

1. Descriptive Information

<p>Breakout Session D5 Title: <i>Innovative Methods for Improving Quality in Early Care and Education</i></p> <p>Quality improvement (QI) is a federal and state priority for ECE programs. This session explores innovative approaches to engaging ECE program staff in identifying problems, opportunities and solutions for QI in both child care and Head Start settings. Presenters will provide an overview of the challenges and gaps in QI approaches in ECE, and then describe two methodologies for quality improvement originating from other disciplines that are beginning to be applied within the early childhood field – the Breakthrough Series Collaborative and Human Centered Design – and provide examples of these two methods being used in ECE settings and systems. Through discussion following the presentations, session participants will consider data as a tool to support the ECE workforce and opportunities to use new methods for QI in ECE classrooms, programs and organizations.</p>	<p>Facilitator</p> <ul style="list-style-type: none"> • Elizabeth Shuey, OPRE <p>Presenters</p> <ul style="list-style-type: none"> • Anne Douglass, UMass Boston • Tamara Halle & Sarah Daily, Child Trends • Beth Rous & John Nash, University of Kentucky <p>Scribe</p> <ul style="list-style-type: none"> • Rowan Hilty, Child Trends
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2. Documents in Session Folder

- a. Slides for Presentations #1 & #2 are available on Research Connections.
- b. Handout for Presentation #2 is on the CCEEPRC 2017 USB.
- c. Handouts and slides for Presentation #3 (Human-Centered Design) available [here](#).

3. Brief Summary of Presentations

Summary of Presentation #1: Advancing Theory, Practice, and Research in Quality Improvement

- Major Problems in the Field
 - Gaps between research and practice
 - Difference between the quality we want and the quality we have
 - Many barriers to Quality Improvement
 - Innovations in the fields of organizational science, innovation, and improvement are slow to reach Early Childhood
- Potential Solutions
 - Improvement Science and Continuous Quality Improvement (CQI)
 - Similar to implementation science in some ways, but right now are distinct fields
 - Relational Organizational Scholarship
 - Early Childhood as a system – changes to systems need to be system-wide
 - Innovation and Human-Centered Design
 - What does it take to cultivate creative energy?
- Contributions and Insights of these Models
 - Systems thinking and organizational change
 - Workplace relationships
 - Organizational culture and climate (you can't help other people if you're falling apart from the inside)
 - Practitioner voice, leadership, and co-design/co-creation
 - Rapid cycle testing and experimentation (and adapting based on what you find)
- In general, we've seen a bit of a paradigm shift in how we think about both quality improvement and organizational structures as a result of contributions and insights from these models.

- When the voices of participators in a system are included in the process of quality improvement, meaningful change can occur.
 - Teacher Quote: *"[Through my participation] I've become a stronger teacher; it's let me spread my wings into the project and made me feel strong and that I deserve the same respect as all involved in this."*
- Questions to Consider
 - What kinds of problems can be addressed with these methods?
 - What would it take to spread their use through the field?
 - How might QI look different if we adopted more of these methods?
 - What might be different as a result when it comes to improvement outcomes?
 - What would it look like to incorporate this into the accountability framework of QRIS?

Summary of Presentation #2: Culture of Continuous Learning (CCL) Project: A Breakthrough Series Collaborative for Improving Head Start and Child Care Quality

- With limited resources, it is important to consider which improvement methods are most effective in ECE programs and also which focus on promoting sustained organizational change.
- Overview of BSC
 - Originally designed for the health care field, this model may have implications in the field of child care.
 - Four Maxims of BSC
 - Every system is perfectly designed to achieve the results it gets
 - We can learn more from collaborating than working alone
 - All improvement requires change, but not all changes lead to improvement
 - Bridge the gap between knowledge and practice
 - Five Key Elements of BSC Method (see PowerPoint presentation for diagram of BSC process)
 - Multi-level Inclusive Teams
 - Leaders are chosen from all levels of an organizational structure to engage in this process (e.g., teachers, families, directors, etc.)
 - Faculty/Content Expert/Coaches
 - Help guide with expertise
 - Shared Learning Environment
 - Brought about by special learning sessions followed by action periods
 - Change Package (Driver Diagram)
 - What are the elements of the content area that you're hoping to improve and what can you do to make that improvement come about?
 - What measures are you going to use to see if your change was an improvement? (These measures are called "metrics" within the BSC model)
 - Those on the team are continuously testing out changes to process and the outcomes of those changes. These "mini experiments" help inform the processes for the entire team.
 - The Model for Improvement
 - Iterative process for improvement that includes all these other elements
 - Content of the BSC: Social and Emotional Learning (SEL)
 - Two aims: increase positive social behavior in young children and reduce challenging behaviors
 - SEL has well-established and evidence-based teaching practices
 - Instructional quality can be improved and teachers express interest in additional supports for SEL
- Purpose of the CCL Project
 - Asses the feasibility of implementing the Breakthrough Series Collaborative (BSC) Methodology in Head Start and child care settings via the design and fielding of a Feasibility Study.

- Design an evaluation plan to examine the effectiveness of the BSC in supporting and sustaining 1) teacher practices, 2) an organizational culture of quality improvement (QI), and 3) children's development.
- Sample Research Questions for the Feasibility Study
 - Implementation
 - How do Participants experience the BSC?
 - What staff qualifications and skills were best aligned with BSC activities and goals?
 - What are the costs of implementing this kind of initiative in ECE settings?
 - Outputs and Proximal Outcomes
 - Do participants change beliefs, knowledge, practice, and perceptions as a result of participating in the BSC?
 - In what ways do programs change their culture?
 - How do quality improvements spread within ECE programs and beyond the BSC team?

Summary of Presentation #3: Using Human-Centered Design to Bring Provider Voices to the Coaching System Design Process

- Kentucky participated in RTT-ELC and was able to help propose part of the redesign based on their experience with the coaching system.
- How can you use human-centered design to think about coaching?
 - Human-centered design is a deliberate and thoughtful, solution-seeking approach for addressing complex problems (Brown, 2008).
 - Design Thinking Cycle: Empathy, Define, Ideate, Prototype, Test
 - Empathy and the design are hallmarks of the cycle.
- How can you bring providers and coaches into conversations about quality improvement?
- Quality improvement is especially challenging because:
 - There may be solutions that are neither right nor wrong, and this is not a linear process.
 - The challenges and solutions of quality improvement are interrelated.
 - The whole system is very complex.
- Why use Human-centered design as an approach for quality improvement?
 - The process of studying people to identify their needs
- Methodology: "Character Composites" of 16 providers
 - This process involves bucketing interesting observations to group users into a recognizable character.
 - This project conducted empathetic interviews with providers across Kentucky to develop these "character composites".
 - Questions were broadly about the person's life, values, and habits → all are asked *before* more specific questions about practices as providers.
- Results
 - Providers wanted 4 things: to be supported, to feel effective, to be connected, and to be respected.
- Implications
 - You can't have providers with you at all cycles of the design cycle, but you can have these portraits of the people (i.e., character composites) you are working with in mind as you're making decisions and designing solutions
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- Based on these conversations with providers, the project is developing:
 - Coaches Toolkit
 - Coachmeet (like [Teachmeet](#))
 - Provider portal (thinking about broad needs like wanting to feel connected and supported)
 - Coach Chat (Facebook-like chat feature allows people to chat at any time – piloting now, but should be ready by December 2017)

4. Questions & Discussion

- On Human-Centered Design
 - *Are there other tools in your toolkits (other than character composites)?*
 - There are other tools, but the character composite is the deepest tool in that it covers a lot of information about feelings. Determining how people want to feel is a big factor in decision-making under this framework.
 - It's easier to ask teachers to come up with a list of things that they want to feel as opposed to asking them more concretely about the things that they need.
 - *How do you pull together the deep information from character composites in a way that will be meaningful and helpful for a more general audience (e.g., all teachers)?*
 - The project expected to see variation in provider responses by region, but they did not. What people want to feel successful is fairly universal, but depending on the person their needs may vary. For example, a coaching app might be more appealing to an urban provider than it is to a rural provider who may have limited access to or experience with that kind of technology.
- On Implementation
 - *How do we bring these ideas to state agencies? What are the strategies across these projects to successfully implement a new way of doing things?*
 - Ask "why" questions often; things will get deep very quickly. When people open up about their needs, they are more likely to 'buy in' to the system.
 - Providers find these processes appealing because they give them [the providers] a voice in the decision-making process. Researchers tend to have more reservations.
 - It can be helpful to compare it to something that is familiar to people instead of as a completely new thing. We're not throwing evidence-based practices out the window; we're using this as a tool to get people to adapt them.
 - Framing: "We need you to do this because of this requirement" vs. "We're implementing this because we want to help you feel more connected and supported". Everything is done to improve the experience.
 - Some will be more resistant to change (and this may vary systematically by area or education), but the key is to find the early adopters.
 - *Does engaging in these more empathetic conversations make people more reflective in day-to-day practice?*
 - It's easy for us researchers to slide back into "expert" role – have to be mindful to be empathic and let the provider be your guide.
 - *How systemic can this realistically be made? What kinds of resources are needed to implement and sustain these processes within an organization?*
 - Someone in the organization needs to be trained. In the BSC model, you're relying on people's capacity to build these skills and sustain this kind of culture on their own. Equip teams to do this, and you [the trainer] can pull back.
 - In theory, these processes don't require a full-time coach and aren't affected by staff turnover because the idea is that they are built into the organization. There will probably be a learning curve, but it's a culture you're trying to develop.
 - There are a lot of free resources on these topics that organizations can use to assist.

5. Summary of Key Issues & Questions Raised

- Innovations in organizational science (including implementation and CQI) are slow to reach early childhood, but could be very applicable to the challenges faced by the field.
- Building sustainable quality requires capacity building – organizations need to build a culture of quality improvement.
- In order to implement quality improvement programs, you need buy in from stakeholders at a variety of levels (e.g., parents, teachers, directors, etc.).

- Framing is important
- Get input from those involved in the system in question