



# Measuring Up: Assessing the Quality of Early Head Start Home Visits and Classrooms

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## OPRE Brief

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### Early Head Start's Emphasis on Quality

There is a great deal of emphasis on the quality of Early Head Start classrooms and home visits. Federal initiatives for continuous quality improvement are in place, and programs are encouraged to use available data to improve their services on an ongoing basis.

### Why is Quality So Important?

Research shows consistent yet modest associations between service quality and child and parenting outcomes. For example, high quality home visits have been linked with higher parent engagement in the visit, more optimal child cognitive and language development, a higher quality home environment, and increased parent support for child learning (Raikes et al. 2006; Roggman et al. 2008). Similarly, high quality classroom environments have been linked with children's cognitive, language, and social skills (Burchinal et al. 1996, 2008, 2009).

### What is Associated with High Quality Services?

Prior studies show that home visit quality is positively shaped by factors such as higher number of visits (dosage of services), more parent-home visitor communication, and high quality parent-home visitor relationships (Paulsell et al. 2010). Better classroom quality is linked with more teacher education and training, specific teaching beliefs (such as about developmentally appropriate practice), greater well-being, and higher job satisfaction (Burchinal et al. 2000; Gerber et al. 2007; Hulseley et al. 2010; Resnick and Zill 2003).

We know from prior research what relates to high quality services in preschool settings. However, we know much less about infant and toddler settings, particularly Early Head Start. This brief attempts to fill some of the gaps by answering the following questions:

- What does quality in Early Head Start look like, on average, and does it vary from year to year?
- Do characteristics of the home visitor, the home visit itself, the child and family, or the program predict<sup>1</sup> the quality of home visits?
- Do characteristics of the teacher, the classroom, or the program predict<sup>1</sup> the quality of Early Head Start classrooms?

<sup>1</sup>Although we use the term "predict", we do not mean to imply causal relationships or that a specific factor causes an outcome. Instead, we use the term to refer to correlations or factors that are associated with that outcome.

## Box 1. About Baby FACES

Baby FACES is a descriptive study of Early Head Start programs designed to inform policy and practice at both national and local levels. The study provides a descriptive snapshot of Early Head Start services, including their intensity and quality, the characteristics of the children and families served, and how children and families are faring in terms of key areas of development and well-being (Vogel et al. 2011). In 2007, the Office of Planning, Research and Evaluation in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, contracted with Mathematica Policy Research and its partners to implement this six-year longitudinal study in 89 Early Head Start programs around the country. Two cohorts of children were enrolled into the study in spring 2009 and followed through their time in Early Head Start: (1) a Newborn Cohort included families in which the mother was pregnant or the child was less than 2 months old, and (2) a 1-year-old Cohort included children who were approximately age 1 at the time of the first data collection round.

Baby FACES uses a comprehensive data collection approach that gathers information on programs, staff, and families using multiple modes. Program directors report on program operations and services. Frontline staff (teachers and home visitors) report on their education, experience, and demographic characteristics. Parent interviews provide information on child and family characteristics, direct child assessments when children are 2 and 3 years old give information on their development, and staff members report on children's developmental progress. The study gathers program service information through weekly staff reports on services offered by programs and received by families throughout their enrollment in the program. Finally, the study measures quality through observations of classrooms and home visits. An important caveat is that Baby FACES was designed to provide nationally representative information at the program and child and family levels, *not* at the staff or classroom level. Because classrooms and staff were not sampled explicitly, these findings are not generalizable to the overall quality of Early Head Start services and should be viewed as descriptive.

## Measuring Quality in Baby FACES

For an in-depth look at the measures, methods, and analytic plan used to address the research questions described here, please refer to the Baby FACES quality short report (Aikens et al. 2015).

In the research literature, program quality is measured by many dimensions including staff characteristics, the quality of available materials, the physical environment, and the interactions and relationships between staff members and the children and parents they serve. Research suggests that two aspects of quality are linked to children's development: structural and process factors (Love et al. 2005). Structural factors focus on the physical environment, such as child-teacher ratios, group sizes, curricula, and teacher education. These factors are usually easier to regulate with policies than process factors, which focus on behavior and interactions. Examples of process factors include teachers' or home visitors' behavior, the interactions between teacher and child or between home visitor and family, and the quality of instruction. In other words, structural factors are *what is provided* and *by whom*, whereas process factors are *how* services are provided.

This brief describes process quality in Early Head Start. We also examine whether structural quality factors and child/family, home visit, staff, and program characteristics help us predict process quality.

### Home Visit Quality

We observed home visit quality over four years (spring 2009 through 2012) using the Home Visit Rating Scale-Adapted (HOVRS-A; Roggman et al. 2009) and its manual (Hallgren et al. 2009). The HOVRS-A is an adaptation of the HOVRS (Roggman et al. 2006). It includes seven items, which combine to form two subscale scores:

- Visitor Strategies (Responsiveness to Family, Relationship with Family, Facilitation of Parent-Child Interaction, Nonintrusiveness)
- Visitor Effectiveness (Parent-Child Interaction, Parent Engagement, Child Engagement)



During home visits, field staff also collected information on the content and characteristics of each visit. This included the topics discussed (such as the child's health and development, parenting, the parents' health and well-being, parent employment and education, and community services); activities (including assessment, provision of information, goal-setting, and crisis intervention); and structure (for example, the number of children and adults and the languages used) (Boller et al. 2009). Items on the HOVRS-A are rated from 1 to 5, with anchor ratings of 1 (minimal), 3 (moderate), and 5 (good practice). HOVRS-A ratings are higher for visits that aim to facilitate parent-child interaction than for visits that focus on other goals. See Appendix Table A.1 for a description of the HOVRS-A subscales and items.

### **Classroom Quality**

We similarly observed classroom quality in spring 2009 through 2012 using the Classroom Assessment Scoring System-Toddler (CLASS-T; Pianta et al. 2010). The CLASS-T measures process quality in two broad domains:

- Emotional and Behavioral Support (Positive Climate, Negative Climate, Teacher Sensitivity, Regard for Child Perspectives, Behavior Guidance)
- Engaged Support for Learning (Facilitation of Learning and Development, Quality of Feedback, Language Modeling)

Field staff also collected information on child-adult ratios and group sizes during the classroom observations. Dimensions are defined along a seven-point scale, with ratings reflecting scores in the low (1–2), mid (3–5), and high (6–7) ranges. See Appendix Table A.2 for a description of the CLASS-T subscales and items.

*Children and their parents have Early Head Start home visits that are of moderate quality and stable across years.*

### **Predictors of Home Visit and Classroom Quality**

We also collected information on other factors that we hypothesized might be connected to home visit and classroom quality. For home visits, we collected data on the child and family, the home visitor, the visit itself, and characteristics of the program. For classrooms, we examined characteristics of the teacher, classroom, and program. We chose these characteristics to study because they reflect key areas that could be targeted by training and technical assistance. See Appendix Table A.3 for a full list of predictors included in the analyses.

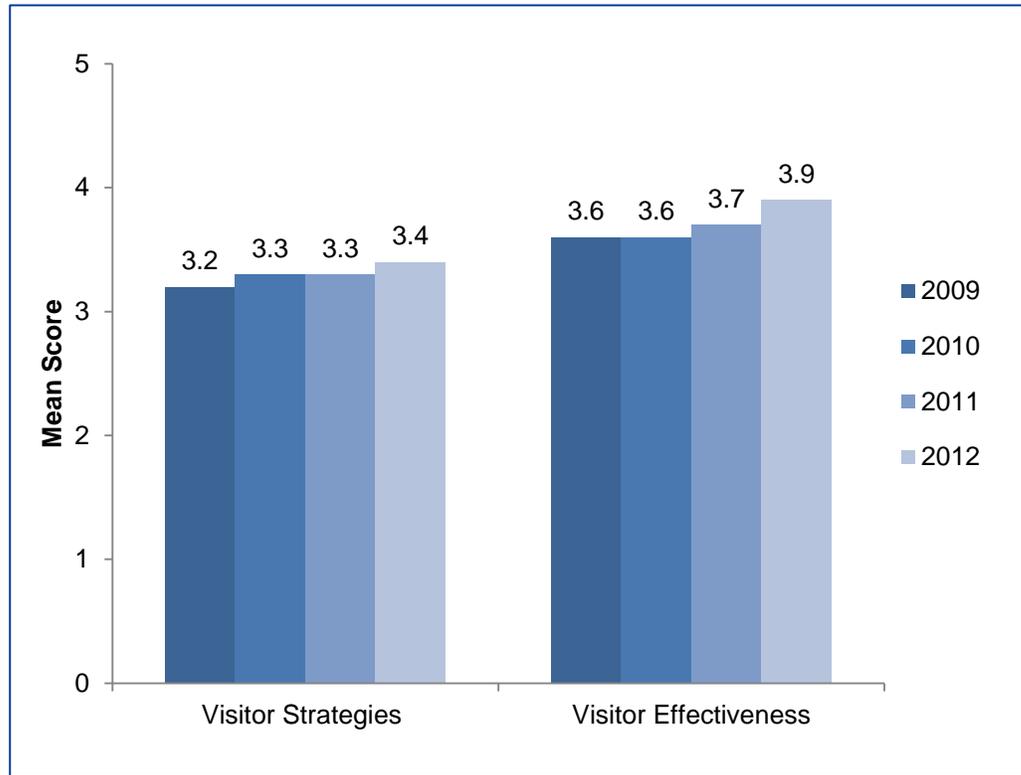
### **What Does Quality In Early Head Start Look Like, On Average, And Does It Vary From Year To Year?**

#### **Average Home Visit Quality Is in the Moderate Range and Does Not Vary From Year to Year**

Across years, children and their parents have home visits that are, on average, of moderate quality (with scores of about 3 out of 5 during each year of the study). There is little variation from year to year (see Figure 1).



**Figure 1. Mean HOVRS-A Subscale Scores, by Year**



Source: Spring 2009, 2010, 2011, 2012 home visit observations.

Note: Home visit observations were conducted with staff who work with children in both the 1-year-old Cohort and the Newborn Cohort. Scores range from 1 to 5.

*Toddlers are in Early Head Start classrooms that are in the mid-range of quality. Average Emotional and Behavioral Support is stable over time, but Classroom Engaged Support for Learning scores decrease across years.*

### **Average Classroom Quality Is in the Mid-Range, and Engaged Support for Learning Decreases over Time**

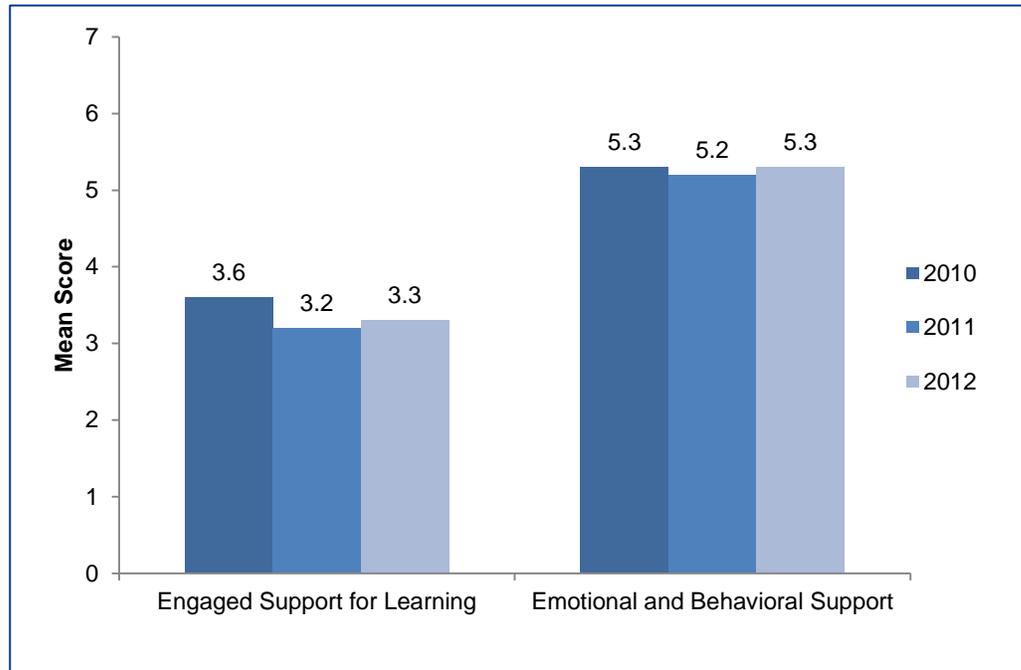
For all years, classroom quality scores stay in the midrange for both Engaged Support for Learning and Emotional and Behavioral Support. Average Engaged Support for Learning scores are about a 3 but show a small but statistically significant decrease over time (Figure 2). In contrast, Emotional and Behavioral Support scores are stable over time (about a 5 in each year).

### **Do Characteristics of the Home Visitor, the Home Visit Itself, the Child and Family, or the Program Predict the Quality of Home Visits?**

#### **Job Satisfaction Is the Only Staff Characteristic That Predicts Home Visit Quality**

- Among the staff characteristics we analyzed, only job satisfaction is associated with home visit quality. Home visitors who are satisfied with their job tend to have better quality visits than other home visitors.

**Figure 2. Mean CLASS-T Dimension Scores, by Year**



Source: Spring 2010, 2011, and 2012 classroom observations.

Note: Classroom observations were conducted with staff who work with children in both the 1-year-old Cohort and the Newborn Cohort. Scores range from 1 to 7.

*The characteristics of Early Head Start home visits are most commonly associated with visit quality. Home visit quality is not associated with child or program characteristics; associations with home visitor characteristics are limited.*

- The amount of education, time spent with a coach, or depressive symptoms of the home visitor are not linked with the quality of visits.
- Likewise, there are no differences in home visit quality by staff race/ethnicity or knowledge of a language other than English.

#### **Some Characteristics of the Home Visit Predict Home Visit Quality**

- The percentage of time spent on parent-child activities is associated with higher Visitor Strategy scores.
- The percentage of time spent on staff-family relationship building is linked to lower Visitor Strategy scores.
- Home visit alignment with the visit plan is associated with higher Visitor Strategy scores.
- Whether another adult is present is linked to higher Visitor Strategy scores.

#### **None of the Child and Program Characteristics Do Not Predict Home Visit Quality**

- None of the child, family, or program characteristics we examined are associated with home visit quality (Table A.3).



## Do Characteristics Of The Teacher, The Classroom, Or The Program Predict The Quality Of Early Head Start Classrooms?

### Several Teacher Characteristics Predict Classroom Quality

- Teachers with a bachelor's degree or higher score higher in Engaged Support for Learning.
- Teachers with more depressive symptoms score lower in Emotional and Behavioral Support.
- Teachers satisfied with their job score higher in Engaged Support for Learning and Emotional and Behavioral Support.
- Teachers with better teacher-parent relationships score higher in Engaged Support for Learning and Emotional and Behavioral Support.

*Many teacher characteristics are associated with the quality of Early Head Start classrooms. There are few classroom and program characteristics associated with classroom quality.*

### Most Classroom Characteristics Do Not Predict Classroom Quality

- Classrooms with higher concentrations of dual language learner (DLL) children have better classroom quality. Specifically, classrooms with more DLL children have better Emotional and Behavioral Support scores than those with fewer DLL children. The percentage of DLL children does not predict Engaged Support for Learning.
- Adult/child ratio and class size are not associated with observed classroom quality.

### Program Characteristics Do Not Predict Classroom Quality

- None of the program characteristics we examined predict classroom quality (Table A.3).

## Conclusions

The quality ratings for home visits in Early Head Start are in the moderate range and do not change from year to year. Similarly, classroom quality remained in the mid-range across years, with the exception of Engaged Support for Learning, which decreased slightly over time.

Although there clearly are areas of strength, the findings also suggest potential areas for improvement efforts focused on the overall quality of both home visits and classrooms in Early Head Start. For example, teachers appear to do well in providing emotional and behavior support to children, but efforts to provide high quality learning support to children can be bolstered. While not causal, the current findings provide one source of information about where to target efforts to potentially increase quality. For example, teachers with a bachelor's degree or higher provide higher quality learning support than teachers with less education. Therefore, strategies for increasing the overall quality of learning support in Early Head Start classrooms may include support for ongoing education and professional development for all teachers, but particularly for teachers without a B.A. Other strategies may include coaching or mentoring to address specific concerns for each staff member (specifically, job satisfaction and relationships with parents). We stress, however, that the associations presented here are not

causal, and therefore any intervention focused on these areas may not enhance quality.

Several aspects of home visits predict quality, including the focus of the home visit activities, the alignment of visit activities with the visitors' plans, and the number of adults participating in the visit. Therefore, home visitors may benefit from the use of a curriculum to plan and conduct home visits and strategies to adhere to those plans, even when crises and distractions arise during the visit.

We find several differences in factors that predict quality in classrooms versus home visits. For example, while staff characteristics are associated with classroom quality, they do not predict home visit quality. Only job satisfaction of the home visitor is associated with visit quality.

Program characteristics do not predict either home visit or classroom quality. However, we hypothesize that key features of the program that would predict quality were not included in our study. For example, our measure of program implementation had low variability and may not have distinguished the aspects of program implementation that may be most closely linked to quality.

In sum, Early Head Start programs striving to enhance quality can benefit from a better understanding of the predictors of quality, particularly when these predictors can be addressed through professional development, mentoring, coaching, or other strategies. Our finding that the predictors of quality are different for home visits versus classrooms corroborates existing research (see introduction of this brief) and suggests that different strategies may be needed to improve quality in these areas.

## Appendix A

Table A.1. Description of Subscales and Items in the HOVRS A	
Subscales/Items	Characteristics Assessed by Subscales/Items
<b>Visitor Strategies</b>	Strategies used by the home visitor when working with families during home visits
Responsiveness to Family	Extent to which the home visitor is (1) prepared for the home visit, (2) observes and responds to the parent and child during the home visit, and (3) elicits input on the content and activities of the home visit from the parent
Relationship with Family	Nature of the relationship between the home visitor and the family during the visit, including warmth, positive interactions, and respect
Facilitation of Parent-Child Interaction	Home visitor's ability to facilitate positive parent-child interactions during the home visit
Nonintrusiveness	Lack of intrusiveness by the home visitor on parent behavior and parent-child interactions during the visit
<b>Visitor Effectiveness</b>	How well the home visitor engages the parent and child in the home visit activities and in interactions with each other
Parent-Child Interaction	Nature of the parent-child relationship as observed during the home visit, including parent-child warmth and physical closeness, parent attentiveness and responsiveness to the child, and parent-child joint attention
Parent Engagement	Engagement of the parent in the activities of the home visit, including involvement and interest
Child Engagement	Child's engagement in the activities of the home visit, including involvement and interest

**Table A.2. Description of Domains and Dimensions in the CLASS T**

<b>Domains/Dimensions</b>	<b>Characteristics Assessed by Domains/Dimensions</b>
<b>Emotional and Behavioral Support</b>	
Positive Climate	Degree of warmth, respect, and mutual enjoyment communicated between the teacher and children, either verbally or nonverbally
Negative Climate	Frequency and intensity of teacher and child expressions of negativity
Teacher Sensitivity	Teachers' responsiveness to and awareness of children's individual needs and emotional functioning, encompassing the extent to which the teacher is available to provide reassurance and encouragement
Regard for Child Perspectives	Degree to which teacher-child interactions reflect children's interests and motivations as well as encourage children's responsibility and independence
Behavior Guidance	Teacher's ability to promote children's self-regulation by using proactive approaches, supporting positive behaviors, and curtailing problem behavior
<b>Engaged Support for Learning</b>	
Facilitation of Learning and Development	Manner in which the teacher facilitates activities that support children's learning and developmental opportunities
Quality of Feedback	Degree to which the teacher provides feedback that promotes learning and understanding and extends children's participation
Language Modeling	Quality and quantity of the teacher's use of language to support and encourage children's language development

**Table A.3. Predictors of Home Visit and Classroom Quality**

Predictors of Home Visit Quality	Predictors of Classroom Quality
<b>Child and Family Characteristics</b>	
Whether enrolled during pregnancy	n.a.
Child age in months	n.a.
Whether low or very low birth weight	n.a.
Dual-language learner (DLL) status	n.a.
Race/ethnicity	n.a.
Maternal demographic risk <sup>a</sup>	n.a.
<b>Home Visit and Classroom Characteristics</b>	
Percentage of time spent on:	
Family-focused activities	Child-adult ratio
Parent-child activities	Group size
Staff-family relationship building	Percentage of DLLs in classroom
Crisis management	n.a.
Degree to which visit aligned with the visitor's plan	n.a.
Less interference from environmental distractions	n.a.
Whether other children present	n.a.
Whether other adult present	n.a.
Whether conducted in another language (vs. English only)	n.a.
Whether conducted in multiple languages (vs. English only)	n.a.
<b>Staff Characteristics</b>	
Race/ethnicity	Race/ethnicity
Language spoken	Language spoken
Years of experience in Early Head Start	Years of experience in Early Head Start
Has a B.A. degree or higher	Has a B.A. degree or higher
Has a degree in early childhood	Has a degree in early childhood
Has a CDA credential	Has a CDA credential
Ever assigned a mentor or coach	Ever assigned a mentor or coach
Depressive symptoms (Radloff 1977; Ross et al. 1983)	Depressive symptoms (Radloff 1977; Ross et al. 1983)
Likelihood of continuing to work for Early Head Start or in early childhood	Likelihood of continuing to work for Early Head Start or in early childhood
n.a.	Staff-parent relationship (Elicker et al. 1997)
<b>Program Characteristics</b>	
Program approach	Program approach
Whether program was fully implemented	Whether program was fully implemented
Population served	Population served
<ul style="list-style-type: none"> <li>Over 50 percent of families with more than three demographic risks</li> <li>Over 50 percent of families with mental health or substance abuse problems</li> <li>Over 50 percent of families in unsafe neighborhoods or experiencing family violence</li> </ul>	<ul style="list-style-type: none"> <li>Over 50 percent of families with more than three demographic risks</li> <li>Over 50 percent of families with mental health or substance abuse problems</li> <li>Over 50 percent of families in unsafe neighborhoods or experiencing family violence</li> </ul>

<sup>a</sup> The maternal demographic risk index includes three risk groups (low, medium, and high). The index sums the number of the following risk factors that the mother faced: (1) being a teenage mother, (2) having no high school credential, (3) receiving public assistance, (4) not being employed or in school or training, and (5) being a single mother. This information is based on the parent interview.

n.a. = not applicable. We did not include predictors in this area in our analyses.

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