Executive Summary, 2013

The Assessment of Quality: The Baby TALK, Inc. contribution to the Home Visiting Quality Project
Aimee Hilado, Ellen Walsh, Deb Widenhofer, Cindy Bardeleben, and Christine Leow

Funded by: The Illinois State Advisory Council
Submitted to: Positive Parenting DuPage

This report is available for download on our Web site. To download this content and other Baby TALK, Inc. information, please visit www.babytalk.org.

© Baby TALK, Inc. 2013
Acknowledgements
The authors would like to thank Positive Parenting Dupage and the representatives from the Illinois State Advisory Council for funding this informative project.

Preferred Citation:

Notation: The full Summary Report for this project will be available in June 2013.

Publication Date: May 2013
The Assessment of Quality
The Baby TALK, Inc. contribution to the Home Visiting Quality Project

EXECUTIVE SUMMARY

Overview

Baby TALK, Inc. developed a project focusing on the assessment of quality in home-visiting programs as part of the Home Visiting Quality project. Baby TALK’s project goal was to develop a strengths-based approach to assessing quality by measuring model fidelity in home-visiting programs using the Baby TALK model. The project included two critical components:

(1) the creation of a model fidelity self-assessment instrument that would measure core concepts of quality within Baby TALK programs. The instrument would also need to capture the unique experiences of Baby TALK professionals in the field, and

(2) the development of a training framework that would support professionals using the assessment instrument. Importantly, the prospective instrument would be designed without an intention to measure compliance or to rank programs.

Both components were developed within the timeframe of the project and implemented with great success.

Major Activities

(1) Developing the Baby TALK Model Fidelity Self-Assessment (BTMFSA) Instrument. The Baby TALK model developers created the BTMFSA as a web-based survey consisting of 111 questions divided into three components reflecting core Baby TALK concepts. A stratified sample of 16 programs was selected for the project to pilot the instrument. Programs were chosen based on geographic location (Chicago, Central Illinois, and Southern Illinois), number of staff (single-staff or multi-staff program), program setting (urban/rural), and diversity of populations served. Participants from these groups vetted the tool and provided insight into strengths and challenges of measuring quality and model fidelity in the field.

(2) Developing a training format for testing and implementing the BTMFSA. Baby TALK used the Learning Group format for the initial testing and pilot implementation of the BTMFSA. The Baby TALK Learning Groups had several characteristics. The
participants were divided into three Learning Groups based on region. Three Learning Group leaders facilitated three training sessions wherein participants reviewed BTMFSA components. Each training session reviewed one BTMFSA component and participants were given two weeks to implement the same component within their respective programs. Ongoing technical assistance was given to participants as the instrument was vetted in the field. The sequence was repeated until the final BTMFSA component was implemented. In some cases, revisions were made to the BTMFSA before the implementation based on direct feedback discussed during the Learning Groups. The result was a model fidelity assessment instrument that captured model concepts and experiences in the field.

**Findings**

**Lessons from the Baby TALK program participants.** The Learning Group Leaders and Baby TALK model developers learned a great deal from the Home Visiting Quality project. In the preliminary review of the pre- and post-test surveys, observations from the three Learning Group leaders, and participant interviews, we were able to identify the following messages:

- **Self-Assessment Terminology.** The Learning Group process highlighted the importance of coming to common understandings around the meaning of the self-assessment questions. Refining the wording, and providing definitions and clarifications strengthened the instrument while making it more ‘user-friendly.’

- **Isolated programs and single-staff professionals.** The input of participants from these program types allowed the model developers to insert and adapt questions in the BTMFSA to reflect quality under these unique circumstances, making the instrument more applicable and relevant across diverse program settings.

- **Everyone wants to succeed.** Baby TALK professionals expressed a unified desire to understand expectations, find time to reflect, and make improvements. The discussions around model fidelity and its importance reenergized and refocused participants to the value of quality and accountability in home-visiting programs.

**Lessons for Baby TALK model developers.** The project provided the model developers with critical information on the needs of home-visitors and issues relating to model fidelity assessment.

- **The Learning Group format was an effective form of professional development.** In addition to the Learning Group’s training elements, professional development was also provided and welcomed in each session. Participants were given opportunities for reflective supervision, peer-to-peer support, and interactive participant feedback.
that energized participants around concepts of quality programming.

- The Learning Group format provided effective oversight on the implementation of the BTMFSA, resulting in greater accuracy in assessing model fidelity within Baby TALK programs. The Learning Group training sessions were followed with ongoing technical assistance during the implementation process. These steps ensured that the concepts of quality and observations in the field were accurately reported on the BTMFSA.

- The BTMFSA was able to capture quality as defined by the Baby TALK model developers and Baby TALK model users. The project resulted in the development of a model fidelity self-assessment tool that was clear and comprehensive while reflecting both Baby TALK model concepts and true experiences in the field.

**Challenges in the field.** Despite the desire to maintain quality and model fidelity, participants discussed relevant challenges, barriers, and needs at the community and state level.

- Programs are busy. The Learning Group leaders cited full participant engagement and commitment to this project, but the demands were still a struggle for some. Participants shared the challenge of multiple reporting requirements based on funding source. Participants also cited challenges with funding cuts and its effects on current programming. The tenuous fiscal environment has led some programs to experience layoffs or high turnover leading to challenges in maintaining model fidelity. For the Baby TALK model developers, this was an important consideration in planning the ongoing implementation of the BTMFSA annually or biennially.

- Ongoing professional development opportunities are needed. Participants agreed that professional development needed to be a consistent element of their work in order to ensure model fidelity standards are met. Despite this knowledge, participants discussed the limited funding and time to attend ongoing professional development opportunities with staff already over-extended. With this information, the Baby TALK leadership team intends to make professional development more accessible and frequent to meet the varying schedules of Baby TALK professionals.

**Recommendations**

**State Technical Assistance.** Illinois has been fortunate to have leadership in the early childhood field that provides transparent information to support professionals who work with at-risk children and families. The cross-walk between all program models providing home-visiting services in Illinois is illustrative. Baby TALK’s recommendation is to conduct a
cross-walk of each program model’s model fidelity assessment tools so that professionals can get a sense of how different models assess quality in the field. Doing so allows early childhood professionals additional information to guide their decision-making in choosing the program model that best fits their respective programs.

**Data and Monitoring Systems.** Illinois may benefit from a statewide electronic system of tracking model fidelity among all programs models. The state-level model fidelity reports would promote accountability, as Illinois models would need to demonstrate active use of evidence-based practices that support quality in programs and positive outcomes for families. The information would also encourage program models to continue training and assessment efforts in order to monitor and increase model fidelity.

**Next Steps**

**Evaluate participant feedback and revise the BTMFSA as needed.** Several data points were collected throughout the project to understand participant experiences and to inform the feasibility of using the BTMFSA on an annual or biennial basis. The following data was collected and is under review for the project: (1) Pre- and post-test surveys with Learning Group participants at the start and end of the project, (2) program staff surveys collected at the end of the project, (3) responses from the fully executed BTMFSA, (4) reflections from the Learning Group facilitators, and (5) interviews with five Learning Group participants. Currently, all data is being reviewed and analyzed. Findings from these data points will inform any revisions needed on the BTMFSA instrument and plans for implementation across all home-visiting programs using the Baby TALK model.

**Conclusion**

The Baby TALK project exemplifies the ways in which the assessment of model fidelity can be a critical measure of quality in home-visiting programs. Additionally, the Baby TALK project and its creation of the BTMFSA instrument demonstrates how model fidelity can be measured, implemented, and evaluated in the field with full engagement of home-visiting professionals. Moreover, the Baby TALK strategies for training and their instrument itself can be adapted to other program models with a similar service approach.
The Baby TALK Research Collaboration

In January 2010, the Baby TALK Research Collaboration was established to support the organization’s mission – to positively impact child development and nurture healthy parent-child relationships during the critical early years – through applied research. The Research Collaboration houses a broad range of evidence-based materials relevant to the Baby TALK model. Research efforts focus on the implementation of the Baby TALK model in various communities, the participants identified and recruited using the model, and specific programs that serve high-risk families with young children. The Collaboration also houses research on child and family outcomes tied to the Baby TALK model, and serves as an informational hub for those interested in relational models for serving vulnerable families.

Baby TALK, Inc.
500 East Lake Shore Drive
Decatur, IL 62521-3336