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**ATTACHMENT 23: MIHOPE HOME VISITOR GROUP INTERVIEW\_12  
MONTH**

5/29/2012

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## HOME VISITOR GROUP INTERVIEW-12 Month PROTOCOL

Thank you for agreeing to participate in this discussion. Your participation is important to the Maternal Infant Home Visiting Program Evaluation (MIHOPE) study. I'm \_\_\_\_\_ and I work for \_\_\_\_\_, an independent research firm/university.

We are conducting a study for the Department of Health and Human Services to learn about home visiting programs funded by the Maternal, Infant, and Early Childhood Home Visiting program. We want to talk to home visiting providers to learn about your experiences providing services and working with families and the support and training you receive to carry out your role. Our reports will describe the experiences and viewpoints expressed, but comments will not be attributed to specific individuals or programs. No individuals will be quoted by name.

I would like to tape-record our discussion. I am taping our discussion so I can listen to it later when I write up my notes. No one besides our research team will listen to the tape. If you want to say anything that you don't want to be taped, please let me know and I will be glad to pause the recorder. Does anyone have objections to being part of this discussion or to be tape-recorded?

The discussion will take about 75 minutes.

Once again, thank you for participating. Do you have any questions before we get started?

## A. INTRODUCTION

1. So that we all have a sense of one another's role, can you each identify your job title, how much of your total effort is allocated to your role as a home visitor, and other responsibilities you have, if any, outside of your role as a home visitor?

Our discussion today will focus on three things: influential organizations, the home visiting program service model, and the home visiting program implementation system. First, I'm going to define each of these. Then, I'll ask questions to guide our discussion of these.

*Influential organizations* play a role in defining the the home visiting program site's service model and implementation system. These influential organizations might include: the implementing agency; its parent organization if it is part of a larger system; its funders; the national home visiting model developers; professional groups; public agencies at the national, state and local levels; and the community-based organizations from which it receives referrals, to which it makes referrals, and with which it coordinates services for families.

The *service model* is how the program looks on paper. It is the program site's intended goals and outcomes for families, its philosophy and theory of change, its definition of the families it wants to target, the services it intends to provide to these families, and its intended staffing, that is, its definition of staff qualifications and competencies and how it expects different staff members to work together.

The *implementation system* is the set of resources that are used to carry out the service model. We think of five main parts to the implementation system. The first is professional development, which includes staff recruitment, hiring, training, and supervision. The second part is clinical supports for staff, which can include access to experts and other professionals. The third part is administrative supports, such a data systems to make it easy to document and monitor service delivery for each family, to monitor overall program performance and to remind staff of tasks to carry out with each family. The fourth part is the implementing agency's culture and climate. The fifth part is the program's relationships with other community organizations and services for family referral and for service coordination.

## B. INFLUENTIAL ORGANIZATIONS

1. To your knowledge, what organizations have influenced your program site's service model and implementation system?
2. From your perspective, how well do these organizations work together?

PROBE: Are they usually aligned in how they want to define your program's service model, or do they sometimes differ in ways that make it hard for you to carry out your role? What are some examples?

## C. SERVICE MODEL - INTENDED OUTCOMES FOR FAMILIES

Let's start by talking about the outcomes your program site intends to achieve with families.

1. How clear are your program's intended outcomes and priorities to you? Are you aware of home visitors having different views on what outcomes your program site aims to improve, and which outcomes are its top priority?

PROBE: Can you give examples of outcomes on which you and other home visitors agree?  
Examples of outcomes where you might well disagree?

2. Do you have any insights on why you and your peers might agree more in your understanding of some outcomes than others?
3. Can you offer any insights on how to improve home visitors' understanding of intended outcomes and priorities among outcomes?

#### **D. SERVICE MODEL - THEORY OF CHANGE**

Let's talk about your program's theory of change, that is, its philosophy for *how* services will improve those intended outcomes.

1. Does your program site specify any theories of behavior that are the foundation for how its services will improve family outcomes? What theories does it specify?

FOR EACH THEORY:

2. How have the specifics of this theory been conveyed to you? How are you kept mindful of how these theories should influence your work with families?
3. How well do you think home visitors understand what this theory means? How do you vary in your understanding of it? Can you give some examples?
4. Do you have any insights on why home visitors might vary in their understanding of this theory of change?
5. Any insights on how to improve home visitors' understanding of a home visiting program's theory of change?

#### **E. SERVICE MODEL - TARGETED FAMILIES**

Let's talk a bit about the families your program intends to serve.

1. How does your program define the families it intends to serve? What inclusion and exclusion criteria does it use?
3. From your perspective, of the families currently targeted, which ones seem to have the greatest benefits from home visiting?
4. From your perspective, of the families currently targeted, which ones seem least likely to benefit from home visiting?
5. From your perspective, how might your program define its target population differently to be sure that it focuses on families who are most likely to benefit from home visiting?

## F. SERVICE MODEL – INTENDED SERVICES

ASPECTS OF INTENDED SERVICES FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Intended services are the specifics about when services are to be provided, visit content, and approaches to interacting with families. Each group interview will focus on issues felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys and logs. Candidate topics include:

- Timing of Services: When families are to enroll, how often they are to be visited, how long visits are to last, and how long families are to remain enrolled
- Visit Content: Distribution of time for activities to address different intended outcomes
- Visit Content: Topics determined by program vs. selected by home visitor vs. selected by family
- Approach: Active screening for family needs and response to these vs. response only to needs parents choose to express
- Approach: Active facilitation of family's follow through on referrals vs. delegation of responsibility for follow through to the family
- Approach: Reinforcement of observed positive parenting behaviors vs. reinforcement of observed positive parenting behaviors *and* direct response to observed ineffective parenting behaviors by noting these and suggesting, demonstrating, and reinforcing positive alternatives
- Approach: Actions to build mother's reflective capacity, and to dispel inaccurate parenting beliefs and negative parenting attitudes as ways to improve parenting behavior vs. only parenting education to promote parenting knowledge

### EXAMPLE OF QUESTION SET FOR TIMING OF SERVICES:

1. How well do you think home visitors understand and adhere to your program's requirements and preferences for when families enroll, how long visits last, and how long families remain enrolled? How do home visitors vary in their understanding of this? Their adherence to this?

PROBE: Can you give examples?

2. Do you have any insights on why home visitors might vary in their understanding of and adherence to policies for when services are to be provided?
3. Any insights on how to improve home visitors' understanding of and adherence to policies for when services are to be provided?

## G. SERVICE MODEL - INTENDED STAFFING

ASPECTS OF INTENDED STAFFING FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Intended staffing has three aspects: competencies, how staff work together as a team, and caseload limits. Each group interview will focus on those issues felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys and logs.

EXAMPLE OF QUESTION SET FOR STAFF COMPETENCIES:

1. First, how does your program define the competencies home visitors must achieve to be effective in your roles?
2. What feedback does your program give home visitors on how well they have achieved competencies? Does the quality and usefulness of feedback vary across home visitors? Does it vary across competencies? In what ways?

PROBE: Can you give examples?

3. Do you have any insights on why feedback to home visitors on achievement of competencies might vary across home visitors or across competencies?
4. Any insights on how to improve feedback to home visitors on their achievement of competencies?

## H. IMPLEMENTATION SYSTEM - PROFESSIONAL DEVELOPMENT

ASPECTS OF PROFESSIONAL DEVELOPMENT FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Professional development has five main aspects: staff recruitment and hiring; staff training, staff supervision including reflective supervision; coaching; and peer learning and support. Each home visitor group interview will focus on those issues felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys and logs.

EXAMPLE OF QUESTION SET FOR STAFF TRAINING:

1. How adequate is the initial training provided to home visitors in your program site for achieving the competencies we discussed earlier? What are areas of strength? Weakness?
2. How adequate is home visitors' continuing training? What training have you found most useful and why?
3. In what content areas is training strongest? Weakest?
4. How might home visitors' training be improved?

## I. IMPLEMENTATION SYSTEM - CLINICAL SUPPORT

ASPECTS OF CLINICAL SUPPORT FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Clinical support has five main aspects: parenting curricula; protocols and tools for identifying parent needs; protocols for responding to family needs; and accessibility of experts to advise the home visitor; and accessibility of experts to work directly with families together with the home visitor. Each group interview will focus on those issues felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys and logs.

EXAMPLE OF QUESTION SET FOR PARENTING CURRICULA:

1. What is your site's policy for requiring or recommending home visitors' use of specific parenting curricula and for using other parent training materials of your own choosing?
2. How well do home visitors understand and adhere to your program site's policy regarding parenting curricula? How do they vary in their understanding and adherence?  
PROBE: Can you give examples?
3. Do you have any insights on why home visitors might vary in how well they understand and adhere to your program site's policy on parent training materials?
4. Any insights on how to improve home visitors' understanding of and adherence to your program site's policy?

## J. IMPLEMENTATION SYSTEM – ADMINISTRATIVE SUPPORT

ASPECTS OF ADMINISTRATIVE SUPPORT FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Administrative support has five main aspects: management information systems; staff service monitoring; program monitoring; continuous quality improvement; and advisory groups . Each group interview will focus on those issues felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys and logs.

EXAMPLE OF QUESTION SET FOR MANAGEMENT INFORMATION SYSTEMS:

1. What management information system or systems does your site use for documenting service delivery and outcomes?
2. What does your site expect of home visitors in terms of entering and using data in your management information system?
3. How well do you think home visitors carry out their roles in entering and using data in your management information system? How do they vary in this?  
PROBE: Can you give examples?
4. Do you have any insights on why staff might vary in how well they enter and use data in your management information system?
5. Any insights on how to improve staff members' data entry and use?

## K. IMPLEMENTATION SYSTEM – ORGANIZATIONAL CULTURE AND CLIMATE

ASPECTS OF CULTURE AND CLIMATE FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Organizational culture is defined as expectations for the way things are done. It has three main dimensions: rigidity, proficiency and resistance. Organizational climate is defined as an employee's perceptions of his or her own psychological well-being and functioning in the organization. Organizational climate has three main dimensions: engagement, functionality and stress. Each group interview will focus on those dimensions felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys.

EXAMPLE OF QUESTION SET FOR ORGANIZATIONAL RIGIDITY:

1. Programs vary in how much *discretion* they afford staff in have in how they carry out their jobs, in how much *input* staff can have in key management decisions, and in the extent to which staff

must follow *rules and regulations*. How would you characterize your program on these features for home visitors?

2. How has this aspect of your organization's culture influenced how home visitors provide services, for better or for worse?
3. How has this aspect of your organization's culture influenced whether home visitors choose to stay in their jobs or leave?
4. How might your program site change this aspect of its culture to improve service delivery and home visitor retention?

## L. IMPLEMENTATION SYSTEM – SYSTEMS CHANGE

ASPECTS OF SYSTEMS CHANGE FOR WHICH A STANDARD SET OF QUESTIONS COULD BE ASKED: Systems change involves policies and procedures for three main aspects of program operations: family referral; service coordination; and reimbursement for services. Each group interview will focus on those dimensions felt to be most relevant for the participants of that group, based on their sites' responses to the web-based surveys.

### EXAMPLE OF QUESTION SET FOR SERVICE REFERRAL:

Let's consider different types of services, one at a time: referrals for prenatal and primary care; referrals to address risks for poor parenting, such as parental mental health, substance use, and domestic violence; referrals to education and employment resources to promote family economic self-sufficiency; and referrals to assess and address possible child developmental delay.

1. What agreements does your program site have with other organizations for referring your families to them?
2. How have these agreements influenced whether and where you make referrals, and success in families' access to these services?
3. How might your program site use referral agreements to improve program operations?

## M. WRAP UP

Thank you so much for taking the time to talk with me today. Is there anything else you would like to add before we end the discussion?