CHANGING BELIEFS AND KNOWLEDGE OF CHILD CARE PROVIDERS: THE OUNCE RESEARCH PROJECT

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Outline of Presentation
1. Background
2. Research Questions
3. Sample, Method and Measures
4. Findings
5. Conclusions
6. Practice and Policy Relevance

Background
- Poor quality of care for infants and toddlers
- Press for accountability in early childhood field
- Trends in professional development
- Minnesota context

Research Questions
- How does using the Ounce Scale affect:
  - Caregiver and parent knowledge of child development
  - Caregivers’ attitudes about child development
  - Parent-provider relationships
  - Provider-child relationships
  - Providers’ everyday practice with children

Research Questions
- To what extent was the training protocol implemented with fidelity?
- What factors might affect the degree of success or the degree of change?
  - Trainer-provider relationship
  - Characteristics of the trainer
  - Characteristics of the provider
**Logic Model—Impact on Provider**

- Provider Qualities
  - attitudes
  - understanding
  - knowledge
  - practice
  - demographics
- Trainer Qualities
  - attitudes
  - understanding
  - knowledge
  - demographics
- Child Qualities
  - age
  - temperament

**Parent Provider Relationship**

**Provider-Trainer Relationship**

**Ounce Training from Trainer & Follow-up Contacts**

**Parent Fidelity to Ounce Scale**

**Change in Parent-Provider Relationship**

**Change in Provider Qualities**
- attitudes
- understanding
- knowledge
- practice

**Provider-Child Relationship**

**Provider Fidelity to Ounce Scale**

**Change in Provider Qualities**
- attitudes
- understanding
- knowledge
- practice

**Analytic Plan**
1. Test for group differences at Time 1 to insure group equivalence.
2. Examine changes in beliefs and knowledge with repeated measures anovas over 3 time points as a function of intervention group and provider type (center or family).

**Study Sample and Design**

- Sample size
  - N= 122; 65 Ounce and 57 Control
  - Attrition= 98 providers; 45 Ounce, 53 Control
- Random assignment
  - Ounce providers participated in Ounce training for 6 months and follow-up for 6 months
- Pre-post-post design (T1/T2/T3)

**Measures for Providers**

- Knowledge of Infant-Toddler Development
- Attitudes About Caregiving
- Beliefs About Child Rearing
- Perceptions of Own Caregiving
- Parent-Provider Relationships
- Ounce Implementation Questionnaires

**Provider Demographics**

- N= 98 (1 male); 96 Caucasian
- Age range: 21-65, median age of 37.5
- 80% married, living with spouse
- Wide range of years providing care -1-46; median of 10
- Wide range of years at current setting – 1-30; median of 6.4 years
Provider Demographics

- Very good to excellent health for 75%; 25% report good
- 21% report depressive symptomatology
- About 2/3 had either a BA or MA

Provider Demographics

- About 1/4 were either taking early childhood or child development classes/participated in the TEACH program
- 95% had taken some kind of infant-toddler training
- Rates of attrition were similar between center and family providers

Findings

Knowledge

- Findings indicate intervention-control differences over time. Ounce providers, compared to control providers, increased their knowledge about infant and toddler development \( F(1,63) = 3.76, p = .057 \).

Findings—Beliefs about Discipline and Control

Findings—Value of Talking and Reading

Findings—Perceived Competence
Findings—Perceived Caregiving Skills

**Beliefs: Perceived Caregiving Skills**

- **Mean**: 2.5
- **T1**: 2.3
- **T2**: 2.45
- **T3**: 2.65

*Susman-Stillman, et al, 2009*

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**Findings—Perceived Caregiving Skills by Provider Type**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>T1</th>
<th>T2</th>
<th>T3</th>
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<tbody>
<tr>
<td>Family Providers</td>
<td>2.3</td>
<td>2.45</td>
<td>2.65</td>
</tr>
<tr>
<td>Center-Based Providers</td>
<td>2.7</td>
<td>2.6</td>
<td>2.5</td>
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*Susman-Stillman, et al, 2009*

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Findings: Implementation

**Family vs. Center (T2 and T3)**

- Family providers were significantly more likely than center providers to say using the Ounce Scale helped them:
  - recognize and understand normal typical child behaviors
  - learn the natural progression of skills development
  - individualize curriculum and design appropriate environment

*Susman-Stillman, et al, 2009*

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**Provider Findings:**

**Relationship with Trainer T2 & T3 (Family vs. Center)**

- Family providers:
  - are more comfortable sharing their Ounce-related experiences and ideas with their trainer (T2)
  - felt that their trainer welcomed their ideas and questions (T2)
  - had better relationships with their trainers than center providers (T2)
  - were more likely to receive telephone contact from their trainers (T3)
- Center providers more likely to feel nervous or uncomfortable prior to or during interactions with their trainers (T2)

*Susman-Stillman, et al, 2009*
Conclusions

- The Ounce Scale can positively affect the knowledge and beliefs of infant and toddler child care providers.
- Ounce was favorably received by providers. Providers did report less confidence on how to smoothly incorporate Ounce into their schedules.

Susman-Stillman, et al, 2009

Conclusions

- Center and family providers also showed differences in their approach to Ounce. Further work is needed to understand more about the particular barriers to, and differences in, implementation in both center and family child care settings.
- Along with the randomized design, this study was strengthened by its gathering of implementation and fidelity data.

Susman-Stillman, et al, 2009