

# Preliminary Findings from the QUINCE Study:

## Quality Interventions for Early Care and Education

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**The Administration for Children and  
Families and  
Office of the Assistant Secretary for  
Planning and Evaluation (ASPE)  
US Dept. of Health and Human  
Services**



# Measuring Implementation of the PFI Model

- Fidelity index developed to measure adherence to model's structure (i.e., stages, number and regularity of visits) and process (i.e., working collaboratively with consultees at all stages)
- Nine indicators rated on a scale of 1-4
- Sources of data included consultant documentation, liaison reports and observation of consultant skills, when possible

# Partners and Participants

## QUINCE-PFI Research Teams

- FPG Child Development Institute at UNC-CH  
Donna Bryant, Peg Burchinal, Carla Fenson, Iheoma Iruka, John Sideris,  
Karen Taylor, Pat Wesley
- UCLA  
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- Child Trends and U of Minnesota CEED  
Amy Susman-Stillman, Kathryn Tout, Marty Zaslow

**Local CCR&R Agency Staff – 24 agencies in 5 states**

**Office of Planning, Research and Evaluation – Ivelisse Martinez-Beck**

# Today's Presentation

- Describe the QUINCE study and the PFI model of on-site consultation
- Explain the questions that the study will be able to answer
- Reflect on some findings to date:
  - Importance of agency characteristics
  - Turnover
  - Measuring fidelity

# Context for the QUINCE Study

- Child care quality (both FCC and classroom) modestly related to children's outcomes
- Many state policies to reward quality
- Lots of programs and \$\$ for professional development to improve quality
- Few evaluations of these efforts
- Can a PD intervention proven successful under controlled conditions be replicated under more real world conditions?

# Partnerships for Inclusion (PFI)

## On-site Consultation: Guiding Principles

- Services are responsive to the consultee's needs and evaluated throughout the process.
- The technical assistance process promotes the consultee's ability to develop strategies for recognizing and meeting needs after the consultant is gone.
- 2 effectiveness studies: Wesley, 1994  
Palsha & Wesley, 1998

# Goals of PFI On-Site Consultation

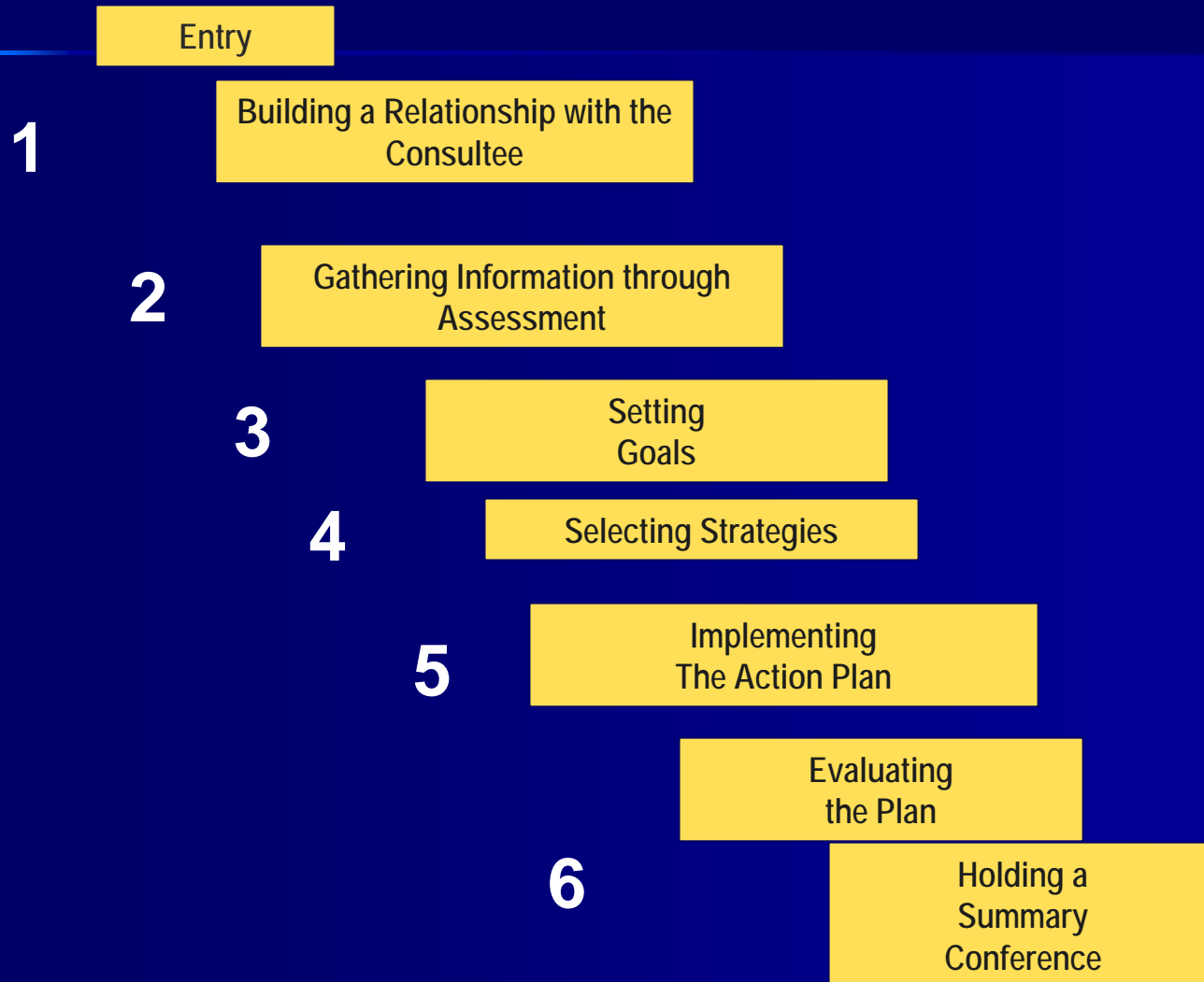
- Enhance the quality of the environment
- Enhance the development and learning of children
- Provide consultees with skills to solve problems

# Model Components

- Focus on environment
- Joint needs assessment
- Goals identified by consultee
- On-site visits to support change
- Joint assessment of change
- Evaluation of consultation process



# Stages of Consultation



# Training PFI Consultants in the QUINCE Study

- Week-long training in Chapel Hill
- 3 days on rating scales  
2 days of initial training on PFI
- 5 follow-up seminars on PFI topics  
(language & literacy, interactions,  
diversity, health & safety, environments)
- Pilot site
- Follow-up support from staff/liaison

## Consultants are asked to implement the PFI model:

- **Train providers** on rating scale and administer scale accurately
- **Develop and implement an action plan** with providers
- **Make regular visits** with providers (minimum of 1 per month for 6–12 months)
- **Document visits and contacts** using web-based forms and communicate regularly with the liaison

# QUINCE Project Design

24 R&R agencies in 5 states

94 QE consultants agreed to be in study

63 QE consultants randomly assigned to PFI Treatment Group:  
43 + 20 who had been controls  
in year 1

181 teachers and providers  
assigned to them

351 Children from 20-60 months  
recruited from classes/homes

31 QE consultants randomly assigned to Control Group  
(incl. 20 in year 1 who became  
PFI in year 2)

188 teachers & providers  
assigned to them

365 Children from 20-60 months  
recruited from classes/homes

# Timing of Assessments

- Time 1 = Baseline (as intervention begins)  
Are the groups of providers and children comparable at the beginning?
- Time 2 = End of intervention  
Has the consultation (PFI, RFB or typical services) made a difference for providers or children?
- Time 3 = Post-intervention (maintenance)  
Do the effects of the consultation/training last for awhile or do they fade away or perhaps even increase?

# Consultant, Provider and Agency Director Interviews

- Education and experience
- Professional development (pre and during)
- Beliefs and attitudes
- Ability to deliver the model (consultants)
- Interactions between consultant & provider
- Agency directors – goals, range of services provided, funding sources

# Documentation of Interventions

- Collected by the consultants
- Fidelity to the PFI treatment model: adherence to the plan of intervention (Treatment)
- Delivery of existing QE activities (Controls)
- Both groups report frequency of contacts, materials used, and nature of the work

# Environmental Change Measures

- Global quality (FDCRS, ECERS-R, ITERS) with embedded questions about safety and health, materials and activities, interactions
- Specific literacy and numeracy activities (ECERS-E)
- Caregiver Interaction Scale – nature of the caregiver-child interactions: sensitivity, warmth



# Measures of Children

- Bracken Basic Concepts Scale – Revised  
typical “readiness” skills: letters, numbers, sizes, shapes, colors
- Preschool Language Scales – 4<sup>th</sup> ed.  
Auditory and expressive comprehension
- Devereux Early Childhood Assessment –  
provider rating of child’s initiative, self-control, attachment & behavior
- Social Competence & Behavior Evaluation –  
provider rating of child’s social competence, aggression, anxiety and withdrawal
- Physical and health status – parent rating

# Research Questions

- Is child care quality improved when providers receive on-site consultation?
- Is PFI consultation better than existing quality enhancement services?
- Does quality improvement maintain after special consultation ends?

## Research Questions, cont.

- Do some providers benefit more than others (education level, home/center, experience)?
- Will closer adherence to the treatment model result in greater quality outcomes?
- Will children in the care of providers who receive special training have better outcomes than children in control groups?

## Professional Development Services Offered by the 24 Partner Agencies

- 96% on-site consultation/coaching
- 96% training workshops
- 83% videotapes, lending libraries
- 79% course-like training (e.g. PITC, CC)
- 71% grants to improve quality
- 67% grants for training/education
- 13% substitutes

# On-site Consultation, Coaching or Mentoring

- Generally provided by program staff, some use contract employees
- Few restrictions on who's eligible other than geography
- Some agencies serve only family child care homes
- Licensing is a desired outcome of consultation for 29% of agencies
- 66% use an ERS measure

# Consultant Characteristics (N=221, ~ 50% in QUINCE Study)

- Education
  - 11% HS + some college
  - 13% AA
  - 25% BA not in early childhood education
  - 33% BA in early childhood education
  - 18% MA or higher
- 6 years = mean yrs. experience (1.5 – 20)
- \$18/hour = mean wage (\$10-27, with an outlier program of \$45)

# Typical Consultation

- Average caseload = 44 (range, 5-100)
- Mean # on-site visits/wk = 6 (range, 1-15)
- Mean total hours given to each provider = 22 (range, 2 – 115)

# Agencies most effective at implementing PFI

- Supervisory staff are supportive of the model
- Staff are stable and have experience and skills required for consultation
- Able to reduce consultant typical caseload without affecting expectations of existing funding sources (QUINCE provides no agency funds)
- May have additional funds for quality improvement (i.e., grants for materials, substitute teachers and professional development)



# Turnover Among Consultants (PFI & Controls)

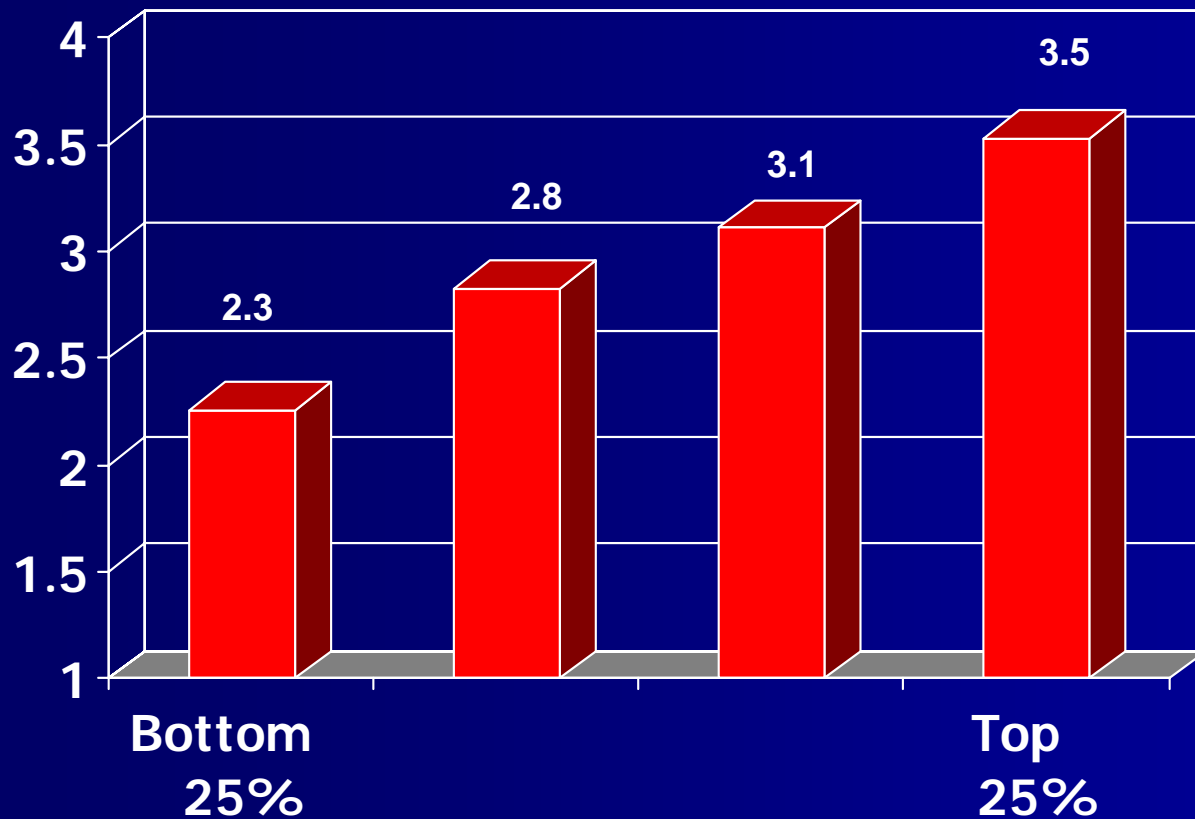
- 40% attrition among study consultants
  - 17% agency closed
  - 14% changed jobs, other agency
  - 14% changed jobs, within agency
  - 14% let go
  - 14% unknown
    - 3% medical
  - 17% too much work (PFI)
    - 8% difficult to recruit sites (PFI)

# Measuring Implementation of the PFI Model

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# Mean Consultant Fidelity Score

## *Preliminary Data*



# Reasons for low implementation

- Agency level
  - Did not follow through with commitment to reduce consultant caseloads
  - Did not support consultants work with QUINCE - given low priority
- Consultant level
  - Some 'consultants' were not really consultants—provided training, checklists and support but did not have experience in consultation or improving global quality
  - Difficulty with paradigm shift from 'business as usual' to a consultation framework based on stages of implementation
  - Difficulty committing the time
  - Range of ability in using the assessment tools accurately
- Consultee level
  - Home providers not used to intensity and regularity of visits
  - Center providers had inadequate time to devote and/or staff turnover

# What are we learning?

- Types of services that work best to enhance quality
- Effects of PFI model in sites where implementation occurred
- Factors that impede effective implementation of PFI model and other types of quality enhancement TA
- The kinds of training and education providers are receiving and how these are related to quality

# Policy Implications

- What state-level and agency-level factors relate to the sustainability and effectiveness of in-depth, on-site consultation services like PFI?
- How can agencies utilize and train their workforce to offer an array of services for child care providers?