

Impact of Professional Development Interventions

Description

This session explored what is being learned about effective ways to increase caregiver and teacher competencies across the range of early childhood settings. The role of Child Care and Development Fund (CCDF) dollars in promoting professional development was examined, as was the interrelationships among professional development, quality of care, and children's learning. Early findings from the seven states in the Quality Interventions for Infant Care and Education (QUINCE) project and the separate child care subsidy evaluation were discussed.

Facilitator

Ivelisse Martinez–Beck, Child Care Bureau

Discussants

- Barbara Goodson and Jean Layzer, Abt Associates
- Donna Bryant, University of North Carolina
- Sharon and Craig Ramey, Georgetown University

Scribes

- Sara Benjamin, University of North Carolina at Chapel Hill
- Ayonda Dent, Child Trends, Inc.

Issues

- How are CCDF quality dollars being used to enhance professional development?
- How does professional development relate to quality and contribute to improved child outcomes?
- How does professional development enhance the quality of care for children in all settings?
- What have we learned from each of the models about delivery strategies, fidelity to the model, and effectiveness of the interventions on the ground?
- For each of the above issues: (1) What tools exist to measure professional development; (2) What is the impact of professional development on teacher competencies; and (3) What have we learned about the potential and the problems of new delivery modes for providing professional development (i.e., the internet, public television)?

Handouts in the Session Folder

- Quality Interventions for Early Care and Education (QUINCE)
- Implementing Training Models to Improve Quality of Early Care and Education

Discussion Notes

Ivelisse Martinez-Beck

Question #1: In thinking about impacts on professional development, which outcomes should we be measuring? How do we measure quality? What are some of the issues and surprises in implementation?

Donna Bryant (Presentation)

QUINCE began two-and-a-half years ago. QUINCE partners make up a complex research team: 5 universities and 24 agencies in 5 states.

Data in the Power Point slides are from a GAO (Government Accounting Office) report from 2000. It's hard to make sense of it. In North Carolina we saw tons of consultation. Are there any more recent data? (This study should be updated because the data are now 6 years old. States were giving the money to resource and referral agencies, enhanced inspections, meeting state standards (QUINCE Power Point in session folder shows full graph).

- Control group: randomly assigned half to a control group. Professional development services offered. Are they effective? I'm not sure we know much about them.
- On site consultation, coaching, or mentoring:
 - * Generally provided by program staff, no restrictions
 - * Some only serve homes
 - * 29 percent say that licensing is an outcome (get license or improve licensing)
 - * 66 percent use ECERS (Early Childhood Environment Rating Scale).
- Consultant characteristics (sample size = 221)
 - * Length of experience: 6 years is the mean
- Service intensity:
 - * Caseload: Caseworkers serve an average of 44 average people (ranges from 5-100) and the intensity of involvement is highly variable
 - * Site visits per week: 6 is the mean (range is 1-15)
 - * Average time given to providers: 22 hours is the mean across agencies (range is from 2-115)
 - * Every agency has different ways – within an agency you may have 3 different programs

I'm not sure the findings are representative, but they give a good range. We are working with agencies that may not be representative; they don't seem to be using evidence to guide their practice. In the PFI we are asking providers to use this to change their way of thinking. It's hard bringing this model into existing agencies. We start with the idea of training consultants to do a better job, but they are often housed in agencies that have different expectations.

Barbara Goodson: What precipitated the Miami study was the results from the system-wide assessments of subsidized children in child care centers using the LAP-D, which showed the children at the 30th percentile in the language and cognitive domains.

Ann Collins: There is a huge variation in Massachusetts. It takes a while to get people to change the way they work with providers. The first part of the project is trying to change people's minds about how they train providers.

Sharon Ramey: In Mississippi, we work with the providers depending on where they are. If some of the providers don't reach the score of 4.0, we roll them off and then continue the professional development. It's voluntary in an unregulated system of family child care homes. There is a great level of commitment and interest. Families are ready and waiting.

Barbra Goodson: Since the children in Miami were at the 30th percentile in language and cognitive development, the county was interested in implementing a targeted intervention and the Miami Dade School Readiness Coalition partnered with Abt to experimentally test a curriculum or a model that has a strong chance of succeeding.

- Quality dollars were used to complete a randomized experiment of 162 centers. We chose one classroom of four-year-olds in each participating center. The number of classrooms provides adequate power for looking at teacher and child outcomes.
- Three-quarters of the classrooms received a new curriculum and the other classrooms formed the "business-as-usual" control group. The teachers in all of the classrooms were promised a stipend of \$500 at the end of each year that they remained with their same classroom.
- The same training model was put in place for all three developers: group training for teachers, with refresher training every 6 months, and twice-monthly mentoring. They did this for 18 months (36-50 hours).
- Developers worried that half the teachers were Spanish speaking (these teachers mostly preferred to be trained in Spanish). They had Spanish material for children but not teachers. They wanted the teachers to teach in English.

You really want to do it in their first language. The developers were extremely nervous that these teachers would not be able to effectively teach an English-language literacy curriculum.

Sharon Ramey (Presentation: Handout in session folder)

- Mississippi Ramey intervention
- TV Training Model:
 - * Participants all get their own videos and learn by watching TV;
 - * Learning is didactic and involves abstracts, ideas, principles, and guidelines.
- Coaching Training Model:
 - * Side-by-side apprenticeship;
 - * Words of experience: Coach gets there at the beginning and stays until the last day (immersion model);
 - * If you are going to learn a new skill or habit you have to do it daily over a period of time. In this study, coaching continued for four weeks;
 - * We spend a lot of time teaching trainees how to be a coach;
 - * You can look at people in the community who are natural leaders.
- Right from Birth Training Model
 - * This model is based on the book *Right from Birth* (Ramey & Ramey) that summarizes findings about how to promote child development.
 - * We use a public broadcasting TV series (12 parts) entitled “Right from Birth.” This series:
 - Incorporates additional health and safety information in training manual;
 - Focuses on daily provision of “The Seven Essentials for Every Child.”
 - * Family child care participants came to 6 Saturday sessions. Attendance was phenomenal, even though they were not given any money or credits.

Ann Collins: What about the providers? In Massachusetts, there was a question of how long a provider can tolerate someone else in her home. What it is like for someone to be with you for the month? The reason they did not go full scale in the first year is because the Child Care Bureau did not think they would get enough people. But they have not met any resistance. Providers think the person coming in is from the local extension service, which has a natural trust level in the community. One story that was shared this week was different. In a relative care situation, some adult children were hanging around. Even the grandmother had accepted their lying around all day. The assertive coach told them they needed to leave and the grandmother was relieved that someone intervened on her behalf. People volunteer and know they will have a coach. No one dropped out, either in centers of homes. It was the only thing they were getting. They had never received any type of support.

Donna Bryant: PFI models involve multiple visits over many months. Consultants work with families in the home. A family child care home provider assesses her environment and does her own scale. She then translates the scores into an action plan and tackles that over the next weeks or months. This is a collaborative model – a non-hierarchical approach to the change process. It is not an expert model. Consultants were randomized. They did not necessarily choose to be in this study. But they saw it as a real professional growth opportunity. Consultants were pleased and providers said it improved their problem-solving skills to assess quality in their own program.

Ivelisse Martinez-Beck

2nd question: What were you trying to change with this intervention and how did you measure the change? What did you take into consideration about the measures you chose?

Barbara Goodson - Miami

The interventions were all focused on language and literacy-- including oral language and vocabulary, print knowledge, and phonological awareness. Miami-Dade selected curricula that had shown impacts on children in previous studies. Besides using a battery of standardized measures to assess child outcomes, the study used a new observation instrument. It is a comprehensive instrument with 5 or 6 measures that focus on the language and literacy interactions and materials in the classrooms. Observers were trained to 85% reliability since it had not been used before. The study documented teachers' behaviors before training and twice during the study to assess change.

One curriculum was "Breakthrough to Literacy" which made use of computers to provide additional print exposure to children. The computer provided one type of support for Spanish-speaking teachers to help children learn English literacy skills. There were three computers in the classroom with very sophisticated interactive software. The second curriculum was "Building Early Language and Literacy", which provided two 15-

minutes focused literacy activities each day. The third curriculum was “Ready, Set, Leap (Leapfrog Schoolhouse).”

Sharon Ramey

In Building for Language and Literacy (BLL), control classrooms had the curriculum in the classroom but it was not being used. Two levels of coaching (monthly, weekly) were compared. The monthly coaching level involved a full year of weekly coaching, a summer institute, and monthly get-together of teachers. This model showed gains in performance scores and ECLO scores. With weekly coaching only, there was a change in teacher behavior but not in the children. There is an issue with fidelity to the model. Teachers failed to promote language and literacy all the time. They did not get the idea. They were supposed to do it all the time.

The ECERS (Early Childhood Environmental Rating Scale) was used – We used ten literacy levels in combination with the PLS as the child outcome measure when children were 20 months old and again at 5 years.

A self-assessment is part of the PFI intervention. Having providers self assess as in Massachusetts can be problematic. They can tell you whether they have learning centers or activity centers but can say much less about their interactions with children. How do they know? They can't make that judgment.

End of Session

Breakout session notes are brief summaries of issues, findings and ideas discussed by participants and do not necessarily reflect the views of the Child Care Bureau or other members of the Child Care Policy Research Consortium.