1=state/regional training is offered 0=not	
325. (Survey # 52)	Q52.2	360	What provisions have state agencies made in providing training opportunities for your staff? 1=tuition subsidies 0=not	

326. (Survey # 52)	Q52.3	361	What provisions have state agencies made in providing training opportunities for your staff? 1=on site training/technical assistance 0=not	
327. (Survey # 52)	Q52.4	362	What provisions have state agencies made in providing training opportunities for your staff? 1=other 0=not	
328. (Survey # 53)	Q53	363	Does your agency co-sponsor training for other agencies in your community? 1=Yes 2=No	
329. (Survey # 54)	Q54	364	Describe any collaborative arrangement you have with other agencies for providing Pre- and inservice training for your staff? 1=non-blank 0=blank	Open-ended
330. (Survey # 55)	Q55	365	How many hours per month are devoted to inservice training? 0=0 hours 1=1 hour 2=2 hours 3=3-6 hours 4=7-9 hours 5=> 10 hours	
331. (Survey # 56)	Q56.0	366	Who conducts inservice training for home visitors? 0=No inservice training provided	
332. (Survey # 56)	Q56.1	367	Who conducts inservice training for home visitors? 1=Agency director	

333. (Survey # 56)	Q56.2	368	Who conducts inservice training for home visitors? 2=Home visitor supervisor/mentor	
334. (Survey # 56)	Q56.3	369	Who conducts inservice training for home visitors? 3=Parents	
335. (Survey # 56)	Q56.4	370	Who conducts inservice training for home visitors? 4=Staff sponsored by state agencies	
336. (Survey # 56)	Q56.5	371	Who conducts inservice training for home visitors? 5=Staff from other local agencies	
337. (Survey # 56)	Q56.6	372	Who conducts inservice training for home visitors? 6=Local colleges/universities	
338. (Survey # 56)	Q56.7	373	Who conducts inservice training for home visitors? 7=Other	
339. (Survey # 57)	Q57ADO1	374	Topics covered in preservice H.V. training: Adolescent 1=pregnancy/parenting 0=not	
340. (Survey # 57)	Q57ADO2	375	Topics covered in inservice H.V. training: Adolescent 1=pregnancy/parenting 0=not	
341. (Survey # 57)	Q57CPR1	376	Topics covered in preservice H.V. training: 1=CPR 0=not	
342. (Survey # 57)	Q57CPR2	377	Topics covered in inservice H.V. training: 1=CPR 0=not	

343. (Survey # 57)	Q57HEA1	378	Topics covered in preservice H.V. training: 1=health/nutrition 0=not	
344. (Survey # 57)	Q57HEA2	379	Topics covered in inservice H.V. training: 1=health/nutrition 0=not	
345. (Survey # 57)	Q57CHI1	380	Topics covered in preservice H.V. training: 1=Child abuse/neglect 0=not	
346. (Survey # 57)	Q57CHI2	381	Topics covered in inservice H.V. training: 1=Child abuse/neglect 0=not	
347. (Survey # 57)	Q57SUB1	382	Topics covered in preservice H.V. training: 1=substance abuse 0=not	
348. (Survey # 5)	Q57SUB2	383	Topics covered in inservice H.V. training: 1=substance abuse 0=not	
349. (Survey # 57)	Q57STR1	384	Topics covered in preservice H.V. training: 1=stress management 0=not	
350. (Survey # 57)	Q57STR2	385	Topics covered in inservice H.V. training: 1=stress management 0=not	
351. (Survey # 57)	Q57SGL1	386	Topics covered in preservice H.V. training: 1=self-protection/safety 0=not	
352. (Survey # 57)	Q57SGL2	387	Topics covered in inservice H.V. training: 1=self-protection/safety 0=not	
353. (Survey # 57)	Q57VIO1	388	Topics covered in preservice H.V. training: 1=Violence in home/community 0=not	

354. (Survey # 57)	Q57VIO2	389	Topics covered in inservice H.V. training: 1=Violence in home/community 0=not	
355. (Survey # 57)	Q57TYP1	390	Topics covered in preservice H.V. training: 1=typical child development 0=not	
356. (Survey # 57)	Q57TYP2	391	Topics covered in inservice H.V. training: 1=typical child development 0=not	
357. (Survey # 57)	Q57ATY1	392	Topics covered in preservice H.V. training: 1=atypical child development 0=not	
358. (Survey # 57)	Q57ATY2	393	Topics covered in inservice H.V. training: 1=atypical child development 0=not	
359. (Survey # 57)	Q57CHAS1	394	Topics covered in preservice H.V. training: 1=child assessment 0=not	
360. (Survey # 57)	Q57CHAS2	395	Topics covered in inservice H.V. training. 1=child assessment 0=not	
361. (Survey # 57)	Q57FASS1	396	Topics covered in preservice H.V. training. 1=family assessment 0=not	
362. (Survey # 57)	Q57ASS2	397	Topics covered in inservice H.V. training: 1=family assessment 0=not	
363. (Survey # 57)	Q57IFSP1	398	Topics covered in preservice H.V. training: 1=IFSP's 0=not	

364. (Survey # 57)	Q57IFSP2	399	Topics covered in inservice H.V. training: 1=IFSP's 0=not	
365. (Survey # 57)	Q57FCC1	400	Topics covered in preservice H.V. training: 1=family centered care 0=not	
366. (Survey # 57)	Q57FCC2	401	Topics covered in inservice H.V. training. 1=family centered care 0=not	
367. (Survey # 57)	Q57CBS1	402	Topics covered in preservice H.V. training: 1=community based service 0=not	
368. (Survey # 57)	Q57CBS2	403	Topics covered in inservice H.V. training: 1=community based service 0=not	
369. (Survey # 57)	Q57MED1	404	Topics covered in preservice H.V. training: 1=medicaid/SSI 0=not	
370. (Survey # 57)	Q57MED2	405	Topics covered in inservice H.V. training: 1=medicaid/SSI 0=not	
371. (Survey # 57)	Q57CAR1	406	Topics covered in preservice H.V. training: 1=care/service coordinat. 0=not	
372. (Survey # 57)	Q57CAR2	407	Topics covered in inservice H.V. training: 1=care/service coordinat. 0=not	
373. (Survey # 57)	Q57SPE1	408	Topics covered in preservice H.V. training: 1=specific disabilities 0=not	

374. (Survey # 57)	Q57SPE2	409	Topics covered in inservice H.V. training: 1=specific disabilities 0=not	
375. (Survey # 57)	Q57GEN1	410	Topics covered in preservice H.V. training: 1=general HV procedures 0=not	
376. (Survey # 57)	Q57GEN2	411	Topics covered in inservice H.V. training: 1=general HV procedures 0=not	
377. (Survey # 57)	Q57IDEA1	412	Topics covered in preservice H.V. training: 1=IDEA 0=not	
378. (Survey # 57)	Q57IDEA2	413	Topics covered in inservice H.V. training: 1=IDEA 0=not	
379. (Survey # 57)	Q57PARH1	414	Topics covered in preservice H.V. training: 1=Part H 0=not	
380. (Survey # 57)	Q57PARH2	415	Topics covered in inservice H.V. training: 1=Part H 0=not	
381. (Survey # 57)	Q57PAR1	416	Topics covered in preservice H.V. training: 1=parental response 0=not	
382. (Survey # 57)	Q57PAR2	417	Topics covered in inservice H.V. training: 1=parental response 0=not	
383. (Survey # 57)	Q57VAL1	418	Topics covered in preservice H.V. training: 1=values clarification 0=not	
384. (Survey # 57)	Q57VAL2	419	Topics covered in inservice H.V. training: 1=values clarification 0=not	

385. (Survey # 57)	Q57CUL1	420	Topics covered in preservice H.V. training: 1=cultural competence 0=not	
386. (Survey # 57)	Q57CUL2	421	Topics covered in inservice H.V. training: 1=cultural competence 0=not	
387. (Survey # 57)	Q57CLS1	422	Topics covered in preservice H.V. training: 1=communication/ listening skills 0=not	
388. (Survey # 57)	Q57CLS2	423	Topics covered in inservice H.V. training: 1=communication/ listening skills 0=not	
389. (Survey # 57)	Q57BEH1	424	Topics covered in preservice H.V. training: 1=behavioral management 0=not	
390. (Survey # 57)	Q57BEH2	425	Topics covered in inservice H.V. training: 1=behavioral management 0=not	
391. (Survey # 57)	Q57COUN1	426	Topics covered in preservice H.V. training: 1=family counseling 0=not	
392. (Survey # 57)	Q57COUN2	427	Topics covered in inservice H.V. training. 1=family counseling 0=not	
393. (Survey # 57)	Q57FCA1	428	Topics covered in preservice H.V. training: 1=family/child advocacy 0=not	
394. (Survey # 57)	Q57FCA2	429	Topics covered in inservice H.V. training: 1=family/child advocacy 0=not	

395. (Survey # 57)	Q57OTH1	430	Topics covered in preservice H.V. training: 1=other 0=not	
396. (Survey # 57)	Q57OTH2	431	Topics covered in inservice H.V. training: 1=other 0=not	
397. (Survey # 58)	Q58.1	432	Strategies for staff preparation to meet needs of various cultural group: 1=preservice training in cultural competency 0=not	
398. (Survey # 58)	Q58.2	433	Strategies for staff preparation to meet needs of various cultural group: 1=Inservice training in cultural competency 0=not	
399. (Survey # 58)	Q58.3	434	Strategies for staff preparation to meet needs of various cultural group: 1=Targeted outreach efforts to cultures represented in your community 0=not	
400. (Survey # 58)	Q58.4	435	Strategies for staff preparation to meet needs of various cultural group: 1=H.V. ethnicity matched with client ethnicity 0=not	
401. (Survey # 58)	Q58.5	436	Strategies for staff preparation to meet needs of various cultural group: 1=community needs assessment includes local cultural groups 0=not	
402. (Survey # 58)	Q58.6	437	Strategies for staff preparation to meet needs of various cultural group: 1=parent participation includes minority parents 0=not	

403. (Survey # 58)	Q58.7	438	Strategies for staff preparation to meet needs of various cultural group: 1=provision of translated materials, as needed 0=not	
404. (Survey # 58)	Q58.8	439	Strategies for staff preparation to meet needs of various cultural group: 1=access to interpreters 0=not	
405. (Survey # 58)	Q58.9	440	Strategies for staff preparation to meet needs of various cultural group: 1=other means;specify 0=not	
406. (Survey # 59)	Q59	441-442	How long has your agency been providing H.V. Services?: # years	
407. (Survey # 60)	Q60YOUNG	443-444	Age range of children served: Youngest	
408. (Survey # 60)	Q60OLD	445-446	Age range of children served: Oldest	
409. (Survey # 61)	Q61	447	Does your agency provide prenatal home visiting? 1=Yes 2=No	
410. (Survey # 62)	Q62	448	Which category best describes your administrative affiliation? 1=Private/education 2=Private/social service 3=Private/health 4=Public/education 5=Public/social service 6=Public/health 7=Head start/Home start 8=Other	

411. (Survey # 63)	Q63	449	Which of the following best describes the service area covered by your agency? 1=School district 2=Health District 3=Local Community 4=County 5=Statewide 6=Multi-state 7=Other	
412. (Survey # 64)	Q64	450	Describe the general population density of the area served by your agency: 1=Large Metropolitan 2=Medium Metropolitan 3=Small Metropolitan 4=Semi-Urban 5=Semi-Rural 6=Rural 7=Other, specify	
413. (Survey # 65)	Q65CHIL	451-454	How many children did your agency serve during the last fiscal year? variable=number	
414. (Survey # 65)	Q65FAM	455-458	How many families did your agency serve during the last fiscal year? variable=number	
415. (Survey # 66)	Q66FED	459-461	Estimate the estimated % of your current operating costs supported by= Federal Grants	
416. (Survey # 66)	Q66TITV	462-464	Estimate the estimated % of your current operating costs supported by= Title V block grants	
417. (Survey # 66)	Q66PARTH	465-467	Estimate the estimated % of your current operating costs supported by= State Part H contract	
418. (Survey # 66)	Q66BUDG	468-470	Estimate the estimated % of your current operating costs supported by= State Budget Line Item	

419. (Survey # 66)	Q66GRANT	471-473	Estimate the estimated % of your current operating costs supported by= State Discretionary Grant	
420. (Survey # 66)	Q66NONPR	474-476	Estimate the estimated % of your current operating costs supported by= Private non-profit organizations	
421. (Survey # 66)	Q66INS	477-479	Estimate the estimated % of your current operating costs supported by= Private Insurance	
422. (Survey # 66)	Q66MED	480-482	Estimate the estimated % of your current operating costs supported by= Medicaid	
423. (Survey # 66)	Q66CLI	483-485	Estimate the estimated % of your current operating costs supported by= Client fee-for-service	
424. (Survey # 66)	Q66IN	486-488	Estimate the estimated % of your current operating costs supported by= In-kind contributions	
425. (Survey # 66)	Q66OTH	489-491	Estimate the estimated % of your current operating costs supported by= Other, specify	
426. (Survey # 67)	Q67.0	492	What changes have had the greatest impact on your community and the children and families you serve?: Our community has not changed significantly in recent years	Circle only 1 response??
427. (Survey # 67)	Q67.1	493	What changes have had the greatest impact on your community and the children and families you serve?: 1=Sig. increase in unemployment 0=not	

428. (Survey # 67)	Q67.2	494	What changes have had the greatest impact on your community and the children and families you serve?: 1=Sig. decrease in unemployment 0=not	
429. (Survey # 67)	Q67.3	495	What changes have had the greatest impact on your community and the children and families you serve?: 1=Sig increase in population 0=not	
430. (Survey # 67)	Q67.4	496	What changes have had the greatest impact on your community and the children and families you serve?: 1=Sig. decrease in population 0=not	
431. (Survey # 67)	Q67.5	497	What changes have had the greatest impact on your community and the children and families you serve?: 1=Sig. ethnic/cultural changes in our community 0=not	
432. (Survey # 67)	Q67.6	498	What changes have had the greatest impact on your community and the children and families you serve?: 1=Natural Disaster 0=not	
433. (Survey # 67)	Q67.7	499	What changes have had the greatest impact on your community and the children and families you serve?: 1=Other 0=not	
434. (Survey # 68)	Q68AFR	500-502	Record approx % of the families within the following wthnic categories who receive H.V. services: African-American	

435. (Survey # 68)	Q68ASIAN	503-505	Record approx % of the families within the following wthnic categories who receive H.V. services: Asian-American	
436. (Survey # 68)	Q68CAUC	506-508	Record approx % of the families within the following wthnic categories who receive H.V. services: Caucasian	
437. (Survey # 68)	Q68HISP	509-511	Record approx % of the families within the following wthnic categories who receive H.V. services: Hispanic-Latino	
438. (Survey # 68)	Q68NATAM	512-514	Record approx % of the families within the following wthnic categories who receive H.V. services: Native-American	
439. (Survey # 68)	Q68OTHER	515-517	Record approx % of the families within the following wthnic categories who receive H.V. services: Other	
440. (Survey # 69)	Q69	518	Which category best describes the average income level of the families your agency serves?: 1-< \$5,000 2-\$5000-\$14,999 3-\$15,000-\$29,999 4-\$30,000-\$49,000 5->\$50,000	
441. (Survey # 70)	Q70	519	Is income level a requirement for eligibility for your program? 1-Yes 2-No	

442. (Survey # 71)	Q71.0	520	Select the primary char. of children served by your agency?: 1=Child characteristics not a factor in determining eligibility 0=not	
443. (Survey # 71)	Q71.1	521	Select the primary char. of children served by your agency?: 1=General Population 0=not	
444. (Survey # 71)	Q71.2	522	Select the primary char. of children served by your agency?: 1=Preterm/Low birthweight 0=not	
445. (Survey # 71)	Q71.3	523	Select the primary char. of children served by your agency?: 1=Medically Fragile 0=not	
446. (Survey # 71)	Q71.4	524	Select the primary char. of children served by your agency?: 1=Specific Disabilities 0=not	
447. (Survey # 71)	Q71.5	525	Select the primary char. of children served by your agency?: 1=Developmentally Delayed 0=not	
448. (Survey # 71)	Q71.6	526	Select the primary char. of children served by your agency?: 1=Potential or reported child abuse/neglect 0=not	
449. (Survey # 71)	Q71.7	527	Select the primary char. of children served by your agency?: 1=High risk for delay or disability 0=not	

450. (Survey # 71)	Q71.8	528	Select the primary char. of children served by your agency?: 1=Other 0=not	
451. (Survey # 72)	Q72.0	529	Select the primary char. of parents served by your agency?: 1=Parent characteristics are not a factor in determining eligibility 0=not	
452. (Survey # 72)	Q72.1	530	Select the primary char. of parents served by your agency?: 1=General Population 0=not	
453. (Survey # 72)	Q72.2	531	Select the primary char. of parents served by your agency?: 1=Parent Preterm/LBW infant 0=not	
454. (Survey # 72)	Q72.3	532	Select the primary char. of parents served by your agency?: 1=Parent of child with a DD 0=not	
455. (Survey # 72)	Q72.4	533	Select the primary char. of parents served by your agency?: 1=Parent of child w/SHCN 0=not	
456. (Survey # 72)	Q72.5	534	Select the primary char. of parents served by your agency?: 1=Teenage Mother 0=not	
457. (Survey # 72)	Q72.6	535	Select the primary char. of parents served by your agency?: 1=Parents at risk for child abuse/neglect 0=not	

458. (Survey # 72)	Q72.7	536	Select the primary char. of parents served by your agency?: 1=Parents referred because of documented abuse/neglect 0=not	
459. (Survey # 72)	Q72.8	537	Select the primary char. of parents served by your agency?: 1=Families living at or below poverty level 0=not	
460. (Survey # 72)	Q72.9	538	Select the primary char. of parents served by your agency?: 1=Parental Substance Abuse 0=not	
461. (Survey # 72)	Q72.10	539	Select the primary char. of parents served by your agency?: 1=Racial/Ethnic Minority 0=not	
462. (Survey # 72)	Q72.11	540	Select the primary char. of parents served by your agency?: 1=Other 0=not	
463. (Survey # 73)	Q73.0	541	What methods are used to evaluate the quality of your program? 1=no evaluation process 0=not	
464. (Survey # 73)	Q73.1	542	What methods are used to evaluate the quality of your program?: 1=State Compliance Monit. 0=not	
465. (Survey # 73)	Q73.2	543	What methods are used to evaluate the quality of your program?: 1=Self-Assessment 0=not	

466. (Survey # 73)	Q73.3	544	What methods are used to evaluate the quality of your program?: 1=Monitoring adherence to program criteria 0=not	
467. (Survey # 73)	Q73.4	545	What methods are used to evaluate the quality of your program?: 1=Collaborative Evaluation 0=not	
468. (Survey # 73)	Q73.5	546	What methods are used to evaluate the quality of your program?: 1=Periodic Reaccreditation 0=not	
469. (Survey # 73)	Q73.6	547	What methods are used to evaluate the quality of your program?: 1=Use of Quality Review Instruments 0=not	
470. (Survey # 73)	Q73.7	548	What methods are used to evaluate the quality of your program?: 1=Longitudinal/Follow-up studies 0=not	
471. (Survey # 73)	Q73.8	549	What methods are used to evaluate the quality of your program?: 1=External evaluations 0=not	
472. (Survey # 73)	Q73.9	550	What methods are used to evaluate the quality of your program?: 1=Other 0=not	
473. (Survey #74)	Q74	551	How frequently are program evaluations conducted? 1=not routinely 2=> once per year 3=Annually 4=every 2 years 5=every 3 years 6=> 3 years 7=other	

474. (Survey #75)	Q75.0	552	Which methods does your agency use to monitor progress of children? 1=Do not monitor child progress in a formal manner 0=not	
475. (Survey #75)	Q75.1	553	Which methods does your agency use to monitor progress of children? 1=Attainment of IFSP Goals 0=not	
476. (Survey #75)	Q75.2	554	Which methods does your agency use to monitor progress of children? 1=Case notes on H.V. 0=not	
477. (Survey #75)	Q75.3	555	Which methods does your agency use to monitor progress of children? 1=Standard form for H.V. 0=not	
478. (Survey #75)	Q75.4	556	Which methods does your agency use to monitor progress of children? 1=Family interview/survey 0=not	
479. (Survey #75)	Q75.5	557	Which methods does your agency use to monitor progress of children? 1=behavior checklists 0=not	
480. (Survey #75)	Q75.6	558	Which methods does your agency use to monitor progress of children? 1=monitoring health/growth 0=not	
481. (Survey #75)	Q75.7	559	Which methods does your agency use to monitor progress of children? 1=stand. dev. measures 0=not	

482. (Survey #75)	Q75.8	560	Which methods does your agency use to monitor progress of children? 1=other 0=not	
483. (Survey #76)	Q76.0	561	Which methods does your agency use to monitor progress of families? 1=do not monitor family progress in a formal manner 0=not	
484. (Survey #76)	Q76.1	562	Which methods does your agency use to monitor progress of families? 1=Case notes on H.V. 0=not	
485. (Survey #76)	Q76.2	563	Which methods does your agency use to monitor progress of families? 1=Stand. form for H.V. 0=not	
486. (Survey #76)	Q76.3	564	Which methods does your agency use to monitor progress of families? 1=Tests of info. presented in curriculum 0=not	
487. (Survey #76)	Q76.4	565	Which methods does your agency use to monitor progress of families? 1=satisfaction/opinion instruments 0=not	
488. (Survey #76)	Q76.5	566	Which methods does your agency use to monitor progress of families? 1=Family functioning measures 0=not	
489. (Survey #76)	Q76.6	567	Which methods does your agency use to monitor progress of families? 1=other 0=not	

490. (Survey #77)	Q77	568	Please let us know any other current improvements and/or challenges for your home visiting program that have made a significant impact on child and family services. 1=non-blank 0=blank	Open ended
491.	RETURN	569	1=questionnaire returned	