

Assessing Home Visiting Program Quality

Final Report to the Pew Center on the States

Executive Summary

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Executive Summary

Assessing Home Visiting Program Quality

Across the United States, home visiting is increasingly recognized as an important service strategy for strengthening families of young children, often being acknowledged for its role in a comprehensive system of early childhood support. Recent emphasis has been placed on home visiting models to demonstrate their impact on outcomes for children and families with evidenced based research. Several models have provided evidence to their effectiveness on select outcomes (e.g., homvee.acf.hhs.gov/HOMVee). However, little research has been conducted that looks at common elements of practice across the models to serve a basis for defining and assessing overall program quality. For many communities and states, multiple home visiting programs are in operation providing a challenge in determining where best to invest limited resources. Yet assessing program quality in a comprehensive manner across various models is a complex undertaking. This study details the development of a quality rating measure, the Home Visiting Program Quality Rating Tool (HVPQRT), and its initial field testing.

The study was guided by three primary research questions.

- 1) What components of quality programming (best practice elements) can be identified and operationalized across different home visiting program models?
- 2) Can these components be reliably measured across models?
- 3) Can sites use the results to improve program quality and accountability, and inform policy and decision-makers?

Design and Methods

A multi-step iterative process was used for the development of the tool. A review of the literature revealed that while there is general consensus to support best practice elements, existing measures often examined select areas of focus or are proprietary measures with use limited to programs implementing a particular model. From this review, major dimensions of program quality were developed. Areas of overlap were noted and suggested an emerging consensus on broad dimensions of quality. Facilitated discussions with key home visiting stakeholders representing programs, training entities, government staff and select national models resulted in further articulation of quality constructs based on the broad quality dimensions. Working directly with home visiting stakeholders, the research team developed a tool framework consisting of scales and subscales with specific indicators. Nine home visiting programs provided extensive feedback on the availability of data for measuring the indicators, as well as the overall tool utility and face validity. Data collection and scoring guidelines were created to assist users in scoring the HVPQRT. Five dimensions of quality provided the structure for the version of the HVPQRT that was field-tested: 1) Home Visitor Staff Characteristics; 2) Program Service Delivery; 3) Program Content and Characteristics; 4) Program Management and Development; and 5) Program Monitoring.

Initial piloting consisted of nine home visiting programs conducting self and peer reviews, which resulted in further refinements and the creation of data collection and scoring guidelines to

assist in using the assessment tool. As currently designed, the tool relies on interviews with home visitors and leadership staff, chart and record review, and completion of short online surveys. An initial attempt to include data collection via observation of home visits proved logistically challenging within the context of a one-day site review and was eliminated. The tool revisions resulted in the tool being organized into 5 scales, with 23 subscales and 63 indicators using a 7 point scaling methodology with a threshold scoring system. Refinements were tested by members of the research team at 3 site visits prior to the reliability testing.

Field testing included the use of two trained external evaluators administering the tool during a one day site visit at 21 programs located in Wisconsin and Illinois but scoring the tool independently in order to determine the level of agreement between raters. Program models represented in this study include Parents as Teachers(PAT), Healthy Families, Early Head Start, Baby Talk and PAT blended models. Program directors were also asked to complete a short survey after the site visit focused on their experience and the extent to which the tool and site visit captured relevant and useful aspects of program quality.

Results

Most of the 21 programs scored within the average range of program quality as defined by the scales and corresponding subscales. The subscales showed varied distribution of scores with most scores showing a spread of at least 6 points. Some scales (30%), however, showed a more restricted range. Averaging the 23 subscales, the percentage of exact agreement was 62% (range of 38% to 98%), with a percentage of agreement within one point of 79% (range of 48% to 100%). The intraclass correlation overall for the HVPQRT was 0.60, within the moderate range, but there was wide variation across subscales, ranging from low to excellent (0.18 to 0.98). Across the 63 indicator rows that made up the subscales, the percentage of exact agreement was 68%, with percentage of agreement within two points of 89%.

Agreement was higher in Illinois than Wisconsin, likely due to a more extensive training provided to the evaluators (e.g., on average, exact agreement at the subscale level increased from 50% to 64%). Overall, 11 evaluators were used across the 21 programs and most evaluators had relatively strong agreement, within one point of their partner on subscales more than 70% of the time.

Staff from home visiting programs participating in the field testing reported their involvement was a worthwhile experience and that they obtained significant insight into the quality of their program. Most did not find the experience of the site visits or preparation for the site visit overly burdensome.

Future Research

Future work involves revising the HVPQRT to increase its reliability and conducting additional work to demonstrate its validity. Given the extensiveness and variety of data needed to be collected and interpreted as part of administering the HVPQRT, overall agreement on scale and subscale scores is promising, but there are areas where evaluators struggled to agree with each other and where revisions of the tool will be needed to increase clarity and reliability. Scales

with lower levels of agreement need to be examined and modified to bring the level of agreement to acceptable standards. In terms of further establishing validity, a four step process is suggested: validation of data collection methods, linking HVPQRT ratings to other established quality measures, linking the HVPQRT to program outcomes, and assessing the HVPQRT's responsiveness to quality improvement efforts. Specifically, because the tool relies extensively on interviews, it is important to determine the extent to which program directors and home visitors accurately report on their efforts during this interview. Similarly, the use of vignettes in place of direct home visit observation should be further analyzed. In addition, validation work will need to focus on the extent to which program quality as measured by the tool relates to other quality measures as well as to program outcomes for children and families. Lastly, it is important to determine if HVPQRT scores capture changes a program may make to improve the quality of its program on subsequent use.

Practice Improvement and Policy Implications

The very nature of quality assessment and its complexities and limits requires careful consideration when identifying appropriate use of any one tool. Policy makers should be advised to proceed cautiously and avoid using any single measure as a basis for high stakes decision-making around home visiting program funding. Additional development of the tool is recommended before the tool can be used as a reliable and valid means to review overall program quality at the policy and decision making level. Additionally, policies which are supportive of program quality improvement efforts should be considered an integral part of an infrastructure to support the field of home visitation. The HVPQRT may also be helpful in defining limits of a program's control over quality by highlighting areas where programs may be constrained in their ability to provide high quality services by larger community or system infrastructure factors. Identification of these larger system factors on quality can be useful for developing sound home visiting policy.

From a practice perspective, this tool can be an asset for internal program management and quality improvement initiatives. The findings suggest that managers seeking to identify areas for improvement and program strength will find utility for its use when planning organizational performance improvement activities. Program leaders may then make better-informed decisions based on the consensus of best practice elements across program models. One of the notable strengths and contributions of this study is it provides standard and measurable attributes for high quality programs. The high quality indicators provide a road map for program leaders by suggesting a direction for improvement.

Conclusion

This study aimed to create a cross-model best practice assessment tool for the field of home visitation. In the course of its development, the research team strove to find the right balance between creating a comprehensive yet practical tool for a field which is still emerging and has considerable variation in actual practice. The process of creating an assessment tool included a thorough review of the literature as well as input from a variety of stakeholders throughout the development process. The working draft developed as part of this commissioned research shows promise as a tool useful to programs and policy makers. The findings suggest this tool

can be useful to programs in their quality improvement efforts. As development continues, the research team looks to increase the reliability and validity of the tool and provide guidance to the appropriate use of the tool for programs and policy makers.