Illinois Prevention Initiative Birth to Three Program Evaluation

September 2012

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Illinois State Board of Education

Illinois Prevention Initiative (PI) Birth to Three Program Evaluation

SUMMARY REPORT

September 6, 2012

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This study was funded by the Illinois State Board of Education under contract with Erikson Institute. Any opinions expressed in this report do not necessarily reflect those of the funding agency.

Acknowledgements:
We thank the program staff who generously responded to all of our data collection efforts in the fall of 2011 and the winter and spring of 2012 and who welcomed us to their program to observe their services. We also thank the families who engaged in the case studies.

We also would like to thank all those at Erikson Institute who contributed to the work and spent time collecting and coding the data that went into this report.

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Executive Summary

The Prevention Initiative (PI) of the Illinois State Board of Education provides child development and family support services for expecting parents and families with children ages birth to three. It is funded through the Early Childhood Block Grant (ECBG). In 2007, ISBE contracted with Erikson Institute to design and conduct a statewide evaluation of its ECBG programs. This report presents findings from the final year of the PI evaluation collected from September 2011 through May 2012.

The evaluation focused on measuring program quality and addresses three research questions:

1) What is the quality of ISBE PI programs?
2) How do home visitors work with families?
3) How can programs use quality assessments to improve program monitoring?

There were two main components to the ISBE PI Birth to Three evaluation: 1) site visits to a representative sample of 30 programs statewide (excluding programs funded by the Chicago Public Schools system) to assess program quality and 2) case studies with 85 families from 25 of the 30 programs in order to assess how home visitors work with families.

During the site visits, evaluators gathered information using the Home Visiting Program Quality Rating Tool (HVPQRT) which involved interviews with program directors and home visitors, staff surveys, and chart and record reviews. Programs were rated across five dimensions (or scales): 1) home visitor qualities, 2) program service delivery, 3) program characteristics & content, 4) program management, and 5) program development & monitoring. Evaluators also observed parent-child interaction groups. After the site visit, programs completed an online survey about the experience. Case study tools included a home visitor survey and parent interview about the home visitor-parent relationship. Home visitors also video recorded one to two home visits, and evaluators assessed their quality.

What is the Quality of ISBE PI Programs?

Most programs scored in the average quality range across the HVPQRT dimensions and subscales. Programs scored highest in program management and in program characteristics & content, followed by home visitor qualities and program service delivery. The score for program development & monitoring was lowest and considered low quality.

Parent-child interaction groups offered a positive socialization experience for families and were characterized by a warm and positive emotional tone as well as strong family and child engagement. Groups were more likely to focus on child development or parent-child interactions than child health and safety.

How Do Home Visitors Work with Families?

The overall quality of the observed home visits was considered adequate to good. Although home visitors demonstrated strategies for developing positive relationships with families, they scored lower on collaboration with parents and in facilitation of parent-child interactions. Both home visitors and parents reported having positive, high-quality helping relationships, but only moderate levels of alignment with each other on goals. Home visitors rated both the relationship and alignment on goals with parents lower than did parents.

How Can Programs Use Quality Assessments to Improve Program Monitoring?

The evaluation was designed to feed data back to programs to help improve their quality. After the site visit, all programs received a report of their strengths, areas for improvement, and recommendations. Additionally, in a follow-up survey, most program directors agreed that their participation in the site visit was a positive experience. They agreed that site visits measured aspects of home visiting quality they viewed as key to quality programs without being overly burdensome. They also noted that they learned new things by participating in the site visit.

Implications and Recommendations

While home visitors were generally experienced and well educated, they varied considerably in their skills at incorporating important areas of content into home visits. The programs could increase home visitor training in several areas including 1) promoting parent-child interaction and the parent-child relationship and 2) incorporating child health and safety information into home visits. Programs would benefit in general from placing more attention on home visitors' professional development, including more formal monitoring of professional development plans and increased frequency of supervision, including observation of home visits.

Programs have a strong schedule of visitation and, on average, complete a high percentage of intended visits while parents are enrolled. They also provide appropriate transitions to services after families age out or move to other programming. Programs could increase their focus on prenatal enrollment, maintaining longer enrollment in the program and involving other family members both in and out of home visits.

Leadership staff was well qualified and demonstrated solid skills in program planning, communication, and decision making. Staff was generally satisfied with their work environment although they were less satisfied with their wages and benefits. It is also recommended that programs consider developing formal relationships with other community programs, both to assist in creating a community infrastructure of support to the PI program and to aid home visitors in continuing to provide appropriate referrals of services for families.

Programs scored below average for program monitoring. Many of the PI programs are attempting to measure implementation of program service delivery, but may lack the formal methods and resources to do so in a way that is helpful for program improvement and strategic planning. Developing useable management information systems and moving beyond a reliance on paper records is one essential element. Additionally, PI programs need assistance in determining which outcomes to track, as well as the best ways to monitor these outcomes and how best to communicate results to others (see figure below for a summary of PI program strengths and areas for improvement).

PI Program Strengths and Areas for Improvements

Strengths	Areas for Improvement
-Home visitor education and experience -Parent-home visitor helping relationship -Program transition services -Leadership qualifications and practice -Group socialization and warmth -Group engagement	-Home visitor promotion of health & safety and parent-child interaction -Prenatal enrollment -Family outreach and involvement -Strategic planning -Outcome measurement

Conclusion

Many of the information-gathering methods used in this evaluation could continue to be used both by programs and by ISBE for ongoing monitoring and program improvement activities. Including standardized instruments to measure aspects of home visits can provide a common baseline for programs across a system. Ongoing monitoring and evaluation may help programs feel less isolated, give them a stronger connection to the early childhood service system, and allow them to systematically track changes over time across different areas of program quality. Overall, the evaluation reveals areas of both strength and challenge to PI-funded programs and provides a roadmap for further evaluation and quality improvement efforts.

Introduction

Illinois has been a pioneer in the early childhood education movement with the inception of its Prekindergarten At-Risk Program in 1986, funded through the Early Childhood Block Grant (ECBG) since 1998. A noteworthy element of the Early Childhood Block Grant has been a mandated 11% set aside for birth to three programming, currently named Prevention Initiative (PI) Birth to Three Services. Although services for the three-to-five age period (called Preschool For All, or PFA) are primarily conducted through preschool programming, PI services have encompassed a variety of delivery models, primarily home visiting but also parent training, parent-child interaction groups, and center-based services. Programs are required to use a research-based program model and curriculum for their PI services. As noted in the most recent (FY12) Request for Proposals for PI Funding:

> "The aim of Prevention Initiative is to provide voluntary, continuous, intensive, research-based, and comprehensive child development and family support services for expecting parents and families with children from birth to age three to help them build a strong foundation for learning and to prepare children for later school success. Specifically, Prevention Initiative programs must include a parent education program relating to the development and nurturing of infants and toddlers and case management services to coordinate existing services available within the region served by the program" (Illinois State Board of Education, 2012; p. 3).

Recognizing the need to more fully understand the implementation of these early childhood services, ISBE contracted with Erikson Institute in 2007 to design and conduct a statewide evaluation of its ECBG programs, both preschool programming for children three to five years old, as well as programs serving children from birth to age three.[1] This report summarizes findings from the final year of the PI Birth to Three evaluation (the PFA evaluation is the focus of a separate report; see Gaylor, Spiker, Fleming, & Korfmacher, 2012)

The focus of the PI evaluation was on measuring program quality.[2] Program quality can be viewed ecologically as a series of systems, beginning at the individual level with the characteristics of the home visitor and her (or his) interactions with the family over time in home visits. The ability of the home visitor to work effectively with a family, however, is influenced by the level of support received from the program, in terms of supervision, training, and curricula used. This support, in turn, is influenced by the organizational ability of the program, including its leadership and administration, fiscal management, organizational climate, and connection to the larger system of services in the community. Although there have been efforts to identify key quality program areas of effective home visitation and family support programming (Daro, McCurdy, Falconnier, & Stojanovic, 2006; Weiss & Klein, 2006; Johnson, 2009), there is relatively little guidance regarding how specifically to evaluate programs on their level of adherence to these quality program areas. In other words, given identified factors of program quality, little is known about how programs can evaluate whether they are doing an adequate job.

[1] As with the PFA Evaluation, the PI evaluation excluded programs funded through a separate appropriation to the City of Chicago School District 299.

[2] This is in contrast to the PFA evaluation, which tracked child outcomes between preschool and kindergarten.

This report presents findings from data collected during the final year of the evaluation, from September 2011 through May 2012. The PI Birth to Three evaluation used a multi-method approach to answer the following questions:

1) What is the quality of ISBE PI programs?
2) How do home visitors work with families?
3) How can programs use quality assessments to improve program monitoring?

Site visits were made to a representative sample of 30 programs across Illinois using a standard tool for assessing home visiting program quality as a framework for data collection.[3] In addition, 85 families from 25 of these 30 programs were recruited for case studies, where home visits were observed using video recordings and information was collected about the quality of the family's relationship with their home visitor and experience of the program. In addition, some of the home visitors were certified to use a tool to collect information on parent-child interaction.

This data provides an overview of the general quality of ISBE-funded PI programs. Overall, the evaluation team was conscious of collecting data in a way that could be fed back to programs for their own improvement activities and to provide a model of evaluation and information-gathering that may be useful to ISBE in the future as it works to develop an ongoing monitoring system.

Methods

There were two main components to the ISBE PI Birth to Three evaluation: 1) site visits to a representative sample of programs to assess program quality and 2) case studies with selected families to assess how home visitors work with families. Program recruitment and selection was an ongoing process that began in September 2011 and continued through March 2012. Site visits began in November 2011 and continued through March 2012, while case studies began in January 2012 and continued through May 2012. Additional details regarding the study's methodology can be found in Appendix A.

Using results from an online survey administered to all grantees (agencies that received funded from ISBE to provide PI services), the evaluation team recruited 30 programs based on the region of the state in which they were located, program model, and size. Table 1 shows, by region, the number of grantees or funded-agencies, the number of programs who responded to the survey, and those who participated in the site visits and case studies. Most site visit participants (22) used the Parents as Teachers (PAT) program model, 7 used BabyTalk, and 1 used Healthy Families.

[3] Initial web surveys suggested that the vast majority of PI programs were using home visiting as the primary method of service delivery. For this reason, the evaluation focuses on home visiting program quality, with supplemental information collected on parent groups. There were too few programs using center-based services to include them in the evaluation.

Table 1. Number of Programs by Region

Region	All Grantees (approximate)*	Survey Respondents	Site Visit Participants	Case Study Participants
1	34	26	7	6
2	37	26	9	8
3	26	18	5	3
4	27	19	4	3
5	34	26	5	5

*This number is approximate because some grantee agencies operate more than one program.

Site Visits

The following measures were used to evaluate home visiting program quality during the site visits: the Home Visiting Program Quality Rating Tool (HVPQRT), program director survey, home visitor survey, group observation protocol, and site visit feedback survey.[4]

Home Visiting Program Quality Rating Tool. The primary site visit instrument used to collect data about program quality was the Home Visiting Program Quality Rating Tool (HVPQRT; Korfmacher, Lasziewski, Sparr, & Hammel, 2011). The HVPQRT was designed to be a practical, yet comprehensive, evaluation of a program's capacity to implement best practice elements and provide high-quality home visiting services to families with infants and toddlers (including the provision of prenatal home visiting). The components measured in the HVPQRT are organized around five dimensions (or scales) of program quality:

1) Home visitor qualities
2) Program service delivery
3) Program characteristics & content
4) Program management
5) Program development & monitoring

These five dimensions are further broken down by subscales and indicator rows. There are a total of 23 subscales and 63 indicator rows on the HVPQRT (see Appendices A and B for a more detailed description of the measure). Programs are rated on each subscale using a 7-point scale ranging from 1 (low quality) to 7 (high quality). Data is collected for the HVPQRT through multiple methods, including program director and home visitor online surveys and interviews, home visitor chart reviews, and documentation review. Most information was collected during a one-day site visit. Each of the five dimensions has detailed data collection and scoring guides to provide standard procedures.

Observational Protocol for Parent-Child Interaction Groups & Other Group Activities. The group observation tool is a combination of short interview questions and an observational rating scale.

[4] In addition, pprograms with site visits occurring in Fall 2011 were surveyed again in Spring 2012 to ascertain any changes made to the program model. That information is not presented here, but is included in the Technical Report.

Evaluators observed a parent-child interaction group at the 16 programs that offered regular group activities at least twice a month.

Site Visit Feedback from Programs. After the site visits were completed, 25 program directors and/or home visitors responded to an online survey with feedback about their experience. This survey includes questions about site visit preparation, surveys, interviews, documentation review, and overall benefits and challenges of participation.

Case Studies

Home visitors from 25 of the 30 programs participated in case studies to explore home visit quality and families' experiences with their home visitor in more depth. Participating home visitors recruited one to two families in their caseload for case studies.[5]

Home Visit Video Recordings. Home visitors recorded home visits with each participating family and the evaluation team collected and scored 85 video recordings using the Home Visit Rating Scale-Adapted and Expanded (HOVRS-A+; Roggman et al., 2012). The HOVRS-A+ consists of seven distinct aspects of home visits, which are rated on a 7-point scale ranging from 1 (inadequate) to 7 (excellent). The seven aspects of home visits are combined to create three composite scores:

1) Home visitor strategies, which measures the home visitor's ability to form relationships with families and promote the parent-child relationship.
2) Participant engagement, which measures the parent's and the child's engagement with the home visitor and with each other.
3) Overall quality, which averages all seven scales.

Home Visitor Case Study Survey & Parent Interview. Home visitors completed an online survey about their relationship with parents, and parents answered similar questions through a telephone interview. Both survey and interview instruments incorporate a modified version of The Helping Relationship Inventory (HRI; Poulin & Young, 1997), which has a client (parent) and worker (home visitor) version and assesses the caregiver-parent relationship. Additional questions related to parent engagement in home visits are adapted from measures of family engagement used by Unger, Tressel, Jones, & Park (2004). Forty-five home visitors completed 82 surveys, and 70 families completed the parent telephone interview; these 70 families worked with 42 of the home visitors in the study.

[5]In addition, the case studies also included home visitor ratings on the Keys to Interactive Parenting Scale (KIPS: Comfort & Gordon, 2008), a parent-child relationship measure. Only a subsample of home visitors completed the training and provided scores on the KIPS. These results are not presented here but are included in the Technical Report.

Results

The results summarize findings from the two phases of data collection: site visits and case studies.

What is the Quality of ISBE PI Programs?

This section presents site visit participant characteristics, program quality by each scale on the HVPQRT, results from group observations, and home visitor training needs.

Site Visit Participant Characteristics

Program Characteristics

As shown in Table 2, over half (53%) of the participating programs were in Regions 1 and 2, while the remaining 47% were in Regions 3, 4 and 5. Compared to all PI programs, this was a slight over-representation of Region 2 (23%) and under-representation of Region 5 (22%). Almost three-quarters of programs used the Parents as Teachers (PAT) program model, while 23% used the BabyTalk program model, and one program used Healthy Families America (HFA). This was a slight over-representation of PAT programs compared to initial survey results, which indicated that 67% of all PI programs used PAT. Approximately two-thirds of the programs were located within a public school setting or regional office of education, with the rest in community-based agencies. Programs were relatively small, with most (67%) having three or fewer home visitors.

Table 2. Characteristics of Programs Participating in Site Visits

Characteristic	Distribution
Programs Per Region	
Region 1	23%
Region 2	30%
Region 3	17%
Region 4	13%
Region 5	17%
Program Model	
Parents as Teachers	73%
BabyTalk	23%
Healthy Families	3%
Site Location	
Public school district	60%
Community-based agency	33%
Regional office of education	7%
Home Visitors Per Program	
Mean	3.4
SD	2.9
Range	1-14
Number of Families Programs Typically Serve	
Mean	47
SD	43
Range	9-160
Group Services	
Percentage of programs that offer group services*	53.3%

* Includes family events, socializations, parent-child interaction groups, parent-training classes, or workshops
Source: Program Director Site Visit Survey (N=30)

Home Visitor Characteristics

Most home visitors (76%) worked full-time. Slightly less than two thirds (61%) were white, with the rest almost evenly split between African-American (18%) and Hispanic (20%). Most (76%) reported speaking no language other than English fluently, while 22% spoke Spanish fluently. The majority of home visitors (61%) had worked with their current program for only two years or less but reported an average of 3.7 years of experience working with families and their young children. The majority (79%) also reported having at least a bachelor's degree, with varied areas of concentration including human services, psychology, and child development. Approximately half (52%) had 11 to 20 families on their caseload.

Family Characteristics

Home visitors provided information about the families on their caseloads. Most (61%) of the children on home visitors' caseloads were between 1 and 3 years old. There was variability in child ethnicity, with approximately one-third white (32%) or African American (31%), and the rest Hispanic (28%), Asian (1%) or "other" (8%). Out of the 1,409 families receiving services, 28% spoke a primary language other than English. Most non-English-speaking families were served by programs in Region 1 (51%) or Region 2 (39%).

Program Quality by Dimension

This section presents the results for the five dimensions of program quality assessed on the HVPQRT: 1) home visitor qualities, 2) program service delivery, 3) program characteristics & content, 4) program management, and 5) program development & monitoring.

Home Visitor Qualities

Because the HVPQRT measures quality at a program level, scores for this scale reflect a summary score for home visitors within each program across four subscales: 1) education and experience, 2) promotion of child development and well-being, 3) working with families, and 4) referrals and follow-up (see Figure 1).

Education and experience measures home visitor education and professional experience. Programs were considered above-average quality in this subscale, with a mean score of 4.97. Over half of the programs (60%) had a large portion of home visitors with at least a bachelor's degree. Additionally, 67% of programs had home visitors with at least two years of experience working with families and young children. Some programs, however, employed home visitors with minimal education, which accounts for 23% of programs scoring in the low quality range.

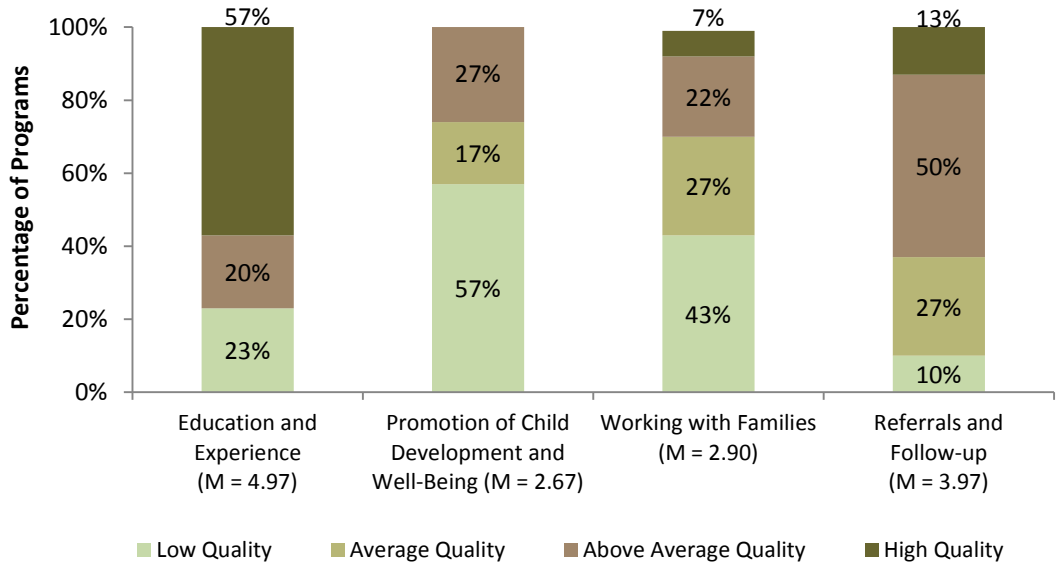
Promotion of child development and well-being assesses home visitor promotion of child development, child health and safety, and parent-child relationships. Overall, programs were low quality, with a mean score of 2.67, however there was considerable variability across these three areas. Programs were considered average in promotion of child development; home visitors used developmental screenings

and provided developmental information and/or activities to parents. Home visitors, however, were less likely to focus on promotion of child health and safety and parent-child relationships.

Working with families assesses relationship formation and individualizing relationships. Programs were considered low quality in this subscale, with a mean score of 2.90. Almost half (43%) of programs were considered low quality due to home visitors' inability to identify specific strategies for forming positive relationships with families or individualizing their approach to unique family circumstances.

Referrals and follow-up assesses home visitor knowledge of the referral process and awareness of community resources. Programs were considered average quality, with a mean score of 3.97. At the majority of programs (93%), most home visitors demonstrated average to advanced competencies in the referral and follow-up process. The majority of programs (60%) were considered above-average or high quality in their awareness of community resources.

Figure 1. Distribution of Subscale Scores of Home Visitor Qualities



Note: quality ranges – low quality = 1-2.9, average quality = 3-3.9, above-average quality = 4-5.9, high quality = 6-7
Source: home visitor site visit interview (N=76), home visitor site visit survey (N=104)

Program Service Delivery

The HVPQRT measures program service delivery across four subscales: 1) recruitment and enrollment, 2) prenatal enrollment, 3) frequency and length of services, 4) family outreach and involvement, and 5) transition plans (see Figure 2).

Family recruitment and enrollment assesses recruitment and enrollment guidelines, waiting list guidelines and services, and the length of time between initial contact and service initiation. Programs were considered average quality in this subscale, with a mean score of 3.70. The majority of programs (83%) had specific guidelines for recruiting and enrolling families in program services, and almost all

enrolled families (90%) reflected recruitment and enrollment guidelines. However, only 30% of programs had specific guidelines with regard to services offered to families on waiting lists. In general, most programs (80%) initiated program services within one month of family's initial interest in program services.

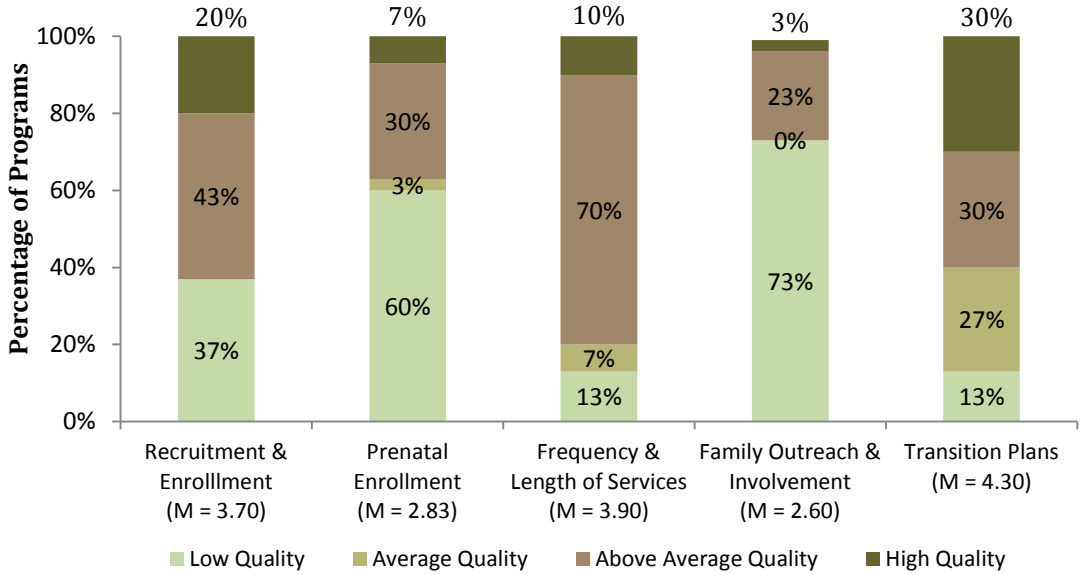
Prenatal enrollment assesses prenatal services and prenatal enrollment. Programs were considered low quality, with a mean score of 2.83. While the majority of programs (77%) offered prenatal home visits at the same intensity as postnatal home visits and ensured a seamless transition from prenatal to postnatal services, most programs (57%) enrolled less than 20% of families prenatally.

Frequency and length of services assesses frequency of intended visits, intended visit completion, and enrollment length. Programs scored average quality in this subscale, with a mean of 3.90. The majority of programs (77%) were considered high quality for frequency of intended visits; over half completed 70% or more intended visits. However, enrollment length was generally short. Reviews of closed cases indicated that the majority of families at most (71%) of programs were enrolled for less than a year.

Family outreach/involvement assesses involvement of additional family members in home visits, frequency of supplemental family/socialization events, and parental/family involvement in the program beyond home visits. Programs scored below average, with a mean score of 2.60. Although all of the PI programs offered quarterly or more family supplemental or socialization events, most programs (80%) reported that only a small number (0-35%) of home visits involved additional family members. Only a few programs had established structures (e.g. parent volunteering, advisory boards, etc.) to encourage parental/family involvement beyond home visits, regardless of program size.

Transition services assesses guidelines for developing transition plans and the nature of transition plans. Programs were above-average quality in this area, with a mean score of 4.30. Transition plans at half of the programs were limited to informal discussions and/or the provision of referrals. However, 47% percent of programs offered more formal and comprehensive transition services to families.

Figure 2. Distribution of Subscale Scores for Program Service Delivery



Note: quality ranges – low quality = 1-2.9, average quality = 3-3.9, above-average quality = 4-5.9, high quality = 6-7
Source: home visitor site visit interview (N=76), home visitor site visit survey (N=104), program director site visit interview (N=30), chart reviews

Program Characteristics & Content

Program characteristics & content are assessed on the HVPQRT across four subscales: 1) program model, 2) program emphasis on child development and well-being, 3) program emphasis on working with families, and 4) tailoring of program content to family strengths and needs (see Figure 3).

Program model assesses program logic model and program performance standards. Programs were considered average quality in this subscale, with a mean of 3.97. Although 94% of program leaders had a general awareness of their program's logic model, programs scored lower on performance standards because many leaders could not identify specific standards.

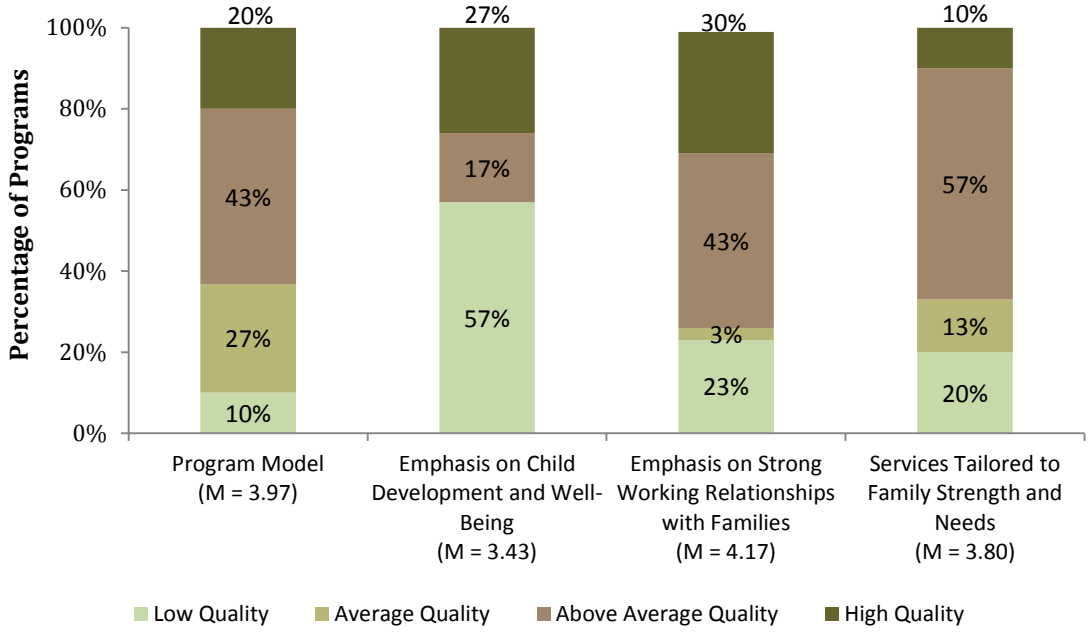
Program content emphasizes child development and well-being assesses how core content is covered in program training, program curriculum/materials, and program supervision. Programs scored average quality, with a mean score of 3.43. Of the three indicators, programs scored lowest in training due to a lack of formal training opportunities. Most programs (77%), however, used program curriculum, resources, and materials that emphasized multiple aspects of the core content areas, and home visitors reported that their supervision sessions focused on the core content areas as well, with 53% of program scoring above-average or high quality in program supervision.

Program emphasizes strong working relationships with families assesses program strategies to promote positive relationships, home visitor caseloads, and program tracking of the quality of the relationship between home visitors and families. Programs were above-average quality in this area, with a mean of 4.17. Programs scored the highest on promoting positive relationships with families, due to the fact that home visitors at 66% of programs had low caseloads. Programs varied in their methods for tracking the

quality of the helping relationship; 20% of programs do not track this while 33% used formal, comprehensive, and ongoing methods (including supervisor observations of home visits) for tracking relationships quality.

Services tailored to family strength and needs assesses family needs assessments and program adaptation of materials and resources to meet the needs of diverse families. Programs scored average quality in this subscale, with a mean score of 3.80. Almost half of programs (47%) had comprehensive family needs assessments—commonly in the form of Individual Family Service Plans—that they monitored and updated on an ongoing basis. However, 67% of programs adapted program materials in only a limited way (e.g., language only) and did not engage in comprehensive strategies (e.g., hiring staff members to reflect program diversity or using community/ cultural consultants) to meet diverse family needs.

Figure 3. Distribution of Subscale Scores for Program Characteristics & Content



Note: quality ranges – low quality = 1-2.9, average quality = 3-3.9, above-average quality = 4-5.9, high quality = 6-7
Source: program director site visit interview (N=30), program director site visit survey (N=30)

Program Management

Program management is assessed on the HVPQRT across six subscales: 1) leadership qualifications, 2) leadership practice, 3) work environment, 4) professional development, 5) supervision, and 6) community partnerships and resource networks (see Figure 4).

Leadership qualifications assesses leadership staff's education, early childhood experience, and management experience. Programs were above-average quality, with a mean of 4.83. Overall, leadership staff was well-educated and had substantial experience in early childhood and management.

Staff at 43% of programs had undergraduate degrees or higher, and 77% of programs employed leadership staff with at least seven years of experience in fields related to early childhood.

Leadership practice assesses leadership staff's program planning skills and communication and decision-making skills. Programs were above-average quality, with a mean of 4.63. Half of the programs were considered above-average in program planning. While a majority of programs (67%) scored high quality for leadership communication and decision making, 20% of programs scored in the low quality range.

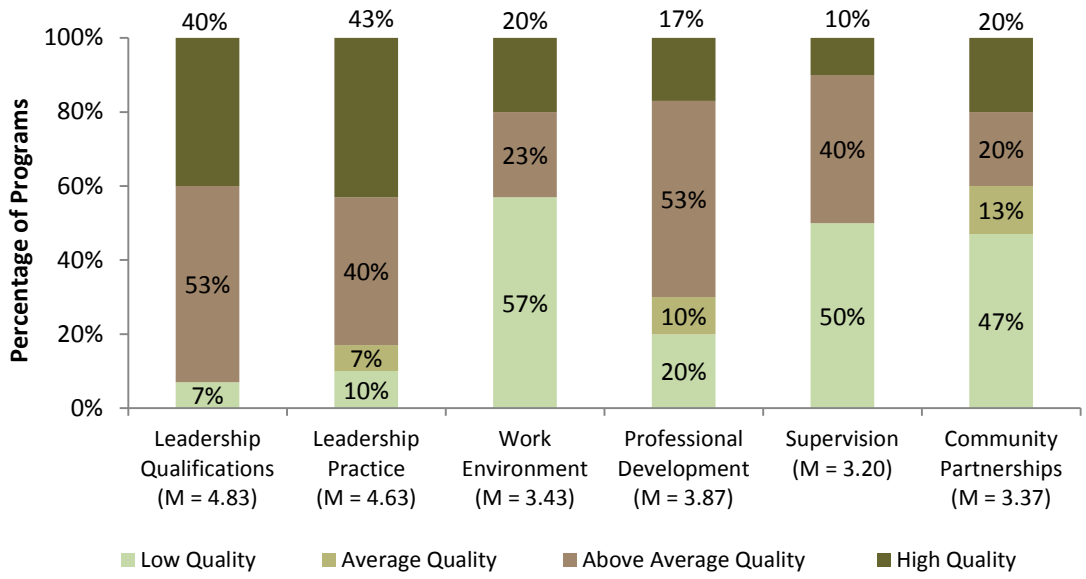
Work environment assesses home visitor satisfaction with wages and benefits, staff morale, physical work environment, and access to computers and related technical support. Although programs were considered average quality, with a mean score of 3.43, there was considerable variability across the indicators. Home visitors generally reported lower levels of satisfaction with wages and benefits compared to staff morale, physical work environments, and access to computers and related technical support.

Professional development assesses home visitor professional development plans, opportunities for professional development, and involvement of management staff in professional development planning. Programs were average quality, with a mean score of 3.87. While programs scored high on self-reports of opportunities for professional development, staff often lacked professional development plans. However, 47% of programs reported that management staff was actively involved in professional development, which included discussions of professional development at annual performance reviews.

Supervision assesses supervisor-to-staff ratio, frequency of supervision sessions, reflective supervision, group or peer-to-peer supervision sessions, and supervisor observations of home visits. Programs were considered average quality in this subscale, with a mean of 3.20. While programs generally had low supervisor to staff rations and thus scored high in this area, scores for the other indicators varied. At least monthly supervision was provided to home visitors at 77% of programs, while 34% offered supervision weekly or every other week. Home visitors generally reported that supervision sessions were reflective in nature. Almost all programs (83%) offered opportunities for group or peer-to-peer supervision sessions at least every other month, but only 40% conducted at least annual observations of home visits for all home visitors.

Community partnerships & resource networks assesses a program's relationships with community agencies and community collaborations. Programs scored average quality in this subscale, with a mean of 3.37. Almost all programs had at least some involvement with other local organizations, and 27% showed substantial involvement, which included management staff playing a leadership role in local initiatives. Almost half of programs (47%) scored in the low quality range with regards to community collaborations due to the fact that these collaborations were typically informal and the referrals were often limited to sharing the organization's contact information with families.

Figure 4. Distribution of Subscale Scores for Program Management



Note: quality ranges – low quality = 1-2.9, average quality = 3-3.9, above-average quality = 4-5.9, high quality = 6-7
Source: program director site visit interview (N=30), program director site visit survey (N=30), home visitor site visit survey (N=104)

Program Development & Monitoring

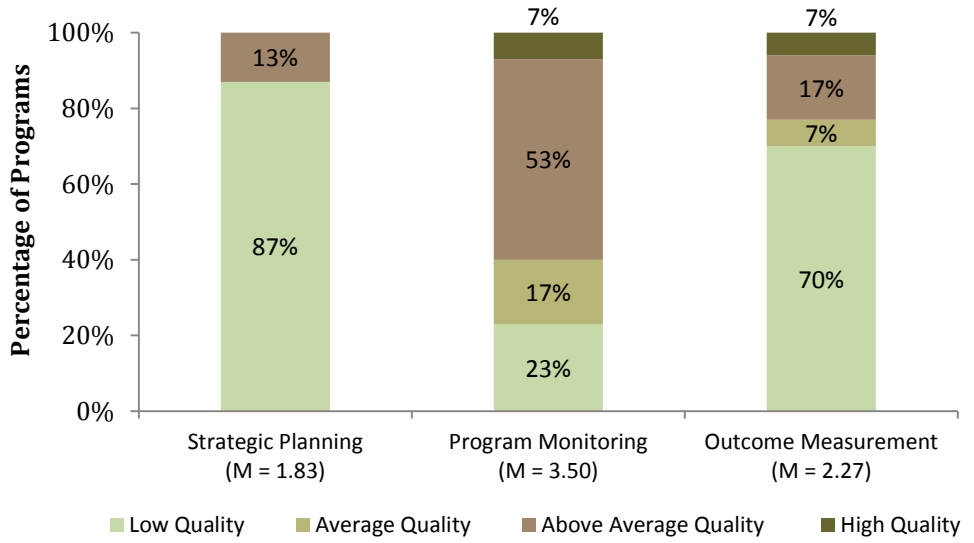
Program development & monitoring is assessed on the HVPQRT across three subscales: 1) strategic planning, 2) program monitoring, and 3) outcome measurement (see Figure 5).

Strategic planning assesses development of strategic plans and sustainability and funding. Programs were considered low quality in this subscale, with a mean score of 1.83. The majority (87%) of programs did not have a strategic plan for home visiting services, and 40% had no plan for sustainability and funding beyond this year.

Program monitoring assesses program plans for monitoring and evaluation, data management systems, and ongoing monitoring of program implementation. Programs were average quality, with a mean of 3.50. The majority of programs (53%) engaged in at least informal monitoring of program implementation, while 23% used more formal and consistent methods. These programs had comprehensive data management systems and consistently used them to monitor program implementation.

Outcome measurement assesses how programs identify and monitor program outcomes and communicate results. Programs scored low quality in this subscale, with a mean score of 2.27. Overall, programs did not measure child or family outcomes and those that did (53%) typically either measured only a limited number of outcomes or were unable to demonstrate their program's outcomes. Additionally, few programs communicated their outcomes to advisory boards or other stakeholders.

Figure 5. Distribution of Subscale Scores for Program Development & Monitoring



Note: quality ranges – low quality = 1-2.9, average quality = 3-3.9, above-average quality = 4-5.9, high quality = 6-7
Source: program director site visit interview (N=30)

HVPQRT Summary

Home visitor qualities were average quality (see Figure 6). Home visitor qualities were highest in the areas of education and experience and lowest in promotion of child development and well-being.

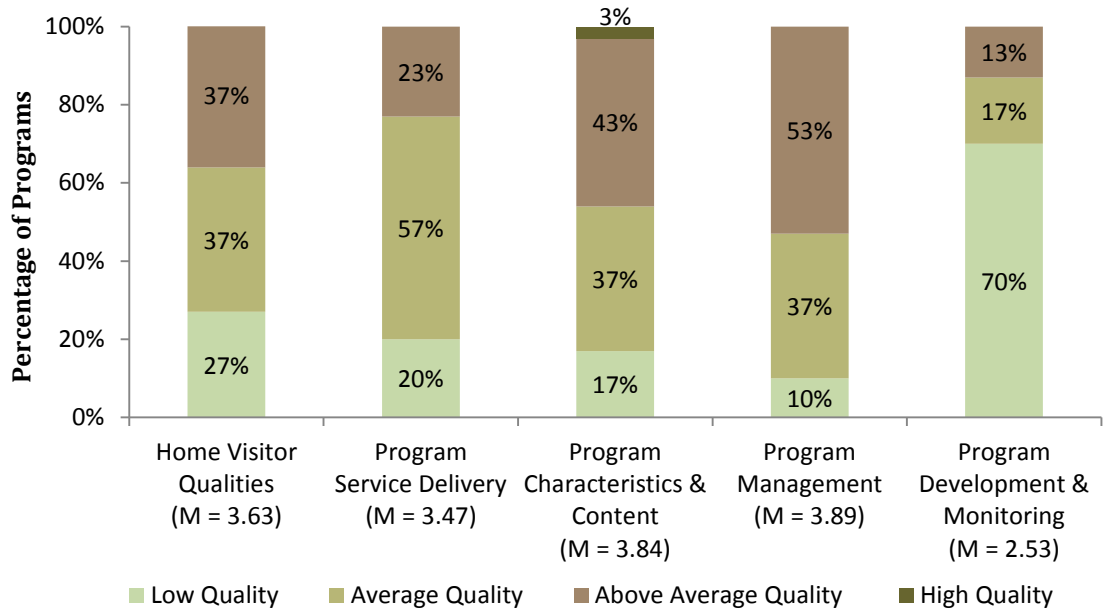
The score for program service delivery was average quality. Programs scored highest in providing transition services to families as they exited the program and lowest in prenatal enrollment and family outreach/involvement.

Program characteristics & content was average quality. Programs scored highest in supporting strong working relationships with families, and lowest in emphasizing child development and well-being.

The score for program management was average quality. Programs scored highest in leadership qualifications and leadership practice and lowest in supervision and work environment.

Program development and monitoring was low quality. Most programs informally monitored program implementation. Lower scores were largely driven by a lack of strategic plans and a failure to measure child and family outcomes.

Figure 6. Distribution of Mean Scale Scores for Program Quality (N=30)



Note: quality ranges – low quality = 1-2.9, average quality = 3-3.9, above-average quality = 4-5.9, high quality = 6-7
Source: program director site visit interview (N=30), program director site visit survey (N=30), home visitor site visit interview (N=76), home visitor site visit survey (N=104), chart reviews

Group Observations

Evaluators observed a total of 16 parent-child interaction groups (i.e. group events that required the participation of both the parent or adult caregiver and the child).[6] Groups lasted 1-2 hours and all of the observed groups included children ages 0-3, with about half also including children ages 4-5. The groups were primarily conducted in English (88%), while two were conducted in all Spanish or mostly Spanish. Although there was variation in attendance and staff member presence, an average of eight parents, ten children, and three staff members attended the groups.

Evaluators used a rating scale to evaluate the quality of supplemental family/socialization events across three dimensions: 1) socialization/warmth, 2) engagement, and 3) content. The rating scale ranged from 1 (very little focus/opportunity) to 7 (strong focus/opportunity). Overall, groups offered a positive socialization experience for families (*M* = 5.08), and families and children were engaged (*M* = 5.31). With regard to group content, groups were more likely to focus on child development (*M* = 4.00) or fostering parent-child interactions (*M* = 4.00) than on child health and safety (*M* = 2.56).

Home Visitor Training Needs

As part of the online staff survey, home visitors identified their training needs. Almost half of home visitors (46%) wanted training in working with caregivers with significant challenges, such as depression, substance abuse, or domestic violence. Other training needs included working with families where

[6] There was variability among programs about what constituted a parent-child interaction group. Consequently, some groups also may have included didactic portions on topics not directly related to the parent-child relationship (e.g., budgeting).

children had serious behavioral or mental health concerns (44%), family empowerment techniques (38%), and working with children with special needs (35%).

How Do Home Visitors Work With Families?

Twenty-five of the thirty programs participated in the case studies. Within the 25 programs, 45 home visitors recruited a total of 85 families for participation (generally two families per home visitor). This section presents the results of the case studies and includes: 1) characteristics of participating home visitors and families, 2) home visit quality results, and 3) parent-home visitor relationship results.

Case Study Participant Characteristics

Forty-five home visitors completed the online survey. In general, this sample was similar to the 104 home visitors who participated in the site visit survey (see pg. 5), with a higher percentage of full-time home visitors (84%) participating in the case studies. The majority of home visitors (60%) were Caucasian, while 22% were African-American, 16% were Latino, and 2% were American Indian/Alaskan. Most of the home visitors were educated and experienced; 71% had at least a bachelor's degree and 82% had been working with young children and their families for over three years. Home visitors' mean age was 44.7. The participating parents were younger and more ethnically diverse than the home visitors. Their mean age was 27.7. Less than half (39%) of parents were Caucasian, 31% were Latino, 27% were African-American, and the rest (3%) identified as another ethnicity.

Observed Home Visits

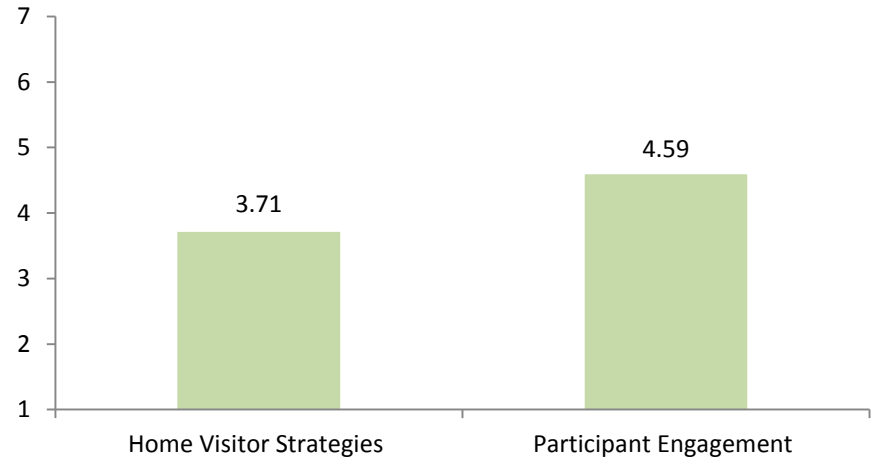
Eighty-five home visits were video-recorded by home visitors[7] and scored by researchers using the Home Visit Rating Scales-Adapted & Extended (HOVRS-A+), which measures home visitor strategies and participant engagement. The videos lasted an average of 32 minutes. Most videos involved only one adult participant (i.e., the parent or adult caregiver) in addition to the home visitor and only one child participant (81% and 67%, respectively). The majority of home visits (82%) were conducted in English, while 14% were conducted in Spanish and 4% were conducted with an English-speaking home visitor and a Spanish translator.

The overall quality of the observed home visits was within the adequate-to-good quality range (*M* = 4.06, *SD* = 0.99). Home visitor strategies were within the adequate-to-good quality range (*M* = 3.71, *SD* = 1.03), as was participant engagement (*M* = 4.59, *SD* = 1.11). Home visitors demonstrated the ability to develop positive relationships with families and, to a lesser extent, collaborate with parents, although they were not as skilled in facilitating parent-child interactions during the home visits. Parents and children were, however, mostly were engaged in home visit activities and with each other (see Figure 7).

[7] Each home visitor typically provided one video each for two families in their caseload.

As may be expected, home visitor strategies and participant engagement were significantly and positively related to one another, *r* =.77. While participant engagement scores were typically higher than home visitor strategy scores, they largely fluctuated with one another, and higher home visitor strategy scores were associated with higher participant engagement scores.

Figure 7. HOVRS-A+ Mean Scores



Source: Home Visit Video Recordings (N=80-83)

Home Visitor-Parent Relationship

The following section presents home visitor-parent relationship results for two areas: 1) the quality of the helping relationship and 2) home visitor-parent alignment on goals. The level of agreement between home visitor and parent ratings is also presented. Ratings for relationship quality ranged from 2 to 5 (indicating that no home visitor or parent rated the relationship at the lowest level), while ratings for home visitor-parent alignment ranged from 1 to 5 (see Figure 8).

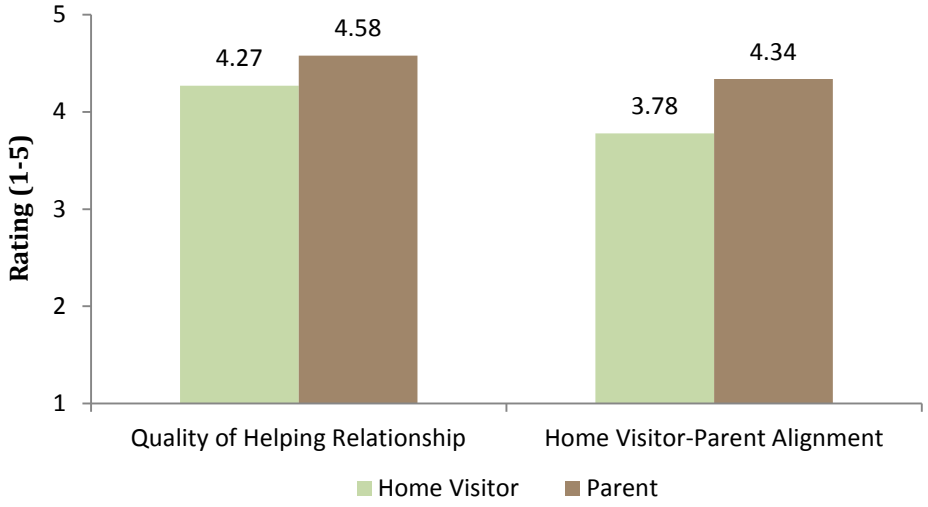
Home visitor ratings. Overall, home visitors reported positive, high-quality helping relationships with families and moderate (yet significantly lower) levels of alignment between themselves and families. There was a significant correlation, *r* = .74, between home visitors' ratings of helping relationship quality and alignment, which indicates that scores for both areas fluctuated together (i.e. as one increased, so did the other).

Parent ratings. Similar to the home visitors, parents reported positive, high-quality helping relationships and moderate levels of alignment between themselves and their home visitor. As was the case with the home visitor ratings, there was a significant difference between parent ratings of relationship quality and alignment, as well as a significant positive correlation, *r* = .81, between the two areas.

For the paired sample of home visitors and parents, there was a significant difference between home visitor and parent ratings of the quality of the helping relationship. While both home visitors and parents reported high quality helping relationships, parents rated relationship quality higher than home

visitors. There was also a significant difference between home visitor and parent ratings of parent-home visitor alignment, with parents rating alignment higher.

Figure 8. Home Visitor and Parent Composite Scores on Client Relationship Inventory



Source: home visitor case study survey (N = 77), parent case study interview (N = 69)

How Can Programs Use Quality Assessments to Improve Program Monitoring?

The evaluation was designed to feed data back to programs to help improve their monitoring. After the site visit, all programs received a report of their strengths, areas for improvement, and recommendations for future program improvement efforts.

Site Visit Feedback

After the site visit, programs completed an online survey about their site visit experience. In general, respondents said it was a positive experience.

Most respondents did not find the documentation preparation process difficult. The majority (80%) agreed that the site visit went as expected, with only one respondent saying it was burdensome. Most (72%) respondents agreed that their overall participation in the site visit was a positive experience, while the rest (except for one) reported it as a neutral experience. The majority (72%) agreed that the HVPQRT measured key aspects of program quality and 87% said they learned new things by participating in the site visit.

Additionally, the vast majority noted that the site visit helped them identify areas of strength (88%) and improvement (92%). In open-ended responses, 4 out of 14 respondents discussed the benefit of recognizing program strengths and weaknesses and 6 respondents noted the importance and value of documenting program services and the need to provide better documentation.

Some programs also noted challenges related to the site visit interviews in open-ended responses, with 7 out of 12 respondents noting that some of the interview questions were difficult to answer because they were too broad or unclear.

Discussion

This evaluation collected information about diverse aspects of ISBE Birth to Three PI program quality through multiple sources, both at the program level through site visits, and at the individual home visitor and family level through the case studies. Most programs use one particular program model (Parents As Teachers), operate out of educational settings or public school districts, and are relatively small, both in terms of staff and families served. Results suggest that overall programs are of average to good quality, although there was considerable variation. Programs were open and responsive to the evaluation team, and willingly participated in data collection activities.

In this concluding section we summarize the main findings and highlight implications for policy and practice (see Figure 9 for PI program strengths and areas for improvement). The discussion is framed across the five major dimensions of quality that were the focus of the site visits: home visitors, service delivery, program characteristics, management, and monitoring. Findings gathered from the case studies are incorporated when appropriate.

Figure 9. PI Program Strengths and Areas for Improvement

Strengths	Areas for Improvement
-Home visitor education and experience -Parent-home visitor helping relationship -Program transition services -Leadership qualifications and practice -Group socialization and warmth -Group engagement	-Home visitor promotion of health & safety and parent-child interaction -Prenatal enrollment -Family outreach and involvement -Strategic planning -Outcome measurement

Home Visitors

Findings

Home visitors were generally experienced and well educated, but varied considerably in their skills at incorporating important areas of content into home visits. Although they provided child development information, particularly in the context of providing ongoing developmental screenings, they were less successful at promoting aspects of child health and well-being (such as home safety) or in facilitating parent-child interaction. Their challenges in promoting the parent-child relationship were seen both in

how home visitors talk about their work in interviews, as well as in observations of home visits. Home visitors form positive and supportive relationships with families, but had less focus on individualizing their approach to families and mutual collaboration around tasks and goals. This was seen both in observation of home visits and in reports from home visitors and parents about their relationship. Finally, home visitors showed awareness of community resources and worked with families to make appropriate referrals.

Implications

These findings suggest several areas to increase focus in training for home visitors. First, programs should consider an increased focus on training and professional development around how home visitors can promote parent-child interaction and the parent-child relationship. One method may be in training home visitors in the use of standard assessments of the parent-child relationship, although the experience with KIPS in the current evaluation (see earlier footnote) suggests that logistical requirements have to be carefully considered. In addition, it is recommended that program staff consider how to incorporate child health and safety information into home visits, such as the regular use of formal home safety screenings. Finally, although home visiting programs generally require that staff develop individual family service plans that address specific goals articulated by families, the actual practice of home visitors (and their reports) suggests that they struggle more with individualizing their approach to families and building on a collaborative partnership. Home visitors themselves report wanting more training in working with families who present mental or behavioral issues or other challenges.

Program Service Delivery

Findings

Programs overall do a good job of beginning services with families as soon as possible after enrollment. Programs have a strong schedule of visitation and, on average, complete a high percentage of intended visits, an issue with which programs nationally often struggle. They also provide appropriate transitions to services after families age out or move to other programming. However, prenatal enrollment is typically low. Chart reviews suggest that families typically remain in programs for relatively short periods of time. Additional family members besides the mother and child rarely participate in home visits. Most programs do offer socializations and parent-child interaction groups on a regular basis and families take advantage of these opportunities.

Implications

It is recommended that ISBE support programs' efforts to increase focus on prenatal enrollment, given evidence suggesting the increased benefits from this early participation in home visiting programs (Daro, 2003, Lee, 2009). This can include outreach and links to other community agencies that serve pregnant women, including healthcare programs. Given the large number of closed cases with relatively short enrollment in the programs, monitoring reasons why families do not remain enrolled in PI programs is an important quality improvement effort. Involving families both in and out of home visits is an additional area of suggested focus. Although it might be difficult for smaller programs to develop an

infrastructure that would allow opportunities for family involvement in the program outside of home visits (such as through policy councils, volunteer opportunities, or planning group activities), such engagement may promote longer enrollment. Finally, although programs generally scored in the average- to above-average range on the measure of parent-child interaction groups developed for the current evaluation, it seemed from the observations and from discussions with programs that there is not a common understanding of what is involved in group services designed to promote parenting and the parent-child relationships. It would likely be helpful to programs for ISBE to develop standards or expectations for these group services.

Program Characteristics and Content

Findings

Most programs use a strong, evidence-based program model and generally incorporate strategies to promote positive relationships with families, including reasonably-sized caseloads to allow visitors the ability to get to know their families. Programs scored lower on the dimensions of emphasizing child development and well-being, and tailoring services to family strength and needs. Lower scores on these dimensions are primarily associated with gaps in program training, as well as limited adaptation of program materials to meet diverse families.

Implications

It is a strength of the PI Birth to Three system that programs are required to use an evidence-based program model. Although programs can discuss these evidence-based program models in broad strokes and link activities to outcomes in general terms, it was difficult for program leaders to articulate specific program standards that they needed to follow or indicate how well they were following them. Focused attention on program standards may also help in the development of training and professional development on core content areas. It is possible that recent revisions to national program models being rolled out this past year (most notably PAT) have created some confusion about specific program standards and training needs, and it will be important to track this aspect of program quality over the next year as more programs incorporate the revisions into their daily practice.

Program Management

Findings

Leadership staff is well qualified and demonstrates solid skills in program planning, communication, and decision making. Staff is generally satisfied with their work environment although they are less satisfied with their wages and benefits. Although supervisor to home visitor ratios are good, programs often lack policies for the frequency of individual supervision or provide only infrequent supervision sessions. Programs often do not use professional development plans for monitoring home visitor training experiences. Finally, although home visitors show strengths in their ability to articulate the process of finding and following-up on program referrals, programs do not typically have formal community partnerships with other agencies or programs.

Implications

As has been noted in previous discussion points, programs would benefit from more attention to the training needs of home visitors, including more formal monitoring of professional development plans. Home visitors would also likely benefit from increased frequency of supervision. It is also recommended that programs consider developing formal relationships with other community programs, both to assist in creating a community infrastructure of support to the PI program and to aid home visitors in continuing to provide appropriate referrals for services for families.

Program Monitoring

Findings

Programs scored in the below-average quality range for program monitoring, indicating that programs engage in only informal monitoring of program implementation. Lower scores on program development and monitoring are largely driven by a lack of strategic planning and challenges in measuring child and family outcomes.

Implications

Many of the PI programs are attempting to measure implementation of program service delivery, but may lack the formal methods and resources to do so in a way that is helpful for program improvement and strategic planning. This can be a challenging area for smaller programs. Developing useable management information systems and moving beyond a reliance on paper records is one essential element, however, for quality improvement monitoring. In addition, tracking child and family outcomes is an increasingly important process for early childhood family support programs that must demonstrate accountability to funders and other important stakeholders. PI programs need assistance in determining which outcomes to track, as well as the best ways to monitor these outcomes and how best to communicate results to others.

Local programs can create their own systems of documentation. National program models are also developing useful information systems for tracking families, both in terms of service use and outcomes. Ultimately, it may be most beneficial for standard methods to be used across the system to collect information from multiple programs and models. This information can be aggregated to inform not just individual locations but the network of PI-funded programs as well. Recent requirements from the Federal government related to Maternal Infant and Early Childhood Home Visiting (MIECHV) for monitoring benchmarks may push this issue ahead in states such as Illinois, even for programs not directly funded by MIECHV.

Conclusion

One important finding from the PI Birth to Three Program Evaluation is that programs were willing to participate in the different elements of data collection that were used in the evaluation. With planning, many of these information-gathering methods could be used both by programs and by ISBE for ongoing monitoring and program improvement activities. Home visitors were willing and able to record home

visits with families, which can be a valuable tool for training and supervision. Including standardized instruments, such as the HOVRS-A+, to measure aspects of home visits can provide a common baseline for programs across a system. Feedback provided after the site visits suggests that in-person site visits are feasible and not overly-burdensome to programs, particularly if the measure is designed to provide useful feedback to programs about their quality. Anecdotally, it was not uncommon for program staff to note that they were glad that ISBE was focusing attention on their birth to three services through this evaluation. Ongoing monitoring and evaluation may help programs feel less isolated and have a stronger connection to the early childhood service system, as well as allowing programs to systematically track changes over time across different areas of program quality. Overall, the evaluation reveals areas of both strength and challenge to PI-funded programs, and provides a roadmap to further evaluation and quality improvement efforts.

References

Chang-Ming, H. (2006). Using Client Satisfaction to Improve Case Management Services for Elderly. *Research on Social Work Practice, 16,* 605-612.

Child Care Bureau (2005). At a glance: Evaluation and infant/toddler child care. Washington, DC: *Zero to Three*. Retrieved from http://www.zerotothree.org/site/DocServer/Evaluation.pdf?docID=522

Comfort, M., & Gordon, P.R. (2008). *Keys to Interactive Parenting Scale (KIPS)*. Cheyney, PA: Comfort Consults.

Daro, D. (2006). Home Visitation: Assessing Progress, Managing Expectations. Chicago, Il: Chapin Hall & Ounce of Prevention. Retrieved from http://www.ounceofprevention.org/includes/tiny_mce/plugins/filemanager/files/Home%20Visitation.pdf

Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse & Neglect, 27,* 1101-1125.

Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., Rohde, C., & Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse and Neglect 31*, 801-827.

Gaylor, E., Spiker, D., Fleming, J., and Korfmacher, J. (2012). Illinois Preschool For All (PFA) Program Evaluation. Erikson Institute, Herr Research Center for Children and Social Policy.

Hallgren, K., Boller, K., & Paulsell, D. (2010). Better Beginnings, Partnering with Families for Early Learning Home Visit Observations. Princeton, NJ: Mathematica Policy Research.

Harms, T., Clifford, R., & Cryer, D. (2005). *Early Childhood Environment Rating Scale (Rev. ed.)* New York: Teachers College Press.

Home Visiting Vision Statement (2008). Joint statement of five leading national home visiting programs: Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and Parent-Child Home Program). Retrieved from http://www.pcamn.org/home/pcamn3/public_html/media/File/HomeVisitingSharedVision.pdf

Illinois State Board of Education (2011, May). Request For Proposals (RFP) Prevention Initiative Birth to Age 3 Years: FY 2012. Retrieved from http://www.isbe.net/earlychi/pdf/pi_rfp_12.pdf

Johnson, K. (2009). State-based Home Visiting. Strengthening Programs through State Leadership. New York: National Center for Children in Poverty.

Koball, H., Zaveri, H., Boller, K., Daro, D., Knab, J., Paulsell, D., & Xue, Y. (2009). Supporting evidence-based home visiting to prevent child maltreatment: Overview of the cross-site evaluation. Princeton, NJ: Mathematica Policy Research.

Korfmacher, J., Lasziewski, A. Sparr, M., and Hammel, J. (2011). *The Home Visiting Program Quality Rating Tool.* Unpublished document.

Lee, E., Mitchell-Herzfeld, S. D., Lowenfels, A. A., Greene, R., Dorabawila, V., & DuMont, K. A. (2009). Reducing low birth weight through home visitation: A randomized controlled trial. *American Journal of Preventive Medicine, 36 (2),* 154-160.

Poulin, J., & Young, T. (1997). Development of a Helping Relationship Inventory for Social Work Practice. *Research on Social Work Practice*, *7*(4), 463–489.

Roggman, L. A., Cook, G. A., Jump Norman, V. K., Innocenti, M. S., Christiansen, K., Boyce, L. K., Aikens, N., Boller, K., Paulsell, D., & Hallgren, K. (2012). *Home Visit Rating Scales-Adapted & Extended:* HOVRS-A+. Unpublished measure.

Unger, D.G., Tressel, P.A., Jones, W.C., & Park, E. (2004). Involvement of Low-Income Single Caregivers in Child-Focused Early Intervention Services: Implications for Caregiver-Child Interaction. *Family Relations, 53(2),* 210-218.

Vogel, C. A., Boller, K., Xue, Y., Blair, R., Aikens, N., Shrago, Y., Stein, J. (2011). Learning as we go: A first snapshot of early head start programs, staff, families, and children. Princeton, NJ: Mathematica Policy Research.

Weiss, H, & Klein, L. G. (2006). Changing the Conversation about Home Visiting: Scaling up with Quality. Cambridge, MA: Harvard Family Research Project.

APPENDIX A
METHODOLOGY

Program Selection

In September 2011, a short online survey was emailed to all 158 grantees receiving ISBE Prevention Initiative (PI) funding, with reminders sent one week and three weeks later. The survey included basic questions about program size, program model used, and descriptive information about families served. It was designed to collect information that would assist with selecting and recruiting a representative sample of ISBE-funded PI programs. The evaluation team received 128 responses to the survey, with several grantees providing more than one response. In some cases, the same person took the survey more than once or two individuals at the program completed the survey, while other agencies had multiple responses because they operated more than one PI program. Overall, 115 programs were identified as possible participants. Based on the results of this survey, programs were recruited to participate in the evaluation considering their region, program model, and size. For programs operating in more than one county, one site was identified for participation. Emails were initially sent to programs that had responded to the survey, although some programs were recruited for participation even if they had not responded to the survey due to low participation rates in some regions. There was one program that participated in the site visits that did not complete the initial survey. All 30 programs that agreed to participate in the site visits were also invited to participate in the case studies, but 5 declined due to other commitments or inability to recruit families.

Site Visits

Measures

Home Visiting Program Quality Rating Tool (HVPQRT)

Each of the five dimensions of program quality is defined by subscales (ranging from two to eight subscales per scale) and indicator rows (ranging from two to six indicator rows per subscales). There are a total of 23 subscales and 63 indicator rows (see Appendix B for more detailed description of the measure). The HVPQRT uses a 4-point scale (low, average, above-average, and high quality ratings) at the indicator row level and a 7-point scale, ranging from 1 (low quality) to 7 (high quality) at the subscale level. Scoring at the subscale level combines indicator row ratings to obtain a final score, using a threshold scoring system similar to scoring for other commonly used measures within early education (such as the Early Childhood Environment Rating Scale (ECERS; Harms, Clifford, & Cryer, 2005). Data collection for the HVPQRT includes multiple methods: interviews, survey responses, and chart reviews. Each of the five dimensions of program quality has detailed data collection and scoring guides to provide standard data collection and scoring procedures.

Given that the tool existed in draft form and was in the process of being field-tested during the evaluation, two evaluators completed each site visit to examine inter-rater reliability and increase confidence in the findings. Reliability for the HVPQRT was assessed between each pair of evaluators for all 30 site visits. Preliminary analyses identified some subscales and indicator rows within subscales demonstrating low reliability and/or restricted ranges. After reviewing these findings, steps were taken to modify scoring rules or subscale composition (e.g. altering scoring thresholds, removing an indicator row from a subscale) to improve the reliability and/or distribution of scores. These decisions were made to help ensure that scores provided a fair and accurate picture of program quality, and that an overall picture of program quality was not biased by limitations of the current draft of the measure. They were based on interpretations made by two of the measure's co-authors (Korfmacher and Sparr). For example, scoring rules used in the measure initially prevented programs from scoring above the level of average quality on leadership practice's fiscal resource management. This was due to the fact that the majority of programs relied on ISBE as their primary funding source and scoring rules for the current draft required that no more than 30% of program funding come from one funding source in order to score above-average quality. This created what was decided to be an overly restrictive threshold for programs, and the indicator row was removed, allowing for a greater range of scores across the programs.

After taking these changes into consideration, at the indicator row level, the average percentage of exact agreement was 78% (range of 33% to 100%). At the subscale level, the average percentage of exact agreement was 69% (range of 35% to 91%), with a percentage of agreement within one point of 84% (range of 61% to 100%). The intraclass correlation overall for the HVPQRT was 0.70, within the accepted range (Landis & Koch, 1977), but there was wide variation across the subscales (ranging from moderate to excellent, 0.45 to 0.98). Table A1 provides summary descriptive statistics for the 22 subscales. The subscales varied in their distribution of scores along the 7-point scale, although most showed a spread of at least 6 points (e.g., 1-6 or 2-7). Seven subscales (32%) had ranges less than 6 points, with two showing a spread of only 4 points. For most subscales, the mean scores rested between the scale points 3 and 4, or between "average" and "above-average." Three subscales (A1, D1, & D2) had higher means, while five (A3, B2, B4, D7, and E2) had mean scores below 3.

To provide a similar context and to aid in interpretation, scale and subscale scores were combined into the categories of low, average, above-average, and high quality. For the average subscale and scale scores across programs— which are continuous scores representing the mean of interval level subscale scores — scores between 1 and 2.9 were categorized as low quality, scores between 3 and 3.9 were categorized as average quality, scores between 4 and 5.9 were categorized as above-average quality and scores between 6 and 7 were categorized as high quality.

Initially, the evaluation team planned on analyzing program quality as a function of program characteristics, such as: program model, program size, region, and program structure (e.g. community-based program or public school district). However, limited sample size and unequal groups in the aforementioned categories (based mainly on the actual distribution of programs) prevented, in most

cases, this type of analysis. Preliminary analysis of subgroups also indicated no significant differences by program size or region, the two program characteristics that did show some variability, although the statistical power to detect significant differences was presumably low.

Table A3. Summary of Subscale Scores

Subscale	Mean (SD)	Range	Skewness*
A: Home Visitor Qualities			
A1 Education and professional experience	4.97 (1.87)	2-7	-0.70
A2 Promotion of child development and well-being	2.67 (0.92)	1-4	0.46
A3 Working with families	2.90 (1.42)	1-6	0.57
A4 Referrals and follow-up	3.97 (1.25)	2-7	0.53
B: Service Delivery			
B1 Program recruitment and enrollment	3.70 (1.51)	2-6	0.23
B2 Prenatal enrollment	2.83 (1.39)	1-6	0.81
B3 Frequency and length of services	3.90 (1.03)	2-6	0.01
B4 Family outreach/ involvement	2.60 (1.07)	2-6	1.62
B5 Transition plans	4.30 (1.66)	2-7	0.30
C: Program Characteristics & Content			
C1 Program model	3.97 (1.30)	2-7	0.67
C2 Program emphasizes child development and well-being	3.43 (1.81)	2-7	0.71
C3 Program emphasizes strong working relationships with families	4.17 (1.60)	2-7	0.14
C4 Services tailored to family strengths and needs	3.80 (1.38)	2-7	0.90
D: Program Management			
D1 Leadership qualifications—management and staff supervisors	4.83 (1.44)	2-7	0.09
D2 Leadership practice	4.63 (1.43)	2-7	-0.28
D3 Work environment	3.43 (1.92)	2-7	1.01
D4 Professional development	3.87 (1.33)	2-7	0.45
D5 Supervision	3.20 (1.35)	2-6	0.69
D6 Community partnerships/resource networks	3.37 (1.88)	1-7	0.75
E: Program Development & Monitoring			
E1 Strategic planning	1.83 (0.99)	1-4	1.28
E2 Program monitoring	3.50 (1.08)	2-6	0.27
E3 Outcome measurement	2.27 (1.48)	1-6	1.20

*Skewness: Reflects how the data is distributed, data with values less than '-1' or greater than '+1' is highly skewed, data with values between '-1' and '-0.5' or between '1' and '0.5' is moderately skewed, data with values between '-0.5' and '0.5' is approximately normally distributed.

Program Director and Home Visitor Site Visit Surveys

As part of the HVPQRT, program directors and home visitors were asked to fill out an online survey prior to the site visit. The program director survey included questions about the program and its operations (management staff education and experience, program training, policies and guidelines for program administration) needed to score the HVPQRT. Additional questions about program characteristics, family characteristics, and services provided were added to the survey. The home visitor survey included questions about home visitor education and experience, access to a supportive work environment, and content of supervision sessions in order to score the HVPQRT. The evaluation team added questions addressing home visitor characteristics, family characteristics, caseload size, and training needs.

Observational Protocol for Parent-Child Interaction Groups & Other Group Activities

Programs that offered parent-child interaction groups at the time of the site visits were asked to allow an observation of one group as part of site visit participation. The group observation tool was a combination of short interview questions and an observational rating scale. There were 14 pre-observation questions that collected information about the program model, the purposes of the group, the number of participants (parents, children, and staff), the length of the group, and the language in which the group was conducted. There were also seven post-observation questions asking the group leaders to reflect on how the group services went, explain how they track attendance at group services, and discuss plans for future group services. The observational rating scale was comprised of 14 questions rated on a 7-point scale. Preliminary analysis of the rating scale included a review of descriptive statistics and the conceptual grouping of items to create composite scores from within the rating scale based on similar content. Three composite scores were created from the rating scale: sociability/warmth, engagement, and informational content. The interview questions and rating scale were developed specifically for use in the ISBE evaluation based on information gathered from previous pilot site visits that relied on running records of group activities. At the time of the evaluation, no appropriate standardized and validated measure of parent-child interaction groups could be identified, necessitating the creation of the study-specific measure.

Site Visit Feedback from Programs

After the site visits, program directors completed an online survey to provide feedback about the experience. This survey asked programs to rate the general ease of preparing for and participating in the site visit and to identify barriers to and benefits of participation. This survey was the same as the survey used in the piloting of the HVPQRT.

Data Collection Procedures

Thirty site visits (including 16 group observations) were conducted between November 2011 and March 2012. Site visits were generally one day in length, and included interviews with the program director(s) and up to four ISBE-funded home visitors, as well as a documentation review. At programs where evaluators also observed group activities, the site visit may have been conducted over two days. Evaluators conducted site visits in pairs in order to assess the reliability of the HVPQRT. Due to scheduling limitations and to be respectful of the group process, group activities were observed by only one rater.

Site Visit Evaluators

Four part-time evaluators and four full-time staff conducted site visits and group observations. One evaluator was bilingual/bicultural and responsible for conducting group observations with Spanish-speaking attendees. Three of the part-time evaluators attended a group two-day training and one of the evaluators, who was hired later, completed an individual one day training. All four completed additional exercises that included scoring mock interviews and reviewing documentation.

Site Visit Preparation

In order to prepare programs for the site visit, the evaluation team conducted a 30-minute telephone call with the program director 5-10 days before the visit and also gave programs written guidelines for site visit preparation. Site visit preparation included documentation preparation and completion of online staff surveys. Staff received Amazon gift cards for completing the online surveys.

- Documentation preparation: Programs were asked to prepare a variety of documentation to assist in the site visit. This included open and closed charts, summary service reports, program planning documents, written policies and guidelines, professional development plans for home visitors and supervisors, evaluation planning documents, and outcome reports.

- Program director site visit survey: As noted earlier, the HVPQRT includes an online program director survey. In cases where there were multiple directors, supervisors, or individuals with the knowledge to complete the survey, staff worked collaboratively to complete one survey per program. All 30 programs completed this survey.

- Home visitor site visit survey: All home visitors were asked to anonymously complete the HVPQRT online home visitor survey. In total, 104 home visitors from 30 programs completed this survey.

Site Visit Data Collection

On the day of the site visit, data used for scoring the HVPQRT was collected through a director interview, home visitor interviews, and documentation review (see Table A4). Data collection and scoring guides developed as part of the HVPQRT were used for this process. Participating directors and home visitors received Amazon gift cards.

- Program director site visit interviews: An approximately three hour interview was conducted with program directors on the day of the site visit. The interview included questions related to program service delivery, program characteristics, program management, and program monitoring. A total of 43 individuals participated in these interviews. Often, a home visitor who also supervised staff and/or managed the program also participated in the interview.

- Home visitor site visit interviews: An approximately one hour interview was conducted with up to four home visitors at each program. For programs that had more than four home visitors, program directors were asked to identify four home visitors who had been carrying a full caseload for at least six months and served families representative of their community. Interviews included questions related to competency in several areas including child development, health and safety, parent-child interaction, and working with families. A total of 76 home visitors participated in these interviews.

- Documentation and chart reviews: Evaluators spent one to two hours reviewing program documentation as noted above. In cases where summary service reports were not available, up

to 15 open charts were reviewed (3-5 per home visitor) and up to 15 closed charts (3-5 per home visitor) for families who had received service in the past 12 months were reviewed. A total of 278 closed charts and 340 open charts were reviewed.

Table A4. Data Collection Methods for HVPQRT by Dimensions of Program Quality

Dimension of Program Quality	Data Collection Methods
Home visitor qualities	Home visitor site visit interview with vignette responses, home visitor site visit survey
Program service delivery	Record review, program director site visit interview, home visitor site visit survey
Program characteristics & content	Record review, program director and home visitor site visit interviews, program director site visit survey
Program management	Record review, program director site visit interview, program director and home visitor site visit
Program development & monitoring	Record review, program director site visit interview

Group Activities

Parent-child interaction groups were observed at programs that held regular (at least twice per month) interaction groups. A total of 16 parent-child interaction groups were observed at 16 programs; 14 groups were conducted in English while 2 were conducted in all Spanish or mostly Spanish. Spanish-speaking groups were observed by the bilingual and bicultural Spanish-speaking evaluator. As noted earlier, evaluators conducted the approximately 20-minute interview with the group leader(s) before the group began. Evaluators then observed and rated the entire group session (which lasted one to two hours). After the groups, evaluators conducted the brief post-group interview with the group leaders.

Site Visit Feedback

Feedback was given to programs based on the information collected from the site visits and also collected from programs based on their experience participating in the site visit. After the site visit, programs were provided a three to five page summary of their strengths, suggested areas for improvement, and recommendations based on the results of the site visit and group. This summary was created using the program's results from the HVPQRT, specific information about strengths and challenges evaluators provided, and (where applicable) information collected from the group observation. Before receiving this report, programs completed the online survey about their experience with the site visit. A total of 25 individuals from 22 programs completed this survey.

Case Studies

Measures

Home Visit Observation Rating Scale

The Home Visit Rating Scale-Adapted and Expanded (HOVRS-A+; Roggman et al., 2012) consists of 7 distinct aspects of home visits, which are rated on a 7-point scale ranging from 1 (inadequate) to 7

(excellent), with behavioral anchors at points 1, 3, 5, and 7. The seven aspects of home visits are combined to create three composite scores: home visitor strategies (scales 1-4), participant engagement (scales 5-7), and overall HOVRS-A+ quality (scales 1-7). The HOVRS-A+ combines elements of two previous versions of the HOVRS that have been reported on elsewhere (Roggman, Boyce, & Innocenti, 2008; Hallgren, Boller, & Paulsell, 2010).

A total of 85 home visits were video-recorded by home visitors for scoring with the HOVRS-A+ (see data collection procedures, below). The videos lasted an average of 32 minutes (ranging between 8 and 59 minutes). Most videos had one adult participant in addition to the home visitor (i.e., the parent or adult caregiver) and one child participant (81% and 67% respectively). The remaining videos had more than one adult participant other than the home visitor and more than one child participant other than the target child. A majority of home visits (82%) were completed in English, with 14% completed in Spanish and 4% completed with an English-speaking home visitor and a Spanish translator.

Reliability was assessed as the percentage of agreement within one point between evaluator scores for the seven scales of the HOVRS-A+. The average percentage of agreement within one point was 91% (range of 70% to 98%). Every 10th video through 60 (7% of all videos collected) was checked for external reliability; researchers from Utah State University (USU) (the developers of the HOVRS-A+) scored the videos to ensure the evaluation team's scores for at least 70% of indicators were within one point of USU's scores. The average percentage of agreement within one point between internal raters and external raters (USU) was 94% (range of 86 to 100).

Basic descriptive statistics (mean, standard deviation, range, and skewness) were run for all seven HOVRS-A+ scales as well as the home visitor strategies, participant engagement, and overall quality composite scores. Bivariate correlations and linear regression were run to explore relationships between home visitor strategies and participant engagement.

Helping Relationship Inventory

The Helping Relationship Inventory (HRI; Poulin & Young, 1997) is a 20-item 5-point scale measuring the quality of the helping relationship between family and service provider. In the current study, a modified version of the HRI was used in both the parent interviews and the home visitor online surveys. The original version of the HRI has a client and worker version, with some parallel questions between the two versions. Poulin & Young (1997) identified a structural and interpersonal component of the helping relationship inventory within their sample. The client (parent) and worker (home visitor) versions of the inventory used in the present study were modified to avoid redundant questions, eliminate questions that would likely be confusing to participants in a parent support program, and to provide parallel questions between the two versions. The parent version used in the present study included 12 of the original 20 items for the client version and 4 adapted items from the original worker (home visitor) version. The worker (home visitor) version used in the present study included 14 of the original 20 items for the worker version and two items from the original client version.

Because of modifications made to the tool, the original structural and interpersonal components discussed by Poulin & Young (1997) were not used. Larger constructs were identified by conducting an exploratory principal component analysis with varimax rotation (separate analysis of parent and home visitor samples). The principal component analysis and review of theoretically similar content among the questions lead to the creation of two composite scores: quality of the helping relationship (10 items) and parent-home visitor alignment on beliefs and goals (5 items). Cronbach's alpha was run for each composite score.

Descriptive statistics were run for the items on the client relationship inventory and the quality of the helping relationship and parent-home visitor alignment composite scores. In addition, paired sample t-tests were run to explore differences between and within parent and home visitor ratings. Specifically, four paired sample t-tests (two-tailed tests with 98% confidence level to correct for multiple comparisons) were run between: 1) home visitor ratings of the quality of the helping relationship and home visitor rating of parent-home visitor alignment, 2) parent ratings of the quality of the helping relationship and parent ratings of parent-home visitor alignment, 3) home visitor ratings of the quality of the helping relationship and parent ratings of the quality of the helping relationship, and 4) home visitor ratings of parent-home visitor alignment and parent ratings of parent-home visitor alignment.

Parent Case Study Interview

In addition to the HRI, the parent telephone interview included demographic information (age, education, household size, number of children), goals on which the family and home visitor were currently working, and satisfaction with program services (using six items adapted from the Client Satisfaction: Case Management Tool; Chang-Ming, 2006).

Home Visitor Case Study Survey.[1]

In addition to the HRI, the home visitor case study survey included demographic information (age, education, experience), and information about families participating in case studies (length of enrollment, number of visits received, participation in program services, engagement in program services, and goals). Questions related to parent engagement in home visits were adapted from measures of family engagement used by Unger, Tressel, Jones, & Park (2004).

Data Collection Procedures

A total of 45 home visitors from 25 programs participated in the case studies. All programs were invited to participate, but five declined due to other commitments or inability to recruit families. Case study recruitment and data collection was conducted from January to May 2012.

[1] Although home visitors also filled out an online survey as part of the HVPQRT, this information is collected anonymously, requiring a second online survey for those home visitors who agreed to be part of the case studies

Home Visitor and Family Recruitment

Home visitors were recruited from the group of home visitors interviewed during the site visits. For programs where one, two, or three home visitors were interviewed, all were invited to participate, and for programs where more than three were interviewed, two were invited to participate. The evaluation team asked program directors to select home visitors who served families who would be willing to participate. Identifying a diverse group of families from each program was also important, so home visitors with a Spanish-speaking caseload were specifically targeted for participation as were those with varying degrees of experience.

Home visitors were asked to recruit and consent two families to participate in the case studies (home visitors were trained in the informed consent process); however, some home visitors were only able to recruit one family. The families represent a purposeful rather than random sample. The evaluation team asked home visitors to target families with whom they had working relationships (and were thus likely to participate in the study) and those who represented their caseload. For example, if a home visitor primarily served teenage parents, the evaluation team asked her to attempt to recruit those families. Similarly, if the home visitor primarily served Spanish-speaking families, the team asked her to include these families. A total of 85 families participated in the case studies.

Home Visit Video Recordings

The evaluation team provided home visitors with small digital cameras to record a home visit with each participating family. The team also made a brief online tutorial to assist home visitors with uploading the recordings to a secure online file server account that was created for this study. A total of 85 video recordings were made and collected from home visitors. In addition to recording the home visit, home visitors completed a brief questionnaire about the home visit which included questions about family members and whether it was a typical home visit. This form, however, was only completed 56 times (66% of recordings). A total of 43 video recordings were uploaded to an online file server, but due to technical difficulties, 36 of the video recordings were mailed to the evaluation team, either on the cameras, DVDs, or thumb drives. One home visitor hand-delivered her program's four video recordings, and study staff collected another camera with two video recordings directly from the agency. Home visitors received Amazon gift cards for completing the video recordings and families received Target or Walmart gift cards.

Video recordings were scored using the Home Visit Rating Scale (HOVRS-A+). Six evaluators watched and coded between five and thirty videos each. Two evaluators were bilingual/bicultural Spanish-speakers. Out of the 85 videos, 70 were in English, 12 were in Spanish and in English, and 3 were in Spanish with an English translator. One of the coders was also a site evaluator but did not code videos from home visitors she had previously interviewed. The process of becoming reliable was embedded in the training and involved watching, discussing, and scoring a set of training videos to arrive at consensus scores for the team (which consisted of 10 people, including staff from another project also trained on the tool). The team was considered reliability if 70% of the scores for each indicator were within one point of the

correct score. After reliability was established, evaluators scored 85 project videos. At least two evaluators coded each fifth video (19%), and reliability was ensured before the coders watched more videos. In addition, scores for every tenth video were sent to the HOVRS training team in Utah to protect against team "drift" in scoring.

Home Visitor Survey and Parent Interview

As noted above, home visitors completed an online survey for each participating family to report their perspective on the quality of the relationship with the family. A total of 82 surveys representing 45 home visitors from 25 programs were completed. In addition, 70 parents (82% of all parents consenting to participate) were interviewed via telephone. These 70 parents represent 42 home visitors and 25 programs. Four individuals, two of whom were bilingual/bicultural Spanish-speakers, conducted between three and twenty-six interviews each. Out of the 70 interviews, 54 were conducted in English and the rest in Spanish. Home visitors received Amazon gift cards for completing the survey, and families received Target or Walmart gift cards for the interview.

Relationships among Case Study Data

Bivariate correlations were run between some of the data collected during the case study phase of the evaluation (home visitor survey, parent interview, and HOVRS-A+) in order to explore relationships among the data. These results are exploratory in nature and should be interpreted with caution as multiple correlations were run within a moderate sample size (N = 70-84).

Relationship between Case Study and Site Visit Data

Initially, the evaluation intended to explore relationships between site visit data (program quality) and case study data. For two primary reasons, these analyses (comparing site visit data to case study data at the program level) were not conducted. First, these analyses were limited by the relatively small sample size, exacerbated by the fact that only 25 of the 30 programs participating in the site visits also participated in the case studies. Second, aggregating the case study data to the program level would significantly decrease the variability within the data. Larger sample sizes would have allowed for an exploration of the connections between program quality and family experiences using multi-level modeling. The evaluation presented here was limited to identifying similarities in results found in the site visit and case study phase of the evaluation.

References

Chang-Ming, H. (2006). Using Client Satisfaction to Improve Case Management Services for Elderly. *Research on Social Work Practice, 16,* 605-612.

Hallgren, K., Boller, K., & Paulsell, D. (2010). Better Beginnings, Partnering with Families for Early Learning Home Visit Observations. Princeton, NJ: Mathematica Policy Research.

Harms, T., Clifford, R., & Cryer, D. (2005). *Early Childhood Environment Rating Scale (Rev. ed.)* New York: Teachers College Press.

Korfmacher, J., Lasziewski, A. Sparr, M., and Hammel, J. (2011). *The Home Visiting Program Quality Rating Tool.* Unpublished document.

Landis, J.R., Koch, G.G. (1977). The measurement of observer agreement for categorical data. *Biometrics. 33*, 159–174.

Poulin, J., & Young, T. (1997). Development of a Helping Relationship Inventory for Social Work Practice. *Research on Social Work Practice*, *7*(4), 463–489.

Roggman, L. A., & Boyce, L. K., & Innocenti, M. S. (2008). *Developmental parenting: A guide for early childhood practitioners*. Baltimore: Paul H. Brookes Publishing.

Roggman, L. A., Cook, G. A., Jump Norman, V. K., Innocenti, M. S., Christiansen, K., Boyce, L. K., Aikens, N., Boller, K., Paulsell, D., & Hallgren, K. (2012). *Home Visit Rating Scales-Adapted & Extended:* HOVRS-A+. Unpublished measure.

Unger, D.G., Tressel, P.A., Jones, W.C., & Park, E. (2004). Involvement of Low-Income Single Caregivers in Child-Focused Early Intervention Services: Implications for Caregiver-Child Interaction. *Family Relations, 53(2),* 210.218.

APPENDIX B
SUMMARY OF HVPQRT

Table B1: Summary of HVPQRT Subscales and Indicator Rows

Subscale	# Ind Rows	Topics covered in indicator rows
A: Home Visitor Qualities		
A1 Education and professional experience	2	Education level Experience in early childhood & home visiting
A2 Promotion of child development and well-being	3	Information, assessment, and promotion during home visits of -child development -child health & well-being (including safety & parent mental health) -parent-child relationship
A3 Working with families	3	Forming relationships & positive rapport with families Individualization of relationships, including with high-risk families Attention to impact of culture in working with families
A4 Referrals and follow-up	2	Providing referrals and following-up with families Knowledge of referral sources in community
B: Service Delivery		
B1 Program recruitment and enrollment	3	Recruitment and enrollment guidelines Guidelines for service initiation Time lapse between initial contact and service initiation
B2 Prenatal enrollment	2	Availability of prenatal services Percentage of prenatal enrollment
B3 Frequency and length of services	3	Visitation schedule Intended visit completion Duration of time in program
B4 Family outreach/involvement	3	Involvement of other family members Frequency of supplemental family or socialization events Strategies for increasing participation of other family members
B5 Transition plans	2	Written guidelines and policies for transition plans Individual transition plans developed collaboratively with family

Subscale	# Ind Rows	Topics covered in indicator rows
C: Program Characteristics & Content		
C1 Program model	3	Evidence-informed logic model Compliance with program model Home visitors ability to link work to program goals [a]
C2 Program emphasizes child development and well-being	3	Emphasis on child development, health and safety, and parent-child relationships in - ongoing training - program materials - supervision
C3 Program emphasizes strong working relationships with families	3	Strategies to promote positive relationships Caseload size Monitoring the quality of the helping relationship
C4 Services tailored to family strengths and needs	2	Family needs assessment Cultural relevance of content and materials
D: Program Management		
D1 Leadership qualifications—management and staff supervisors	3	Education Years of early childhood experience Years of management experience
D2 Leadership practice	3	Program planning Fiscal resource management [a] Communication and decision-making
D3 Work environment	4	Satisfaction with wages and benefits Staff morale Necessary materials and physical environment Technical support
D4 Professional development	3	Professional development plans Embedding professional development into program activities Performance reviews
D5 Supervision	5	Amount of individual supervision Reflective supervision Supervisor to staff ratio Group supervision activities Supervisor observations of home visits

Subscale	# Ind Rows	Topics covered in indicator rows
D6 Community partnerships/resource networks	2	Articulation of mission and vision to multiple stakeholders Relationships and partnerships with other community programs
E: Program Development & Monitoring		
E1 Strategic planning [b]	2	Collaborative development of strategic plan Sustainability and funding
E2 Program monitoring	3	Use of data to drive decision-making Ongoing data monitoring Reporting of program service delivery
E3 Outcome measurement	2	Identifying and monitoring program outcomes Communication of program results

a. Indicator row not used in current analyses

b. In previous versions of the HVPQRT, Strategic Planning was included as part of Scale D (Program Management)