

Supporting Family Economic Well-Being through Home Visiting (HomeEc)

Staff Survey for Learning Cycles

[Date]

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The HomeEc team will use this survey to:

- Collect data from program staff and/or partners periodically during each learning cycle to understand practice implementation
- Understand what is going well and what has been challenging using the practice with caregivers and/or staff
- Learn about changes in staff and caregivers' comfort with the practice and frequency of use
- Learn how programs should refine the practice for future iterations to improve service delivery and caregiver/staff receptiveness

Introduction and Informed Consent

Thank you for participating in the Supporting Family Economic Well-Being through Home Visiting (HomeEc) formative evaluation. HomeEc is overseen by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, in collaboration with the Health Resources and Services Administration. Mathematica, an independent research organization, is conducting this study on behalf of ACF. This study aims to understand practices that could support family economic well-being through home visiting. Through this project, your home visiting program is designing and testing [PRACTICE] to help support the economic well-being of the families your program serves.

The purpose of this survey is to learn about your experience using [PRACTICE]. You may be asked to complete this survey multiple times during the testing period. It should take about 10 minutes to complete.

Participation in this survey is voluntary. There are no direct benefits and no risks associated with participation in the study. You may skip any questions you do not want to answer; however, you are encouraged to respond to as many questions as possible. All individual responses will be kept private to the extent permitted by law, except if you say something that suggests you are very likely to harm yourself, that you are planning to hurt another person or child, or that someone is likely to harm you. The information you provide will be used to refine and improve the practice. We might summarize the information in a final public report; however, we will not use your name in any of our reports, so please feel free to share your honest opinions. The HomeEc study has been given approval by Health Media Lab Institutional Review Board, meaning this survey properly protects the rights and welfare of participants. If you have any questions or concerns, please contact Katie Eddins, the project director at keddins@mathematica-mpr.com or 202-838-3614.

- ☐ Please check this box if you agree to participate and complete this survey

A. Use of [PRACTICE]

ASK Q1 TO ALL

1. Have you used [PRACTICE] in the past [survey time interval]?

☐ Yes..... 1 GO TO

SECTION C

☐ No..... 0

NO RESPONSE..... M

B. Didn't use [PRACTICE]

ASK QS IN THIS SECTION IF Q1=NO

2. Why haven't you used [PRACTICE] in the past [survey time interval]? *[Tailor responses to practice]*

Select all that apply

☐ I didn't meet/engage with any caregivers during this time period.....1

☐ None of the caregivers I support needed [PRACTICE].....2

☐ I didn't have enough time to use [PRACTICE]3

☐ None of the caregivers I support wanted to use [PRACTICE].....4

☐ I didn't have the tools to use [PRACTICE].....5

☐ I need more support or training before I use [PRACTICE].....6

☐ Other (SPECIFY).....99

Specify (STRING (NUM))

NO RESPONSE..... M

3. Do you plan to use [PRACTICE] in the next [survey time interval]?

- ☐ Yes..... 1 GO TO SECTION E
- ☐ No..... 0
- NO RESPONSE..... M

ASK IF Q3=NO. AFTER, GO TO SECTION E.

4. Why aren't you planning to use [PRACTICE] in the next [survey time interval]?

Select all that apply

- ☐ Insufficient time to use [PRACTICE] with caregivers..... 1
- ☐ None of the caregivers I support are interested in using [PRACTICE]..... 2
- ☐ I don't have the tools to use [PRACTICE]..... 3
- ☐ I need more support or training before I use [PRACTICE]..... 4
- ☐ Other (SPECIFY)..... 99

Specify (STRING (NUM))

NO RESPONSE..... M

C. Details about use of [PRACTICE]

ASK QS IN THIS SECTION IF Q1=YES

5. Of families [WHO MET ELIGIBILITY CRITERIA/DECISIONS FOR USING PRACTICE], did you use [PRACTICE] with some, most, or all of these families in the past [survey time interval]?

Select one only

- ☐ Some families..... 1
- ☐ Most families..... 2
- ☐ All families..... 3
- NO RESPONSE..... M

6. In the past [survey time interval], did you use [PRACTICE] multiple times with any families?

- ☐ Yes..... 1
- ☐ No..... 0 GO TO Q8
- NO RESPONSE..... M

7. Did you use [PRACTICE] multiple times with...

Select one only

- ☐ Some families..... 1
- ☐ Most families..... 2
- ☐ All families..... 3
- NO RESPONSE..... M

8. Thinking about this past [survey time interval], what percentage of times did you use [PRACTICE] in person versus virtually?

	% in person	% virtual
a. Use of [PRACTICE]	<input type="text"/>	<input type="text"/>
NO RESPONSE.....		M

9. Among all of the caregivers you work with, indicate the percentage with whom you have used [PRACTICE] in the past [survey time interval].

Select one only

- ☐ Less than 25 percent..... 1
- ☐ 25–49 percent..... 2
- ☐ 50–74 percent..... 3
- ☐ More than 75 percent..... 4
- NO RESPONSE..... M

10. What were the top two things that went well with using [PRACTICE] in the past [survey time interval]?

Select two items

- ☐ [PRACTICE] was easy to integrate into home visits.....1
 - ☐ Caregivers were engaged and interested in [PRACTICE].....2
 - ☐ Caregivers felt that [PRACTICE] would help them meet their goals.....3
 - ☐ The resources and materials were helpful in using [PRACTICE].....4
 - ☐ Partners provided useful support when using [PRACTICE].....5
 - ☐ [Add additional response categories relevant to the practice being tested].....6
 - ☐ Other (SPECIFY).....99
- Specify (STRING (NUM))
- ☐ Nothing went well.....0
- NO RESPONSE.....M

11. What were the top two items that made using [PRACTICE] challenging in the [past time interval]?

Select two items

- ☐ [PRACTICE] was difficult to integrate into home visits.....1
 - ☐ Caregivers were not engaged or interested in [PRACTICE].....2
 - ☐ Caregivers didn't feel that [PRACTICE] would help them meet their goals.....3
 - ☐ The resources or materials were not helpful in using [PRACTICE].....4
 - ☐ There wasn't enough time to use [PRACTICE].....5
 - ☐ Partners were a barrier to using [PRACTICE].....6
 - ☐ Partners did not provide support when using [PRACTICE].....7
 - ☐ [Add additional response categories relevant to the practice being tested].....8
 - ☐ Other (SPECIFY).....99
- Specify (STRING (NUM))
- ☐ Nothing was challenging.....0
- NO RESPONSE.....M

12. Thinking about your use of [PRACTICE] in the past [survey time interval], please rate your agreement with the following statements: [Additional statements may be added if relevant to the practice being tested]

Statement	Strongly disagree	Disagree	Agree	Strongly agree
a. I felt comfortable and confident using [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Using [PRACTICE] made it easier to support economic well-being in my work with families.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I had enough time in my visits to use [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. It was easy to work with [PARTNER] staff to successfully implement [PRACTICE]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

e.	I felt like I have the support I need to use [PRACTICE], including support from my supervisor and/or colleagues and/or partner staff.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f.	[PRACTICE] [gave staff the tools to] meet needs or goals related to economic well-being for caregivers.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g.	The caregivers I serve are interested in using [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h.	The caregivers I serve understood how to engage with [PRACTICE]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i.	I was satisfied with how the caregivers I serve responded to [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

NO RESPONSE..... M

IF Q12f=3 OR 4

13. [If applicable] You “agree” or “strongly agree” that [PRACTICE] helps meet the economic well-being needs or goals of the caregivers who used[/engaged with] it. Please explain why.

(FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE..... M

D. Comments about [PRACTICE]

ASK QS IN THIS SECTION IF Q1=YES

14. What suggestions do you have for improving [PRACTICE]?

(FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE..... M

15. Do you have any additional comments about using [PRACTICE]? Are there additional supports or resources you would find helpful to use [PRACTICE]?

(FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE..... M

E. Information

ASK QS IN THIS SECTION TO ALL

- 16. Thinking about this past [survey time interval], please rate your agreement with the following statements.**

Statement	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
a. I want to use [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	n/a <input type="radio"/>
b. My supervisor encourages me to use [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	n/a <input type="radio"/>
c. My colleagues encourage me to use [PRACTICE].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	n/a <input type="radio"/>
d. I believe [PRACTICE] can improve the economic well-being of the caregivers I support.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	n/a <input type="radio"/>

NO RESPONSE..... M

- 17. [If applicable] Select the location where you work.**

Select one only

- ☐ Option A..... 1
- ☐ Option B..... 2
- ☐ Option C..... 3

NO RESPONSE..... M

- 18. [If applicable] Select your position.**

Select one only

- ☐ Option A..... 1
- ☐ Option B..... 2
- ☐ Option C..... 3

NO RESPONSE..... M

- 19. [If applicable] Enter your HomeEc ID number.**

(FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE..... M