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SESSION 4

Implementation Issues in Evaluation of Quality Initiatives

Quality Interventions for Early Care and Education (QUINCE) is a study of two interventions to enhance the quality of children's experiences with family child care providers and center-based teachers. The core elements and procedures of the model will be described, based on the first 6 months of implementation. Four directors of community and State agencies responsible for quality improvement will respond. They will describe the success and challenges of integrating such models into existing agency services, including balancing their staff needs with maintaining fidelity to the original model.

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Partnerships for Inclusion (PFI)

Goals

- Model Components: Focus on the environment, joint needs assessment, goals identified by the consultee, on-site visits to support change, joint assessment of change, evaluation of consultation process.
- Six Stages of Consultation
- Onsite Consultation Training
    - Two-day initial training
    - Five follow-up seminars
    - Pilot site
        - A classroom teacher or family child care provider with whom consultants had a relationship
        - A classroom or family child care home already exhibiting some higher quality indicators

Case Study

- Consultee: A licensed family child care provider for 4 years and a mother of three, with seven children enrolled
- Initial Family Day Care Rating Scale (FDCRS): Low-scoring items (space to be alone, safety, language of infants and toddlers, and the schedule of daily activities)
- Three goals identified for change, based on consultee priorities and FDCRS scores:
    - Improve outdoor space so that children can play safely
    - Improve indoor space so that children can be alone and add "softness" to the room
    - Add activities to the daily schedule so that infants can have more experiences using language and can have their diapers checked and changed regularly
- Changes:
    - Improvements in indoor space – space for children to be alone and softness added, use of language, and diapering (schedule)
    - No change found in the safety of the outdoor space (provider did not receive funding for playground resurfacing)
- Outcomes:
    - Environment was enhanced
    - Provider improved her program and gained skills to continue making improvements in the future
- Challenge:
    - Life stressors (for example, personal family issues) presented challenges with scheduling and implementing the goals

Challenges in Implementation

- Life stressors (centers and homes)
- Scheduling visits (centers and homes)
- Staff turnover (centers)
- Learning a new way of doing one's job (centers and homes)

Overall Benefits

- Global quality enhancement
- Consultee learned to assess quality in her own program and gained skills to continue to improve her program
- Consultant learned strategies to promote provider growth in specific areas of weakness

Agency Perspectives

Linda Lembke and Nancy Lee are directors of two agencies that deliver quality enhancement services. Some of their consultants are participating in the evaluation of the PFI model. They reflected on year one.

Linda Lembke

- Enrolling providers all at once would help manage the workload of consultants
- Use environmental rating scales, interviews, and a monthly consultation visit
- Participation in the study is voluntary
- PFI is different from the start:
    - Providers seem to engage more with the consultee and gain a better understanding of their environmental scores
    - Prescribed approach to conveying information—adaptable to providers—and to seeing their strengths and weaknesses—adaptable to improving their skills
- Provide evidence to the provider, during recruitment, that others see the intervention as a model that can work
- Agency provides community-based training on child-related topics—in PFI, providers can see clearly what steps they need to take to make changes or improvements (an effective training method)
- Consultants (two of three) have BAs in child development; all of them have experience in child care settings (need credibility to go into child care settings), and are highly skilled people who go through extensive training
- Life happens: consultants and providers may drop out, which complicates the situation
- Relationships are the key to the success of the program, but they take a while to be established
- Word-of-mouth information is important; a well-implemented program will encourage people to participate

Nancy Lee

- Through the QUINCE study the Partnerships for Inclusion (PFI) model is being compared to our agency's existing Quality Improvement Initiative (QII) model.
- First Five, Alameda County provides the following to participants in both models:
    - Opportunity to apply for grants to purchase materials that will improve program's quality. Family child care homes are eligible for up to $5,000; centers are eligible for up to $10,000
    - Consultants have specialized graduate training related to early care and education
- There are many similarities between the two models:
    - Both models are an 8- to 10-month intervention that begins with environmental assessment using the Harms/Clifford rating scales
    - In both models, a written quality improvement plan is drafted, based on the findings of the environmental assessment
    - In both models, the assigned consultant works extensively with the provider to develop quality improvement strategies
    - Both models acknowledge that it is beneficial to provide long-term support to providers when implementing change; emotional support is as important a factor as practical support
- Main difference between PFI and the QII is emphasis placed on consultant-provider relationship:
    - In the PFI model, there is a co-equal relationship, and the provider can set his or her own goals
    - In the QII model, providers are told at the outset that the program defines quality by the Harms/Clifford scales. The provider is also informed that all health and safety concerns identified by the assessment must be addressed first

Some specific strengths of the PFI model:

- Support provided to consultants: Consultants receive a week of intensive training and are provided with extensive materials on successful consultation practices. This support is very useful for new or less-experienced consultants.
- Provider is fully trained on the Harms/Clifford assessment scale and conducts his or her own assessment, which may help the provider "buy into" the assessment process. In the QII model, providers are "walked through" the scale, but the assessment is conducted by the consultant.
- PFI's "consensus meetings" with the teachers help foster dialog between all the professionals working in the classroom.

Challenges of both models:

- Long-term consultation requires a high level of commitment from providers and consultants; need highly skilled consultants for long periods of time (which can be costly); and need consultants that have the flexibility, expertise, and support to address certain needs (which can be hard to find).

Challenges specific to PFI

- Because an even a greater emphasis is placed on relationships, less-experienced consultants can identify too much with providers and get drawn into the politics of the center or home.
- Additional visits are required, and thus costs increase.
- In ethnically diverse places like Alameda County, many teachers have limited proficiency in English. Training these teachers to use the English-language scales can be challenging. Additionally, one classroom may have several limited English-proficient teachers and assistants, each with a different primary language. These language differences can pose a problem when holding consensus meetings.

Sharon Ramey

Right from Birth (RFB) is a training model for child care providers that is based on a television series that has been aired nationally for several years. RFB builds upon evidence-based practices and the social and learning activities that promote positive development and academic achievement in children.

Background for RFB Project

- Mississippi Public Broadcasting (MPB), Mississippi State University (Drs. Cathy Grace and Louise Davis), and Sharon and Craig Ramey at Georgetown University contributed to the development and earlier field-testing of materials in the RFB model for training parents and child care providers
- Materials are grounded in scientific knowledge about "what matters" in children's lives
- Workshop format included RFB videos from a 12-part TV series about the first 3 years of life (with an additional format for 3-to-6 year olds known as "Going to School" that uses a 10-part TV series also produced as part of the RFB training model.
- Materials previously had demonstrated positive findings about large gains in caregiver knowledge but had not been evaluated in terms of actual behavioral changes in the child care settings

Key Unanswered Questions that Guided this Study

- Did the gains in caregiver knowledge lead to actual changes in the quality of care provided to young children?
- Could the benefits of RFB training be demonstrated with fewer than six workshops?
- Would the benefits be greater if intensive onsite coaching is provided? (Rarely has a coach gone in morning, noon, and night for consultation.)

RFB Training Model

- RFB training model based on a parenting book by the Rameys
- Used MPB series "Right from Birth."
- Incorporates additional health and safety information provided by Cathy Grace

- Based on the "Seven Essentials" for caregivers and parents
    - Encourage exploration
    - Mentor in the basics
    - Celebrate new skills
    - Rehearse and extend new skills
    - Protect from harsh and inappropriate treatment
    - Provide language-rich interactions
    - Guide and limit behavior

Purpose of Study

- To test the efficacy of the RFB training delivered in three different conditions (with varying intensity)

Goal of the Study

- To improve the quality of child care for infants and toddlers

Study Design

- Seventeen providers: nine center providers and eight family providers
- Three conditions involved in the randomized controlled trial (RCT):
    - Workshop plus enrichment materials (worth $800).
    - Six workshops plus enrichment materials.
    - RITE (20 days) coaching plus enrichment materials.
- RITE condition was designed to test the hypothesis that in order for large and sustainable changes to occur in child care providers, they must practice these skills many times with different children and in different situations so that these skills become a natural part of their caregiving behavior and interactions with children.
- RITE Coaches were specially trained in the RITE model, and focused on all key aspects of improving child care quality. They provided feedback from the environmental ratings, developed a plan, and then demonstrated the Seven Essentials on a daily basis for 20 consecutive full days, working side by side with the mentees.

Implementation and Results: Part One – for Family Homes and Child Care Center Classrooms

- Environmental Rating Scores: FDCRS for Family Child Care (all 3 conditions showed improvement from baseline to post-intervention and then at 1-to-3 months afterward)
- Environmental Rating Scores: ITERS for Child Care Centers (scores did not improve with the 1-day workshop as much as in family providers; with 6 workshop days only 2 of 3 improved; with the RITE condition all providers improved, although the improvements were not at the magnitude seen in family providers)

What Changed the Most?

- Subscales of FDCRS and ITERS:
    - Language and Reasoning

- Activities
- Listening and Talking

Family Child Care Programs

- Video episodes of RFB are shown throughout the 20-day mentoring process
- A review of the results of the essentials checklist was used to focus the mentor on the specific coaching and mentoring needed during the 20-day period
- Specific strategies were used by the mentor or coach on a daily basis (i.e., the use of a plan of action that addresses specific indicators and the use of the seven essentials)
- Attitudinal changes in providers based on the mentors' impressions. (More learning activities were added to the daily schedule, daily schedules were created and implemented, and modeling of the instructional strategies based on the seven essentials resulted in an increase in the seven essentials being promoted during the day.

Questions and Answers

1. Regarding differences in family providers and center providers, do family providers have more control over their environment than center providers?

> We suspect that is the case. When working with child care teachers, implementation is certainly much easier if the center director is engaged.

2. Were there other methodological instruments considered, and why did they decide to go with the FDCRS?

> Valid data can be developed, but a large time commitment would need to be undertaken. The reasons the steering committee decided to use the FDCRS include its current level of use and acceptability in the field, its demonstrated relationship to child outcomes, the ease of training people on the measure, the ability of providers to understand the ratings, and the fact that it's currently part of some states' regulatory procedures.

3. Have you seen evidence of the tendencies that are thought to cause failure in child care, such as the over-enrollment of children and the difficulty of making a living in the field?

> Yes, turnover has affected both studies, as we knew it would. With a 40% turnover rate in the child care industry, we have tried to enroll caregivers who "plan to provide child care for at least one year," but even then, we've had attrition.

4. Can you talk about the families and how they were involved?

> In Mississippi, families are not measured, only the behavior of the caregivers.

In the PFI study in 5 states, an over-the-phone parent interview (which is limited in scope) is being finalized and will eventually be implemented; for now, the study is based on parental consent to the child being observed and/or assessed.

Additionally, a section of the provider interview asks about the relationship of the parent to the provider.

5. Can something be said about the child assessments?

Assessments of the children are undertaken at all three times; using the PLS-IV (expressive and auditory), the Bracken, the SCBE, and the DECA.

The studies question how long a child must be "exposed" to the enhanced quality, resulting from the intervention, for the child to show measurable change. The research teams think that at least 6 months would be a minimal threshold; 1 year would be a good time to look for any changes in the children.

The first goal of the study is to improve the quality of care; after that, the conditions of the children will be examined.

6. Regarding the focus on relationship-building between the consultant and provider, what are the qualities you need to nurture in coaches?

Different coaches use different styles, depending on their own personalities and the people with whom they are working; however, coaches need a passion to work with children.

Such factors as years of experience and interpersonal skills are part of being a good consultant, and consultants are taught basic communication and teaching skills.