**Instrument 1 : Participant and Contextual Characteristics Questionnaire**

***NOTE to OMB:*** Participants in the focus groups to explore relevance across subgroups (Instrument 2) will complete a portion of questions in this instrument (noted throughout) to express interest in and sign up for a focus group. Participants in the developmental sample will complete this instrument before they complete the reflective supervision measure (Instrument 3), participant perspectives measure (Instrument 4), and measures of convergent and concurrent validity (Instrument 5).

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**Introduction for Expressing Interest in Participating in a Focus Group**

Hello, and thank you for your interest in participating in the [Supporting and Strengthening the Home Visiting Workforce (SAS-HV)](https://www.acf.hhs.gov/opre/project/supporting-and-strengthening-home-visiting-workforce-sas-hv) project. As a reminder, the SAS-HV project is developing a measure of reflective supervision. We are looking for home visiting supervisors that identify as American Indian or Alaska Native, Black or African American, and Hispanic/Latine to participate in a 60-minute small group discussion exploring the relevance of the measure across racial and ethnic identities.

If you are interested in participating in a small group discussion, please complete the questionnaire to provide information about you and your home visiting program. Completing the questionnaire and submitting it to us means that you consent for us to use your responses to determine eligibility participation. If you are eligible for participation, you will be asked to sign up for a focus group time slot and we will be in touch to confirm your participation in the selected focus group. If more people volunteer than we can accommodate, we may select participants to achieve diversity in model and community characteristics.

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**Introduction and Informed Consent for Web-Based Testing of Reflective Supervision Measure**

Hello, and welcome to our online measure testing! As a reminder, the [Supporting and Strengthening the Home Visiting Workforce (SAS-HV)](https://www.acf.hhs.gov/opre/project/supporting-and-strengthening-home-visiting-workforce-sas-hv) project is developing a measure of reflective supervision.

You have been asked to participate in this survey because you are a home visiting supervisor. To be eligible to participate, you must a) understand written English and b) provide individual supervision to home visitors implementing a model eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds.

In this survey, we are asking you, as a home visiting supervisor, to provide information about you and your home visiting program, complete the draft measure of reflective supervision and related measures, and share your perspectives on the measure. ***Please complete this survey immediately after completing an individual reflective supervision session with a home visitor***.

Your participation in this study is voluntary and there are minimal risks to participating, specifically a breach in the privacy of your information. We will do our best to keep your information private. To protect your privacy, your individual responses will not be attributed to you in any discussion of results or official reporting; they will only be presented as a group.

Completing this survey and submitting it to us means that you consent to participate and have your answers used as data in the project. The survey will take about 1 hour to complete. To thank you for your time, all participants will receive a $35 electronic gift card, provided by Tango. You will have the option to choose either a Mastercard cash card, or a gift card to Amazon, Target, or Walmart. Gift cards will be provided electronically over email unless you select the option to receive a physical gift card via regular mail.

If you need any assistance or experience any technical problems with the survey, please contact us at sashv@jbassoc.com. If you have any questions about the research study, contact the lead investigator, Allison West, at awest25@jhu.edu. This study has been approved by the Johns Hopkins School of Public Health Institutional Review Board.

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1. What is your primary role with regard to reflective supervision? Select one. *[Respondents that select “receive reflective supervision” will be notified that they are not eligible for study participation and will not be asked additional questions].*
	1. Receive reflective supervision
	2. Provide reflective supervision
	3. Receive and provide reflective supervision
2. What approaches do you use to provide reflective supervision? Select all that apply. *[Respondents that only select group supervision (options b and d) will be notified that they are not eligible for study participation and will not be asked additional questions].*
3. In-person, individual
4. In-person, group
5. Virtual, individual
6. Virtual, group
7. How many home visitors do you currently supervise? *[Question will not be asked of participants expressing interest in participating in a focus group].*
	1. 0
	2. 1
	3. 2
	4. 3
	5. 4 or more
8. Do you provide individual supervision to home visitors implementing models that are eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds? *[Respondents that say no will be notified that they are not eligible for study participation and will not be asked additional questions. Question will not be asked of participants expressing interest in participating in a focus group].*
	1. Yes
	2. No
	3. Not sure
9. First name:
10. Last name:
11. Email:
12. Phone number:
13. Can we contact you in the future for additional opportunities for study participation?
	1. Yes
	2. No
14. Which form of contact do you prefer for this opportunity and future study opportunities? Select all that apply.
15. Email
16. Text
17. Phone call
18. How do you identify your race or ethnicity? Select all that apply.
19. American Indian or Alaska Native
20. Asian
21. Black or African American
22. Latino or Hispanic
23. Native Hawaiian or Pacific Islander
24. White
25. A race and/or ethnicity not listed here *(In the text box below, please enter the race and/or ethnicity that is not listed here)* [text box]
26. Prefer not to answer
27. What is your primary or preferred language?
	1. English
	2. Spanish
	3. Chinese
	4. Filipino
	5. Vietnamese
	6. French
	7. Arabic
	8. Korean
	9. A language not listed here *(In the text box below, please enter the language that is not listed here)* [text box]
	10. Prefer not to answer
28. What is the highest level of education or degree you have completed? *[Question will not be asked of participants expressing interest in participating in a focus group]*
	1. High school diploma or equivalent
	2. Postsecondary vocational/technical training program
	3. Some college, no degree
	4. Associate’s degree
	5. Bachelor’s degree
	6. Graduate degree
29. What field of study is your highest level of education or degree in? *[Question will not be asked of participants expressing interest in participating in a focus group]*
	1. Nursing
	2. Social work
	3. Education, early education, or special education
	4. Psychology
	5. Child development or human development
	6. Public health
	7. Business administration and management or finance and accounting
	8. Humanities and liberal arts
	9. Other social science (e.g., sociology, family science)
30. How much experience do you have **providing** home visiting services? *[Question will not be asked of participants expressing interest in participating in a focus group].*
	1. Have not provided home visiting to families
	2. Less than 1 year
	3. 1-2 years
	4. 3-5 years
	5. 6-10 years
	6. More than 10 years
31. How much experience do you have **providing** reflective supervision?
	1. Less than 6 months
	2. 6 months to less than 1 year
	3. 1-2 years
	4. 3-5 years
	5. More than 5 years
32. Do you work as a supervisor for your home visiting program or as a consultant?
33. Supervisor
34. Consultant

**Next, we would like to gather some information about home visiting programs you are associated with and the families you work with.**

1. Does your program provide home visiting services in an Indigenous community?
	1. Yes
	2. No
2. [If Yes to question 1] Which tribe(s) and/or Indigenous community(ies) does your program provide home visiting services in?
	1. [text box]
3. Which state(s) and/or territory(ies) does your program provide home visiting services in? Select all that apply (use the “Ctrl” or “Cmd” button while clicking to select multiple items in the list).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alabama | Guam | Michigan | North Dakota | U.S. Virgin Islands |
| Alaska | Hawaii | Minnesota | Northern Mariana Islands | Utah |
| American Samoa | Idaho | Mississippi | Ohio | Vermont |
| Arizona | Illinois | Missouri | Oklahoma | Virginia |
| Arkansas | Indiana | Montana | Oregon | Washington |
| California | Iowa | Nebraska | Pennsylvania | West Virginia |
| Colorado | Kansas | Nevada | Puerto Rico | Wisconsin |
| Connecticut | Kentucky | New Hampshire | Rhode Island | Wyoming |
| Delaware | Louisiana | New Jersey | South Carolina |  |
| District of Columbia | Maine | New Mexico | South Dakota |  |
| Florida | Maryland | New York | Tennessee |  |
| Georgia | Massachusetts | North Carolina | Texas |  |

1. Which geographic areas does your home visiting program serve? Select all that apply.
	1. Urban
	2. Suburban
	3. Rural
	4. Frontier
2. How many families does your home visiting program serve? (Think about the largest program you work with) *[Question will not be asked of participants expressing interest in participating in a focus group]*:
	1. Fewer than 25 families
	2. Between 25 and 50 families
	3. Between 51 and 74 families
	4. Between 75 and 99 families
	5. More than 100 families
3. How do the majority of the families you work with identify their race and ethnicity? Select all that apply. *[Question will not be asked of participants expressing interest in participating in a focus group]*
	1. American Indian Alaska Native
	2. Asian
	3. Black or African American
	4. Latino or Hispanic
	5. Native Hawaiian Pacific Islander
	6. White
	7. A race and/or ethnicity not listed here *(In the text box below, please enter the race and/or ethnicity that is not listed here)* [text box]
4. What are the primary languages of the majority of the families you work with? Select all that apply. *[Question will not be asked of participants expressing interest in participating in a focus group]*
5. English
6. Spanish
7. Chinese
8. Filipino
9. Vietnamese
10. French
11. Arabic
12. Korean
13. A language not listed here *(In the text box below, please enter the language that is not listed here)* [text box]
14. Which home visiting model(s) do you implement? Select all that apply.
15. Attachment and Biobehavioral Catch-Up (ABC)
16. Child First
17. Early Head Start Home-Based Option (EHS)
18. Family Check-Up
19. Family Connects
20. Family Spirit
21. Health Access Nurturing Development Services (HANDS)
22. Healthy Families America (HFA)
23. Home Instruction for Parents of Preschool Youngsters (HIPPY)
24. Maternal Early Childhood Sustained Home-Visiting (MECSH)
25. Maternal Infant Health Outreach Worker (MIHOW)
26. Maternal Infant Health Program (MIHP)
27. Nurse-Family Partnership (NFP)
28. Parents as Teachers (PAT)
29. Play and Learning Strategies (PALS)
30. Promoting First Relationships
31. SafeCare Augmented
32. A model not listed here *(In the text box below, please enter the model that is not listed here)* [text box]

**Lastly, we would like to gather some information about your experience with reflective supervision in the home visiting context.** *[Questions below will not be asked of participants expressing interest in participating in a focus group].*

1. Have you received reflective supervision training or professional development?
	1. Yes
	2. No
2. [If 1 is Yes] What training have you participated in (check all that apply)?
	1. Reflective Interaction Observation Scale (RIOS)
	2. Infant Mental Health endorsement as an infant-family reflective supervisor
	3. Facilitating Attuned Interactions (FAN)
	4. Model-specific reflective supervision training
	5. Other, please describe: [text box]
3. Have you provided reflective supervision training, coaching, or support to others?
	1. Yes
	2. No
4. [If 3 is Yes] Please briefly describe the reflective supervision training, coaching, or support to others that you have provided. [text box]

Please provide any other information about your experience with reflective supervision that you would like to share.

*The following information will be displayed for individuals expressing interest in focus group participation who are eligible for participation based on information provided above.*

Based on the provided information, you are eligible to participate in a discussion with other home visiting supervisors to discuss how race and ethnicity influences reflective supervision and explore the relevance of the measure across racial and ethnic identities. Supervisors will be placed in affinity groups according to racial and ethnic identities. Please click the link below to sign up for a focus group time slot. We will be in touch using your preferred form of contact to confirm participation in the selected time slot.

*[Link to sign up for available focus group time slot will be displayed. Different links with different focus group time slots will be displayed according to the racial and ethnic identity of respondents].*