

Better Beginnings

PARTNERING WITH FAMILIES FOR EARLY
LEARNING HOME VISIT OBSERVATIONS

Kristin Hallgren

Kimberly Boller

Diane Paulsell

April 2010

MATHEMATICA

Policy Research, Inc.

The Early Learning Initiative

In 2006, the Gates Foundation launched the Early Learning Initiative to improve the school readiness of Washington State's children through three main strategies: (1) development of high-quality, community-wide early learning initiatives in two communities; (2) enhancement of statewide systems that support early learning; and (3) support for implementation of promising practices. The foundation joined with other private funders and state officials to form Thrive by Five Washington to energize development and support of high-quality early learning opportunities for all children in the state.

In tandem with the formation of Thrive by Five Washington, the Gates Foundation sought two communities with a high level of need for early learning services and the capacity to develop and implement high-quality, community-wide early learning initiatives. After researching possibilities and consulting with community stakeholders, the Gates Foundation selected White Center, an unincorporated area just outside Seattle, and East Yakima, a neighborhood in the central Washington community of Yakima. Thrive by Five has worked with an intermediary agency in each community to develop and implement the initiative. In East Yakima, Educational Service District 105 serves as intermediary through its Ready by Five (Rb5) project. In White Center, Puget Sound Educational Services District (PSESD) operates the White Center Early Learning Initiative (WCELI). Three key partners, Child Care Resources, the Seattle King County Department of Public Health, and Open Arms Perinatal Services, work with PSESD to manage the initiative and provide services.

Both Early Learning Initiative demonstration communities are implementing a program called Partnering with Families for Early Learning (PFEL) as part of the home-based early learning (HBEL) services for the Early Learning Initiative. PFEL is a newly designed home visiting program that draws on several curricula, including Partners in Parenting Education and Promoting First Relationships. Staff from both communities worked together with Thrive by Five to develop PFEL, which was piloted from the fall of 2008 through the summer of 2009. (For more information about HBEL services, including PFEL, see *Developing Home-Based Early Learning Systems in East Yakima and White Center*, Kristin Hallgren, Diane Paulsell, and Patricia Del Grosso, April 2010.)

This brief provides an overview of the observation instruments and describes the content and quality of the observed PFEL home visits.

Important characteristics of the observed PFEL home visits include the length of observed home visits, the participants, and the language in which the visits were conducted.

Partnering with Families for Early Learning Home Visit Observations

Mathematica Policy Research conducted observations of PFEL home visits between fall 2008 and summer 2009. Trained Mathematica observers conducted three rounds of observations of each PFEL home visitor.¹ The primary goal of these observations was to provide feedback to the home visit teams in each community about the content and quality of their visits. The teams could then use this feedback to support the implementation and quality of their visits. A secondary goal was to pilot the observation measures employed for their potential usefulness in assessing implementation in future evaluations of PFEL. This brief provides an overview of the observation instruments and describes the content and quality of the observed PFEL home visits.

Certified observers used the Home Visit Characteristics and Content form created by Mathematica (2009) to record information about each visit's participants and content. Observers also used the Home Visit Rating Scales-Adapted (HOVRS-A), created by Lori Roggman and her colleagues (Roggman et al. 2008) and adapted with her permission by Mathematica staff with input from HBEL staff in both communities. The instrument includes seven five-point scales that focus on the quality and nature of interactions during the home visit. Ratings on the scales range from one ("Inadequate") to five ("Good").

Because the goals of the observations were to provide formative feedback to the home visiting teams and to pilot the observation measures, the sample of observed families is not representative of all PFEL families. The analysis of observation data describes only the content and quality of observed visits rather than changes over time. In addition, at the time of the observations, PFEL staff had not yet finalized the program curriculum, including a visit-by-visit schedule or guidelines for visit lengths. Because of this, analysis of home visit observation data could not assess the extent to which home visitors achieved fidelity to the PFEL model, nor can it compare services between the two communities. Finally, because the HOVRS-A includes scales on parent-child interaction, all observations were scheduled for home visits that included both the parent and child. As a result, prenatal home visits were not observed.

Characteristics and Content of Observed PFEL Home Visits

Collecting information about the characteristics and content of home visits can help describe program implementation. Observers used the Home Visit Characteristics and Content form to document the basic features and content of PFEL home visits. This section describes the observations on these two aspects of the home visits.

Characteristics and Content of Observed PFEL Home Visits and Participants

Important characteristics of the observed PFEL home visits include the length of observed home visits, the participants, and the language in which the visits were conducted (see Table 1).

Length of Visits. The average observed home visit lasted about an hour (61 minutes). The actual length of these visits ranged from 35 to 90 minutes.² For about 70 percent of the observed home visits, the child enrolled in PFEL was awake for the entire visit.³

¹ The first round of observations was conducted from November 2008 to January 2009, the second round from February to April 2009, and the third round from May to September 2009.

² At the time of the observations, PFEL staff had not yet determined guidelines for visit length or whether visit length should vary according to the child's age.

³ When scheduling observations, observers requested to observe visits in which the child would be awake, but they did not reschedule an observation if a child was asleep when the home visitor arrived.

TABLE 1. Characteristics of Observed Home Visits

Average Length of Visit (Minutes)	61
Minimum	35
Maximum	90
Average Child Age (Weeks)	11
Minimum	1
Maximum	36
Child Awake During Home Visit (Percentage)	69
Additional Adults Participating in Home Visit^a (Percentage)	57
Minimum number of adults present	0
Maximum number of adults present	4
Additional Children Participating in Home Visit (Percentage)	34
Minimum number of additional children present	0
Maximum number of additional children present	6
Home Visit Conducted in (Percentage)	
English	57
Spanish	43
Other language	0
If Home Visit Conducted in Language Other than English, Interpreter Used (Percentage)	73
Sample Size	35

Source: Home visit observations, November 2008–September 2009.

^a All observed home visits included the home visitor and the child's primary caregiver.

Children observed during home visits ranged in age from 1 week to 9 months old, with an average age of about 3 months.

Home Visit Participants. Children observed during home visits ranged in age from 1 week to 9 months old, with an average age of about 3 months. All observed visits included the home visitor, the mother, and the child. Fifty-seven percent of observed home visits included another related adult. One-third of observed visits also included other children, such as siblings, cousins, or other children living in the home. The number of additional children present ranged from one to six. The potential for distractions from the planned home visit content caused by others in the home is discussed later.

Language of Home Visits. Home visitors conducted 57 percent of the observed home visits in English; the rest were conducted in Spanish. In East Yakima, all home visitors relied on interpreters during the 11 Spanish-language visits. In White Center, one bilingual PFEL home visitor conducted all 4 Spanish-language visits.⁴

Content of PFEL Home Visits

Knowing the activities conducted and content discussed by home visitors can help staff think about how these matters might affect the development of home visitors' relationships with families.⁵ Observers used the Characteristics and Content Form to identify the activities con-

⁴ As part of the formative study of HBEL, Mathematica described HBEL services, including PFEL home visitors' and families' experiences working with interpreters during home visits. Findings were reported to each community via a webinar.

⁵ At the time of the observations, PFEL staff had not yet finalized visit-by-visit content. The information recorded on the Characteristics and Content form, then, describes what was covered during home visits but is not intended to assess how closely the content covered during visits aligned with the PFEL curriculum.

Home visitors provided education or information to families during all observed PFEL home visits.

ducted during the home visits, the allocation of time for different activities, and the type and extent of distractions during visits (see Table 2). Observers also used the form to code the topics covered during home visits (see Table 3).

Activities During Visit. Home visitors provided education or information to families during all observed PFEL home visits.⁶ For example, home visitors distributed and reviewed handouts about tobacco use and car seat safety. In 63 percent of observed visits, they conducted either formal or informal observations or assessments of the parent or child.⁷ For example, home

TABLE 2. Activities and Time Allocation During Observed Home Visits (Percentages)

Activities During Home Visit ^a	
Provide education and/or information	100
Child/primary caregiver observation/assessment	63
Goal setting/planning	51
Problem solving	43
Provide emotional support to primary caregiver	40
Observe caregiver-child interactions	26
Model or demonstrate interaction with child	17
Evaluation/feedback on caregiver-child interactions	11
Crisis intervention ^b	3
Other	9
Time Allocated for Home Visit Activities ^c	
Child-focused activities (promoting child development, child development assessments, or education for parents about developmental milestones)	27
Parent-/family-focused activities (case management, family support, or adult education on non-child-focused topics)	26
Staff-family relationship-building activities (general conversation or sharing food or cultural traditions)	19
Parent-child-focused activities (activities designed to enhance parent-child interactions or the parent-child relationship)	15
Crisis-management activities (activities or discussions that focus on meeting emergent family or child needs)	13
Total Percentage of Time	100
Sample Size	35

Source: Home visit observations, November 2008–September 2009.

^a The activities are not mutually exclusive; one home visit could include several activities.

^b Content coded as crisis intervention refers to solving an immediate situation that presented itself during the visit, such as helping a distressed family member who required immediate action. Items coded as crisis intervention differ slightly from the crisis-management activities included in the allocation of time observation, which can include conversations about previous referrals or other problem-solving followup.

^c Time allocated during home visits describes the total amount of time devoted to the activities across all observed home visits.

⁶ The activities are not mutually exclusive; one home visit could include several activities.

⁷ In 11 percent of observed visits, home visitors provided feedback about caregiver-child interactions. This activity differs slightly from formal or informal observations or assessments of the parent or child. Examples of providing feedback on the caregiver-child interactions include interpreting the child's behavior, giving the caregiver suggestions about interacting with the child, and encouraging or reinforcing the caregiver's interaction with the child.

TABLE 3. Topics Covered During Observed Home Visits (Percentage of Visits)

Topics Covered	Touched On	Spent 10–15 Minutes
Child Health and Development		
Social-emotional needs and development	73	15
Infant temperament	69	9
Physical/motor development	60	31
Prenatal and child health	57	17
Cognitive development	54	11
Literacy and language development	51	20
Infant cues, developmental stages/milestones, and appropriate expectations	31	63 ^a
Other	0	9
Parenting		
Home safety	63	6
Father involvement	63	26
Primary caregiver-child relationship	60	23 ^a
Child care	60	6
Parenting practices	54	20
Nutrition and breastfeeding	49	51 ^b
Other	3	6
Primary Caregiver Health and Well-Being		
Primary caregiver goal setting	63	17
Maternal health	57	14
Primary caregiver social support	50	35
Primary caregiver mental health, coping, and well-being	43	49
Substance use	43	0
Other	3	9
Community Services		
Referral for primary caregiver	43	11
Referral for child	38	6
Emergent referral	20	3
Other	3	3
Sample Size	35	

Source: Home visit observations, November 2008–September 2009.

Note: Observer could record multiple topics covered during a home visit.

^a One home visitor made this topic a primary focus of the home visit.

^b Two home visitors made this topic a primary focus of the home visit.

Discussion topics during observed home visits aligned with the PFEL curriculum topics for early infancy, such as children’s social-emotional needs, nutrition and breastfeeding, and maternal and child health.

visitors might have observed a feeding to assess any problems nursing mothers might be having. In more than half of the observed visits (51 percent), home visitors worked with families to determine possible solutions for problems or progress made toward solving those issues. For example, home visitors checked on the family’s progress toward receiving food stamps or applying for medical coverage. Home visitors were rarely observed providing feedback on an interaction with a child (11 percent) or crisis intervention (3 percent).

Allocation of Time During Visit. PFEL home visitors allocated more time to child-focused and parent-child-focused activities (27 and 26 percent, respectively) and to activities meant to build staff-family relationships (19 percent) than they did to parent-child activities (15 percent) and crisis management (13 percent).

Topics Covered. Discussion topics during observed home visits aligned with the PFEL curriculum topics for early infancy, such as children’s social-emotional needs, nutrition and breastfeeding, and maternal and child health (see Table 3 on p. 6). During visits, home visitors generally touched on a variety of topics—such as home safety or child care—for relatively short periods of time (fewer than 10 minutes each). Visitors spent more time addressing topics related to developing relationships between parents and their children. For example, in 63 percent of the visits, home visitors spent at least 10 minutes discussing infant cues and appropriate expectations, and almost all observed home visits included a discussion of the child’s social-emotional needs. Home visitors also spent time covering topics that offered opportunities for developing the relationship between the family and the home visitor. These topics included social support for the primary caregiver and discussions of the primary caregiver’s mental health, coping skills, and well-being.

Distractions and Accomplishing Visit Objectives

Observers recorded any noticeable distractions to understand whether they impeded the delivery of content during home visits. Observers recorded distractions in about one-third of observed home visits (see Table 4). The severity of these distractions was low and, according to the observers, rarely interfered with the home visit. The presence of additional children was the most frequently observed distraction. In small living spaces, observers noted that additional participants were especially distracting.

As part of the observations, home visitors provided some background information for the observer. Before each observation, the home visitor provided information about the family’s strengths and challenges and their plan for the visit. At the end of the observation, home visitors reported to the observer whether or not they felt the home visit aligned with the original plan and whether or not they felt they accomplished their objectives for the visit.

TABLE 4. Distractions During Observed Home Visits (Percentage of Visits)

Other children	26
Television, radio, computer games	11
Other adults	3
Telephone	0
Visitors	0
Other	3
No distractions	57
Sample Size	35

Source: Home visit observations, November 2008–September 2009.

About the HOVRS-A

Observers used the HOVRS-A to collect information about the quality of PFEL home visits and piloted the instrument to assess its suitability for use in future evaluation activities. The HOVRS-A includes seven scales that focus on the quality and nature of aspects of the home visit interaction. The scales are divided into two subscales:

1. **Home visitor strategies** comprises four scales that focus on the quality of the home visitor's strategies. The scales included in this subscale are home visitor responsiveness to family, home visitor relationship with family, home visitor facilitation of parent-child interaction, and home visitor nonintrusiveness.
2. **Participant engagement** comprises three scales that focus on how engaged the parent is with the home visitor and with the child and on how engaged the child is with the activities of the home visit. The scales included in this subscale are parent-child interaction, parent engagement, and infant engagement.

Each scale has five potential ratings, with three anchor points at 1 (inadequate), 3 (adequate), and 5 (good). Lists of indicators are provided under the three anchors to help observers assign a rating. If any indicators under anchor 1 are observed, the observer automatically assigns a rating of 1, signifying major problems with the quality of the home visit that outweigh any potential positive aspects.

The HOVRS-A was adapted from HOVRS, a home visit observation measure created by Lori Roggman and her colleagues (Roggman et al. 2008). They originally developed the measure as an observation tool to help staff improve the quality of home visits. Mathematica staff made adaptations to the original scales to facilitate its use by observers who do not have home visiting or clinical experience working with families.

The overall quality of observed home visits indicates that PFEL home visitors developed positive relationships with observed families.

Most observed home visits followed the visitors' original plan. More than 90 percent of home visitors reported before the visit that they expected the home visit to go according to their plan. After the visits, 86 percent of home visitors said that the home visit activities followed their plans. The remaining 14 percent noted that they made a few minor adjustments to their plan during the visit. For example, home visitors reported spending more time discussing child assessments than originally planned or helping a mother make telephone calls about the family's electricity service rather than covering planned discussion topics. None of the home visitors reported that any of the adjustments made the visit significantly different from their original plan.

QUALITY OF OBSERVED PFEL HOME VISITS

The overall quality of observed home visits indicates that PFEL home visitors developed positive relationships with observed families. In addition, parents appeared to be engaged in home visit activities and in interactions with their children during the visits. Table 5 displays the overall quality of home visits as measured by the HOVRS-A, including the quality of the home visitor strategies and effectiveness subscales. This section presents the scores for the two subscales and the scales from which they are drawn.

Home Visitor Strategies Quality (4.1 out of 5). The average home visitor strategies quality score was 4.1, which falls within the adequate-to-good quality range. In general, PFEL home visitors demonstrated fairly strong strategies in terms of being responsive to families and in developing relationships with parents and children. The home visitor strategies subscale consists of the scores for four scales: (1) responsiveness to family, (2) relationship with family, (3) facilitation of parent-child interaction, and (4) nonintrusiveness. The scores on these scales fall within the adequate-to-good quality range (3.8 to 4.2 out of 5).

- **Responsiveness to Family (4.1 out of 5).** Home visitors demonstrated good responsiveness by planning and executing home visits with the family's needs and interests in mind. Strategies

TABLE 5. Observed Home Visit Quality

Scales	Average Score
HOVRS-A overall quality	4.2
Visitor strategies quality	4.1
Responsiveness to family	4.1
Relationship with family	4.2
Facilitation of parent-child interaction	3.8
Nonintrusiveness	4.1
Participant Engagement	4.3
Parent-child interaction	4.5
Parent engagement	4.0
Child engagement	4.5
Sample Size	35

Source: Home visit observations, November 2008–September 2009.

Note: In four observations, the child slept for 75 to 100 percent of the observed home visit, making it difficult to score scales that assess interactions between parent and child. In these cases, the score was entered as N/A (not available) for the following scales: Facilitation of parent-child interaction, Parent-child interaction, and Child engagement.

HOVRS = Home Visit Rating Scales-Adapted.

included frequently asking open-ended or follow-up questions and following the parent-child lead in activities by changing the pace of activities to meet family interests or needs.

- **Relationship with Family (4.2 out of 5).** Home visitors appeared to develop trusting relationships with families. Home visitors and parents interacted sociably and were warm and respectful with each other. Home visitors showed interest in the family's life, and parents shared information openly with visitors during observed visits. Home visitors were observed providing comments, suggestions, and feedback to promote parent-child interactions. These conversations regularly included discussion of how the interaction supported the child's development.
- **Facilitation of Parent-Child Interaction (3.8 out of 5).** Home visitors made consistent efforts to use materials to facilitate parent-child interactions and provided positive reinforcement for such interactions. However, home visitors sometimes interacted only with the parent rather than with both parent and child.
- **Nonintrusiveness (4.1 out of 5).** Home visitors demonstrated strengths in consistently responding to parent and child cues when making a transition to new activities or topics. During ongoing parent-child interactions, home visitors consistently sat back and observed the interaction rather than inserting themselves into it.

Participant Engagement (4.3 out of 5). The average home visitor strategies quality score was 4.3, which falls within the adequate-to-good quality range. PFEL home visitors effectively engaged parents and children with each other and with the visit activities. The average score for the participant engagement subscale consists of the scores for three scales: (1) parent-child interaction, (2) parent engagement, and (3) child engagement. The scores on these scales fall in the adequate-to-good quality range (4.0 to 4.5 out of 5).

- **Parent-Child Interaction (4.5 out of 5).** Parents generally demonstrated frequent warm interactions with their children during observed home visits, frequently touched children affectionately, and consistently attended to their children. Parents consistently changed pace or activity to meet their children's interests.

As a relatively new measure, the observation instruments have been piloted in only a few studies, but they show promise for measuring home visit quality.

- **Parent Engagement (4.0 out of 5).** Parents and children were engaged in play and learning activities and appeared to actively participate in visit activities. Parents were observed asking questions and initiating discussion and expressed interest in visit activities. During four observations, the child slept for 75 to 100 percent of the duration of the visit, making it difficult to score this scale.
- **Child Engagement (4.5 out of 5).** Children appeared to be engaged in home visit activities and interactions. Infants gazed at mothers and home visitors and made vocalizations, such as cooing or gurgling. During four observations, the child slept for 75 to 100 percent of the duration of the visit, making it difficult to score this scale.

USING DATA TO EXAMINE HOME VISIT QUALITY

As a relatively new measure, the observation instruments have been piloted in only a few studies, but they show promise for measuring home visit quality. This section discusses the properties and potential limitations of the HOVRS-A, and how home visiting programs might consider refining the instruments for evaluation or program improvement efforts.

Piloting the HOVRS-A

Piloting the HOVRS-A on observations of PFEL home visits offered an opportunity to assess the properties of the measure and determine the reliability of its internal consistency. When a measure is internally consistent, the individual components of the overall scale or subscale score are correlated with each other. This means that the items measure the same underlying construct (Kisker et al. 2004). Internal consistency reliability is measured by Cronbach’s alpha, which assesses the intercorrelation of scales with the total and subscale scores. An alpha of 0.70 or higher is considered acceptable.⁸ During the piloting of the HOVRS-A on PFEL home visit observations, the HOVRS-A total score (alpha = 0.87) and two subscale scores (home visitor strategies, alpha = 0.76.; participant engagement, alpha = 0.93) demonstrate acceptable internal consistency (see Table 6).

The small sample size and the purposeful selection of observed home visits allow only preliminary and limited conclusions about the performance of the measure to be drawn. For example, the small sample size does not allow reporting on the concurrent or predictive validity of the

TABLE 6. Summary Statistics For HOVRS-A

Scales	Sample Size	Number of Items	Mean (SD)	Observed Range	Possible Range	Cronbach’s Alpha
HOVRS-A Overall Quality	31	7	4.2 (0.59)	3.0–4.8	1–5	0.87
Visitor Strategies Subscale	34	4	4.1 (0.55)	2.5–4.8	1–5	0.76
Participant Engagement Subscale	31	3	4.3 (0.79)	1.7–5.0	1–5	0.93

Source: Home visit observations, November 2008–September 2009.

Note: During four observations, the child slept for 75 to 100 percent of the observed home visit, making it difficult to score scales that assess interactions between parent and child. In these cases, scales were coded as N/A (not applicable) for the following scales: Facilitation of parent-child interaction, Parent-child interaction, and Child engagement.

HOVRS-A = Home Visit Rating Scales-Adapted; SD = standard deviation.

⁸ Cronbach’s alpha formula includes the number of items in the scale of interest. Generally, the more items there are, the higher the alpha. The high alphas observed for the HOVRS-A subscales (based on between three or four items) provide additional support for the intercorrelation among the items on each subscale.

PFEL Staff Feedback about the Observation Instrument

At the conclusion of the pilot period, staff from both communities provided positive and constructive feedback about the observation instruments as tools for gauging the content and quality of visits. PFEL staff reported that the Characteristics and Content form was valuable for recording topics covered during the home visit. They noted that the form could be useful for recording home visitor fidelity to the PFEL curriculum. To use the form for this purpose, PFEL staff said that the form should be carefully aligned to the curriculum and that observers and staff should be trained on how to code home visit content.

PFEL staff also reported that the HOVRS-A could be a useful tool for helping supervisors guide staff in improving the quality of home visits. Supervisors envisioned using the HOVRS-A to conduct home visit observations and using the observation scores during reflective supervision sessions in which the supervisor and the home visitor focused on strengths and areas for improvement. Staff said that the unique feature of this measure was its attempt to capture aspects of the relationship between the home visitor and the family. Staff perceived this feature as particularly valuable because they felt achieving the goals of PFEL rests upon the relationship between the home visitor and the family.

The main concern raised by staff was that a lower score on a given scale might reflect something other than the quality of interactions during the home visit. Staff articulated three reasons that might be true:

1. **When all indicators are equally weighted regardless of child age or home visit plans.** Each scale consists of a series of indicators describing the interactions of the home visit participants. Staff noted that, at times, some indicators were more relevant than others. For example, a home visitor might not need to interact sociably with an infant in the same way he or she might need to with an 18-month-old child.
2. **When an observer's presence influences the home visitor's natural interactions with the family.** Many of the conversations between a parent and home visitor can be personal. Staff voiced concerns that observations might not capture the depth of the relationship between a home visitor and a parent because the presence of the observer might cause the parent to be more guarded. Further, staff expressed concern that the presence of an observer might influence home visitors to change home visit plans in such a way that they are teaching to the test during an observed visit rather than providing content that meets a family's needs.
3. **When cultural differences influence parent interactions with children or home visitors.** Staff from both communities pointed out that in some cultures, asking a professional employee questions or initiating discussion may be considered rude. A parent with this cultural background might score lower on the parent engagement scale, which includes an indicator about whether the parent initiates discussion.

HOVRS-A.⁹ Further, the purposeful selection of observed home visits does not allow reporting on whether services improved over time.

Limitations Identified in the HOVRS-A Pilot

Several potential limitations of the HOVRS-A emerged from the pilot use:

1. **The instrument can be challenging to use for families with infants.** Several indicators measure the home visitor or the parent's interaction with the child in conducting play-oriented activities.¹⁰ However, measuring the quality of interactions between the parent and, for example, a two-week-old child can be challenging because the infant's age means that home visit activities may be more parent-focused (for example, discussion of developmental milestones or support for breastfeeding) rather than child-focused or play-oriented.
2. **The HOVRS-A might not account for cultural differences for how a parent engages with the home visitor.** It is possible that parents might not interact with the

⁹ Additional information about the concurrent and predictive validity of the HOVRS-A will be available from the Early Head Start Family and Child Experiences Survey (Baby FACES).

¹⁰ For example, on the Home Visitor Nonintrusiveness scale, item 3 assesses whether the home visitor hands toys or materials to the child or to the mother.

home visitor or with the child in the way measured by the instrument. For example, some families' cultural beliefs or childrearing practices play a role in how often mothers initiate discussion or touch their children.

3. **The HOVRS-A might not fully differentiate among upper-end scores.** During the pilot, very few scales rated below 3, and the average for most scales was around 4. It's possible that a 5-point scale might be too limiting to accurately identify areas for improvement or quality thresholds.

Adapting Observation Instruments for Evaluation or Program Improvement

Based on lessons learned during the pilot period, the following steps could be taken to further adapt the measure to be used for evaluation and program improvement purposes:

- **Align the Characteristics and Content Form with the home visiting curriculum.** To accurately record the content of home visits or to measure home visitors' fidelity to the model, the Characteristics and Content Form should contain coding options that align as closely as possible to the curriculum. Aligning the form could account for time allocation, activities, and topics covered at different times of the year or for different ages of children.
- **Determine whether all HOVRS-A indicators should be weighted equally.** To accurately assess home visit quality, the HOVRS-A indicators should align with the home visiting curriculum and the expectations for home visitors' interactions with families and children. Staff might want to place less emphasis on indicators that might be influenced by cultural differences, for example, or deemphasize indicators measuring play-oriented activities for home visits with infants.
- **Determine thresholds for quality.** Determining the minimum scores home visitors should receive for each scale is important for understanding whether the program is being delivered according to the model. Minimum scores might differ across scales depending on what strategies or activities home visiting staff believe is more important for home visitors to master in order to help families improve outcomes.
- **Train appropriate staff.** If programs will use the HOVRS-A to monitor and improve their operations, supervisors should be trained to use the instrument to conduct reliable observations. Training will enable supervisors to conduct formative observations and to discuss program improvements at both the scale and the indicator level.

REFERENCES

- Kisker, Ellen E., Kimberly Boller, Charles Nagatoshi, Christine Sciarrino, Vinitia Jethwani, Teresa Zavitsky, Melissa Ford, and John M. Love. "Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers." Washington, DC: Mathematica Policy Research, 2004.
- Mathematica Policy Research Early Learning Initiative Evaluation Team. "Home Visit Characteristics and Content Form." Princeton, NJ: Mathematica Policy Research, 2009.
- Roggman, L. A., L. K. Boyce, and M. S. Innocenti. "Home Visit Rating Scales (HOVRS)." In *Developmental Parenting: A Guide for Early Learning Practitioners*, edited by L. A. Roggman, L. K. Boyce, and M. S. Innocenti. Baltimore, MD: Brookes Publishing, 2008.