

Impact

No. 2
November
2001

Ideas and Information to Promote the
Health of Connecticut's Children



Impact highlights research findings and relevant information for policymakers, practitioners, and others who are committed to the health and well-being of Connecticut's children.

This publication is funded by a grant from the Children's Fund of Connecticut.

How Training of Child Care Professionals Improves Early Care and Education for Children

An Evaluation of the Training Program in Child Development

Training Program Partners:

- ▲ CT Department of Social Services
- ▲ Wheeler Clinic
- ▲ CT Charts-A-Course
- ▲ Children's Fund of CT
- ▲ Training Resource Academy of the Child Health & Development Institute



How Training of Child Care Professionals Improves Early Care and Education for Children

An Evaluation of the Training Program in Child Development

Connecticut's Training Program in Child Development is having a positive impact on the quality of early care and education in the state. That's good news for the state's children, as highlighted in a recently-released evaluation of the program conducted for the Child Health and Development Institute of Connecticut by the Bush Center for Child Development and Social Policy at Yale University. This article will take a closer look at the evaluation and the implications of its findings both for the state and for the field of early care and education.

INTRODUCTION

The state of Connecticut is facing a sea change in the care and education of very young children. In the past decade, new forces in both the state and the nation have created far reaching and occasionally unanticipated consequences for children. Welfare reform initiated in the early 1990's limited income supports for most able adults. Its emphasis on placing welfare recipients into employment created an immediate need for child care for thousands of children. At the same time, parents of all income levels continue to seek care as they enter the work force in increasing numbers.

Recognizing these trends and the importance of the role of teachers in the quality of care of young children, the state and federal governments both acted to increase the requirements for training of early care and education professionals. The investment of the state in training in child development is both a timely and a strategic response to the directions of these important public policies.

BACKGROUND

Nationally, the demand for quality child care continues to increase. Currently, approximately 75% of children under age five have one or both parents working outside the home and/or enrolled in school or job training. These children are cared for by adults other than their parents, primarily in some type of child care facility. Consistent findings from several national studies indicate that the majority of child care centers and family day care homes are not of good quality, with potentially harmful effects for the children in their care (Helburn, 1995; Kontos, Howes & Galinsky, 1994). A sizeable minority of children (10-20% nationally) is in substandard care, below the threshold of even adequate care, regardless of the type of care being examined. When we factor in recent research demonstrating the potential impact of poor child/adult interactions on the brain development of young children, the importance of the quality of care for infants cannot be overstated. Yet, a systematic national response has yet to be formulated.

While there are a variety of reasons for poor quality child care, numerous studies indicate that the lack of educated and trained staff is a critical factor in determining the quality of the child care environment. How providers group, interact with and arrange activities for the children in their care in large measure determines whether children's early experiences are positive, or are potentially detrimental to their health and well-being.



with four different levels of training. Researchers noted an especially significant difference between providers who received no training and those who received even abbreviated training, indicating that even some training leads to more positive interactions with children and better child rearing attitudes.

Research also indicates that training benefits the providers themselves, improving self-esteem and building confidence in their role as professionals (Bloom & Sheerer, 1992).

WHY INVEST IN TRAINING?

The importance of provider training on outcomes for children has been known since the first national study on the effects of child care on children. The study (Ruopp et al., 1979) found that provider training was one of the strongest factors predicting the quality of the child care environment and its effect on children — more important than providers' overall level of education and experience as caregivers.

As might be expected, higher levels of pre-service training in child development (a B.A. in early education or other specialized training at the post-secondary level) also have been shown consistently to be associated with more responsive care that focuses on positive adult-child interactions, as well as on enhanced cognitive, language and social skills. (Whitebook, Howes & Phillips, 1990). Other studies illustrating the benefits of provider training indicate that children cared for by trained providers engage in cooperative play and show more sociability and self-control than do children cared for by untrained providers (Finkelstein, 1982). In another analysis Arnett (1989) studied 59 center-based providers

ESTABLISHING THE TRAINING PROGRAM

Recognizing these findings and trends, Connecticut became one of a handful of states to lead the way in child care training innovation. The Department of Social Services and the Children's Fund of Connecticut selected Wheeler Clinic to design, launch, and administer a statewide training system. That system is now sponsored by the Training Resource Academy of the Child Health and Development Institute of Connecticut (CHDI). Though the purpose of the training was to enhance the knowledge and skills of all types of child care providers, it was particularly targeted to entry-level providers, many of whom do not have formal education beyond high school.

The training program has been in operation since 1998. It is funded by the Children's Fund of Connecticut and the Connecticut Department of Social Services through CHDI, and continues to be administered by Wheeler Clinic. It uses a curriculum developed by Connecticut Charts-A-

Course, an innovative professional development system for early care and school age care providers. The 180 hours of the CT Charts-A-Course curriculum for training child care providers is organized into modules. (Module I is the first 15 hours of work-

CT Charts-A-Course is a comprehensive and coordinated system of career development for early care and school-age education professionals. It includes the following elements

- ▲ Registry/Career Ladder
- ▲ Scholarship Assistance Program
- ▲ Training Approval Board
- ▲ Career Counseling
- ▲ Accreditation Facilitation Support
- ▲ Early Childhood Education Articulation Agreements with colleges

shops; Module II, the next 30 hours; Module III, 45 more hours; Module IV, 90 more hours.) Training is provided in a variety of settings throughout the state including community colleges and local organizations. The local training organizations offer innovative approaches, with accessible community locations, evening and weekend schedules, Spanish sessions, distance learning alternatives, and supports such as transportation, child care, and print resources (see box). Child care providers with little or no previous training in child development or early childhood education are targeted for participation.

In keeping with its mission to bring research findings and best practices to policymakers and practitioners, CHDI contracted with the Yale Bush Center in Child Development and Social Policy to conduct an evaluation of the system as it evolved and to examine the impact of the training on actual practices of providers. This report summarizes the key findings of the evaluation report, which was completed in September 2001.

4,156 providers have participated in the training as of June 2001

- ▲ Training is available at 30 locations and provided by 18 different training organizations. These include community colleges, the UConn Cooperative Extension, community agencies, and Regional Education Service Centers
- ▲ 20% of the training is conducted in Spanish
- ▲ 38% of the participants have been African American or Hispanic

- ▲ Training includes such topics as: child health and development; developmentally appropriate practice; how to be a more effective child care provider; early literacy; working with children with special needs, and training in how to access health care for low income families with children (HUSKY).



- ▲ More than 600 participants have taken some part of Module IV, with 110 having completed the full 180 hours of training.
- ▲ Training organizations report that more than 350 participants in the program have secured a Child Development Associate credential or have an application in the works.
- ▲ The program provides scholarships for those providers who cannot otherwise afford to attend the training sessions.

THE EVALUATION PROCESS

Beginning in 1999, Matia Finn Stevenson and Shelby Miller of the Yale University's Bush Center in Child Development and Social Policy designed and conducted an evaluation of the Training Program in Child Development in its second and third years of operation. The purpose was to determine how the program operates and to ascertain its effects on the participating child care providers and the environments in which they work.

Interviews were conducted with key program stakeholders including administrators, curriculum developers and monitors, funders, training coordinators, and trainers. Most of the interviewees had been associated with the program since its inception two years earlier. Content of the interviews was analyzed for major trends, consistent responses and explanations, and important variations. Reports and other written materials prepared by Wheeler Clinic also were reviewed.

The evaluation of training outcomes was designed to measure the impact of the program on the quality of services in center-based, family day care, and care offered by relatives ("kinship care"). Two different studies were undertaken to assess initial and cumulative impact. Although the program is available to all providers, the findings of the study are particularly relevant to those in centers.

The data was collected between January 2000 and June 2001. The sample for the first outcome evaluation study consisted of 102 center-based care providers and 14 family day care providers. It was based on a pre- and post-test model consisting of structured observations and interviews with child care providers before and after they had participated in either Module I (15 hours) or Module II (next 30 hours) of training. Trained interviewers visited

the child care providers before they started the training modules or within the first three hours of training, and again several weeks after they completed the modules. During the visits, the interviewers observed a couple of hours of routine child care and completed the Arnett Scale of Caregiver Behavior (Arnett, 1989), and either the Early Childhood Environment Rating Scale-Revised (ECERS-R), (Harms, Clifford and Cryer, 1998) or the Family Day Care Rating Scale (FDCRS), (Harms and Clifford, 1989) depending on the type of care.

In the second study, 62 center-based providers, 37 family day care providers and 4 relative care providers who had participated in all four modules (180 hours) were interviewed by telephone and asked about their attitudes towards the training program, as well as about their professional backgrounds and future goals in child care and related fields. The majority of respondents did not have higher education degrees.

The Evaluation Asked These Questions

- ▲ Do providers increase their knowledge of children's care and development in specific areas related to quality?
- ▲ Do providers improve their interaction, instruction and child management skills related to quality?
- ▲ Do providers' child care environments evidence positive changes related to quality?



THE OUTCOMES

We now have evidence from the report: training is making a difference. Most important, child care providers completing the first training module consistently demonstrate positive changes related to the learning opportunities and environments they offer and the quality of their interactions with young children. This is despite relatively high mean scores on the rating instruments prior to the training. Although there may have been other contributing factors, the responses show a high likelihood that the changes were due at least in part to participation in the program.

Table I.
ECERS-R Overall Scores
Pre- and Post- training (N=66)

ECERS-R	N (%) before training	N (%) after training
Less than minimal (3-4.99)	3 (4.5)	0 (0)
Minimal, less than good (3-4.99)	27 (40.9)	16 (24.2)
Good, less than excellent (5-5.99)	28 (42.4)	37 (56.1)
Between good and excellent (6-7)	8 (12.1)	13 (19.7)

Only a small number of centers (3) scored below 3 before the training, indicating that their quality is less than minimal in standard, and potentially harmful to children (see Table I). Twenty-seven (40.9%) scored between 3 and 5 (between minimal and good). Over half (54.5%) scored 5 or above, which is good to excellent, and of these, 12.1% scored between 6 and 7, the level of quality deemed excellent. Following the training, no providers

scored in the “inadequate” range, and 75.8% scores were “good” or better.

Other findings using the individual domains of the ECERS-R and the Arnett scores show additional gains.

There were statistically significant increases in all aspects of quality seen after the training module was completed: space and furnishings; personal care routines; language and reasoning; activities; interaction with children; program; and parent and staff relations.

- ▲ The increases are largest in the areas of language and reasoning, program, and interaction.
- ▲ There were significant increases in providers’ responsiveness and decreases in harshness and detachment.

Analyses also confirmed the expectation that less skilled or experienced trainees would gain more from the training than those with more extensive experience. Of those who took the first module, 52.5% were able to identify something they did differently as a result of the training, in contrast to 84.2% of those completing the second module. This suggests that the greater length and depth of the second course translated into greater gains for participants.

“It has made a big difference in how I relate to children.”

Statement from participant in study



The experience of training was also found to have a positive impact on participants' future career plans and attitudes towards training in general. The proportion of those who planned to take the next module of training increased from two-thirds (68.7%) to three-quarters (74.4%) between the first and second interviews. The most frequently cited barriers to taking further training were the timing of training (which is limited by funding for the program) and the individual's work situation.

“Since (taking the training), I would love to continue (with my) education, would love to continue to college.”

From survey of participants. Half the sample said that their goals for training had changed since taking the training, and 34% said that their career goals had changed.

Participants who completed all four modules rated the training program on a 10-point scale. When asked to rate the extent to which their participation in the program

had improved their care-giving, the mean ratings indicated a high level of self-identified improvement. Perhaps most interesting about the findings of the second study: providers were strongly committed to staying in the field of early childhood care despite the lack of substantive change in salary or benefits.

Conclusions

The report indicates that the program structure is working well. There is now a statewide infrastructure that can expand to support the training of a large number of providers. The evaluation revealed the feasibility of offering training to a large group of child care providers who live and work in communities throughout the state.



Through a unique public/private partnership, Connecticut has made a major investment in training those who care for thousands of young children in a variety of settings statewide. The evaluation indicates that the investment has been worthwhile. With even limited training, the quality of the child care environments and staff-child interac-

tions improved for entry-level trainees. The evaluation also appears to confirm the findings of other research studies that training can result in substantial gains in quality of child care. These gains will have far-reaching consequences for children in care.

In a field where the pay is low and the hours long, there were noteworthy improvements in participants' professionalism, as well as in their commitment to remaining in the field of child care and to seeking additional training.

Having a blueprint that provides an umbrella for statewide training facilitates continued improvements in that training. The establishment of a child care training system will be particularly important should the current shortage of child care workers become more pronounced. The increase in the number of working parents means more children will be cared for by providers, making the need for supporting and enhancing the child care training system paramount.

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