



**An Interdisciplinary Evaluation Report of  
Michigan's Childcare Expulsion Prevention (CCEP) Initiative**

Laurie A. Van Egeren  
Rosalind H. Kirk  
Holly E. Brophy-Herb  
John S. Carlson  
Betty Tableman  
Stacy L. Bender

Michigan State University

Submitted to  
Michigan Department of Community Health  
March 2011



## EXECUTIVE SUMMARY

Rates of expulsion in preschool children (27.4 per 1,000 students) are far higher than rates among school-aged children (0.8 per 1,000 students), highlighting the need for interventions aimed at reducing expulsion rates among very young children (Gilliam, 2005). The Childcare Expulsion Prevention (CCEP) Program was developed by the Michigan Department of Community Health (MDCH) with funding from the Michigan Department of Human Services (MDHS) to address these needs. Michigan's CCEP program was evaluated by an interdisciplinary research team from Michigan State University between 2007 and 2010. During the evaluation period, CCEP delivered Early Childhood Mental Health Consultation (ECMHC) services to children (birth to age five years) who attended childcare that was licensed, registered, or provided by relative care providers and day care aides enrolled with MDHS. Priority for service was given to infants and toddlers who were receiving MDHS Child Development and Care subsidy.

A mixed method evaluation design was employed utilizing: **(1) a longitudinal outcome study**, measuring the extent of improvement over time in children, families and providers involved in CCEP services; **(2) a quasi-experimental outcome study**, comparing outcomes between children and families who participated in CCEP services and those who experienced challenging behaviors in children but resided in counties not served by CCEP; and, **(3) case studies**, illustrating the experiences of a sub-group of CCEP child/family participants. Also, a number of CCEP processes were examined using **(4) an online cross-sectional survey** of all consultants with active cases.

Major findings regarding child outcomes, parent outcomes, provider outcomes, and fidelity of the intervention are summarized below in the order in which the original evaluation questions were proposed. Findings that provide support for CCEP processes as a promising practice appear in *italics* and are underlined below. Specific case study presentations illustrating the effects on CCEP process on outcomes are provided in the Appendix.

### 1. Child Outcomes

Children were assessed to document change in their problem and positive behaviors as reported by providers and parents. Parents reported at the beginning and end of CCEP services and 6 months after services ended. Providers reported at the beginning and end of CCEP services. Comparison parents and a small group of comparison providers reported at baseline and 6 months later. Evaluation questions 1 through 4 address child outcomes:

1. **Does the severity of children's challenging behavior decrease from the onset of CCEP services to the conclusion of services?**

- Parents of CCEP children reported greater improvements in hyperactivity and attention problems, and social skills than parents of comparison children. Providers of CCEP children reported greater improvements in hyperactivity than providers of comparison children. All were small- to medium-sized effects.
- Children in both CCEP and comparison groups showed significant declines on other measures of problem behavior over time. We are unable to determine if this was due to CCEP services as families in the comparison group were not restricted from receiving services and supports within their communities. It is possible that these improvements in problem behavior were due to maturation and future research involving stronger research methods including the use of randomization to treatment could help to address these unknowns. Most declines in problem behavior were medium to large sized effects, indicating considerable improvement across time.
- More hours of consultation did not predict greater improvement in behavior problems at the end of services. More consultation with parents was associated with a small effect for higher levels of parent-reported behavior concerns at follow-up. It is possible that parents who received CCEP services became more sensitive to their children's behavior and the implications of those behaviors.

**2. Does children's social and emotional health increase from the onset of CCEP services to the conclusion of services?**

- Parents of CCEP children reported greater improvements in their children's social skills than did parents of comparison children.
- Children in both CCEP and comparison groups showed significant increases on other measures of positive behavior over time. All effects were large. Research methods employed in our evaluation create uncertainty regarding the reasons for these improvements as maturational changes cannot be ruled out.
- More hours of consultation with providers were associated with a small effect for improvements in children's functional communication skills.

**3. Does the impact of services on children's behavior last past services?**

- In the CCEP group, most behaviors continued to show small to moderate improvements past services except for attention problems, which returned to previous levels.
- More hours of consultation with parents were associated with parent reports of small effects denoting higher levels of behavior problems and lower levels of positive behaviors past services. It is possible that parents who received CCEP services became more sensitive to their children's behavior and the implications of those behaviors.

**4. Do children receiving CCEP services successfully stay in childcare vs. being expelled?**

- No significant differences in retention vs. removal were evident between the CCEP and comparison group, although comparison group children tended to be more likely to be retained. However, we have strong concerns about the validity of the comparison data for assessing differences in retention and removal and future studies should address those methodological weaknesses.
- Removal of children from the original childcare setting was associated with lower income, non-center-based care, less consultation, and provider-parent relationships that parents saw as

worsening and providers saw as poorer from the start. Perceptions of the consultant and the CCEP process did not differ for providers and parents of children retained vs. removed.

## 2. Parental Outcomes

Parents completed self-report questionnaires concerning their parenting stress and feelings of empowerment in advocating for their children's needs at the beginning and end of services and at 6 months follow-up. They also reported on the number of work and/or school absences that occurred due to their children's challenging behaviors. Comparison parents reported similar information at baseline and 6 months later. Evaluation questions 5 and 6 address parent outcomes.

### 5. Do subjective feelings of parental competence in dealing with their child's challenging behaviors increase as a result of CCEP services?

- By end of services, parents in the CCEP group showed significant, moderate decreases in parenting stress and significant, moderate increases in empowerment in advocating for their children. These improvements were maintained through follow-up.
- Parents in the CCEP and comparison groups did not differ in improvements in parenting stress; both groups decreased between Time 1 and Time 2. CCEP parents, however, showed a small significant advantage in increased empowerment for advocating for their children relative to the comparison group.
- More hours of consultation was not associated with greater improvement in parenting stress and empowerment.

### 6. Are families able to consistently attend work or school?

- At Time 1, almost a third of CCEP parents had missed or been late to work due to childcare issues. By Time 2, the majority (63%) of these parents had not lost work/school time in the past month.
- More hours of consultation with CCEP parents tended to be associated with better work/school productivity by end of services.
- The CCEP and comparison groups did not initially differ in work/school productivity loss (28% and 24%, respectively). However, by Time 2, only 18% of parents in the CCEP group had work/school problems, while 100% of comparison parents did.

## 3. Provider Outcomes

Providers were assessed in three areas. First, at the onset of the evaluation study, providers' knowledge of early warning signs of social-emotional challenges in infants, toddlers, and preschoolers was measured. Providers were also asked to report on the extent to which they felt they had room to improve their abilities to recognize early warning signs. Second, providers completed a questionnaire regarding their feelings of competencies in managing challenges in the classroom. Finally, providers were assessed on their general feelings of efficacy related to caring for children. Provider data were available at the beginning and end of services in the CCEP group and at baseline and 6 months later in the comparison group. Evaluation questions 7-9 address provider outcomes.

### 7. Is the childcare provider better able to recognize early warning signs of social and emotional challenges in infants, toddlers, and preschoolers?

- The majority of CCEP providers (65%) felt they had room to improve their ability to recognize early warning signs. By the end of services, they reported better being able to do so, particularly those who felt they had the most room to improve.
- More hours of dosage were linked to better recognition of early warning signs. Comparison group data were not available for this measure.

**8. Is the childcare provider better able to manage challenging behavior in the childcare setting with all children?**

- CCEP providers and administrators reported significant improvements in Goal Achievement Scale (GAS) competence (i.e., a measure of one's feelings about managing children's challenging behaviors, working with families, and changing the center climate). Provider effects were large, and administrator effects were moderate. Providers did not report change in efficacy as measured by the Teacher Opinion Survey (TOS) (i.e., a measure of provider's feelings of efficacy related to caring for children).
- Hours of consultation were not associated with more improvement in provider-reported competence on the GAS. However, administrators indicated that providers increased in GAS competence when parents received more consultation.
- CCEP providers reported greater improvements in GAS competence than did comparison providers; this was a medium-sized effect. The CCEP and comparison groups did not differ in changes in efficacy as measured by the TOS over time.

**9. Has the social and emotional quality of the childcare setting receiving CCEP services improved?**

- Most case study respondents discussed the potential for change in the context of new skills, knowledge, and changed attitudes, and were influenced by the relationship between the provider and consultant.
- Case study respondents also discussed improvements in the social-emotional climate as occurring over time as opposed to an immediate improvement after CCEP consultation.

## 4. CCEP Program and Processes

An important element of the evaluation plan involved assessing the fidelity of the CCEP consultation processes. Evaluation questions 10 and 11 address CCEP programmatic processes.

**10. What is the fidelity of the child and family consultation process among CCEP programs?**

- On average all CCEP services provided, services lasted 4.7 months, with child-centered cases receiving an average of 11 hours of face-to-face service (not including phone and email contacts). However, there was substantial variation across cases for all measures of dosage.
- Cases associated with childcare centers tended to receive more hours of observation than did cases associated with group home or relative childcare.
- Most (91%) cases went through a formal intake and included observations in the childcare setting (92%); observation also occurred in the home in many cases (54%). Baseline assessment occurred in most cases (89%), primarily using the DECA rating scales (i.e., a measure of risk and protective factors) and less frequently other measures, such as the ITERS/ECERS (i.e., an observational measure of the environment).

- 72% of cases developed a written, jointly agreed Positive Child Guidance Plan and subsequently participated in activities that included provider and parent coaching and informal training. Relatively few cases (27%) had a later review of the guidance plan.
- Nearly half (49%) of the cases received some type of referral. The most common referral type was for child mental health services, followed by early intervention and special education services.
- Consultants provided some type of resource in 56% of cases. These were most likely to take the form of articles and/or books.
- Programs provided different average amounts of service. For example, while the programs delivered an average of 12 hours of face-to-face consultation to the clients within their agency, one program delivered an average of 6 hours per client while another delivered an average of 27.6 hours per client.

#### **11. What is the fidelity of the programmatic consultation process among CCEP programs?**

- 58% of cases received some degree of programmatic consultation, most commonly in the areas of Supportive Relationships (51%) and Activities and Experiences (50%). This was followed by strategies targeting Understanding and Using Strategies to Promote Socioemotional Development and Prevent Challenging Behavior (44% & 45% respectively), Partnerships with Families (43%), Daily Routine (39%) and Understanding the Importance of Child-caregiver Relationship (33%). Targeted less often were Environment/Program and Resources, reported in 27% and 22% of cases, respectively.
- The degree to which programmatic consultation was delivered varied substantially across consultants. Only three consultants (13%) provided no programmatic consultation.

## **5. Perceptions of Consultation Process, Effectiveness, and Acceptability**

The CCEP evaluation also reflected the collection of information regarding parents' and providers' perceptions about the CCEP consultation model and consultation processes. Parents and providers reported on relationships with each other at the beginning and end of services. These additional questions are described below.

#### **12. Did consultation improve the provider-parent relationship?**

- For the most part, the overall relationship between providers and parents did not change after CCEP services, although providers did indicate some improvements in communicating with parents about children's behavior at the end of consultation.

#### **13. How was the consultation process viewed by those involved?**

- CCEP services were viewed very positively by all of those involved as all ratings reflected "strong agreement" with the benefits of this consultation approach.

#### **14. Was consultation seen as beneficial?**

- Parents, providers, and consultants all indicated high ratings pertaining to the benefits of CCEP services. Parents were most positive of the three about the effectiveness of CCEP services.

*Parents reported significant improvements to providers' competence in working with their child,* although providers did not report that parents' competence had grown.

## 6. Implications

Because of the realities inherent in community program delivery, evaluation of such programs is a complicated business—a relatively small group of children, providers, and families are able to receive consultation in the optimal way as the CCEP designers intended. As with many community programs, provision of CCEP services varied considerably from case to case. These variations result from, among other things, differences in the extent to which providers and families are willing or able to engage fully, external factors unrelated to consultation such as exiting from the childcare setting for financial reasons or relocation, great variation in the type and extent of child problems from relatively normal defiance to developmental delays necessitating additional supports, the need to individualize the types of interventions provided to the specific issues presented rather than using a standard, common set of practices, and the full range of complications in delivering services in communities encountered by any program. These factors are likely to make the effects of an evaluation smaller than they would be if the same set of practices were delivered to all participants in the same way. Going to scale with any early intervention and prevention approach is a challenging endeavor. Nonetheless, **the pattern of results of this evaluation strongly suggests that CCEP is associated with benefits to participants in many areas. In sum, CCEP holds considerable promise as an effective Early Childhood Mental Health Consultation approach.** These results suggest the following implications:

- **Early intervention efforts call for sustained involvement over time.** Early interventions such as CCEP may yield small to moderate effects, suggesting the need for intensive and ongoing services as well as more seamless transitions as children move between early childhood programs or transition to school. In the current evaluation, positive outcomes for children (particularly reductions in hyperactivity and attention problems) and for parents (particularly regarding increased feelings of empowerment and reduced absences from school or work due to behavior challenges) suggest benefits of providing direct consultation to parents and providers.
- **Increasing providers' competence in managing their classrooms may be a strategy to combat high provider turnover rates in early child care settings.** The CCEP evaluation indicated significant improvement in providers' feelings of competence in managing early challenging behaviors. This finding has important implications for strategies regarding the support and retention of early childcare providers. Given the high turnover rates in employment in early childhood, often linked to stress and dissatisfaction, strategies for boosting childcare providers' competence in managing the classroom are needed as a means to reduce stress.
- **Non-center-based childcare programs need additional support in engaging in consultation processes.** Evaluation findings indicated that childcare programs not housed within formal childcare center-based frameworks were less likely to follow outlined consultation processes, such as creation of a Positive Child Guidance Plan. The more informal nature and fewer staff may make adherence to consultation processes more difficult. Non-center-based providers may benefit from additional support regarding how to manage time and resource to achieve more optimal fidelity to programmatic processes.