Session # <u>Plenary</u>

Title: <u>Linking Quality Indicators to Child Outcomes across Age Groups and Child Care Settings: The Use of Quality Measures in Research, Policy, and Practice</u>

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Barbara Goodson, Ph.D., Principal Scientist, Abt Associates, Inc.

SUMMARY OF PRESENTATION
I. Marty Zaslow

        a. We are at an intersection of research, policy, and practice
        b. Quality measures have always been important, but *context* for measuring quality is changing
        c. Strong state focus on improving quality – evidenced by many states exceeding the CCDF 4% quality set-aside; 14 states have implemented statewide quality rating systems (QRS)
        d. Measurement of quality is central to many new state policy initiatives as part of a system of monitoring and improving quality system-wide
        e. Quality measurement needs to correspond to a vision of what quality IS – so which measures best capture that vision? And is the measurement tool driving the definition of quality or is it the other way around?
        f. Another new issue is how do our existing measures of quality capture actual setting quality?
        g. Need to measure quality across ALL types of ECE settings
        h. Emphasis on measures of quality linked to specific child outcomes – but which outcomes do we prioritize?
            i. *Potential* for measuring quality system-wide
                1. Articulation of definition of quality and how it should be measured
                2. Address consumers' need for information in units that are readily interpretable
                3. Also from the PROVIDER point of view – providers can use information from QRS to diagnose areas of improvements and help them understand what quality is and why (in terms of developmentally optimal practices)
                4. Can provide framework for coordination and alignment with other systems and measurement approaches – with linking, new questions can be addressed (geographic distribution – needs assessment, mapping – and quality)
                5. Contributes for monitoring and accountability, which are

also priorities for private and public sectors and may lead to increased funding and support
6. Provides framework for supporting quality improvement
ii. *Challenges* for measuring quality system-wide
1. Need to move forward before all necessary research on measures of quality is available – we know observational measures of quality are linked to child outcomes, but experimental data is just beginning to become available
2. Expense and precision required for appropriate monitoring and accountability – inter-rater reliability, how many classrooms need to be observed to characterize quality within a center, etc.
3. Need to understand how parents utilize these ratings, and whether the information changes parental selection of care setting
4. System-wide QRS may alienate some providers – lower-quality providers may leave the market
5. How can states share information on the implementation of statewide QRS?
iii. Priorities for evaluation
1. Key implementation issues (How often should observations take place? In how many classrooms?), impact of QRS on providers, parents, and the children themselves, impact and role in the market and role in policy (How much does it cost?)

II. Donna Bryant – what do we know about measurement of quality in center-based care settings?

a. What do we typically measure?
i. Warm interactions, culturally appropriate activities, good planning, consistent and positive management of behavior, etc.
ii. But we don't know much about the combination of quality elements that contribute to optimal developmental outcomes
iii. Review of measures – CIS, ORCE, ECERS-R, CLASS, ECERS-D, ELLCO, PQA, Profile (Abbott-Shim)
iv. Researchers want measures of quality to be:
1. Valid, reliable, easy to use and easy to train on
a. Measures are highly correlated with each other (especially the global measures)
2. To succinctly describe a range of classrooms along several dimensions
3. To be reflective of various structural indicators
a. Health and safety never emerge as a factor when factor analyses are conducted – doesn't mean they are not important

              b.   Lower group sizes/ratios – ECERS, ORCE, Profile

              c.   Teacher beliefs, attitudes – ECERS, CIS, ORCE, Profile, CLASS

              d.   Using data from 2100 classrooms (NICHD SECC, CQO, NCEDL, QUINCE), correlations between structural characteristics and quality suggest ratio matters most

        4.   To be a good predictor of child outcomes

              a.   Every measure related to at least one child outcome, but no one measure explains all child outcomes

              b.   Across 4400 children in the 4 large studies (NICHD SECC, CQO, NCEDL, QUINCE), correlations between quality of care and academic achievement are small to modest at best

              c.   CQO demonstrated associations between CIS and PPVT, and ECERS and PPVT

              d.   SECC and CQO demonstrated linkages between social skills and quality measures

              e.   Quality always the strongest correlate with academic achievement, language skills, and social skills, when compared with ratio, group size, and teacher education

        5.   To be valid across cultures

              a.   ECERS in 4 studies measures qualities that different cultures value for their children; while they are statistically culturally appropriate, conceptually we cannot be sure

        6.   To be responsive/sensitive to interventions (like those that enhance teaching – PD strategies)

              a.   ECERS, ELLCO, some others show sensitivity to interventions

     v.   Future Work: measures need to be more refined, continued analyses of existing large databases, more research on and measures for FCC homes and for infant classrooms, parent involvement, linkages between quality enhancement interventions and classroom quality, TA.

III.   Barbara Goodson – what do we know about the measurement of quality in home-based care settings?

     a.   Do we know what aspects of quality link to child outcomes at each age?

     b.   What are the research questions we (researchers, policymakers, state administrators) want to be able to answer?

     c.   What research and what measures are needed to establish the link?

         i.   What are the child outcomes of concern – cutting across all

settings?
- 1. We want comprehensive set of indicators that are strong predictors of long-term school and life success – this includes oft-overlooked social and behavioral issues that are now drawing attention, cannot succeed on cognitive skills alone
  ii. Quality/qualities of home-based care
     1. Descriptive studies of family child care – strengths and weaknesses of this approach
     2. Sampling – generalizability of findings is questionable, missing the lowest quality settings because those may be sites that don't allow data collection
     3. Lack of norms
     4. Scant research linking outcomes to variation in home-based settings, still pending first generation of research on curriculum interventions in family child care
  iii. Parent/home variables linked with child outcomes, after SES, have accounted for:
     1. Structure, roles, expectations linked to development of self-regulation
     2. Responsiveness, individual attention linked to development of emotional maturity
     3. Modeling of positive social interactions, problem-solving, linked to development of social skills
     4. Support/encouragement of achievement linked to learning and academic achievement
     5. Teacher behavior linked to cognitive and social-emotional development
        a. Cognitive outcomes link back to → focused activities, intentional activities, exposure to vocabulary, introduction to functions of writing and print
        b. Social-emotional outcomes link back to → practice self-regulation, teaching children to recognize and distinguish emotions in self and others, teaching children social problem-solving skills
  iv. Health and safety in family child care
     1. FDCERS etc. hold home-based care to the same high health and safety standards as group/center care
     2. Need database on transmission of illness, as we have in center-based
  v. Variation by types of settings
     1. Whether or not we choose to hold family-based care to the same standards, we have no evidence about successful interventions in home-based settings
     2. If we still prioritize parental choice, children may be in

settings that do not support development (though safe)

        3. Home-based care can be a developmental intervention; we need to take concepts underlying effective practices and translating them into appropriate practices in home-based care

    vi. Issues for the future:

        1. We need to do 14 observations to get a reliable estimate of quality in FCC - observations are incredibly expensive so this is daunting

        2. Do we need to replicate findings from center-based studies in family child care?

        3. Do we need setting-specific quality measures?

        4. All children deserve the same kind of developmental support, regardless of care setting; we may have to build a wraparound system so that children get exposure to all environments that support development both inside and outside the home

SUMMARY OF DISCUSSION

KEY POINTS

a. Measures of quality that we select have to match the purpose; we may be in the midst of a paradigm shift such that measures we have that are trusted and used were developed when our goals were different (setting goals), whereas now our goals are to target child outcomes and aggressively close achievement gap.

b. As such, what we need to measure now may outpace what current measures are able to tap

c. We may need to develop new measures that match our newly emerging emphasis on child outcomes, that incorporate psychometric properties that we prioritize now

d. Should we expect a single measure of quality to predict to child outcomes? Helen Raikes and colleagues (2006; 2007) use bread-basket metaphor – multiple individual indicators of quality accumulate to produce overall quality; we need a critical mass within a setting. Perhaps the aggregate strengths of combined measures predicts outcomes

e. Breadth of focus – dialogue on quality measures needs to include home-based care, needs to extend to care and education settings in the earliest years (infancy) through the school-age years

Questions from audience/discussion with panelists

a. How many measures can be used, and which are best in concert with one another? We need to consider what we want to have happen for children. Global measures are highly related to each other, so no need to use more than one of those. Language and literacy measures (ELLCO and ECERS-E) are also highly related. However, a global measure can be supplemented with a more specific measure depending on your questions and what you want to learn or what your aims for development/outcomes are

b. Why do measures emphasize language? Almost all measures place heavy emphasis on child language because it's almost the only way to tap child social-emotional *and* cognitive skills; only way to find out what children know

c. Children are only in care settings for a fraction of their day – how can even the highest quality care settings overcome the (potentially) negative impact of family background characteristics? Family characteristics exert a significant impact on development; however, policymakers are reluctant to regulate or dictate how parents raise children. Example of conditional cash transfer program in NYC – encouraging positive parenting in exchange for resources

d. Teacher quality and education cannot be legislated and is not strongly/ directly linked to quality – it's just one little component of quality. Enormous variation in number of credit hours and content in different credentials and programs – need to go beyond the label of a degree or credential, and towards content, what do we feel a center director or child care provider needs to know about children and what do we feel their experience and training needs to be. Can we train teachers carefully to do the things in a classroom that we know are linked to positive child outcomes – e.g. language, talking to children, educational activities, directed play, etc. Maybe what we *really* care about is getting teachers to act a certain way in the classroom