



# Program Quality

Erikson Institute • Illinois State Board of Education

*This fact sheet summarizes findings from the Illinois State Board of Education (ISBE) Prevention Initiative (PI) Evaluation, which was conducted by Erikson Institute. PI programs provide child development and family support services for expecting parents and families with children ages birth to three. They utilize a variety of delivery methods including home visiting, parent training, and parent-child interaction groups. All programs are required to use a research-based program model and curriculum for the services they provide. The evaluation took an in-depth look at a representative sample of 30 PI programs throughout the state (excluding the city of Chicago) from Fall 2011 through Spring 2012, assessing program quality through site visits with programs and case studies with home visitors and families. Results and implications from the site visits are presented below.*

## What is the quality of PI programs?

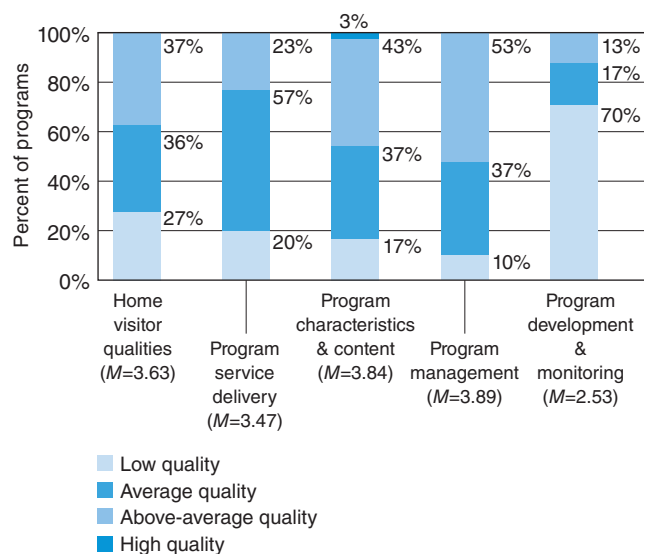
### Illinois's PI programs are of average quality.

From 2011–12, trained evaluators visited 30 PI programs throughout the State using the Home Visiting Program Quality Rating Tool (HVPQRT) to assess program quality. Scores on the HVPQRT can range from 1 (lowest) to 7 (highest). Generally, programs that score 6 or above are considered high quality, 4–5 are above-average quality, 3–4 are average quality, and below 3 are low quality. The HVPQRT measures quality across five dimensions: 1) home visitor qualities, 2) program service delivery, 3) program characteristics & content, 4) program management, and 5) program development & monitoring.

Across the five dimensions, most programs scored in the average or above-average range, although there was wide variation, with few programs scoring in the high-quality range. The highest scores were in program characteristics & content and in program management, while programs scored lowest in program development & monitoring.

### Distribution of Mean Scores for Program Quality Across Dimension

Source: program director site visit interview (N=30) and survey (N=30), home visitor site visit interview (N=76) and survey (N=104), and chart reviews (N=278–340)



### Home visitor qualities

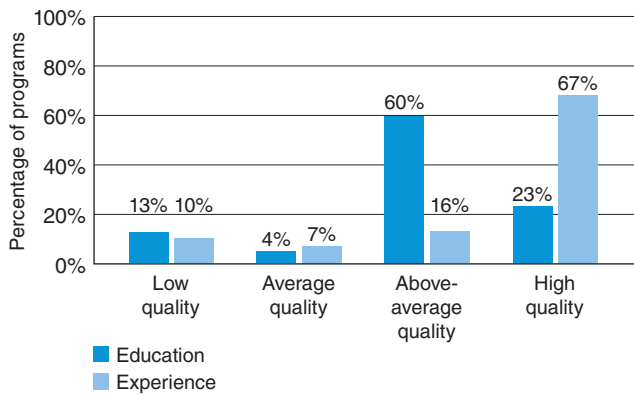
**Programs were above-average quality in home visitor education and experience and ranged from low to average quality in other areas of this dimension.**

This dimension assessed home visitor education and experience, promotion of child development and well-being, working with families, and referrals and follow-up.

- 83% of programs were above-average or high quality in home visitor education and experience ( $M = 4.97$ ).
- Programs scored lower in home visitor promotion of child development and well-being ( $M = 2.67$ ), mostly because of a lower focus in promotion of child health and safety and parent-child relationships.
- Most programs had home visitors who were aware of and able to link families to community resources ( $M = 3.97$ ).

#### Home Visitor Education and Experience

Source: home visitor site visit survey ( $N=104$ )



### Program service delivery

**Programs were above-average quality in providing transition services to families and ranged from low to average quality in other areas of this dimension.**

This dimension assessed program recruitment and enrollment, prenatal enrollment, frequency and length of services, family outreach/involvement, and transition services.

- Programs were average quality in recruitment and enrollment ( $M = 3.70$ ) and frequency and length of services ( $M = 3.90$ ). The majority of programs had

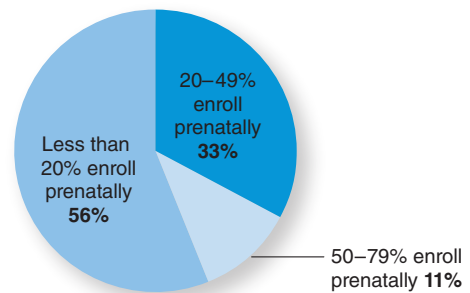
guidelines for enrolling families and completed at least 70% of intended visits.

- Most programs had low prenatal enrollment, leading to lower quality ratings ( $M = 2.83$ ). Programs also scored lower in family outreach/involvement ( $M = 2.60$ ) since few programs involved additional family members in home visits or had opportunities for involvement beyond home visits. Programs were above-average quality in providing transition services to families ( $M = 4.30$ ) as they leave the program.

#### Percentage of Programs with Various Proportions of Prenatal Enrollment

Note: no programs enrolled 80% or more of families prenatally.

Source: chart review of open cases ( $N=340$ )



### Program characteristics & content

**Programs were above-average quality in emphasizing strong relationships with families and average quality in other areas of this dimension.**

This dimension included subscales measuring program model, emphasis of child development and well-being, emphasis of strong working relationships with families, and services tailored to family strengths and needs.

- Almost all programs scored in the average to above-average quality range for program model ( $M = 3.97$ ). The majority of program leaders were aware of their program’s logic model and could articulate the connection between program services and intended outcomes.

- Programs were average quality ( $M=3.43$ ) in emphasizing child development and well-being. While programs provided supervision and resources to home visitors that emphasized the core content areas, they lacked formal training opportunities.
- Programs were average quality in tailoring services to family strengths and needs ( $M=3.80$ ). Although many programs conducted family needs assessments, they often did not tailor strategies or materials to accommodate family diversity.

### Program administration and management

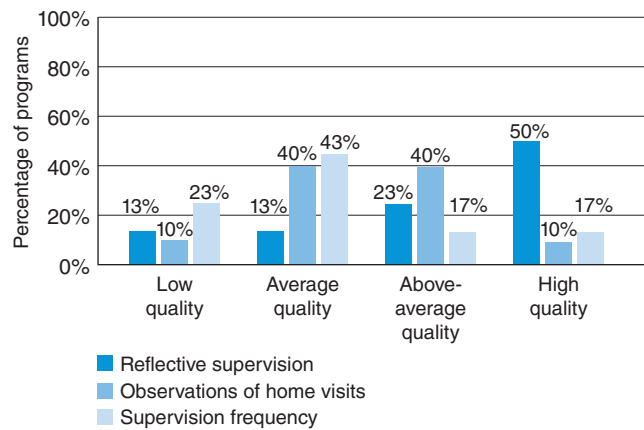
#### Programs were above-average quality in leadership qualifications and practice and were average quality in other areas of this dimension.

This dimension assessed leadership qualifications, leadership practice, work environment, professional development, supervision, and community partnerships.

- Programs were above-average quality for both leadership qualifications ( $M=4.83$ ) and leadership practice ( $M=4.63$ ). Leadership staff was well-educated, had experience in early childhood and management, and had program planning, communication, and decision-making skills.
- Programs were average quality in work environment ( $M=3.43$ ). Home visitors reported high levels of satisfaction in staff morale, physical environment, and technological support, but less satisfaction in wages and benefits.
- Programs were average quality in supervision ( $M=3.20$ ). Most programs offered at least monthly supervision but did not conduct annual observations of home visits.
- Programs were average quality in community partnerships ( $M=3.37$ ). Although programs were involved with other organizations, many of these collaborations were informal.

### Supervision Quality

Source: home visitor site visit survey ( $N=104$ )



### Program development and monitoring

#### Programs were average quality in program monitoring but were low quality in other areas of this dimension.

This dimension assessed strategic planning, program monitoring, and outcome measurement.

- Programs were average quality in program monitoring ( $M=3.50$ ). Only 23% used formal and consistent methods to monitor program performance.
- Programs were low quality in outcome measurement ( $M=2.27$ ) as only 53% measured child or family outcomes.

### Recommendations

- It is a strength of the PI Birth to Three system that programs are required to use an evidence-based program model and curriculum. However, home visitors struggled to promote child health and safety and parent-child relationships. Program staff should develop strategies to incorporate child health and safety information into home visits, such as the regular use of formal home safety screenings. They should also develop strategies to promote parent-child relationships.
- Given that evidence suggests that early participation in home visiting programs can increase benefits, programs should increase their focus on

prenatal enrollment. This could be accomplished by increasing outreach and linking to other community agencies that serve pregnant women.

- Programs would benefit from paying more attention to the training needs of home visitors, including more formal monitoring of professional development plans and increasing supervision.
- Tracking child and family outcomes is an increasingly important process for early childhood programs that must demonstrate accountability to funders and other stakeholders. Our results suggest that 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.

**About the data:** *The evaluation team collected data from multiple sources, including staff surveys, program director and home visitor interviews, and documentation and chart reviews to complete the Home Visit Program Quality Rating Tool (HVPQRT).*

**For more information about the Prevention Initiative (PI) Evaluation, visit [www.erikson.edu/PIEvaluation](http://www.erikson.edu/PIEvaluation).**

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### Herr Research Center for Children and Social Policy at Erikson Institute

#### **Evaluator**

Erikson Institute advances the ability of practitioners, researchers, and decision makers to improve life for children and their families through its academic programs, applied research, and community partnerships and initiatives.

The Herr Research Center conducts original research, evaluations, and analysis to inform, guide, and support effective early childhood policy.

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### Early Childhood Division Illinois State Board of Education

#### **Funder**

The Illinois State Board of Education (ISBE) administers public education in Illinois. The Early Childhood Division focuses on children from birth to 8 years old, early intervention for at-risk students, prekindergarten programs, early literacy, and partnerships among schools, communities, and service providers.

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