

2012 CCPRC Annual Meeting
Plenary Session 4
October 24, 2012, 2:30-3:15 p.m.

Building the Conceptual Framework for Quality Improvement Initiatives: Child Outcomes Supported by System Outcomes

Description

The goal of this session was to expand existing frameworks for quality improvement initiatives by articulating expected outcomes for families, practitioners, programs and systems in addition to child outcomes. A conceptual model for QI/QRIS initiatives that links current QRIS standards with intended outcomes was presented. The framework includes standards that are expected to relate to child outcomes, and also articulates how other QRIS standards relate to critical system outcomes for families, programs and practitioners. These may not always map directly to child outcomes. The discussant presented from the State administrator's perspective and reflected on the value of a conceptual model that places child outcomes in a broader framework.

Facilitator

Ann Rivera, OPRE, ACF

Presenter:

Martha (Marty) Zaslow, Society for Research in Child Development and Child Trends

Discussant:

Deborah (Deb) Cassidy, North Carolina Department of Health and Human Services

Scribe:

Meg Soli, Child Trends

1. Documents in Session Folder

- "Issues to Consider in Examining Quality Indicators in QRIS;" Martha Zaslow
- "Background on QRIS Quality Categories and Indicators;" INQUIRE
- "Critical Outcomes for QRIS;" Deborah Cassidy

2. Brief Summary of Presentations

- Ann Rivera opened the session with an introductory question: *What is important in the sea of indicators and standards that helps children, parents, and providers?*
- **Summary of Presentation #1:** Marty Zaslow
 - Issues to Consider in Examining Quality Indicators in QRIS. In the evolution of the field, QRIS exists and we are at a critical point where we are doing analysis of predictive validity. It is time to step back. There are emerging conceptualizations. We need to review our conceptualization of QRIS and do this in the context of policy agendas. We need to do a figure ground adjustment and conceptual review.

- Context and Purpose. States are looking at the quality of their QRIS. INQUIRE is raising the question of, is it possible to work towards a common core of quality indicators across QRIS?
- Indicators should be seen in the context of the body of work on what makes a good indicator. They have to be appropriate for tracking information and be conveyed clearly.
- Kris Moore's book lists 13 Indicators of Children's Well-being e.g., comprehensive coverage, appropriateness for children of all ages, clear and comprehensible, etc. The criteria most applicable to QRIS include that they are:
 - Appropriately comprehensive and balanced
 - Measures are appropriate across all age groups
 - Comprehensible to the public (parents as well as policy makers).
- Are there other criteria for strong indicators that are well considered in structuring QRIS and QRIS research? Any that are being overlooked or missed? Anything from the list that seem particularly relevant?
- Clarifying the conceptual model: in the typical logic model for QRIS, activities are on the left and child outcomes on the right. The focus exclusively on child outcomes has grown stronger with RTT-ELC.
 - Are there other outcomes (implicit or explicit) in the conceptual model? If so, then predictive validity studies will inappropriately fail to find strong relationships. Possible "ghost" outcomes include: professionalization of the ECE workforce; improving ECE as a system; and enhancing family outcomes, e.g., stress, employment continuity.
 - Handout (Background on QRIS Quality Categories and Indicators) is an analysis of the quality indicators that are profiled in the QRIS Compendium. It identifies major QRIS categories that recur across QRIS.
- The categories in QRIS that are most clearly related to child outcomes are indirectly group size and ratio and curriculum, and directly caregiver observations.
 - Are there either implicit or explicit conceptualizations that link QRIS indicators to outcomes other than children's developmental outcomes and school readiness? If so, which indicators and which outcomes? Is this possibility explicitly acknowledged? If not, should it be?
 - Evidence is limited for the validity of key components in QRIS, yet these are considered important by key stakeholders. Should QRIS be explicit about these areas and intentionally allocate resources for measures development and assessments of reliability?
- Home visitation is an interesting example of building the evidence base and acknowledging the limitations while requiring reliance on evidence-based practice.
- Caution: it is possible to confuse a set of indicators that are promising but for which evidence is limited, versus a set of indicators that is weak and should not be considered further.
- For Discussion:
 - Do you think researchers could reach agreement on areas where the evidence is promising but limited?
 - Do you feel resources should be set aside for particular sets of indicators and which ones?

- Taking into account measurement characteristics and appropriate analytic approaches:
 - Some measures of the most frequently used indicators rely on indicators that are important but document infrequently occurring events (health and safety violations) or lack dispersion of scores (family involvement).
 - QRIS may give little weight to the components with the strongest relationship to child outcomes. Observational measures may be used for self-assessment only or be given too few points.
 - Predictive validity may be built on the assumption of a linear relationship between quality and child outcomes (or other key outcomes).
- **Summary of Presentation #2: Deborah Cassidy**
 - Criteria for Outcomes for QRIS:
 - Child outcomes are the goal, but other key outcomes are of great importance. Although most believe that all facets of QRIS are focused on positive outcomes for children, are these relationships direct or indirect relationships? What works with legislators is talking about child outcomes.
 - States have been programmed to focus on child outcomes to sell QRIS and have not acknowledged other outcomes adequately, for example, preK versus Smart Start (while preK explicitly focuses on scores in math and reading, Smart Start focuses on the system and has lost funding over the past decade; it is seen as removed from child outcomes).
 - Professional Development: investment in the workforce has an indirect effect on children. However, it is also a long-term investment because teachers and administrators remain in the field after children move on. Needs to be emphasized separate from child outcomes.
 - Marcy Whitebook found that if you are teacher with more education, you are less likely to leave the field if you work with other teachers with more education.
 - Examples of impacts from QRIS in North Carolina:
 - 45 percent of teachers have an AAS in child development or early child education
 - 5 star programs are paying teachers more (\$17.50)
 - More educated teachers are making more (\$12.69)
 - Increases in star ratings and applications for higher stars in centers
 - Family child care programs have applied for higher ratings.
 - North Carolina is working to develop a new measure of overall quality with RTT-ELC dollars, collaborating with Kentucky, Delaware, and Illinois.

3. Summary of Key Issues Raised

- Indicators need to be viewed in context and indicators, standards, and outcomes need to be re-examined in light of new conceptualizations. Are there strong indicators that should be considered in structuring QRIS and QRIS research? Any that are being overlooked or missed?
- Conceptual models need to be explicit and other key outcomes (ghost outcomes), e.g., professionalization of the ECE workforce, improving ECE as a system and enhancing family outcomes need to be considered.

- Agreement needs to be sought on areas where evidence is promising but limited. Can we develop a common core of quality indicators across QRIS (as is being proposed by INQUIRE)?
- Similar to what is happening in the field of Home Visitation, is it possible to intentionally reserve resources to build the evidence base (while simultaneously implementing)?
- We need to take into account measurement characteristics and review our assumptions about linear relationships between quality and child outcomes.
- We also need to recognize that States are under pressure to justify investments in ECE with data about child outcomes.