

2010 CCPRC Annual Meeting  
Workshop Session A4  
October 21, 2010, 10:45 a.m.

## **Models of Effective Professional Development and Quality Improvement: Coaching, Consultation, and Mentoring**

### **Description**

This breakout session addressed recent research examining on-site/relationship-based approaches to professional development such as coaching, consultation and mentoring. Findings were presented from studies in a range of settings including child care centers, licensed family child care providers, and family, friend and neighbor caregivers.

### **Facilitator**

Martha Zaslow, Child Trends

### **Presenters**

Ann Collins, Abt Associates, Inc.  
Helen Raikes, University of Nebraska, Lincoln  
Diane Paulsell, Mathematica Policy Research  
Jennifer LoCasale-Crouch, University of Virginia

### **Scribe**

Rae Anderson, National Child Care Information Center

### **1. Documents in Session Folder**

- “Examining Thresholds of Child Care Quality in Two Multi-Site Data Sets: Preliminary Analyses Using Generalized Additive Model (GAM) and Confirmatory Factor Analyses of Quality Measures,” Helen Raikes.
- “Evaluation of Child Care Subsidy Strategies: Findings from the Massachusetts Family Child Care Study,” Ann Collins

### **2. Summary of Presentations**

- **Summary of Presentation #1:** Ann Collins, Abt Associates, Inc.
  - The MA Family Child Care Study was one of four experiments in the Evaluation of Child Care Subsidy Strategies. It was a two-year test of *LearningGames (LG)* in family child care, conducted from 2006-2008.
  - *LG* provides activities targeted to children from ages birth to five.
  - The control group received “traditional” technical assistance; the target group received specialized technical assistance.
  - The intervention was child focused and based on individualized needs and scaffolding; it used a train the trainer model. Learning activities were woven throughout the day including during routine caregiving.
  - Research questions included: Did *LG* have significant positive impacts on the level of support for development and learning that was provided to children in care? Did it have positive impacts on developmental outcomes for children in care? Was the study’s professional development model effective at training providers to use *LG* with

- fidelity? What were the barriers and facilitators to effective professional development?
- Findings: substantial variability in fidelity of implementation, but *LG* providers implemented more activities and interactions that aligned with the program.
  - Problems leading to variability in fidelity included: home visitors needed more time to become skilled in supporting *LG*; project coordinators were not initially prepared to provide support; high level of turnover among home visiting staff; and large caseloads for home visitors. Overall, the study under-estimated amount of training and technical assistance needed from developer and the developer lacked adequate on-site infrastructure to support implementation.
  - Attrition: 56% of providers left the study and/or left the field by the end of the study; child attrition was 91% by the end of the study (related to provider attrition and turnover among children in care).
  - There were statistically significant differences between the control group and target group on constructs representing change in caregiving practices including rich oral language interactions, support for children’s oral language development, and responsiveness to children.
  - The potential exists to scale up the model, but more study is needed. Turnover of providers and consultants needs to be addressed as well as implementation and infrastructure issues.
- **Summary of Presentation #2: Helen Raikes**
    - Quality Interventions for Early Care and Education (QUINCE) study used the Partners for Inclusion (PFI) model of assessment-based, individualized, on-site consultation; consultants as well as providers were trained to use an assessment scale to determine the quality of care and to collaborate on the development of a plan for improvement in quality over an extended period of time
    - The study was implemented through 24 resource and referral agencies (existing infrastructure) across five States: Iowa, Nebraska, North Carolina, California, and Minnesota.
    - The consultants were a diverse group: 101 were randomly assigned to the control or PFI group and randomly assigned to settings.
    - The study involved a target group of teachers in child care centers who received PFI and a control group of teachers who received consultation as usual. There was also a target group of family child care providers who received PFI and a control group that received consultation as usual.
    - The intervention lasted 6–10 months with quality being assessed at baseline, the end of the intervention, and again six months after the end of the intervention. Both quality and child outcomes were assessed.
    - Fidelity issues for QUINCE: turn-over was high for providers (37%), consultants (39%), and teachers (58%); there were issues with the professional preparation of consultants. Caseloads varied a lot. There was turnover due to instability of funding to ensure coaches would have jobs, and structural issues
    - PFI worked particularly well in family child care. Need to look at the difference in impacts between center-based and family child care. Note: Susan Neuman found significant differences between centers and family child care in a study on literacy.

- This coaching model has the potential to work well in QRIS. Might be part of a tiered approach, involving different coaching for different providers, and/or experiment with different coaching models. Data needs to be collected on the process.
  - There were interesting moderation effects: those that benefited most were those that had the most experience.
  - Need to think about quality measures as a way of structuring coaching/mentoring approaches.
- **Summary of Presentation #3:** Diane Paulsell.
    - Seeds to Success Modified Field Test: Washington State Early Learning Initiative that involved Thrive by Five in two demonstration communities. The study included 12 child care centers and 52 family child care homes.
    - This evaluation tracked changes in observed quality and changes in QRIS ratings in two categories that used ERS: curriculum and learning and professional development and training.
    - Researchers did the observations, not the coaches.
    - The target group received coaching, observation ERS, quality improvement grants, professional development funds, and quality improvement plans. The control group received professional development opportunities and funds.
    - Assessment involved the Arnett, ERS, and ratio and group sizes.
    - The study found large impacts on observed quality in family child care. It did not find large differences in quality improvement in centers.
    - Both lead and assistant teachers in child care centers were more likely to be involved in training and be attending college. However, no impact was observed in terms of credentials (the time frame was too short).
    - Turnover was significant.
    - Providers liked coaching one-on-one and coaching helped to drive the content of quality improvement. Relationships were central.
    - Feasible to implement intensive coaching: Can it produce gains in quality? Does it make sense to reward gains or invest in those at the lower end of the quality scale?
    - For the future:
      - Need to make sure supports are in place for training consultants.
      - Opportunities for PD were somewhat limiting due to scheduling, affordability, and cultural appropriateness.
      - Need management information system.
      - Establish baseline for quality.
      - Replicate study with a longer follow-up.
      - Planned variation in looking at levels of coaching.
      - Look at child outcomes.
      - Conduct cost–benefit analysis.
- **Summary of Presentation #4:** Jennifer LoCasale-Crouch
    - INCREASE Study: My Teaching Partner Model. Model uses classroom behaviors as the focus of consultation; uses a lot of video; follow-up meeting via internet and phone during which a plan for action is established. This study found effects for teacher behavior and child outcomes.
    - Another study, through the National Center for Research on Early Childhood Education, found lots of variation in implementation. To ensure implementation

fidelity, we need to be clear about the key components that make a difference before we “scale up.”

- Variations in quality in the one-on-one interaction between providers and consultants; very similar to what we think about teachers and how they approach teaching.
- Issues related to participation in the program.
- What are the common measures across settings so we can start building professional development?
- Need to look at the process: What is happening in the intervention?
- Are there lessons learned that are transferrable to home visiting programs with parents?
- Need to engage those who support the consultants.
- Fidelity of training the trainers. Fidelity in implementing the model. And fidelity of the assessment tool/rater.
- Retention issues related to trainers, consultants.

### **3. Summary of Discussion with Presenters and Participants**

- Relationship-based approaches to professional development were presented from studies across a range of settings, including child care centers, licensed family child care providers and family, and friend and neighbor caregivers.
- Discussion of roles: what are we using to help us “define” these roles? Tend to use words interchangeably.
- When does “fidelity” become just good practice? We don’t need to rely on the model/tool, etc., to do good practice. The sequence of working through improvements is something we need to pay attention to. What we start with philosophically, and where we land, sometimes results in tension. Tension also exists between individualizing and keeping fidelity.
- Must be certain when we are focusing on implementation of the model versus what people are doing beyond the model. They may be doing something that is not a part of the model and making even greater improvements.
- Need to push for change within the context of relationships. What incentives would help with turnover? No career ladder for coaching/mentoring. Tremendous intrinsic motivators to improve practice including the opportunity to work with a coach, self improvement, etc.
- Need to do cost benefit analyses.