QUINCE: Quality Interventions for Early Care and Education

Funding from:

The Administration for Children and Families and

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

US Dept. of Health and Human Services



QUINCE-PFI Research Teams

FPG Child Development Institute at UNC-CH

Donna Bryant Carla Fenson John Sideris Peg Burchinal Iheoma Iruka Karen Taylor Pat Wesley

- UCLA
 Carollee Howes, Hyun-Joo Jeon
- Iowa State University
 Sue Hegland, Kere Hughes
- University of Nebraska-Lincoln
 Helen Raikes, Julia Torquati
- Child Trends and University 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



QUINCE Research Questions

- Does on-site consultation improve quality?
- Is PFI consultation better than existing Quality Enhancement (QE) initiatives?
- Can improvements be sustained?
- Do some providers benefit more than others?
- Do children benefit?
- Does fidelity matter?



Description of PFI On-Site Consultation

- A collaborative process focused on quality improvement, both environment and interactions
- 12-17 visits over a period of 6-10 months
- Joint needs assessment using ECERS or FDCRS and ECERS-E
- Consultee plays active role in the process, including goal-setting and evaluation

Stages of Consultation

- 1. Entry, Relationship Building
- 2. Formal & Informal Assessment
- 3. Setting Goals
- 4. Selecting Strategies
- 5. Implementing Action Plan
- 6. Evaluating Action Plan
- 7. Summary Conference



Goals and Content

- Goals
 - -Enhance the material & teaching environment
 - -Enhance childrens' learning and development
 - -Provide problem solving skills to the consultee

Main Content Areas

- Furnishings, space, and organization
- Health, basic care, and routines
- Language, literacy, and reasoning
- Adult-child interactions & learning activities



Design of the PFI Study

- 5 states/5 research teams: California, Iowa, Minnesota, NC, Nebraska
- 27 agencies with quality enhancement programs, typically consultation
- Directors agreed to random assignment of consultants to PFI or Business As Usual
- Directors agreed to provide adequate time for the PFI intervention
- Consultants from 24 agencies consented



QUINCE Study Participants 24 agencies: 101 consultants **Control Only** Control to PFI **PFI Only** 46 consultants 35 consultants 20 consultants 55 Controls 66 PFIs (43 enrolled sites) (46 enrolled sites) 136 FCC homes 127 FCC homes 53 Teachers 55 Teachers

Responsibilities of PFI Consultants

- Train providers on rating scale and administer scale accurately
- Develop and implement an action plan with providers based on the rating scale results
- Make regular visits with providers (minimum of 1 per month for 6–10 months)
- Document visits and contacts using web-based forms and communicate regularly with the liaison



Assessments: Timing & Content

- Timing: T1 baseline
 T2 end of intervention
 T3 6 months later
- Independent, trained, reliable data collector
- Observations: ECERS/FDCRS; ECERS-E, CIS
- Interviews: Childrearing Beliefs, Professional Motivation, Job Stress, Demographics
- 718 randomly selected children assessed fall and spring after Time 2 w/PLS-4 & Bracken



Characteristics of FCC Providers & Teachers

	FCC Providers $(N = 258)$	Teachers (N = 102)
Experience, yrs.	10.6 (8.8)	11.3 (7.3)
AA degree or more	31%	25%
CDA	10%	28%
Training Hours (2 yrs) Less than 11	18%	39%
11 - 20 21 - 30 More than 30	21% 30% 31%	29% 13% 18%
Child/Adult Ratio	4.5 (1.9)	6.9 (3.0)
% Children on subsidy	20% (.3)	40% (.3)

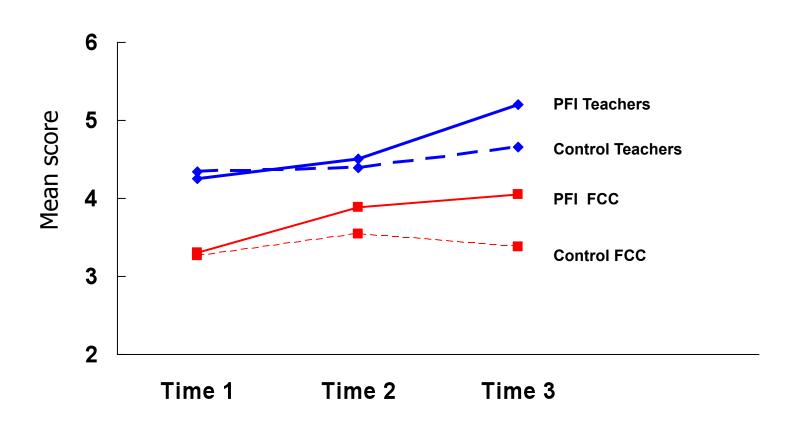


Research Questions 1-4

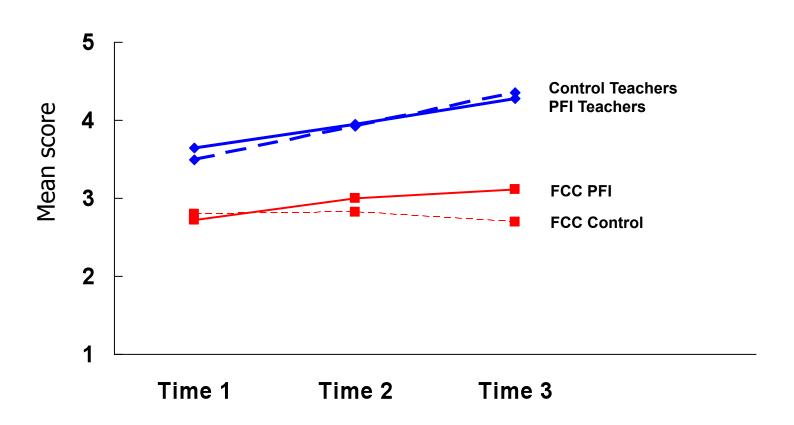
- Does on-site consultation improve quality?
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- Can improvements be sustained?
- Do some providers benefit more than others?



Teaching and Interactions Factor



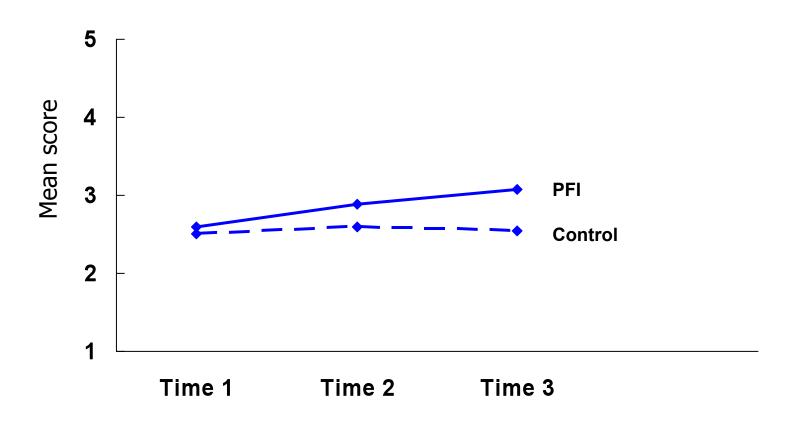
Provisions for Learning Factor*



^{*}This factor score contains some health and safety items for the FCC providers whereas for classrooms, the factor is mainly composed of learning materials.

ECERS-E Literacy Score

Teachers and FCC Providers Combined



Summary of Quality Outcomes

- Classrooms both PFI and Controls significantly improved over time on both ECERS factors
- FCC Homes greater gains for PFI than controls on all 3 FDCRS factors (sign. for 2)
- Classrooms and homes PFI significantly greater than Control on ECERS-E Literacy
- No changes in Caregiver Interaction Scale, professional motivation, or stress; marginally significant (p < .10) effect on Modernity (progressive childrearing beliefs)

Answers to Quality Questions

- On-site consultation improves child care quality as measured by traditional observational quality assessments.
- PFI better than typical consultation for Family Child Care providers, but not for Classrooms
- Gains can be sustained and, in fact, increase over time
- Mediators: PFI was more effective for more experienced teachers and those with more childcentered beliefs; similar but less strong associations for FCC
- Moderators: PFI more effective for teachers at higher doses on both ECERS factor scores; not s for FCC

Characteristics of Children

	In FCC (N = 482)	In Classrooms (N = 236)
Age 1st assessm't	3.4 years	3.7 years
Girls	46.5%	46.0%
Race White African- American Multi/Other	72% 8 20	40% 23 37
Hispanic ethnicity	13%	13%

Characteristics of Families

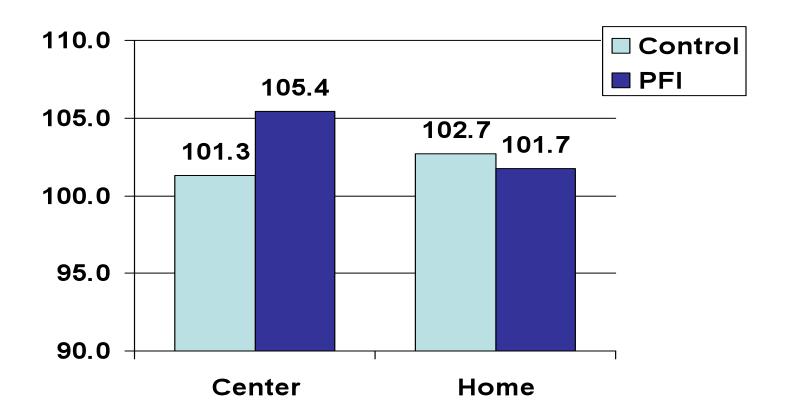
	In FCC (N = 318)	In Classrooms (N = 124)
Mean age	32 (6.2)	32 (5.3)
Parents married	70%	75%
No. in household	4.0 (1.1)	3.9 (1.1)
Mean fam income	\$55,700	\$59,714
Mean cc fee/month	\$439	\$490
Subsidy	14%	16%

Research Question 5

- Do children benefit from on-site consultation and quality? Are effects different for subsidized children?
- Children were assessed fall and spring with Preschool Language Scale and Bracken School Readiness measure.
- Significant group differences were found for the PLS but not Bracken.



Spring Preschool Language Scale

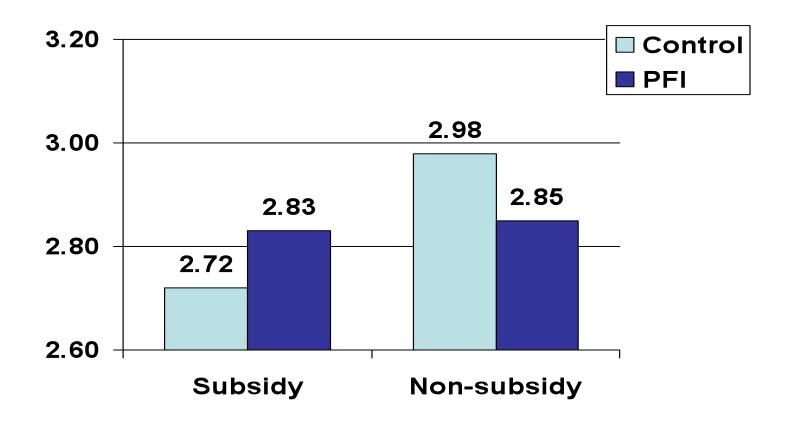


Effects for Subsidized Children

- Children in PFI-served classrooms were rated significantly higher in <u>social competence</u> than in classrooms served by Control consultants.
- Social Competence was a composite of Initiative, Self-Control and Attachment from the Devereux Early Childhood Assessment (DECA) and Social Competence from the Social Competence and Behavior Evaluation (SCBE); a 4-point scale.



Spring Social Competence Composite (signif. trt x subsidy interaction, adj. means)



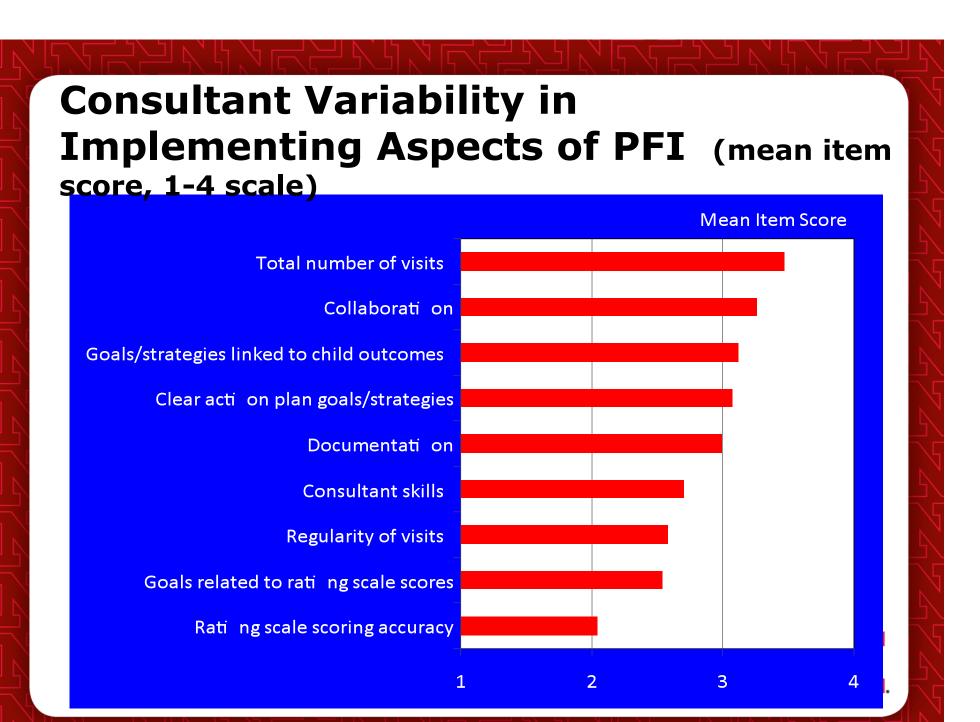
Research Question 6

- Does fidelity of implementation matter?
- Sub-questions: How different are consultants in their implementation of the PFI model?

Can we predict who will implement the model more faithfully?

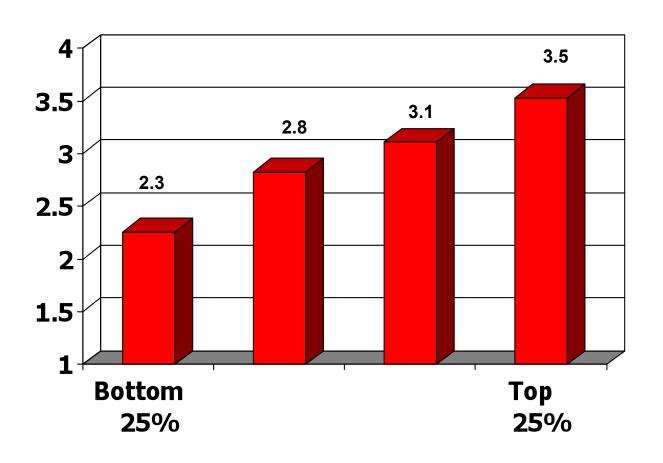
Does fidelity add to the prediction of quality outcomes?





Mean Consultant Fidelity Score

(PFI consultants only)





Conclusions re: Fidelity

- Considerable range of implementation across PFI consultants; likely to also be true for Control consultants although we have no measure of that.
- Select demographic characteristics of consultants are not predictive of fidelity; implementation depends on provider too.
- Analyses to date do not show fidelity adding to the prediction of quality changes over time.



Consultant Turnover is a Big Issue for Programs

- 15% annual turnover among QUINCE study teachers and FCC providers was expected (and planned for in the power analyses)
- Little turnover expected among consultants
- Results in QUINCE:

39% loss of consultants

58% loss of teachers

37% loss of FCC providers



QUINCE Summary

- On-site consultation is effective for improving care in multiple domains; although changes are modest, they endure and grow.
- PFI seems more effective for FCC homes than typical consultation; in classrooms a wide variety of consultation models resulted in quality gains.
- Evidence that programs must adapt to turnover at every level.
- Consultants vary widely in skills, knowledge and fidelity to a particular model of consultation.



Early Childhood Consultation Resources

Consultation in Early Childhood Settings (2005) by Virginia Buysse and Pat Wesley Paul H. Brookes Publishing 1-8080-638-3775 brookespublishing.com

Pat Wesley Grove House Consultants, 919-548-5397 grovehousemail@yahoo.com

