

**Improving Family Engagement, Cultural Competence, and Socioeconomic Awareness in
First Steps Provider Training**

Kaela Cousins

Department of Occupational Therapy, Indiana University

Author Note

I have no conflict of interest to disclose. Firstly, I would like to thank all the families that participated in the focus groups. This capstone would not have been possible without their participation. Also, I would like to express my gratitude to the First Steps state team, agencies, and providers for their overwhelming support throughout this capstone. Additionally, I would like to thank my capstone site mentor for her professional guidance in developing connections with so many resources to make this capstone successful. I am indebted to her for her continuous support, even beyond the professional lens. I would also like to thank my faculty mentor for his guidance and expertise throughout the capstone process. Also, I am forever grateful for the support from many other IU OTD faculty and peers during this time. Lastly, I would not have been able to make it this far without the everlasting love and motivation from my mother, brothers, and many nieces and nephews. My mother is my strongest inspiration. She has sacrificed so much to ensure that our family always thrived, even in the worst of circumstances. Furthermore, everything that I am working towards is to shape a brighter future for my nieces and nephews. Thus, I am so honored to promote not only the importance, but also the essentiality, of family engagement, cultural competence, and socioeconomic awareness within the training of First Steps providers.

Contents

Abstract	4
Introduction	5
Needs Assessment	9
Literature Review	13
Plan and Process	16
Implementation	17
Evaluation	18
Discussion, Impact, and Sustainability Plan	19
Conclusion	21
References	22
Appendix A	25
Appendix B	26
Appendix C	28
Appendix D	29
Appendix E	31

Abstract

To effectively demonstrate equity within the practice of early intervention, providers must feel that they are supported and equipped with family-centred and evidence-based strategies encouraged by their early intervention programs, such as First Steps. First Steps is the statewide early intervention program from the Division of Disability and Rehabilitative Services for Indiana. To perform best practice and encourage positive child outcomes, early intervention providers should continuously apply family engagement, cultural competence, and socioeconomic awareness throughout their work. Although the importance of these aspects is emphasized in various core values and principles, it can be a challenge to apply them due to ambiguity of these terms, lack of professional development on these topics, and the tendency to solely focus on the child. To address these challenges, this capstone will aim to reduce the ambiguity of these terms, to provide training for First Steps providers on these topics, and to better understand the perspectives of different families on how to strengthen these domains within First Steps. The overall purpose of this capstone is to conduct virtual focus groups with families of First Steps and to use their feedback with evidence-based principles to create a professional development course for First Steps providers. Thus, this capstone will aim to practice inclusion of family voices within the professional development course on family engagement, cultural competence, and socioeconomic awareness to promote First Steps providers in producing more positive child outcomes.

Keywords: family engagement, cultural competence, socioeconomic awareness, professional development, virtual focus groups, early intervention, First Steps

Improving Family Engagement, Cultural Competence, and Socioeconomic Awareness in First Steps Provider Training

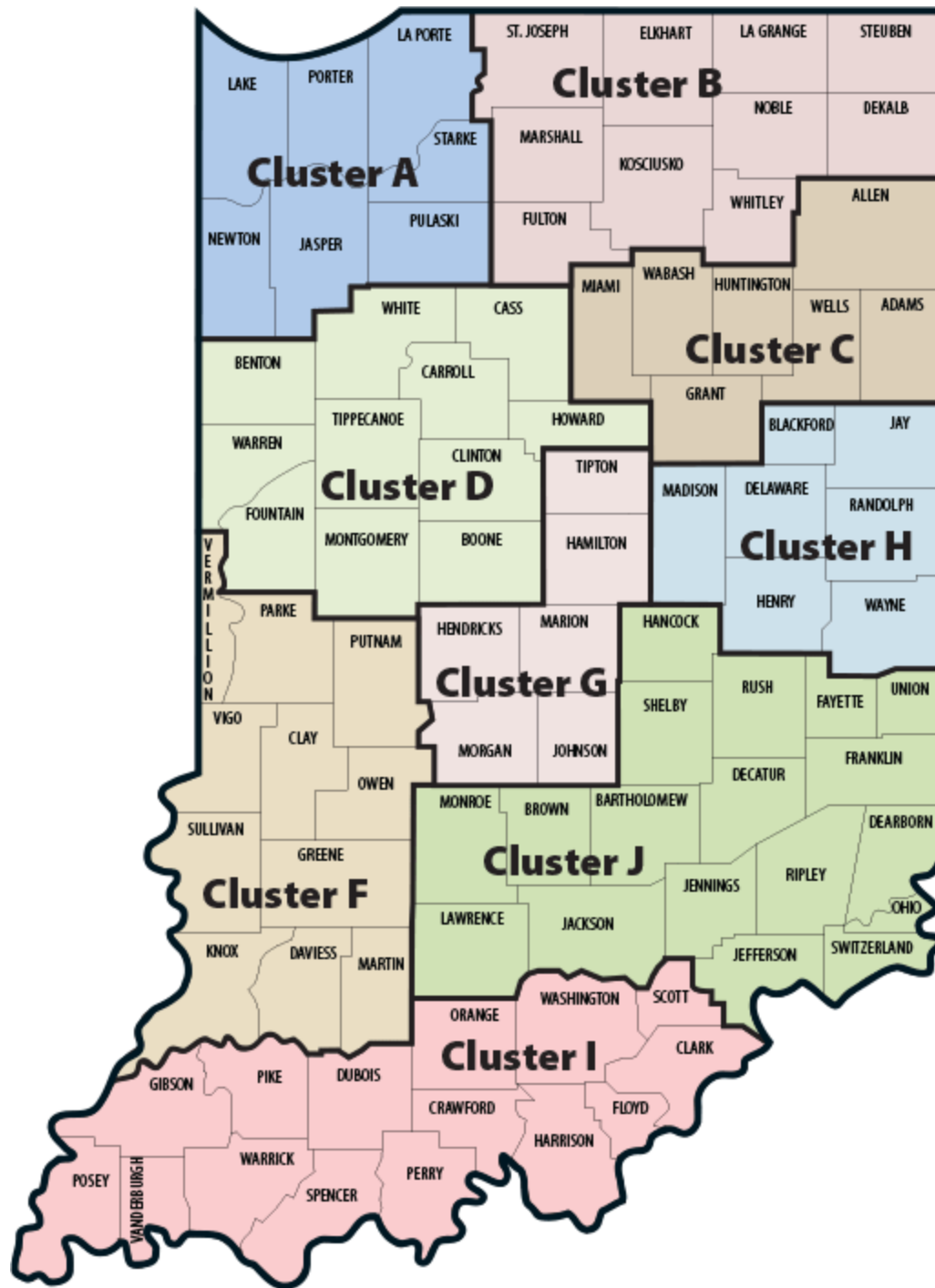
According to the position statement of the National Association for the Education of Young Children, or NAEYC, (2019), “All children have the right to equitable learning opportunities that help them achieve their full potential as engaged learners and valued members of society” (p.1). Consequently, providers of early intervention services share a responsibility to provide equitable care to all families. Practicing equity promotes family engagement, embraces cultural competence, and aims to reduce structural inequities that may restrict the learning opportunities of families (NAEYC, 2019). To effectively demonstrate equity within their practice, providers must feel that they are supported and equipped with family-centred and evidence-based strategies encouraged by their early intervention programs, such as First Steps.

First Steps is the statewide early intervention program from the Division of Disability and Rehabilitative Services for Indiana. First Steps offers services to over 20,000 children who are zero to three years of age with disabilities and developmental delays. The most popular services employed by First Steps include speech, occupational, developmental, and physical therapy. First Steps also connects families with local resources for education, health, and social services (Family and Social Services Administration, 2020).

First Steps is divided into nine cluster system points of entry (SPOE) across the state (Figure 1).

Figure 1

Indiana First Steps Map



The system point of entry is the primary point of contact for families who would like to refer their children to First Steps. The system points of entry are tasked with managing electronic referrals, eligibility decisions, and the planning and delivery of services to develop the Individualized Family Service Plan (IFSP). Each cluster also has a local planning and

coordinating council (LPCC) that addresses the concerns and issues of their cluster. The role of the local planning and coordinating councils is to develop effective communication between providers and families. First Steps also offers trainings to their providers on child development. The state office for First Steps is in Downtown Indianapolis within Marion County (Family and Social Services Administration, 2019).

The mission of First Steps is to collaborate with and link Hoosier families to beneficial services that help promote the development of their children. (Family and Social Services Administration, 2019). The vision for First Steps is that every family in Indiana will develop a resilient foundation of advocacy for their children to attain their greatest potentials. Furthermore, First Steps aims to provide services that are centered on families, culturally competent, holistic, individualized, and founded on relationships, routines, and strengths (Family and Social Services Administration, 2020).

This capstone project is in collaboration with the First Steps state administration team. Specifically, the roles of the state team include overseeing the programs and services at the state level, such as streamlining the early intervention processes, policy regulations, personnel standards, and outreach with families and providers. The focus areas chosen for this capstone collaboration are research and administration. The First Steps state team provides a context for these focus areas by providing insight into the administrative roles, tasks, and duties and by providing connections with many families, providers, agencies, and a platform to produce effective programs, services, and research.

The issue being addressed by this capstone is to improve the training of First Steps providers in family engagement, cultural competence, and socioeconomic awareness. To perform best practice and encourage positive child outcomes, early intervention providers should

continuously apply family engagement, cultural competence, and socioeconomic awareness throughout their work. Although the importance of these aspects is emphasized in various core values and principles, it can be a challenge to apply them due to ambiguity of these terms, lack of professional development on these topics, and the tendency to solely focus on the child. To address these challenges, this capstone will aim to reduce the ambiguity of these terms, to provide training for First Steps providers on these topics, and to better understand the perspectives of different families on how to strengthen these domains within First Steps.

The overall purpose of this capstone is to conduct virtual focus groups with families of First Steps. Then, their feedback will be implemented with evidence-based principles into a professional development course for First Steps providers. Thus, this capstone will aim to practice inclusion of family voices within the professional development course on family engagement, cultural competence, and socioeconomic awareness to promote First Steps providers in producing more positive child outcomes. The creation of this capstone design and purpose was born out of the collaboration that developed from the needs assessment interviews.

Needs Assessment

Throughout the needs assessment interviews with the First Steps staff, the state team identified the need to improve their awareness of whether these values of family engagement, cultural competence, and socioeconomic awareness are being met in the perspective of families. Specifically, the First Steps state team inquired about the development and implementation of focus groups to assess how the families they serve view the current performance of family engagement, cultural competence, and socioeconomic awareness in the provision of their early intervention services. These issues were presenting limitations in the successful functioning of First Steps. The First Steps staff was incapable of resolving these issues due to their small staff

of five members, outdated case management system, and lack of direct and consistent personal access to First Steps families. Thus, evidence surrounding topics such as caregiver coaching, early intervention programs, family engagement, cultural competence, socioeconomic awareness, and professional development training was gathered to support the design and purpose of this capstone.

Synthesis

According to Tatla et al. (2017), an interprofessional coaching method can produce positive outcomes in family engagement. Caregiver coaching is an evidence-based and strengths-based approach that has been applied within family-centered care models. In the coaching method, practitioners assist the family in decision-making and problem-solving in the context of their children. This method shifts focus of the service delivery from the expert to the family. Coaching has been shown to produce team cohesiveness, effective communication, and positive climates in the context of teams. In Tatla et al. (2017), coaching was found to be a feasible method to deliver and measure in collaborative pediatric practice, with organizational support bolstering its successful implementation.

In the case of Hallam, Hooper, Bargreen, Buell, and Han (2017), family engagement systems consist of developing standards of quality, analyzing these standards of quality, establishing measurable tasks of quality improvement, setting incentives for practitioners, and disseminating public ratings to families. Furthermore, Rober and De Haene (2017) highlighted the importance of crafting an effective therapeutic relationship with families to stimulate family engagement. These authors describe therapeutic relationships as moral relationships characterized by welcoming environments that lack negative judgments. Utilizing therapeutic

relationships calls for a supportive presence to encourage family engagement in the care of their children (Rober & De Haene, 2017).

Basis in Occupational Therapy Principles

The brief evidence described above indicates a feasible foundation upon which to base the capstone in achieving the administrative goals of First Steps. In the context of occupational therapy principles, this capstone is demonstrating holism in the understanding of family-centered care. Child interventions necessitate family inclusivity. Family-centered practice is the essence of the early intervention setting and service delivery. Families are treated as the experts of their children. Additionally, family strengths are supported in interventions. Barriers to family-centered practice as identified by practitioners included family characteristics and environment characteristics. Thus, administrative resources must be provided to ensure that practitioners are equipped with knowledge of practicing family-centered care to navigate these barriers (Fingerhut et al., 2013).

Description of Interview and Analysis of Results

In the summer of 2019, an initial interview with the doctoral capstone site mentor was conducted. The purpose of this initial interview was to ascertain the alignment of interests and to determine a good fit (see Appendix B). After a good fit was determined, a more in-depth interview was planned to take place at First Steps.

Semi-structured Interview Questions

(See Appendix C).

Articulation of Reasoning

The reasoning for these interview questions was primarily founded upon the American Occupational Therapy Association (AOTA) Occupational Therapy Practice Framework (2014).

which was chosen to allow for feasible translation into the domain of occupational therapy and relevance to occupation. The first half of the questions are questions that were not asked in the initial interview. These questions were framed in a way that occupational performance, occupational engagement, and occupational participation could be understood in the perspective of First Steps. Furthermore, information about the barriers and supports to occupation in First Steps were gathered.

Results

This interview resulted in gathering more information using the lens of occupational therapy to craft a doctoral capstone project topic that was beneficial to First Steps. There are five staff members that occupy the roles of Part C director, policy/procedures manager, program services manager, data/quality assurance manager, and outreach manager. State infrastructure and policies were identified as barriers to the success of First Steps due to long wait times to implement changes. Also, dated case management systems, inconsistency across SPOEs and agencies, and limited direct personal access to First Steps clinicians and families were identified as barriers. The goals of the capstone purpose with First Steps were to improve family engagement, cultural competence, and socioeconomic awareness. Overall, a clear insight into the integration of the principles of occupational therapy into the success of First Steps was gained.

Gap Analysis

The First Steps state team was aware that there were issues in these areas; however, they lacked knowledge of the evidence-based methods to address these issues. The state team needed a method to better connect with families and to create trainings for First Steps providers on these topics. The following literature review will explore and analyze the concepts of family

engagement, cultural competence, socioeconomic awareness, and focus groups to provide evidence, importance, and relevance to meet this need.

Literature Review

Family Engagement

Family-centered care has been shown to produce positive child outcomes (Kelly et al., 2013). However, not all components of family-centered care are created equally. Family engagement is much more comprehensive than sole family involvement in the treatment planning and intervention implementation. Family engagement encompasses caregiver coaching, in which providers help the families become more comfortable in the role of informed decision-makers for their children. Family involvement may focus on just directly instructing families, whereas family engagement involves active participation of the families. Family engagement also ensures that families are aware of the reasoning behind indicated interventions implemented for their child.

To exhibit effective family engagement, engagement strategies should exist throughout all phases of family-centered care, including recruitment, enrollment, attendance, and retention. There are many factors that may influence family engagement in early intervention programs for children, such as low-income families, lack of safe environments, and psychosocial barriers. Caregiver coaching in natural environments encourages family engagement in early intervention services. Barriers to family engagement may be due to providers' resistance to change well-established program structures. However, the effectiveness of early intervention services is highly influenced by their ability to engage families, which may bolster the effects of the interventions provided (Hackworth et al., 2018).

Personalizing services to mirror family goals is a vital strategy to address barriers to family engagement. Strong relationships between providers and families are necessary to attain those family goals, and to positively influence family engagement (Burrell et al., 2018). Moreover, caregiver coaching can offer opportunities for families to navigate the barriers that may arise when becoming informed decision-makers of their children's care. Appropriate training is needed to improve providers' ability to provide caregiver coaching services (Hackworth et al., 2018). Also, to truly practice family engagement fully, providers must embody cultural competence.

Cultural Competence

According to Jowsey (2019), cultural competence encompasses professionals treating individuals in a way that acknowledges, appreciates, and respects their cultural behaviors, ideas, traditions, and values. Also, Jowsey (2019) posits that the following three critical zones of cultural competence exist: surface competency zone, bias twilight zone, and confronting midnight zone. The surface competency zone involves collecting and applying knowledge of various cultures. This zone marks the initial journey of cultural competence. However, remaining in this zone is too simplistic to view others through a cultural lens. The bias twilight zone involves identifying unconscious biases towards other cultures. This zone marks a progression towards addressing health disparities. The confronting midnight zone involves being culturally responsive by challenging one's own assumptions and privileges regarding other cultures. This zone is often the most uncomfortable and difficult to attain.

Appropriate training on cultural competence can improve this ability for providers of early intervention. Additionally, improved cultural competence has been associated with higher client satisfaction outcomes (Govere & Govere, 2016). Also, it must be recognized that cultural

competence does not solely focus on ethnic and racial diversity, but also varying cultures of religion and gender diversities. Providers who practice cultural competence must also exhibit cognizance of socioeconomic awareness and its effect on treatment, participation, and children's development.

Socioeconomic Awareness

According to the State of Babies Yearbook (2019), 47% of the infants and toddlers in Indiana are affected by economic disadvantages due to low-income households and families living in poverty. Families characterized by socioeconomic disadvantages are at a higher risk for developmental delays in their children. Furthermore, these socioeconomic challenges may pose difficulty for families to engage in development-promoting interventions. This population is often characterized by poor follow-through and high attrition of early intervention services. Demonstrating effective socioeconomic awareness can help to build engagement strategies that can specifically target these families that are at risk for low engagement (Hackworth et al., 2018)

Focus Groups

Focus group methodology consists of semi-structured interviews with participants of a specific population selected by purposive sampling. These participants often share similar characteristics that tie them to the indicated focus group. Participants are invited to discuss their opinions and perspectives on the specific topic to be addressed. The data obtained from focus group interviews are often richer than single-person interviews, due to the added component of the group dynamics (Mallow, 2016). The use of a focus group design allows distinct themes to emerge from within and among participant groups (Aggarwal et al., 2016). Considering the COVID-19 pandemic, focus groups were to be conducted virtually. Although, virtual focus groups have the added benefit of increasing participant diversity at similar costs, compared to in-

person focus groups (Rupert et al., 2017). Thus, virtual focus groups appeared to be a feasible method of assessing and collecting data regarding the families' perspectives and viewpoints on the services that First Steps provides.

All in all, family engagement, cultural competence, and socioeconomic awareness are core values of the early intervention services provided by First Steps. The evidence highlighted above stresses how each of these components can improve families' perspectives of care. However, to truly understand how these efforts are being perceived, families must be contacted regarding their own viewpoints on these concepts. Currently, First Steps lacks a method to monitor the experiences of families in these domains. Although, focus group designs may be a feasible method to connect with families and assess their perspectives in a nonjudgmental and low-stress environment. Once these subjective experiences are obtained, they can be combined with objective evidence on these concepts to construct and develop a professional development course for First Steps providers. This professional development course would help to include actual family feedback and evidence-based practice to improve First Steps' performance of family-engagement, cultural competence, and socioeconomic awareness. Overall, these efforts could help improve the recruitment, enrollment, and retention of families receiving services from First Steps, which serves their mission and vision of connecting all Hoosier families with the resources needed to support the development of their children.

Theoretical Foundation to Guide Capstone Process

Two theoretical approaches were chosen to guide the development and process of this capstone project. Regarding the primary approach, First Steps adopted the approach of the Family Guided Routines Based Intervention (FGRBI) model. This approach promotes providers in the coaching of caregivers, rather than direct instruction, to enhance caregiver autonomy in

caring for their children in their participation of everyday, meaningful routines. This approach promotes family engagement, cultural competency, and socioeconomic awareness in the delivery of early intervention services. This approach recognizes the valuable role of family engagement to positively guide the development of children within early intervention services and beyond. This approach also facilitates the shift from solely child-directed services of a dyadic nature between the providers and the children, to the family-centered services of a triadic nature between the providers, caregivers, and children (Family Guided Routines Based Intervention, 2020).

Moreover, the Family Guided Routines Based Intervention model meets the legal mandates of Part C programs of the Individuals with Disabilities Education Act (IDEA). Part C programs of IDEA are those that provide qualifying services to infants and toddlers in natural environments, which classifies the early intervention programs of First Steps. Overall, this approach integrates adult learning, caregiver coaching, evidence-based practice, and family-centeredness (Family Guided Routines Based Intervention, 2020). To maximize cohesion and alignment with First Steps, the Family Guided Routines Based Intervention model will be applied throughout this capstone.

Regarding the secondary theoretical approach, the cognitivist adult learning theory was applied to guide the structure of the professional development training. To facilitate effective learning, this approach suggests that adult learners need to initially attach purpose to the learning material (Mukhalalati & Taylor, 2019). Therefore, the professional development training was developed in a manner that allows for reflective practices to highlight the relevance and importance of family engagement, cultural competence, and socioeconomic awareness to First Steps providers.

Plan and Process

Within the first week of the capstone experience, an outline of the capstone plan was created. The project goals and objectives were clarified with the First Steps director, assistant director, and capstone site mentor. A weekly touch base meeting was created to keep these individuals informed of all updates occurring with the capstone project. The main goals were solidified as improving family engagement, cultural competence, and socioeconomic awareness in First Steps provider training by designing and uploading an evidence-based professional development course on the Learning Management System available to all First Steps providers.

The overall capstone process was separated into three different phases, including orientation to the site and stakeholders, recruitment, and implementation of virtual focus groups and designing and uploading of the professional development course. In the first three weeks, the capstone orientation included individual interviews with each First Steps state staff member to better understand each of their roles, and introductions to various First Steps agencies, system points of entry, local planning and coordinating councils, providers, and partner organizations. In the next five weeks, recruitment, implementation, and qualitative content analysis of the virtual focus groups occurred. The last weeks focused on the creation of the professional development course. The evaluation plan included post-focus group surveys administered to families to analyze their perspectives on how satisfied they were with the process of the virtual focus groups and its sustainability. Additionally, a pre-post self-assessment was integrated within the professional development course to encourage self-reflection of First Steps providers in their perceptions of how confident they are in their ability to practice effective family engagement, culturally competent, and socioeconomic awareness methods.

Implementation

On the fourth week, implementation of the virtual focus groups began. A flyer was designed to recruit participants using the First Steps email and text communications. The virtual focus groups occurred on the Microsoft Teams platform. This videoconferencing platform was chosen to improve sustainability of the capstone due to its use as the main virtual platform for First Steps operations. Focus groups occurred on alternating Sunday evenings and Saturday mornings to attract as many different families as possible. Each focus group was recorded for data analysis purposes. Each participant was provided with a study information sheet and provided verbal consent to participation and recordings. The design of the virtual focus groups included semi-structured interview questions (see Appendix D) (adapted from Family Justice Center, n.d.; Stoffel et al., 2017). The focus group interviews were analyzed using qualitative content analysis to extract themes relating to family engagement, cultural competence, and socioeconomic awareness that could be used to supplement the professional development course.

Regarding the next implementation phase, a professional development course was created using the qualitative feedback extracted from the focus group interviews. This professional development course was a one-hour, self-paced training available to all First Steps providers. Also, the course integrated a pre-post self-assessment to encourage self-reflection and to evaluate the providers' self-confidence in their abilities to practice effective methods of family engagement, cultural competence, and socioeconomic awareness.

Evaluation

Regarding the methodology of the evaluation plan, the evaluation of the capstone project and process incorporated formal and informal methods. A post-focus group survey was developed and administered to all focus group participants (see Appendix E). This anonymous survey was designed using Qualtrics to analyze the perspectives of families on their viewpoints

regarding the overall process of the virtual focus groups. This survey design incorporated a mix of closed and open-ended questions to encourage a variety of valuable input from participants. Seven families participated among three virtual focus group sessions. All survey respondents were *extremely satisfied* with the focus groups, *extremely likely* to attend a similar focus group in the future, and *extremely likely* to recommend other families to similar focus groups in the future. Families reported that they enjoyed providing feedback, listening to the experiences of other families, and reinforcing the positive aspects of First Steps. Upon completion of the qualitative content analysis of the virtual focus groups, the following seven key themes emerged: communication, virtual vs in-person sessions, flexibility, varying family dynamics, embracing culture, socioeconomic diversity, and differences in lived experiences. Within the theme of varying family dynamics, multiple subthemes emerged, including single parenthood, adoptive parenthood, and the dynamics of twins. Moreover, these themes were used to inform and implement the professional development course. The professional development course encouraged reflective evaluation of providers' own ratings on their perceptions of how they practice family engagement, cultural competence, and socioeconomic awareness. Also, to encourage effective implementation of the suggested evidence-based strategies, principles, and practices, providers were instructed to create an action plan detailing how they would use the knowledge gained from the course to improve their future practice. Lastly, the informal method of capstone evaluation included weekly meetings with stakeholders to continuously review the progress of capstone goals and objectives.

Discussion, Impact, and Sustainability Plan

Valuable themes were extracted from the virtual focus groups with families of the First Steps program. Themes extended from communication to differences in lived experiences

between providers and parents. Families reported mostly positive perspectives on the effectiveness of communication within their First Steps experiences, particularly on the ease and openness of communication. Families offered their insight into how the COVID-19 pandemic has affected their First Steps experiences. Most of the feedback regarding virtual sessions leaned towards dissatisfaction in comparison to in-person sessions. Throughout the discussions, flexibility has been a key theme that resonated across all groups. Generally, families agreed that flexibility has been a major strength in their First Steps experiences, whether it be organizing sessions virtually, out of the home, or using the home environment to encourage child development. When breaking down the meaning of culture, the theme of family dynamics emerged. Additionally, there were subthemes that arose from these varying family dynamics, such as single parenthood, adoptive parenthood, and twin children. When asked how to best address cultural needs for families in First Steps, participants practiced self-awareness and offered meaningful responses of intentionality, education, and engaging multiple lived experiences to promote a diversity of cultures. Families also acknowledged that socioeconomic status indicators, such as type of home, can lead to prejudice against various families. Families agreed that exposure to a diverse range of socioeconomic classes could help to mitigate socioeconomic biases. Overall, this capstone project achieved the goal of developing advanced skills in research by conducting virtual focus groups and administration by creating a research-informed professional development course for early intervention providers across Indiana. As for the sustainability plan, this capstone project delivered the product of the professional development course that integrates the family perspective from the virtual focus groups with evidence-based practices and principles to improve First Steps providers' strategies of family engagement, cultural competence, and socioeconomic awareness. This professional development

course is available to all First Steps providers through the Early Intervention Hub Learning Management System.

Conclusion

These virtual focus groups highlighted the importance of family feedback and the need to integrate families in the professional development of First Steps providers. Understanding the families that First Steps serves will support providers in strengthening family relationships. Additionally, recognizing and acknowledging the family perspective can help to continually improve the services provided to our families. Engaging with families is so incredibly valuable in that we can ask for further clarification and elaboration on their thoughts. From these virtual focus groups, families shared their actual experiences, offered perceptions into how the First Steps program can be improved and delivered richer responses than what might be gathered from survey research.

References

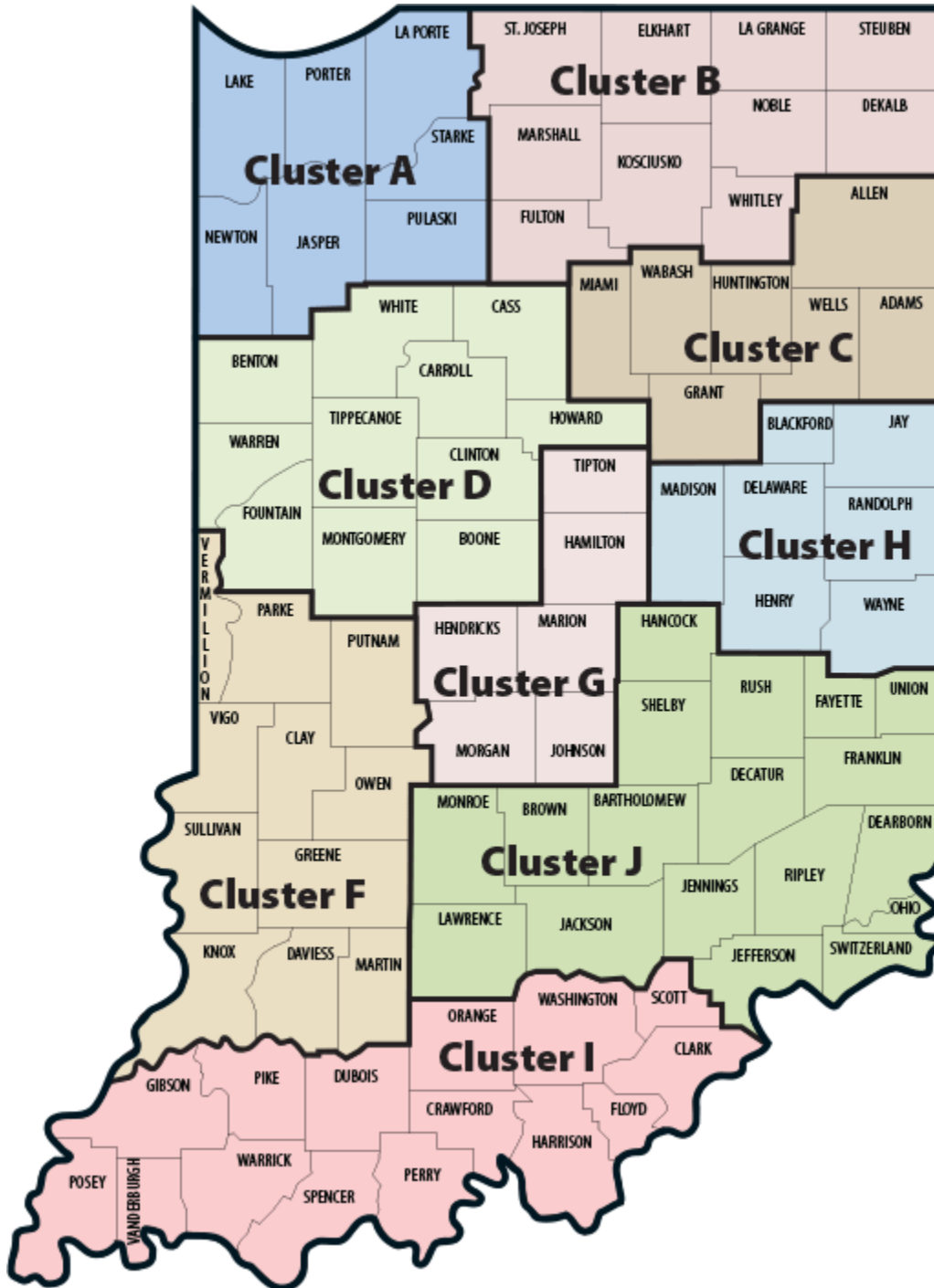
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68, S1-S48. <https://doi.org/10.5014/ajot.2014.682006>
- Aggarwal, N. K., Cedeño, K., Guarnaccia, P., Kleinman, A., & Lewis-Fernández, R. (2016). The meanings of cultural competence in mental health: an exploratory focus group study with patients, clinicians, and administrators. *SpringerPlus*, 5(1). <https://doi.org/10.1186/s40064-016-2037-4>
- Burrell, L., Crowne, S., Ojo, K., Snead, R., O'Neill, K., Cluxton-Keller, F., & Duggan, A. (2018). Mother and home visitor emotional well-being and alignment on goals for home visiting as factors for program engagement. *Maternal and Child Health Journal*, 22(S1), 43–51. <https://doi.org/10.1007/s10995-018-2535-9>
- Family and Social Services Administration. (2019). *First steps home*. <https://www.in.gov/fssa/4655.htm>
- Family Guided Routines Based Intervention. (2020). *History*. <http://fgrbi.com/history/>
- Fingerhut, P. E., Piro, J., Sutton, A., Campbell, R., Lewis, C., Lawji, D., & Martinez, N. (2013). Family-centered principles implemented in home-base, clinic-based, and school-based pediatric settings. *American Journal of Occupational Therapy*, 67, 228-235. Doi:10.5014/ajot.2013.006957
- Family Justice Center. (n.d.). *Family justice center focus group questions IV*. <https://www.familyjusticecenter.org/wp-content/uploads/2017/10/Family-Justice-Center-Sample-Focus-Group-Questions-Cultural-Competency--Sensitivity.pdf>
- Govere, L., & Govere, E. M. (2016). How effective is cultural competence training of

- healthcare providers on improving patient satisfaction of minority groups? A systematic review of literature. *Worldviews on Evidence-Based Nursing*, 13(6), 402–410.
<https://doi.org/10.1111/wvn.12176>
- Hackworth, N. J., Matthews, J., Westrupp, E. M., Nguyen, C., Phan, T., Scicluna, A., ... Nicholson, J. M. (2018). What influences parental engagement in early intervention? Parent, program and community predictors of enrolment, retention, and involvement. *Prevention Science*, 19(7), 880–893. <https://doi.org/10.1007/s11121-018-0897-2>
- Hallam, R., Hooper, A., Bargreen, K., Buell, M., & Han, M. (2017). A two-state study of family child care engagement in quality rating and improvement systems: A mixed-methods analysis. *Department of Human Development and Family Studies*, 28(6), 669-683. Doi: <http://dx.doi.org/10.1080/10409289.2017.1303306>
- Jowsey, T. (2019). Three zones of cultural competency: surface competency, bias twilight, and the confronting midnight zone. *BMC Medical Education*, 19(1).
<https://doi.org/10.1186/s12909-019-1746-0>
- Kelly, M. M., Xie, A., Carayon, P., Dubenske, L. L., Ehlenbach, M. L., & Cox, E. D. (2013). Strategies for improving family engagement during family-centered rounds. *Journal of Hospital Medicine*, 8(4), 201–207. <https://doi.org/10.1002/jhm.2022>
- Mallow, J. A., Theeke, L. A., Theeke, E., & Mallow, B. K. (2016). Using multidisciplinary focus groups to inform the development of mI SMART: A nurse-led technology intervention for multiple chronic conditions. *Nursing Research and Practice*, 2016, 1–6.
<https://doi.org/10.1155/2016/7416728>
- Mukhalalati, B. A., & Taylor, A. (2019). Adult learning theories in context: A quick guide for

- healthcare professional educators. *Journal of Medical Education and Curricular Development*, 6. <https://doi.org/10.1177/2382120519840332>.
- National Association for the Education of Young Children. (2019). *Advancing equity in early childhood education*. <https://www.naeyc.org/resources/position-statements/equity>.
- Rober, P., & De Haene, L. (2017). Hospitality in family therapy practice: A further engagement with Jacques Derrida. *Australian and New Zealand Journal of Family Therapy*, 38, 378-390. Doi: 10.1002/anzf.1254
- Rupert, D. J., Poehlman, J. A., Hayes, J. J., Ray, S. E., & Moultrie, R. R. (2017). Virtual versus in-person focus groups: Comparison of costs, recruitment, and participant logistics. *Journal of Medical Internet Research*, 19(3). <https://doi.org/10.2196/jmir.6980>
- State of Babies Yearbook. (2019). *The state of Indiana's babies*. <https://stateofbabies.org/data/#/Indiana>.
- Stoffel, A., Rhein, J., Khetani, M. A., Pizur-Barnekow, K., James, L. W., & Schefkind, S. (2017). Family centered: Occupational therapy's role in promoting meaningful family engagement in early intervention. *OT Practice*, 22(18), 8–13.
- Tatla, S. K., Howard, D., Silvestre, A. A., Burnes, S., Husson, M., & Jarus, T. (2017). Implementing a collaborative coaching intervention for professionals providing care to children and their families: An exploratory study. *Journal of Interprofessional Care*, 31(5), 604–612. <https://doi.org/10.1080/13561820.2017.1336990>

Appendix A

Indiana First Steps Map



Appendix B

Interview of Doctoral Experiential Stakeholder(s):

1. Mission/Vision: “To partner with Hoosier families whose young children are experiencing developmental delays and connect them with services that help them promote their child’s development/ All infants and toddlers have the right to live, love, play, learn and participate in their community.”
 - a. How is First Steps meeting their mission and vision as an organization?
 - b. What are the most significant accomplishments of First Steps?
 - c. Who all encompasses the community that is served by First Steps?
2. Goals:
 - a. What are the current goals and initiatives of First Steps?
3. Operations:
 - a. How does First Steps generally operate on a day-to-day basis (schedule, activities, and programs)?
 - b. What does your specific role look like in a typical day at First Steps?
4. Hidden skills/services/talents:
 - a. What are other skills, services, or talents that you consistently work on to further develop First Steps?
5. Follow-up:
 - a. Who are the key leaders or experts in implementing programs at First Steps?
6. Advanced Skill:

Appendix B (continued)

- a. Would it be feasible for me to develop advanced skills in the areas of administration and program development at First Steps?
 - b. Are there any opportunities for me to develop advanced clinical skills at First Steps? If so, what are the opportunities?
7. Project ideas for the Capstone:
- a. Is there a current program on infant mental health, or any other program that focuses on children and parents dealing with trauma, that has been implemented at First Steps?
 - b. If so, what are the general outcomes of these programs? Can the program development be strengthened?
 - c. If not, how do you feel about implementing this kind of program at First Steps?
 - d. Are there any specific ideas that you have that would further the progress of First Steps?
8. Other:
- a. Do you have any questions for me on anything that has not been addressed yet?

Appendix C

Semi-structured Interview Questions

- What are the sources of funding for First Steps?
- Are there any unmet needs within already established programs or policies that I might be able to support?
- What types of measures would indicate the success of First Steps?
- What does outstanding performance look like for First Steps?
- What does current performance look like at First Steps?
- What are the goals for First Steps for 2019-2022 (if determined)?
- What needs to change at First Steps to meet those goals?
- What are the skills needed for the First Steps staff to succeed?
- What is the current skill level of First Steps staff members?
- What knowledge gaps exist within First Steps?
- What types of training will help you narrow these gaps?
- What are your concerns in the management of First Steps?
- In what areas is First Steps successful?
- What are the interests and values of First Steps in relation to future development?
- What are the social supports/barriers to the success of First Steps?
- What are the cultural supports/barriers to the success of First Steps?
- What are the temporal supports/barriers to the success of First Steps?
- What are the virtual supports/barriers to the success of First Steps?
- Lastly, what are the priorities and desired targeted outcomes of First Steps?

Appendix D

Virtual Focus Group Session Questions

1. Think of your experiences with First Steps. What comes to mind when you think of First Steps?
2. What do you consider to be the overall limitations of First Steps?
3. What do you consider to be the overall strengths of First Steps?
4. Think about the communication between First Steps providers and yourself. Do you feel the communications you receive are effective? Why or why not?
5. How did your early intervention team support you in being engaged in the early intervention process?
6. What has been your experience with participating in an individualized family service plan (IFSP) meeting?
7. How have you been able to share your thoughts and ideas during an IFSP meeting?
8. What do you wish would have been different about the early intervention process?
9. How did your early intervention providers work with your family on increasing participation in daily routines?
10. What strategies have you learned from your early intervention team to support your child's development?
11. What challenges or barriers did you encounter in your experience with First Steps?
12. How did the members of your early intervention team support your experience? How did they help to overcome the challenges you described?
13. What would you say are some misconceptions about people of your culture?
14. In your opinion, what can be done to limit prejudice about your culture?

15. Provide examples of times when you may have felt that your culture was overlooked or disrespected by a provider.
16. What cultural barriers have you faced when receiving services?
17. What kinds of actions could First Steps providers take to better understand families' cultures?
18. How can we address cultural needs in an appropriate way?
19. Please share your experience on how a First Steps provider has tried to better understand and include your culture in services.

Appendix E

First Steps Families Virtual Focus Groups Feedback

Start of Block: Default Question Block

Q1 How did you find out about the focus groups?

Q2 Which focus group did you attend?

- Sunday, February 7 (1)
 - Saturday, February 13 (2)
 - Sunday, February 21 (3)
 - Saturday, February 27 (4)
-

Q3 Which services does your child receive from First Steps? Please select all that apply.

- Developmental Therapy (1)
 - Occupational Therapy (2)
 - Physical Therapy (3)
 - Speech Therapy (4)
 - Other: Please specify (5) _____
-

Q4 How satisfied were you with the focus group?

- Extremely satisfied (1)
 - Somewhat satisfied (2)
 - Neither satisfied nor dissatisfied (3)
 - Somewhat dissatisfied (4)
 - Extremely dissatisfied (5)
-

Q12 What did you like least about the focus group?

Q8 What did you like most about the focus group?

Q14 How likely are you to attend similar focus groups in the future?

- Extremely likely (1)
 - Somewhat likely (2)
 - Neither likely nor unlikely (3)
 - Somewhat unlikely (4)
 - Extremely unlikely (5)
-

Q15 How likely are you to recommend these focus groups to other families of First Steps?

- Extremely likely (1)
 - Somewhat likely (2)
 - Neither likely nor unlikely (3)
 - Somewhat unlikely (4)
 - Extremely unlikely (5)
-

Q16 Would you be interested in being a part of a family advisory council or the interagency coordinating council to help improve communications among families and to provide input on policies?

If yes, please provide your email address: (1)

If maybe, please provide your email address: (2)

No (3)

End of Block: Default Question Block
