

# Progress Toward Supporting High Quality Early Care and Education: Goals, Strategies, and Continuous Improvement

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SRCD and Child Trends



# Purpose of This Presentation

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- ❑ Important new ideas about quality improvement are emerging and being tested in research
- ❑ This plenary is intended as “hors d’oeuvres” for the “full meal” on the quality theme at this CCPRC meeting:
  - ❑ Research presented at breakout sessions at this CCPRC meeting on the quality theme,
  - ❑ Research that is in progress but too recent to be summarized in a session



# Three Key Areas

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- ❑ Quality dosage, threshold and features:
  - ❑ Consideration of whether young children need to have:
    - ❑ enough exposure to high quality
    - ❑ quality at or above a certain level
    - ❑ early care and education with certain features  
in order to benefit
- ❑ On-site individualized quality improvement approaches:
  - ❑ Agreeing on terminology
  - ❑ Differentiating among models
- ❑ Targeting quality improvement approaches:
  - ❑ For individuals
  - ❑ For sites

# Quality Dosage, Thresholds and Features

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- ❑ Child Care and Early Education Quality Features, Thresholds and Dosage and Child Outcomes (Q-DOT) project awarded to Mathematica Policy Research by OPRE, ACF DHHS
  - ❑ Louisa Tarullo (PD); Marty Zaslow and Peg Burchinal (Co-PIs)
  - ❑ Peg Burchinal leading secondary data analyses, with input from Bob Pianta and Yange Xue
  - ❑ Marty Zaslow leading on literature review; co-authors Rachel Anderson, Zakia Redd, Julia Wessel, Louisa Tarullo and Peg Burchinal
  - ❑ Technical Work Group

# Quality Dosage, Thresholds and Features

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## Four phases of work

- ❑ Literature review
  - ❑ To assure that next steps build on existing findings
- ❑ Secondary data analyses.
  - ❑ Need different analytic approaches than in most previous work
  - ❑ Use existing data but with analyses specifically addressing the three constructs
- ❑ Planning for new data collection.
  - ❑ Existing data may have limitations for addressing the three constructs. What further could be learned if new data collection could be structured specifically around the three constructs?
- ❑ Conceptual model
  - ❑ Developed early on based on literature review and to guide secondary analyses, but revised based on work completed.

# Quality Dosage, Thresholds and Features

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## Status of the work

- ❑ Literature review completed
- ❑ Secondary data analyses are in process; nearing completion
- ❑ Planning for new data collection: awaiting completion of earlier steps though with initial ideas accumulating
- ❑ Conceptual model formulated so as to provide basis for secondary data analyses

# Quality Dosage, Thresholds and Features

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## Literature review

- ❑ Keyword search did not yield studies on key constructs
- ❑ Took approach of starting with studies included in meta analysis by Burchinal, Kainz and Cai on strength of relationship between quality and child outcomes (2009; in press)
- ❑ Broadened set of studies to consider based on input from Technical Work Group
- ❑ Focused on 39 studies that included measures of quality as well as child outcomes; at least 10 center-based sites, infancy through kindergarten entry; reviewed via journal publication or government report review process

# Quality Dosage, Threshold and Features

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## **Dosage: Findings in previous research**

- ❑ Findings of a small set of studies indicate that when children participate in higher quality early care and education to a greater extent, child outcomes are more positive
- ❑ These studies involve both more current hours of participation in higher quality and greater cumulative participation in higher quality.
- ❑ “Higher quality” is set in different ways in these studies (an issue will return to in discussing thresholds)
- ❑ Outcomes considered are both academic achievement and social and emotional competence



# Quality Dosage, Threshold and Features

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## **Dosage: Next steps for secondary data analyses**

- ❑ Address selection effects:
  - ❑ families of children participating longer in higher quality early care and education may have differed to begin with.
  - ❑ How distinguish initial characteristics of families from effects of dosage on children?
- ❑ Address definitional issues. Dosage has been defined in varying ways, including:
  - ❑ program availability (e.g., full vs. part day);
  - ❑ child's attendance (as reported by parent or teacher);
  - ❑ spells in high quality (from longitudinal studies);
  - ❑ one vs. two years in a high quality program.

# Quality Dosage, Thresholds and Features

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## **Thresholds: Findings in previous research**

- Evolution over time in how this issue has been approached:
  - (1) Are child outcomes better when quality is above an *a priori* cut point?
  - (2) Is the relationship between quality and child outcomes nonlinear?
  - (3) Is the relationship between quality and child outcomes significantly stronger in one part of the quality range than another?
- The second and especially the third approach are more rigorous ways of examining issue
- There is emerging evidence from research taking these approaches that the relationship between quality and child outcomes is stronger in higher ranges of quality.

# Quality Dosage, Thresholds and Features

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## **Thresholds: Next steps for secondary data analyses**

- ❑ Carry out analyses in multiple datasets using both second and third approaches (nonlinear relationships and consideration of whether relationship of quality and child outcomes is stronger in certain quality ranges)
- ❑ Give careful consideration to how quality ranges should be identified for the third approach:
  - ❑ Role of conceptual basis of measures
  - ❑ Role of empirical considerations, like proportion of sample in different ranges of quality
  - ❑ Possibility that ranges may differ for different facets of quality
- ❑ Analyses with quality measures that are more general and global vs. more specific in terms of features of quality considered

# Quality Dosage, Thresholds and Features

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## **Features: Findings in previous research**

### *Observational measures*

- There is some evidence that the relationship between measures of quality and child outcomes may be stronger when there is closer alignment between the particular features of quality and child outcomes considered
- Three levels of specificity in observational measures of quality identified:
  - Broad, global measures of quality
  - Interaction-specific measures of quality (e.g., emotional or instructional support)
  - Domain-specific measures of quality (e.g., stimulation for language and literacy development)

### *Structural measures*

- Mashburn and Pianta: reconsider placement of structural features within models:
  - Consider indirect relationships (mediated by process quality)
  - Consider moderation, with stronger structural features amplifying the effects of process quality (for example, relationship between sensitive care giving and child outcomes may be stronger when group size is smaller and children)

# Quality Dosage, Thresholds and Features

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- Features: next steps for secondary data analyses:
  - Look at issue of alignment at all three levels of quality specificity in relation to child outcomes;
  - If possible, carry out data analyses with newest datasets that have most specific measures

# Quality Dosage, Thresholds and Features

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## □ **Joint consideration**

- In existing literature, promising findings involve joint consideration of quality *thresholds* and *dosage*:
  - greater exposure to care of high quality
- In secondary data analyses, if possible, add *features* to joint consideration
  - Is there more evidence of quality thresholds for specific features of quality rather than more general ones?
  - Do children show stronger outcomes when they have greater exposure to high quality involving specific?

# On-site Individualized Approaches

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- Important and exciting to note that four presentations discussed at breakout:
  - All involved randomized control trials
    - The early childhood field has not always had such studies to draw upon
  - Extended to home-based as well as center-based settings
    - It is a hallmark of CCPRC to focus on full range of ECE settings, especially that low income children are participating in

# On-site Individualized Approaches

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## Key issues

- Use of on-site approaches nationally
- But lack of agreement on terminology:
  - coaching, mentoring, consultation, technical assistance
- Assumption that all such approaches are effective
  - this may be overly optimistic
- Need to go beyond thinking there is one on-site individualized approach to a differentiated understanding





# On-site Individualized Approaches

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Work towards definitions:

- New effort by NAEYC and NACCRRA
  - Going beyond earlier work of CCPRC Working Group on Defining and Measuring Early Childhood Professional Development by focusing specifically on on-site individualized approaches
  - Will be linked with renewed CCPRC Working Group on Professional Development and the Workforce

# On-site Individualized Approaches

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Work towards differentiating among on-site individualized approaches

Tout, Halle, Zaslow and Star (2010) identified features that varied across on-site approaches in 18 Early Childhood Educator Professional Development Programs, including:

- Whether goals were set collaboratively or predetermined
- Whether the focus was on specific quality feature or overall quality
- Whether or not a quality measure was used to guide the on-site work
- Whether there were group (education or training) as well as individualized on-site components, and how closely these were linked
- Qualifications and preparation of provider of on-site PD
- Whether there was monitoring of the on-site work
- Duration and frequency: assumptions of how long change requires

# On-site Individualized Approaches

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Do we really know what is occurring during on-site individualized approaches?

- Assumption that process involves
  - Observation
  - modeling
  - feedback
  - discussion and reflection
  - provision of resources
- Is process occurring as anticipated? For example:
  - Is the early educator actually observing the modeling?
- Sheridan and colleagues: We need direct observation of the *processes* involved in on-site individualized approaches:
  - Measures development in process: Allard and Simons

# On-site Individualized Approaches

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- Emerging question
  - Recent evaluation by Hamre and colleagues involved training early educators to observe and accurately identify key language and literacy practices.
  - Observation of videos and practice identifying very specific positive practices
  - There was no on-site individualized work; no observation and feedback in early educator's classroom
  - There were significant effects on both understanding and practice
  - Are we trying to shape classroom or group behavior before early educators have a clear picture of the positive practice they should be working towards?

# Targeting of Quality Improvement Efforts

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- Quality improvement efforts are costly
- Are the same resources needed in each instance? Can we be more cost effective by targeting?
- Irrespective of extent of quality improvement needed, are substantively different approaches needed for different individuals or settings?

# Targeting of Quality Improvement Efforts

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Do we need differing approaches for different *settings*?

- Should we be thinking about and targeting resources to settings that need quality improvement support to differing extents?
- For example are there early childhood settings that need:
  - Sustained support to address a wide range of quality issues?
  - A moderate amount of support to address quality issues in specific areas?
  - Brief support to address a delimited issue?

# Targeting of Quality Improvement Efforts

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Do we need qualitatively different approaches for different *individuals*?

- The issue of qualitatively different approaches for different individuals builds on Plenary provided at last year's CCPRC by Shira Peterson
  - ECE providers may differ in their “readiness to change”
  - This concept comes from health behavior research, e.g., smoking cessation
  - Different approaches to quality improvement may be needed, for example to move some early educators and caregivers to contemplating change, to mobilizing and planning for change, to action, or to consolidation of change
- We may be wasting effort and energy by taking approach that does not match readiness stage

# Targeting of Quality Improvement Efforts

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Emerging thinking on differentiating among home-based caregivers:

- Project on Improving Quality in Home-based Care: Diane Paulsell, Toni Porter and others:
  - Are there subgroups of home-based providers who might benefit from differing quality improvement approaches?
- Review of literature and review of intervention approaches for improving quality in home-based care both pointed to important differences *among* home-based providers:
  - whether related to children in care,
  - intent to stay in field,
  - whether or not view work as job or profession,
  - linkages with other caregivers or associations,
  - language and culture
- Different quality improvement approaches may be most appropriate for different subgroups of home-based providers.



# Targeting of Quality Improvement Efforts

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Empirical approach to identify subgroups of home-based providers

- New analyses (still in progress) funded through MOBIS looking at home-based providers in multiple states (Forry with colleagues).
- Using profile analysis with ECERS, ECERS-E and CIS data
  - Identified low, moderate and above moderate quality profiles
- Groups differ in terms of background characteristics of caregivers: experience and years of education
- Groups also differ in terms of attitudes. Groups with higher quality more likely to:
  - view work as profession
  - view work as less demanding
  - have child-focused beliefs about child-rearing
  - be more confident in abilities
  - be more linked with other caregivers

# Targeting of Quality Improvement Efforts

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- Could profiles help to identify differing quality improvement approaches for home-based providers?
- Which of approaches identified by Paulsell, Porter and colleagues might match best with different groupings of providers?



# Conclusion

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- Please consider with us:
  - Whether children need certain durations of exposure to care of certain quality and with certain features in order to experience most benefit
  - How policy efforts might differ if we viewed quality using these lenses
  
  - Whether we need to differentiate among on-site approaches rather than viewing them as all the same
  - What issues policymakers might want to take into account before allocating funding to on-site approaches
  
  - How different quality improvement approaches might provide a better fit with individuals and settings
  - How policy initiatives might be more cost-effective if we took steps to target our quality improvement approaches