

WILL QRIS HELP POOR, IMMIGRANT, MINORITY, AND DUAL-LANGUAGE LEARNING KIDS SUCCEED?

CORE EVALUATION QUESTIONS TO ANSWER¹

Many leaders in the early childhood field see Quality Rating and Improvement Systems (QRIS) development as one of the key drivers of early childhood systems building. As a driver, QRIS generally is broadly defined to include a quality rating system (QRS) but to go well beyond that rating to develop financing, practitioner engagement, family leadership, professional development, and early learning standards and curricula to make it that driver of quality improvement for early care and education program improvement.

The Race to the Top Early Learning Challenge (RTT-ELC) grant provided further impetus to states to develop and expand their QRIS's and help ensure these systems are aligned with early learning standards and kindergarten entry assessments. RTT-ELC also emphasized that a core purpose for strengthening QRIS in states was to better respond to "children with high needs," including low-income children and dual language learners. It also stressed that all aspects of the system, starting with standards, be culturally and linguistically responsive.

One of the rationales behind developing a QRS is that, when parents know the general rating (much like a hotel rating system) of child care options, they will make choices that better meet their child's needs – and providers themselves will take actions to improve their rating to be more attractive to their customers. Informed customers will produce increased market demand for quality and suppliers of child care will respond.

As states have developed QRS's, they also have recognized the importance of supporting existing (and new) child care providers in quality improvement activities – and in many instances the need to develop additional training/professional development, financial incentives, and other supports to enable providers to improve the quality of their learning environments. While states have licensing standards and requirements for child care facilities that speak to health and safety issues, physical environments, teacher/caregiver to child ratios, and teacher/caregiver background checks, these standards and requirements do not extend to the learning environment within the facility. The rationale for focusing upon QRIS is that it can become a vehicle and driver for overall improvement in child care quality through its engagement and work with providers and its public education and advocacy resulting in those systems improvement policy changes and investments.

¹ QRIS has become a major locus for early childhood policy advocacy and activity and been viewed as a driver for early childhood systems building. Again, however, if QRIS is to be more than a buzzword, one does have to get into the "devil in its details," particularly with respect to its impact upon poor, immigrant, and minority families, providers, and communities.

These rationales or assumptions, however, are just that – they are not a priori truths. We need to critically review the current work in the development of QRIS's for early impacts as well as identifying critical questions about QRIS that we need to address as we develop QRIS.

This paper begins to raise such questions around QRIS and its impact upon poor, immigrant, minority, and dual-language learner children (e.g. “children with high needs). All are subject to testing and evaluation, and beginning, proximate answers often are already available within current data systems.

Is QRIS improving access to and use of higher quality care by poor, immigrant, minority, and dual language learner children?

One of the assumptions behind QRIS is that it will enable parents to be more informed customers of child care, but it is not just “quality” (particularly quality as measured by a star or other QRS) that parents take into account. Clearly, there is a mismatch between what parents (and particularly lower-income parents) can afford to pay for care and what it costs to ensure high quality care – and the degree to which they can access that care, given their circumstances. Lower-income parents often have much less flexible, and more odd-hour, schedules that further limit their choice of care. And, there are preferences most parents have for consonance of care with that they themselves provide (racially, culturally, linguistically, etc.) that are independent from the measures in most QRSs. Even when parents may want to select a care provider of higher quality (more stars), there may not be any opportunity to do so.

Since more affluent parents (and ones from the dominant culture and language) are more likely to have resources and opportunities within their culture and language for higher quality care, they may be the most likely to seek out and take advantage, as informed customers, of higher quality care.

Even if QRIS expands the number and proportion of child care centers and homes which are of higher quality, therefore, that does not necessarily result in more poor, immigrant, minority, and dual language learners participating.

While there may not be a statewide data system that collects information on parental income, ethnicity, home language, or immigration status and the specific child care selections for their children and the QRS scores of those providers, it certainly is possible to establish some proximate answer to this question. There are a variety of methodologies for doing so (surveys, program sampling and review, geo-mapping and spatial analyses, etc.) and each can also help to answer not only the question of the degree to which the current QRIS work is reaching these populations, but also what might be undertaken to do so (or do so even better).

Is that higher quality care, as defined by QRIS, producing more culturally, linguistically, racially, and socio-economically relevant, responsive, and competent care so children from those backgrounds do better as a result?

QRIS's have taken steps to incorporate into their definitions of quality some measures specifically related to cultural, linguistic, and racial responsiveness and competence, although this varies substantially across states. In addition to the QRS itself, some of the training, support, and professional development opportunities within some QRIS state systems focuses attention on these issues. At the same time, one of the predominant drivers in securing higher-level ratings within QRS is the education and credentialing of the workforce and the inclusion of intentional learning environments and curricula, both of which generally require higher levels of compensation for that workforce and move to a segment of the current early childhood workforce (B.A. educated early childhood specialists//persons with a teaching credential) that is more likely to be white, non-Hispanic, monolingual, and not from a low-income background and the experiences that provides.

One thing that could be measured is the degree to which higher-rated QRS providers also have diversity in their lead teachers as well as all workers that would make them more likely to be accessible and responsive to the poor, immigrant, minority, and dual language learner population. While teacher quality and ability to engage children (and their families) is the most important attribute of quality and impact, it is much easier to be a culturally competent and responsive organization when the professional staff reflect the diversity in the population being served.

A more direct way to measure this is through observation and key informant interviewing, (including staff, parents, and community members) of programs – particularly those at the higher QRS's – regarding their interactions with and the participation of children who are from different backgrounds to the majority population. Such measures could assess whether there is strong inclusion, recognition and valuing of the child's background and culture, and engagement of the family. This could be contrasted with similar observations of programs at lower levels but with explicit attention to serving diverse children and with staff who reflect the language and culture of the children and families being served. Particularly when undertaken from a perspective of continuous improvement, there may be lessons to share across programs that would strengthen both higher-rated and lower-rated programs.

Are early childhood providers, particularly those who serve poor, immigrant, minority, and dual language learner children today (many of whom reflecting those characteristics themselves) participating in and benefiting from QRIS activities in terms of their own continuous improvement and the quality of care they provide?

Currently, many poor, immigrant, minority, and dual language learner children are served in child care that is located within neighborhoods that reflect these characteristics and are served by providers from those neighborhoods. This includes both formal and informal (family, friend, and neighbor care) settings. Frequently, those who are formal providers in these neighborhoods also are viewed as the "go to" source for child care help and for advice about young children, generally.

There is an opportunity to enlist these formal providers into QRIS, although most are likely to start at the lower levels of any rating system. Ideally, these formal providers would become involved, take advantage of QRIS opportunities to enhance their own professional development and skills, and both provide higher quality care and be better compensated for that care as professionals. They also could increase their roles as community leaders in promoting further changes to support young children in their communities.

At the same time, such providers may be hesitant to participate and feel that the QRIS approach sets bars that are unrealistic for them to reach and could be a detrimental to their livelihood. Even when they do enter, they may or may not find the QRIS offers them opportunities for them to advance in their quality (and get more stars).

In most states with QRIS's, there is substantial information collected on programs which participate, the QRS level at which they entered, their connection to different opportunities for professional development provided by QRIS, and their progress toward securing higher levels of rating. There may or may not be information about the racial, educational, language, and socio-economic status or experience in early care of staff, but such information could be collected. Disaggregating and mining this information, coupled with information on registered and licensed child care facilities, can be a strong starting point for determining the degree to which there is "pick-up" in participation and use of QRIS within geographic areas (when coupled with geo-mapping) where there are large numbers of poor, immigrant, and minority children and limited-English households.

Are there any "adverse selections"/unintended consequences from establishing QRIS that may detract from providing high or higher quality care for poor, immigrant, minority, and dual language learner children?

There is continued research on whether quality, as measured by QRIS, is a good predictor of or a contributor to better child outcomes. It is generally recognized, however, that other things being equal, programs that advance through QRIS to higher ratings also generally provide safer and more enriching experiences for the children they serve overall.

As suggested above, from a practice level there are potential adverse impacts if QRIS results in continued or even greater disparities in the experiences young children have in care by poverty, immigrant, minority, or language status through any or all of the following: (1) disproportionate use from more affluent children in higher quality programs (even displacing lower income children) and widening gaps in access for children with high needs; (3) shifts in the current more skilled workforce into high-rated programs from programs primarily serving children with high needs, with adverse impacts on those programs; and (4) stress, discouragement, and marginalization of providers who could most benefit from additional attention, support, and resources in providing care for children with high needs.

From a policy level, there also are potential adverse impacts from QRIS if: (1) it is employed as a justification for not addressing fundamental mismatches between what parents can afford to

pay for care and what providers need to be economically secure and build their own capacity and careers; (2) it deflects attention away from other systemic needs to support family, friend, and neighbor care and provide family support and mutual assistance in supporting poor, immigrant, minority, and limited English families; and (3) if it does not contribute to deeper discussions about how to develop early childhood systems that are culturally, linguistically, racially, and socio-economically responsive and competent and does not align with and reinforce reform efforts in other elements of the early childhood system.

With the emphasis upon both raising quality in early childhood systems and closing the gaps in results for young children with high needs, a more intentional and concerted review of QRIS and its current and potential impacts on poor, immigrant, minority, and dual language learning children is essential. Fortunately, there are opportunities to learn from early experiences as second and third generation QRIS strategies are developed. This paper is only a starting point for spelling out the issues which deserve attention and the way to use existing tools, resources, and methodologies to assess them.

Historically, when such questions as these are raised (and these questions apply to developing preschool programs, home visiting strategies, and health system responses every bit as much as they do to QRIS), a general finding is that IF there is concerted attention to and advocacy for developing inclusive systems and the process reflects that attention, there are gains made for poor, immigrant, minority, and dual language learner children, families, and communities – BUT if there is NOT that concerted attention, there is not and current gaps in results are not reduced and may be exacerbated.

Whether QRIS is truly a driver for early childhood systems building is also yet to be determined, but it is almost axiomatic that it will not be that driver for poor, immigrant, minority, and dual language learner children unless it can answer the above questions in the affirmative.