

Professional Development: Strategies, Systems, and Measures

Description

This cross-cutting session discussed professional development strategies that are used across early childhood systems to help providers support families. Through the lens of two initiatives—one that aims to enhance families’ understanding of child care quality and another that aims to enhance providers’ understanding of families that use child care—it considered such questions as how professional development addresses differences in language and culture.

Moderator

Toni Porter, Bank Street College of Education

Panel Members

Diane Paulsell, Mathematica Policy Research, Inc.
Kathy Thornburg, University of Missouri
Carolyn Drugge, Maine Department of Health and Human Services

Scribe

Nicole Forry, Child Trends

Documents in Session Folder

Discussion Notes

Toni Porter: How professional development (PD) supports providers

- Broad surveys of Child Care and Development Fund (CCDF) quality initiatives, selected results from evaluations, and additional research questions about the methods and measures.
- National studies:
 - Assessing Child Care Development Fund Investments in Quality (2002) study: the objective was to identify at least one initiative from each State.
 - Investing in Quality: A Survey of State Child Care and Development Fund Initiatives (2004): data from all States helped with an assessment of quality initiatives and the qualifications of the staff.
 - Supporting Family, Friend, and Neighbor Caregivers: Findings from a Survey of State Policies (2005).
- To construct a logic model, the objectives for PD, intermediate outcomes (for the environment and provider), and child outcomes were aligned.
- Most frequent primary objectives for PD:
 - Strengthening the system (16 percent)
 - Providing caregiver training (11 percent)
 - Providing formal education for caregivers (8 percent).
- Survey findings:

- Most commonly reported data collected by CCDF—the number and characteristics of participants and the changes in provider qualifications (limited measures).
- Most common data collection design—the implementation and tracking of key indicators over time.
- Most common data source—administrative records.
- Few programs collected data about parent satisfaction or child outcomes.
- What do the evaluations tell us (based on seven studies, which were the only ones that could be identified)?
 - Effects of training and home-visiting—improvements on the Family Day Care Rating Scale.
 - One study on training found improvements on the Caregiver Interaction Scale (CIS).
- Questions to consider:
 - Who are the providers?
 - Who are the service delivery organizations?
 - Who provides the training, PD, and home-visiting services?
 - What does training, PD, and home-visiting look like?
 - What outcomes are assessed?
 - What measures are used to assess training, PD, and home-visiting?
- What we know:
 - Changing demographics: Immigrants are going to be an increasing part in the workforce. This prospect means more of the training that we offer will go to non-English speakers.
 - Fewer sources of higher education have certified early childhood (EC) degrees.
 - We need to know more about the content of training and PD.
 - States require only 3–7 hours of training for center-based providers and 0–3 hours for family child care.
 - Studies show us that the majority of training focuses on safety.
 - What outcomes are we missing? Do we know about what people think concerning increased professionalism and reduced stress?

Diane Paulsell

- Why focus on family outcomes?
 - Supporting access to child care and providing greater choice (e.g., logistical support, help navigating the child care subsidy program).
 - Providing support for families to encourage parental employment.
 - Encouraging teachers and providers to offer parenting and child development support.
 - Realizing that support could increase the level of congruence between home and child care, as providers who know about the child's home may be able to better care for them.
- What requirements are in place to support family outcomes?
 - Quality rating systems (QRS). Standards include parent involvement, and although it may not be there yet, we are moving toward communicating better with families.

- Accreditation. Respecting language and culture, meeting the scheduling needs of families, and assessing other requirements.
- Head Start program performance standards. Developing family partnerships and supporting family goals comprehensively.
- What do providers currently do to support families?
 - Help navigate the subsidy system.
 - Offer parenting advice.
 - Give referrals.
 - Provide flexible hours and logistical support.
 - Provide material goods.
- What PD strategies are available?
 - Communication with parents and relationship-building.
 - Cultural competence.
 - Family partnerships.
 - Family support.
 - Community resources.
- Resources are available.
- Next steps:
 - Should our conceptualization of quality include support for parents? How comprehensive should child care be, especially for low-income families?
 - What are child care providers already doing for families?
 - How does this differ across settings and across children of different ages?
 - What are the implications for parental choice?
 - What are the benefits and burdens of providing support for parents from providers' perspectives?
 - Could home-based providers partner with prekindergarten programs?
 - What efforts can we expect in terms of provider support for families?

Kathy Thornburg

- Intended results of the PD strategies.
- A logic model can be applied.
- Four areas to strengthen the logic model:
 - Define and measure the terms (e.g., formal education, training, credentials) and encourage a common core of measures.
 - Assess the fidelity of the implementation of the PD activity, including, for example, adherence to the training materials and the quality of the training.
 - Assess the change in teacher's attitude, knowledge, and/or practice as directly related to the goals of the PD activity.
 - If applicable, assess the teacher's fidelity of implementation.
- For the "incomplete logic model" we make a lot of assumptions in our research. For example, we assume that PD improves classroom quality and/or child outcomes without carefully examining the PD activities and their relation to the outputs and outcomes.
- Quality rating system study:

- A Midwest QRS study (Iowa, Kansas, Missouri, and Nebraska) used environmental observational quality tools (Environmental Rating Scale [ERS], CIS, and Early Childhood Environmental Rating Scale—Extension [ECERS-E]) and the lead teacher's highest level of education and wages.
- Focus on Missouri:
 - Objective: Determine whether QRS is related to the gain in child outcomes.
 - Study will be done with 60 programs and 500 children.
 - Will be in the field in fall 2008 and spring 2009.
 - Child gains on various measures will be correlated with QRS, controlling for age, gender, race/ethnicity, attendance, and free or reduced lunch status.
 - Concerns exist about measuring child outcomes and conducting a high-stakes study.
 - Examine the statewide EC systems and funding.
 - Verify all PD activities per early care and education (ECE) staff member (not looking at PD quality).
- Early Reading First:
 - Five rural EC programs used the ELLC (quasi-experimental with four comparison sites).
 - Curriculum training and intensive (500 hours) coaching was based on PD, including fidelity checklists, progress monitoring, and monthly followups.
 - The study looked for changes in the pretest and posttest scores on teacher knowledge.
 - Fidelity measures showed improvement from pretest to posttest scores.
 - Using nine classrooms for treatment and seven for comparison: The effect sizes ranged from .54 to more than 1 for different observational measures.
 - Effect sizes for child outcomes ranged from .13 to .67, depending on the measure.
- For the future:
 - Do not limit yourself to ERS. We can raise the classroom quality score, but that does not always translate into intentional teaching practices. Increases were seen in QRS, the ERS mean, and the education of teachers, but there was no improvement on the ECERS-E measure of teaching practices. (Coaches were teaching to the assessment, which they thought to be ERS.)
 - Fidelity of implementation: We need to address fidelity.
 - Account for familial influence: Research designs must account for the family.

Carolyn Drugge

- Projects:
 - Accreditation Facilitation Project.
 - Assistance network—multiple levels of assistance through collaboration coaches.
 - Mental health consultants.
 - ZERO TO THREE Strengthening Families Project.
 - Providers to report on the involvement of families and the number of observations related to quality guidelines.
 - Some Early Reading First grants.

Discussion

- How did you measure “intentional teaching?”
 - ECERS-E was used for preschool-age children and for family child care homes when the provider has a high proportion of preschool children.
 - A checklist was developed for assessing infant/toddler and school-age care.
 - When coaches have an ERS score on the classrooms, they can become too dependent on the dimensions of this scale. Thus, they can improve the environment but not necessarily the quality of teaching. We need to look at broader measures than ERS.
- How can you measure family support without a strong potential for social desirability bias? Perhaps the focus should be on what to do first.
 - Currently, communication is one way from the provider to the parent; Diane Paulsell suggests a two-way communication system.
 - We need to think about more than family involvement—think about family support.
 - The research on family support is slim regarding ECE.
 - Research is also needed on what providers are doing and what families want in terms of family support.
 - Family support needs to be linked to child outcomes.
 - In terms of PD, we need to train providers about what to look for in providing appropriate referrals.
 - In Head Start, determine what is appropriate to expect of teachers.
 - Think about how to train teachers but bear in mind the limited resources.
 - Focus on providers’ attitudes, knowledge, and practices regarding families. Start with attitudes and then move to knowledge as precursors to practice.
- Family support is the core aspect with all income families, especially those with young children.

Key Themes and Issues

What We Know (Toni Porter)

- Changing demographics: Immigrants are going to be an increasing part of the workforce. Fewer sources of higher education have certified EC degrees. We need to know more about the content of training and PD. On average, States require only 3–7 hours (center-based) and 0–3 hours (family child care) of training, and the majority of training is focused on safety. What do we know about what people think concerning increased professionalism and reduced stress?

Incomplete Logic Model (Kathy Thornburg)

2008 CCPRC Meeting
Session 12 (Plenary Session 3)
Thursday, July 31, 4:00-5:15 pm

- We make a lot of assumptions in our research. For example, we assume that PD improves classroom quality and/or child outcomes without carefully examining the PD activities and their relation to the outputs and outcomes.

Not Limiting Yourself to ERS (Kathy Thornburg)

- We can raise the classroom quality score, but that does not always translate into intentional teaching practices. Increases were found in QRS, the ERS mean, and the education of teachers, but there was no improvement on the ECERS-E measure of teaching practices. (Coaches were teaching to the assessment, which they thought to be ERS.)

How to Measure Family Support

- How can family support be measured without a strong potential for social desirability bias? Focus first on what should be done. Two-way communication is important. Family support is appropriate to the needs of the family (across a range of families). What are the staff workload issues? Research is needed on what providers are doing and what families want in terms of family support.