The Ready Educators Quality Improvement Pilot (REQIP) Toolkit

Wendy Wagner Robeson, Ed. D.
Nancy L. Marshall, Ed. D.
and Joanne Roberts, Ph. D.

Wellesley Centers for Women
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INTRODUCTION

This Toolkit was developed for the Ready Educators Quality Improvement Pilot to describe key features of the Ready Educators Quality Improvement Pilot (REQIP), tools for working with programs and with Technical Assistance Providers (TAPs), and the challenges and lessons learned during the two pilot years (2013-2015). The Toolkit was developed with funding from the Barr Foundation and with support from Thrive in 5 and United Way of Massachusetts Bay and Merrimack Valley (United Way). The tools and materials in this Toolkit may be reproduced and used or adapted, but we ask that you identify this Toolkit as the source.


What Was Thrive in 5?

Thrive in 5’s mission was to ensure that children of all races, ethnicities, incomes, abilities, and languages have the opportunities and support they need for success in school and beyond. In partnership with the City of Boston and United Way, Thrive in 5 fostered collaboration among all of the critical people in a child’s life — parents, early education and care providers, teachers, and health and human services system professionals — to create an environment that ensures every child has the opportunities and support they need for success in school and in life. Launched in 2008, Thrive in 5 worked to build community capacity to support school readiness, strengthen the quality of existing services, expand and create programs to address unmet needs, and measure progress to ensure accountability.

What Was Thrive in 5’s Ready Educators Strategy?

The Ready Educators multi-year strategy, one of Thrive in 5’s three key strategies, focused on advancing early care and education programs in Boston to the highest level of quality. Quality is defined as the ability of the program to identify the needs of children, to provide appropriate resources and supports to meet those needs, and to demonstrate measurable improvement in child outcomes. The components of this strategy were developed and endorsed by an ad hoc Ready Educators Committee comprised of representatives from the public schools, Technical Assistance Providers, early education programs, Head Start, and the philanthropic community.
WHAT WAS THE READY EDUCATORS QUALITY IMPROVEMENT PILOT (REQIP) MODEL?

The Ready Educators Quality Improvement Pilot (REQIP) was a part of Thrive in 5’s city-wide Ready Educators strategy. REQIP provided technical assistance and support to early education and care programs in centers and family child care homes that serve children from birth to age five. The REQIP theory of change posited that, to meet the goal of improved child outcomes, programs need to build “sustainable independent capacity to operationalize a continuous quality improvement process (CQI).” As REQIP was envisioned, CQI involved the development of a Program Improvement Plan (PIP) through an assessment based on child-level and program data and with support from a Quality Improvement Partner (QIP). The Program Improvement Plan would then serve as the basis for matching technical assistance to meet the goals of the Program Improvement Plan, followed by a re-assessment using program and child-level data. This CQI process would be sustained over time, in an ongoing continuous loop.

The first unique element of REQIP was the inclusion in the model of a Quality Improvement Partner to facilitate both the assessment process (development of the Program Improvement Plan) and the identification and matching of Technical Assistance Providers to programs’ identified needs. A second key element of the REQIP model was the reliance on existing Technical Assistance Providers. REQIP staff did not provide professional development; instead, they identified qualified, experienced Technical Assistance Providers and matched their competencies to program needs.

The ultimate, long-term goal was for early childhood programs to improve child outcomes by building a sustainable independent capacity to operationalize a continuous quality improvement process (CQI) in their programs. The underlying assumption of this project concept is that child outcomes will improve when programs, initially in partnership with the Quality Improvement Partner and Technical Assistance Providers (TAPs):

- Engage in a continuous quality improvement (CQI) process (see Figure 1 on next page);
- Conduct an assessment based on existing child-level and program data;
- Identify the strengths of the program and highest priority needs for improvement;
- Develop a customized program improvement plan (PIP) to address gaps in quality;
- Identify Technical Assistance Providers who have the core competencies to implement the PIP in partnership with the program;
- Utilize these customized, high-quality technical assistance services to assist in implementing the PIP;
- Re-evaluate the program and child data at least twice per year; and
- Revise the Program Improvement Plan as needed and appropriate, in a continuous CQI loop.
When programs understand where they should focus their efforts, implement the Program Improvement Plan (PIP) based on the identified program’s specific strengths and needs for improvement, and have access to high-quality technical assistance, both their services and child outcomes will improve.

For more information about the REQIP model, please see the REQIP overview, the Year 1 Process Evaluation Report and the Year 2 Outcomes Evaluation Report.
HOW WAS THE QUALITY IMPROVEMENT PARTNER (QIP) SELECTED?

In the spring of 2013, with funding from the Barr Foundation, Thrive in 5 issued an open, competitive Request for Response (RFR) to select the organization to serve as the Quality Improvement Partner (QIP). The RFR detailed the rationale for REQIP, along with short- and long-term goals and roles and responsibilities. Thrive in 5 selected Wellesley Centers for Women to serve as the Quality Improvement Partner. Wellesley Centers for Women began implementing the pilot in July 2013.

HOW DID REQIP WORK WITH PROGRAMS?

REQIP worked with programs over almost two years; we summarize in this section the tools that were most helpful.

How Were Programs Recruited to Participate?

Programs were recruited in the neighborhoods of Boston that had the lowest language and literacy proficiency upon kindergarten entry as measured by DIBELS (Dynamic Indicators of Basic Early Literacy Skills), the kindergarten assessment tool used by Boston Public Schools. To assist in introducing programs to the pilot, Thrive in 5 developed a Letter of Invitation which described the purposes, responsibilities, and benefits of participating in REQIP.

Wellesley Centers for Women, based on its extensive prior knowledge of early education and care programs in Boston, called programs directly and arranged for site visits. After extensive communication with the directors, programs were selected based on their program characteristics and technical assistance needs and their buy-in to the requirements of participating in the pilot. Programs agreed to:

+ Co-constructing a Program Improvement Plan (PIP) and revising it throughout the pilot;
+ Making staff available for professional development, including consultation, coaching, and training;
+ Allowing the Quality Improvement Partner to conduct classroom observations;
+ Sharing all child-level and program-level assessment data;
+ Participating in REQIP evaluation activities.

Some programs that were interested were excluded because they were in the process of changing administrators or had a great deal of instability in their staffing and therefore would not be ready to participate fully in the pilot. In addition, as discussed in our lessons learned (see page 12), we would have included other factors, including financial stability and strong leadership, in our selection of programs.
What Program Improvement Planning Tool Was Used?

The Program Improvement Plan (PIP) template was designed to:

+ Record assessments of the program’s strengths and needs;
+ Set goals for professional development (PD);
+ Identify recommended interventions;
+ Determine a time frame for the intervention;
+ Determine documentation needed to support the delivery of the PD, and;
+ Determine the end goals.

By designing a process where Program Improvement Plans (PIPs) are based upon the results of an initial review of existing program and child data, programs received a “roadmap” for how to connect their program improvement needs with the resources available and ultimately, how those improvements impact child-level outcomes. This intentional planning process helped programs overcome the barriers between identifying what they need to focus on to improve outcomes for children and actually accessing the resources that can help them do that. For the Pilot Program, REQIP aligned the Program Improvement Plans with the Massachusetts Quality Rating & Improvement System (QRIS) standards to support program and educator buy-in and potentially leverage funding. When adapting the Program Improvement Plan template to other states, we recommend revising the first column to match the state QRIS or other quality standards.

Over the two years of REQIP, this model provided important structure to the work of the Quality Improvement Partner (Dr. Wendy Wagner Robeson in both years, and Dr. Joanne Roberts in year one). The Quality Improvement Partner was in regular communication with both programs and Technical Assistance Providers to ensure the matching of program needs with Technical Assistance Providers’ competencies and availability. The Program Improvement Plans proved to be important guides for program staff and the Quality Improvement Partner in identifying needs and charting progress.
What Were Stages of Centers’ Readiness for CQI?

Thrive in 5’s vision for REQIP was to link program quality improvement to improved child-level outcomes. The key driver of change in this concept was shifting the focus of quality improvement efforts from general program improvement to the positive impact of those improvements on child outcomes. However, early in year one, the Quality Improvement Partner realized that, while the majority of Boston programs reported conducting child assessments, these assessments were used primarily to screen for children in need of referrals for additional services rather than being used for CQI. Among those programs that collected data that could potentially be used for CQI, we found that directors and educators were unsure how to use that data to inform practice. This led to a revision of the model to recognize the different stages through which programs progress in developing the capacity to effectively use child (and program) assessments to improve practice, and thereby improve child outcomes (see Figure 2). The Program Improvement Plans were structured to identify the technical assistance needed to support program advancement through these stages by recognizing a sequence of technical assistance:

+ Beginning with training and coaching on child development, developmentally appropriate practice, and curriculum (Stage 1);
+ Followed by training and coaching on conducting child assessments (Stage 2);
+ Training and coaching on how to use assessments to inform practice (Stage 3); and
+ Ending with training and coaching on CQI (Stage 4).
The REQIP approach to technical assistance was grounded in research on effective innovations. While the REQIP model focuses on CQI – continuous quality improvement – the Trajectory of Change recognizes that CQI requires two precursors: an understanding of child development, and the knowledge and skills to implement best practices in early care and education. However, CQI and its precursors cannot flourish in a vacuum; such innovative practices require capacities at the individual educator level, as well as at the organizational and community levels.

**At the educator level**, educators with training and experience are more likely to have the capacity to implement high quality practices, such as CQI. In addition, low turnover is important to maintain the implementation of quality practices (Greenhalgh, Robert, MacFarlane, Bate, and Kyriakdou, 2004).

**At the organizational level**, organizations that have funding available to support more than basic operations, and have effective leadership that buys in to the innovation, are more likely to be able to support best practices of their educators (Greenhalgh, et al., 2004).

**At the community level**, effective innovation is aided by a policy environment that supports the innovation (Greenhalgh, et al., 2004), such as QRIS policies in early care and education. Finally, implementation of an innovation is more likely when the change agent – in REQIP, the Quality Improvement Partner – is able to facilitate connections among organizations (Greenhalgh, et al., 2004), such as between early care and education programs and Technical Assistance Providers, as well as potential funders.

### What Was the Technical Assistance Provider Application Process?

In order to secure appropriate Technical Assistance Providers (TAPs), Thrive in 5 issued a Request for Information (RFI) seeking organizations or individuals representing a variety of areas of expertise and capacities to work directly with the programs to implement PIPs. They were to provide technical assistance and professional development customized to the program needs in order to improve program quality. TAPs that were approved by Thrive in 5 as a result of the RFI process were included on a list of pre-qualified providers. Program administrators and the QIP would select Technical Assistance Providers from this list to assist in implementing the Program Improvement Plans. In order to be approved by Thrive in 5 for the Ready Educators Pilot, Technical Assistance Providers had to demonstrate that they were qualified, met core competencies associated with the provision of high quality technical assistance, and employed best practices that build capacity for continuous quality improvement at early childhood programs at both the child and program levels.
How Did We Match Technical Assistance Providers (TAPs) to Programs?

A central part of the REQIP design was the matching of Technical Assistance Providers’ capacities with the actual needs of programs and educators, as documented in the Program Improvement Plans. The Quality Improvement Partner summarized both program needs and Technical Assistance Providers’ capacities using the above grid (Figure 3).

**FIGURE 3. MATCHING PROGRAM NEEDS AND TECHNICAL ASSISTANCE PROVIDERS’ (TAPS) CAPACITIES**
How Did REQIP Hold Technical Assistance Providers (TAPs) Accountable?

Figure 4 summarizes the TAP Accountability Framework. Technical Assistance Providers were expected to be accountable for:

+ Working with the program administrators and the Quality Improvement Partner to review Program Improvement Plan implementation plans that identify specific types of technical assistance, timing, duration, deliverables, and outcomes and to discuss any recommended modifications.

+ Providing direct support to programs, as detailed in the Program Improvement Plans (PIPs), utilizing specific types of technical assistance, e.g. consultation, coaching, training, etc. (Please see Figure 3 for definitions of types of technical assistance.)

+ Participating with the Quality Improvement Partner in regular progress meetings with the selected programs. Based on the progress made, assisting the Quality Improvement Partner in making mid-course adjustments to the Program Improvement Plan if necessary, in collaboration with the program administrators.

+ Reporting on all activities provided to programs by the Technical Assistance Provider (TAP) for project documentation and payment by Thrive in 5 including, but not limited to, activity logs and progress reports.

+ Participating in the overall project evaluation and proof of concept. Preparing project reports to be used in the evaluation of the impact of this CQI process on child outcomes.

**Ready Educators TAP Accountability Framework**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Short-term Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work with the program administrators and the QIP to review PIP implementation plans.</td>
<td>• Records of meetings to review PIPs.</td>
<td>• Improved classroom environments and interactions.</td>
</tr>
<tr>
<td>• Provide technical assistance.</td>
<td>• Plans for the provision of specific technical assistance, in response to PIP.</td>
<td>• Increased % of Kindergarteners enter school ready to learn.</td>
</tr>
<tr>
<td>• Participate with the QIP in regular progress meetings with the selected programs.</td>
<td>• Records of regular progress meetings with programs.</td>
<td></td>
</tr>
<tr>
<td>• Report on all activities provided to programs by the TAP.</td>
<td>• Logs of all technical assistance activities.</td>
<td></td>
</tr>
<tr>
<td>• Participate in the overall project evaluation.</td>
<td>• Contributions to project evaluation.</td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 4. TAP ACCOUNTABILITY FRAMEWORK**
Case Studies of Technical Assistance Provided through REQIP

One of the key Technical Assistance Providers’ accountabilities was to document their work in detailed logs that were submitted to the Quality Improvement Partner for quality assurance. Based on excerpts from these logs, case study examples highlight the coaching process and changes in practice.

WHAT WERE REQIP’S CHALLENGES AND LESSONS LEARNED?

Over the course of the Ready Educators Quality Improvement Pilot, we have learned important lessons about factors necessary for a successful implementation. We tested each of these lessons in “real time,” adapting our practices, reviewing feedback, and evaluating our effectiveness. These are the most important lessons we learned:

1 Programs must be ready to change

One of the most important lessons learned that will impact the scalability of the model is that some programs are not ready to participate in REQIP. In the pilot, two Stage 1 programs closed due to management issues and licensing violations. As mentioned previously, Stage 1 programs had no child assessments in place, and were not ready to implement child assessments. In addition, these programs needed training and coaching in child development, developmentally appropriate practice, and curriculum. Moving forward, it is clear that the REQIP model should be utilized for those programs that are at Stage 2 or later on the Trajectory of Change: ready for training and coaching on child assessments. Programs at Stage 1 also need technical assistance to get to Stage 2, but the intensity of that effort requires a higher level of resources than the REQIP model provides. Given the fact that the REQIP investments were not sufficient to keep these programs open, let alone improve their quality or implement CQI, we do not recommend that programs at Stage 1 be included in interventions such as REQIP, whose goal is the implementation of CQI. These programs would benefit, instead, from interventions that focus on administration, management, and leadership to stabilize the programs and create the financial conditions necessary for programs to invest in qualified staff and in CQI models.

2 Technical assistance should be aligned with the State QRIS system

While the REQIP theory of change posits that CQI is the heart of ongoing program quality improvement, we recognized from the start that CQI operates in the context of a policy framework in Massachusetts, exemplified by those factors that are part of the State’s Quality Rating & Improvement System (QRIS). Therefore, we developed a template for Program Improvement Plans (PIP) that uses the QRIS framework to collect, organize and communicate a program’s level of quality and areas needing
improvement. The added benefit of this framework was the extent to which it motivated programs to participate in the Pilot, along with the availability of technical assistance already aligned to the QRIS framework.

3 Technical assistance needs to be comprehensive, matched to program needs, and accessible

The REQIP approach to technical assistance is grounded in research on effective innovations. While the REQIP model focuses on CQI – continuous quality improvement – the Trajectory of Change recognizes that CQI requires two precursors: an understanding of child development, and the knowledge and skills to implement best practices in early care and education. However, CQI and its precursors cannot flourish in a vacuum; such innovative practices require capacities at the individual educator level, as well as at the organizational and community levels. At the educator level, educators with training and experience are more likely to have the capacity to implement high quality practices, such as CQI.

REQIP provided two types of professional development for educators: training and classroom coaching. While training in specific practices is important to the implementation of best practices, coaching is also necessary to support the skill development among individual educators. In addition, REQIP provided technical assistance with classroom environments and curriculum materials: necessary tools to support the educators. To ensure that this technical assistance was accessible for educators in low-income communities, we worked with Technical Assistance Providers to offer training and coaching on-site — at the program or family child care home, during hours that were compatible with educators’ schedules, such as program- or family child care system-scheduled professional development days, with substitute teachers available.

4 A systemic approach is needed

A systematic approach includes thinking at the organizational level (the program or family child care system), as well as thinking about the larger community in which programs and educators are located. At the organizational level, organizations that have funding available to support more than basic operations, and have effective leadership that buys in to the innovation, are more likely to be able to support best practices of their educators (Greenhalgh, et al., 2004). We found that several programs lacked adequate materials and resources to support quality instruction, creating environmental challenges that were not factored into the model’s original design. This led the Quality Improvement Partner to incorporate the leveraging of external funds, combined with Technical Assistance Provider services, to support environmental changes necessary to foster quality programs. Other programs faced challenges with organizational structure and administrative policies that undermined program capacity for improvement. This led the Quality Improvement Partner to incorporate a systemic approach to change, with consulting
services to center directors and family child care system administrators to improve their capacity to supervise and support educators in the CQI process.

At the community level, the REQIP model requires Technical Assistance Providers who can provide the technical assistance needed by programs. While we found many excellent Technical Assistance Providers for REQIP, we also found that the current system of technical assistance faces many challenges. Technical Assistance Providers are funded either by government contracts or by fee-for-service work. Government contracts are for specific services to particular clients; when these align with the needs of specific programs and educators, this is an important source of funding. However, when contracts are limited – in scope or in capacity – the technical assistance provided is also limited. Within technical assistance organizations, many of the individual Technical Assistance Providers are working on a fee-for-service basis, which means that many work for multiple organizations, or hold other “day jobs,” which limits their capacity and availability.

In addition, effective innovation is aided by a policy environment that supports the innovation (Greenhalgh, et al., 2004), such as QRIS policies in early care and education, and the mayor’s office’s provision of funding for materials for early childhood programs and providers. Finally, implementation of an innovation is more likely when the change agent – in REQIP, the Quality Improvement Partner– is able to facilitate connections among organizations (Greenhalgh, et al., 2004), such as between early childhood programs and Technical Assistance Providers, as well as potential funders. REQIP aligned the Program Improvement Plans with the Massachusetts QRIS standards to support program and educator buy-in and potentially leverage funding. In addition, the Quality Improvement Partner identified effective Technical Assistance Providers and organizations, and supported the matching of these resources with individual program and educator needs.

5 Turnover is a serious problem
As Greenhalgh and colleagues (2004) observed, low turnover is important to maintain the implementation of quality practices. We found considerable turnover among educators and administrators. Administrative turnover could affect program stability, while educator turnover affected the maintenance of improvements in practices, as new educators needed to participate in training and receive coaching. In the short term, any intervention needs to recognize that technical assistance needs to be ongoing, and to incorporate new educators, as well as provide refreshers to continuing educators. In the long term, the early care and education system needs to be funded in ways that allow educators to earn the salaries and experience the working conditions that reduce turnover, as well as maintain stable organizations that can continue to employ highly qualified educators.