

The “Right from Birth” Study: An Evidence-Informed Training Model to Improve the Quality of Early Child Care and Education

**A Partnership between Georgetown University and
Mississippi State University**

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“Right from Birth” Research Questions

- Does The “Right from Birth” training model (available in multiple formats) improve the quality of child care and education?
- Does the format – a series of workshops *versus* a highly intensive form of job-embedded coaching (the RITE immersion apprenticeship) – produce different benefits?
- Are improvements maintained over time?
- What are the projected costs of the RITE model in its different formats? How do these compare to other training and quality initiatives?
- Do children benefit?
- Is there evidence that the “Right from Birth” Model will be adopted for statewide use to improve child care quality and children’s literacy and language outcomes?

Description of the “Right from Birth” training/PD model

- Based on 2 award-winning books by Rameys and 2 widely televised public television series – Right from Birth (first 3 years of life) and Going to School (ages 3 – 8) about the scientific evidence about promoting children’s positive development
- Available in Workshop Format (developed by Cathy Grace) and RITE Immersion form (20 full-day coaching days over 4 – 6 weeks)
- Focus on daily provision of The Seven Learning Essentials (Ramey & Ramey, 1990, 1999) for all children, plus review of all suitable items from ECERS-R, ITERS, and/or FDCRS
- Emphasis on frequent expert demonstration, intensive practice, and continuous incorporation of learning activities as part of fun, everyday activities and care of children

Goals and Content of the “Right from Birth” training/PD

Promote genuine understanding of what research findings mean to the future of young at-risk children (i.e., motivational basis)

Incorporate “The Seven Learning Essentials” in multiple, fun, and effective learning activities throughout the day in the care, play, and social interactions of young children in all settings

Ensure the elements in the Four Diamond Model of Quality Care and Education are fully addressed: Health and Safety, Language and Learning, Responsive Care to Promote Social-Emotional Development, and Communication with Families

Provide core set of materials (books, writing materials, supplies, puzzles, games, etc) to support literacy and learning activities

Previous Work with The “Right from Birth” Training Model

- More than 3000 child care workers trained with series of workshops (using standardized manual, public Television series, and many interactive experiences)
- Evidence of gains in knowledge among workshop participants about young children's development and how to promote learning
- Workshop participants and workshop leaders enthusiastic about the practical benefits of the training model
- Adaptation for home visiting with parents also proven efficacious

“Right from Birth” Study Design

- Enrolled licensed centers and family care providers
- All served infants/toddlers; many also served ages 3 to 5
- Providers did not have any college education or CDAs
- Two major leaders in state of Mississippi, already engaged in quality initiatives, provided the training (based at MSU)
- All participants agreed to random assignment
- Pre- and post-assessments by independent, highly trained evaluators who were blind to treatment
- Workshop leaders and RITE coaches received standardized training (with manuals) and ongoing supervision; high fidelity maintained (above 95%)

Sources of Data

- **Independent observations** of quality of care using ECERS-R, ITERS, and FDCRS
 - Baseline (PRE), Post 1 (2 wks), Post 2 (3 mos.), and Post 3 (12 mos.)
- **Documentation** by coaches re: changes and evidence of the Seven Learning Essentials
- **QUINCE Interviews and Qualitative Interviews**
- **Child language development** using the PLS4
 - Baseline (PRE) and Post at 12 mos.

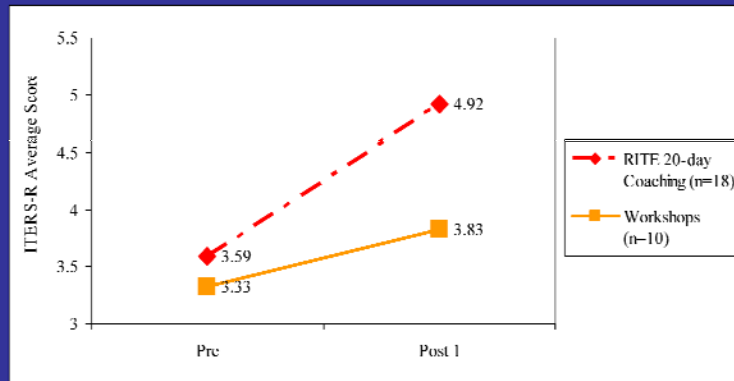
The data to be presented today came from interviews that were conducted at the beginning of the study. Consultants and providers (teachers and FCCs) told us about themselves, their attitudes, and their work. The Agency directors told us about their agency's services, which were extensive in many cases; their funding sources; and we asked specific questions about their typical on-site services model

Only 1 of the 24 agencies did not have a type of program that involved visits to providers.

Key findings from The “Right from Birth” training on quality of care

- For both licensed child care centers and for home care providers “Right from Birth” produced benefits – in the Workshops format ***and*** the 20-day RITE Immersion format
- The 20-day RITE Immersion training produced benefits ***far greater*** than those in Workshops
- Improvements were maintained *and sometimes even enhanced* up to 1 year later – for all settings and training conditions
- Positive benefits to children’s language development (+12 pts) detected *only* in centers that received the 20-day RITE Immersion training

Center Providers: ITERS Scores Pre and Post

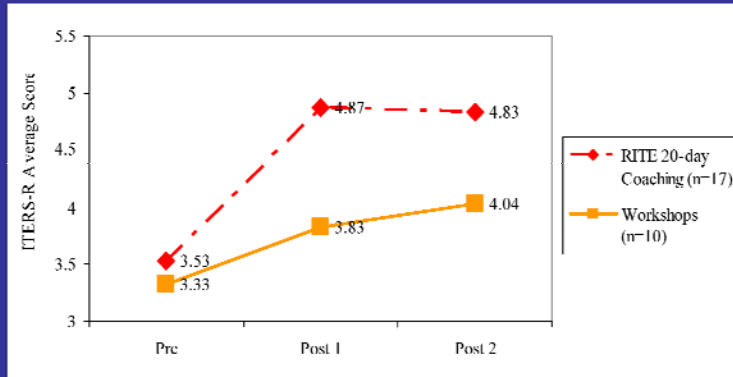


Mean Gain Scores from Pre to Post

RITE 20-day Coaching = 1.33 (± 0.58) EFFECT SIZE = 2.3

Workshops = 0.50 (± 0.43) EFFECT SIZE = 1.2

Center Providers: ITERS Scores Pre, Post 1, and Post 2

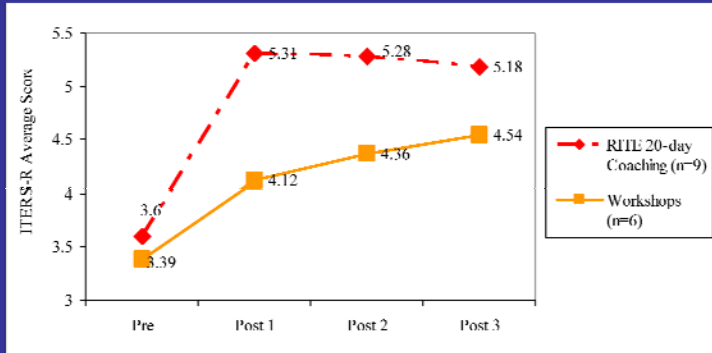


Mean Gain Scores: Pre to Post 1 & Pre to Post 2

RITE 20-day Coaching = 1.34 (± 0.59), 1.30 (± 0.61)

Workshops = 0.50 (± 0.43), 0.71 (± 0.64) $p < .01$

Center Providers: ITERS Scores Pre, Post 1, 2, & 3 (1 yr later)

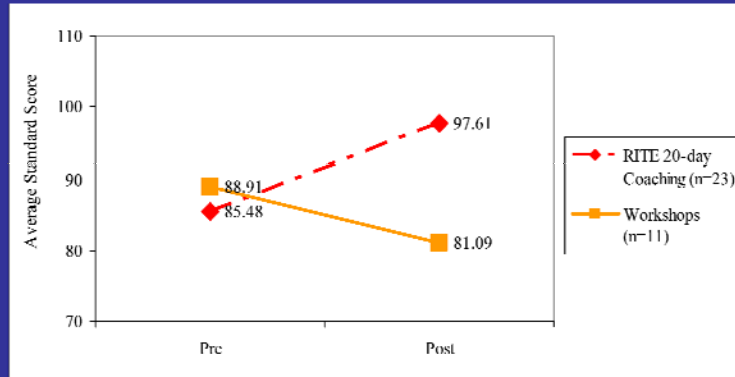


Mean Gain Scores: Pre to Post 1, Pre to Post 2, Pre to Post 3

RITE 20-day Coaching = 1.71 (± 0.46), 1.68 (± 0.50), 1.58 (± 0.64)

Workshops = 0.73 (± 0.30), 0.97 (± 0.72), 1.15 (± 0.76) $p < .01$

Center Providers: PLS 4 Language (Study II)

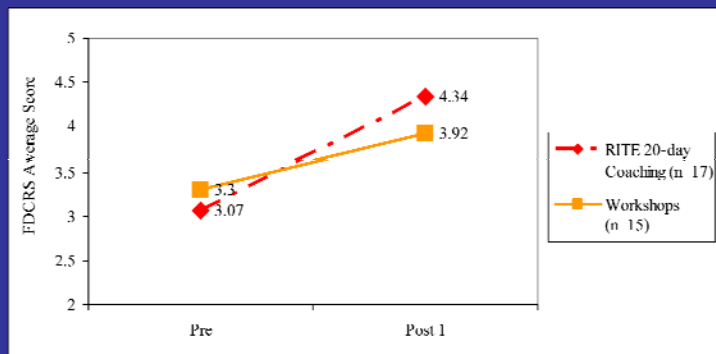


Mean Score Changes from Pre to Post 1

RITE 20-day Coaching = + 12.13

Workshops = -7.82 $p < .01$

Family Home Providers: FDCRS Scores Pre and Post

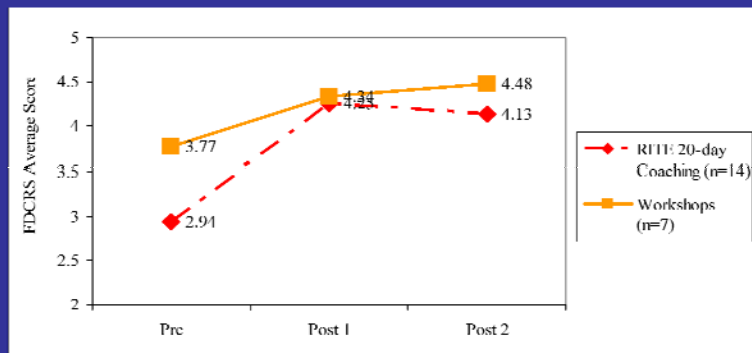


Mean Gain Scores from Pre to Post 1

RITE 20-day Coaching = 1.27 (± 0.68), EFFECT SIZE = 1.9

Workshops = 0.62 (± 0.35) EFFECT SIZE = 1.8 $p < .01$

Family Home Providers: FDCRS Scores Pre, Post 1, and Post 2



Mean Gain Scores: Pre to Post 1 & Pre to Post 2

RITE 20-day Coaching = 1.31 (± 0.68), 1.19 (± 0.66)

Workshops = 0.57 (± 0.31), 0.71 (± 0.24) $p < .01$

Estimating “meaningful improvements” (return on investment) in Quality of Care

Improvement of at least 1.0 point on total standard
ITERS, ECERS, or FDCRS Quality Score

IN LICENSED CENTERS

- RITE 72%, Workshops 10% at Post 1
- RITE 71%, Workshops 20% at Post 2

IN FAMILY DAY CARE HOMES

- RITE 71%, Workshops 20% at Post 1
- RITE 64%, Workshops 14% at Post 2

Summary of answers to “Right from Birth” Research Questions

Does The “Right from Birth” training model (available in multiple formats) improve the quality of child care and education? **YES. Effect sizes 1.2 – 2.3**

Does the format – a series of workshops *versus* a highly intensive form of job-embedded coaching (the RITE immersion apprenticeship) – produce different benefits? **YES – RITE PRODUCES ABOUT 2 TO 3 TIMES THE BENEFITS OF THE WORKSHOPS**

Are improvements maintained over time? **YES – AND THESE EVEN INCREASE FOR MANY IN WORKSHOPS CONDITION**

What are the projected costs of the RITE model in its different formats? How do these compare to other training and quality initiatives? **COSTS ARE ABOUT \$200 – 300 FOR WORKSHOPS AND \$5000 - \$6000 PER RITE TRAINING PLUS \$800 FOR CLASSROOM/HOME SUPPLIES PLUS COST OF SUPERVISION**

Do children benefit? **YES, IN CENTERS THAT RECEIVED RITE IMMERSION TRAINING**

Is there evidence that the “Right from Birth” Model will be adopted for statewide use to improve child care quality and children’s literacy and language outcomes? **YES, IT HAS ALREADY BEEN PLACED IN USE IN MISSISSIPPI AND IS BEING CONSIDERED FOR MAJOR EXPANSION; ALSO IN USE IN MODIFIED FORM IN DISTRICT OF COLUMBIA**

Practical Implications and Next Steps

- The “Right from Birth” Training Model is readily applicable for use and produces significant improvements in quality of care
- The highly intensive, 20-day, side-by-side Immersion format – RITE – produces the largest benefits
- The benefits from both the RITE and Workshop training maintain for a full year
- For some providers, gains are enhanced over time – suggesting that the changes are valued by providers and children's families

Why we think “Right from Birth” model produced such positive outcomes

- Emphasis on what all young children need daily (via the T.V. series and demonstrations that produced visible results)
- Well-trained Workshop leaders and RITE coaches who adapted to providers in presenting information and promoting the same standards of excellence for everyone
- Clear, shared, and measurable goals that were the same for everyone – because all children need to experience high quality care and early education
- Highly condensed training (short period of time) so providers could apply new skills “all at once” and see almost immediate changes

Potential barriers to wide-scale implementation of Right from Birth

- The RITE immersion apprenticeship model is new and different, and will require recruiting and training RITE coaches
- There is a perception that this intensive model is too expensive, but it is less costly than many current and ineffective training and quality investments
- Advocates of traditional forms and philosophies of training to improve quality may be resistant to this new evidence which indicates a need to modify their current viewpoints

Challenges of conducting research in a “real world” setting

- Finding a way to be sure all eligible providers know about the opportunity to participate
- Some providers have more personnel changes, and more family homes “closed” within 1 year
- Requires a solid, established, trusted base for operations and understanding of local culture, history, attitudes
- Timing of research needs to accommodate addressing the “real world” impact at least a year later with measures of children’s development AFTER training completed

Adequacy of the measures used in study to capture changes

- Using a well-known standardized tool for quality helps to make solid cross-study comparisons
- Incorporating more qualitative indicators associated with the training content is valuable (although sub-scales of ITERS, ECERS, and FDCRS can sometime capture this well)
- Not all items in standardized tools are equally important and some are not based on scientific evidence about children's development (these are somewhat problematic, if training does not endorse these non-evidence-based items)

Implications for state QRIS systems?

- Investment in a solid evidence-based package of materials (rather than planning piecemeal or totally individualized materials) produces strong returns
- Many forms of now-approved training may not be worthwhile to continue
- Higher quality care can be achieved without requiring formal education or degrees – which necessitates lengthy and expensive investment
- The “Right from Birth” Model can be varied in its dosage, and providers likely differ in “how much” on-site demonstrations and modeling are needed to achieve high quality

Advice to states from our research perspective

- Recognize that children's needs for high quality care and education must be met – regardless of the type of provider
- Offer effective (proven) supports to all types of providers and to families as well – to create strong, unified culture of endorsement that child care is a profession and of central importance to the future of communities and states
- Permit flexibility in some aspects of regulations IF (and only if) provider can demonstrate the quality of care is not impacted by “exception”

**For more information and
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