

EARLY CHILDHOOD EDUCATION QUALITY AND FAMILY ENGAGEMENT

by

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Abstract

Empirical literature demonstrates that the quality of early childhood education (ECE) impacts children's learning in multiple domains. Quality rating and improvement systems (QRISs), which are active in nearly every state, are designed to rate the quality of ECE programs, encourage programs to improve quality, and help families make more informed enrollment decisions. However, many families are unaware of QRISs and MD EXCELS (Maryland's QRIS) in particular. This research study examined survey data to understand family perceptions of ECE quality and awareness of MD EXCELS. Based on these data and a review of literature, a YouTube video was implemented to increase family awareness of ECE quality and MD EXCELS and build family capacity to engage as choosers of education options. Analysis of quantitative and qualitative data suggests the YouTube video positively impacted family awareness of MD EXCELS and may have increased the likelihood that families will use quality ratings when making a future ECE enrollment decision. Qualitative data collected indicate that augmenting family decision-making models to include the effect of emotion on decisions may better represent the complexity of ECE enrollment decisions and may be useful to inform future family outreach and engagement efforts.

Dedication

To my children Mia and Sam: Everything you need to achieve anything you can imagine is within you. Love yourselves, embrace your mistakes as lessons, and trust the universe to guide you. If someday in the future your dream seems unattainable, I hope you will think of this dissertation and remember that anything is possible. Nelson Mandela was right, “It always seems impossible until it’s done.”

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Chapter 1

Executive Summary

Background

Social changes in the United States have dramatically increased the demand for early childhood care and education programs in the last 40 years (Halle, Martinez-Beck, Forry, & McSwiggan, 2011). In 1975, for example, 39% of mothers with children under age 6 worked outside the home. In 2012, the labor force participation rate of mothers with children under 6 years old had risen to nearly 65% (U.S. Bureau of Labor Statistics, 2016). In 2011, 12.5 million preschoolers, ages 0 through 4, resided in a regular child care arrangement, while their parents worked or pursued other activities outside of the home (U.S. Bureau of Labor Statistics, 2016). According to Halle et al. (2011), non-parental care remains common for infants and toddlers and widespread for children, ages 3 through 5. The motivating factors for this study of early childhood education (ECE) quality include:

- the significant number of young children participating in early education and care programs,
- the benefits to children linked to high quality ECE programs,
- the low awareness of quality that families report, and
- the possibility that building family capacity as choosers of education options for their children may ultimately contribute to increased family engagement with schools.

This research study examined family awareness of early childhood education (ECE) quality at two ECE programs in Anne Arundel County, Maryland. Both programs participated in the Maryland State Department of Education's (MSDE) field test of the quality rating and improvement system (QRIS) called Maryland EXCELS (MD EXCELS; n.d.) in 2012. These two

programs were awarded Level 5 (on a scale of 1-5) quality ratings when the system launched in the summer of 2013 and have subsequently maintained their Level 5 ratings. As the researcher for this project, I am employed as the program director of the participating ECE programs, and serve as the president of the corporations that own them. The participating programs enroll children ages 18 months through 5 years and offer morning preschool, Pre-Kindergarten, and extended care. The majority of enrolled families report living in zip codes with median family incomes that are higher than the average in Anne Arundel County, Maryland (\$86,987). A recent federal Pre-Kindergarten Expansion grant enabled the inclusion of lower income students, and several children received MD Department of Social Services funding for tuition. Children with special needs comprise approximately 20 % of the student population, with many receiving support services through Anne Arundel County.

Overview of the Problem of Practice

QRISs, for early care and education programs, which are either active or planned in every state, are the result of an increased emphasis on accountability in education across the United States (<http://qrisnetwork.org/sites/all/files/maps/QRISMap.pdf>). The first statewide QRIS was created in 1998 in Oklahoma. Since then, growing momentum has occurred at the state and local levels to use QRISs as a systematic approach for benchmarking quality, as well as identifying and rewarding early childhood programs that provide high-quality services. These systems are meant not only to rate early childhood programs, but also to implement standards, accountability, outreach to consumers, outreach and supports to programs and providers, and financial incentives for complying with standards (www.naeyc.org/policy/statetrends/qris). A QRIS assesses multiple dimensions of program quality and integrates them into a summary rating, intended to help families make more informed enrollment decisions and encourage programs to

improve quality. However, while both locations of the early childhood care and education programs, studied in this project, have achieved the highest rating (5-checks) in Maryland's QRIS, families¹ most often reported a lack of awareness of this measure of quality. Thus, while an important focus of QRISs (including Maryland's version, called MD EXCELS) includes consumer outreach, current efforts have not reached families in this context. Thus, families may have missed information needed to engage as knowledgeable choosers of educational options for their children.

Mapp and Kuttner (2013) suggested moving away from narrow views of family engagement and argued that one of the ways families may be engaged in their children's education is as choosers or decision makers about education options. An expanded view of what constitutes family engagement in education (Mapp & Kuttner, 2013) is applicable to this research project, where I have studied families as decision makers in one of their first opportunities to engage with schools. When families have built the capacity, they are prepared to engage with schools in diverse roles to support their children's learning and development (Mapp & Kuttner, 2013). This study explored how one of these diverse family engagement roles, as choosers of education options, may be cultivated through informing families.

Evidence of the Problem: Needs Assessment Findings

To better understand family awareness of ECE quality and MD EXCELS as well as its impact on enrollment decisions, I conducted a needs assessment. Results suggested that neither these two ECE programs nor MD EXCELS and MSDE communicated as effectively as they might with families. The results of the needs assessment indicated most families (63%) had not heard of MD EXCELS, nor did they have accurate knowledge of their current ECE program's

¹ For this review, family is defined as the person or persons who care for a child or children. Use of the word parent or parents reflects the intent of other authors' research.

participation (75%). Another survey item asked families how much a state system that would rate the quality of ECE would matter to their enrollment decisions; of 57 respondents, 97% said such a system would matter in their decision to enroll their child in an ECE program. This finding aligned with the review of relevant literature, which found that families place emphasis on quality early care and education when identifying desirable program characteristics (Chase & Valorose, 2010; Gamble, Ewing, & Wilhelm, 2009; Rose & Elicker, 2010). Thus it appeared that families would like to use quality ratings to inform their enrollment decisions, but they lacked awareness of MD EXCELS.

The needs assessment data also aligned with studies investigating family awareness of QRISs in early adopting states that showed few families heard of the systems, despite many years of operationalization (Starr et al., 2012; Zellman, Perlman, Le, & Setodji, 2008). Other researchers supported these results and found that all families face barriers to choosing a school for their child, including a lack of information, transportation, and uneven school quality (DeArmond, Jochim, & Lake, 2014). For example, Jochim, DeArmond et al. (2014) found that parents in high-choice cities looked for information, but they could feel overwhelmed by the options. These authors recommended doing much more to support families making informed choices, including providing the personalized and interactive sources of information that parents seek (DeArmond et al., 2014).

Evidence-Based Intervention

Consistent with the recommendation to provide families with personalized and interactive sources of information, I conducted a review of relevant literature to inform an intervention. This literature review showed that social media can be information delivery systems or informing channels for both personal and professional communication (Hardin, Ryan, & Prybutok, 2012)

and have been shown to have utility in fostering knowledge acquisition and inducing future behavior change (Prybutok, 2013). The use of YouTube, as an informing channel for families, addressed the ways in which social computing and online communities have changed the way people share information and communicate (Wang, Carley, Zeng, & Mao, 2007).

Based on data that revealed that families sought information about ECE quality, yet lacked awareness of QRISs, in general, and MD EXCELS, in particular, as well as a review of literature related to how people share information and communicate, I planned and implemented an intervention to increase family awareness of ECE quality and MD EXCELS. I designed this intervention to build awareness of ECE quality, readying families for decision making and choosing improved learning opportunities for their children to support learning and healthy development. For this project, I theorized that building family capacity to engage with schools could start in the early childhood years by initiating communication, raising awareness, and establishing positive relationships around education quality and the choices families make for their young children. A YouTube video intervention was strategically configured to target families of young children with meaningful images and dialogue that were likely to be recalled. It used research-based principles for understanding what makes stories, news, and information spread from person to person to be talked about, shared, or imitated (Berger, 2013; Berger & Schwartz, 2011).

Intervention and Evaluation

The evaluation of the intervention investigated fidelity of implementation as well as the effectiveness of a YouTube video intervention. To evaluate the effectiveness of the video, I considered five research questions, related to family awareness of ECE quality, family perceptions of the video, family perceptions of ECE enrollment decisions and MD EXCELS,

family awareness of a particular ECE program's quality, and the impact of the video on communication and relationships between families and an ECE program.

Based on the evidence, the YouTube video intervention was implemented, according to the plan with high fidelity. However, while 286 views of the video were recorded, the online conversations with families, which I anticipated via the YouTube site, did not occur. Focus group members clarified this result by sharing how they typically used YouTube (i.e., for children's entertainment, educational purposes, and to answer "how to" questions), but they typically did not use it to interact socially.

Based on an analysis of the data collected, it appeared that the YouTube video intervention increased family awareness of ECE quality and MD EXCELS and might have served to build the capacity for family engagement. Themes of increased awareness of the number and types of ECE quality and in increased awareness of the scope of quality that is defined by MD EXCELS emerged. Data from the focus groups and the survey suggested that families felt validated in their enrollment decisions, approved of the accountability provided by MD EXCELS, and corroborated their gut feelings about their ECE enrollment decision through viewing the YouTube video. Families reported finding the video helpful and felt they were better-informed consumers of ECE after viewing it. Overall, the data suggested the YouTube video positively influenced family awareness of MD EXCELS and might have increased the likelihood that families would use quality ratings when making a future ECE enrollment decision.

These data also revealed an unexpected but related theme. Because of a second iteration of qualitative data coding, the theme of "gut feeling," as an ECE family decision making factor, was identified. This finding aligned with recent research by Lerner, Li, Valdesolo, and Kassam

(2015), who found that emotion and decision making go hand in hand. Collected data indicated that an augmentation of the accommodation model of family decision making (Meyers & Jordan, 2006) and the parental child care decision-making framework (Weber, 2011) to include the effects of emotion on decisions might better represent the highly complex and multifaceted family decision making process. This expanded family decision making model might prove useful to inform future family outreach and engagement efforts.

Chapter 2

Review of Literature

Efforts to improve the quality of early care and education are partially motivated by the strong evidence that outcomes for young children may be substantially improved by using high-quality non-parental care (Camilli, Vargas, Ryan, & Barnett, 2010). In a comprehensive study of young children and the environments in which they develop, childcare quality was found positively related to language, cognitive, and social development, even after controlling for socioeconomic status, maternal education, and family structure (Anderson, 2006). Findings from randomized controlled trials with low-income children assigned to high-quality early childhood programs indicated that children experienced large improvements in language, academic, and social outcomes while enrolled, with outcomes maintained, although diminished, into early adulthood (Campbell et al., 2012; McCormick et al., 2006; Nores, Belfield, Barnett, & Schweinhart, 2005).

A study of Tulsa, Oklahoma public prekindergarten, which made a strong commitment to quality and universality since 1998, examined the effects of school-based prekindergarten attendance on children upon kindergarten entry. The results provided solid support for the benefits Tulsa's prekindergarten program had on the test scores of young children of varying ethnic, racial, and socioeconomic backgrounds. For children who selected the prekindergarten program, results showed statistically significant effects on their performances on cognitive tests of pre-reading and reading skills, pre-writing and spelling skills, math reasoning, and problem-solving abilities (Gormley, Gayer, Phillips, & Dawson, 2005). Evidence that documented the importance of high-quality ECE programs for children's development prompted the question: How are family enrollment decisions impacted by awareness of program quality?

Theoretical Framework

Researchers and policy-makers struggled to understand the decision-making process families employed when choosing to enroll their child in an early care and education program. However, widespread agreement existed that decisions include a complex interaction among priorities, opportunities, and constraints (Chaudry, Henly & Meyers, 2010; Meyers & Jordan, 2006; Weber, 2011). Using theoretical approaches from several disciplines, Chaudry et al. (2010) identified four complimentary conceptual frameworks (rational choice, heuristics and biases, social network, and accommodation) for understanding the dynamic process through which families gained and used information, evaluated alternatives, and negotiated competing objectives to select an early care and education program.

The first framework, rational choice theory, originates in the field of economics, and assumes that families are rational decision-makers who use reasoning and information to choose services that best meet their priorities (Chaudry et al., 2010). Rational choice theory recognizes that decisions are subject to constraints, such as the family budget, work schedules, and available options. This model assumes families use reasoning and information to maximize the utility of their decision based on preferences and subject to budget constraints. The rational choice decision making framework assumes that family preferences remain fixed and unaffected by the decision making process (i.e., family preferences are not influenced by experiences with childcare settings, interactions with providers, or employment experiences), that families have full information with which to make a choice, and that choices remain individual and discrete (Chaudry et al., 2010).

The heuristics and biases framework originates from psychological research investigating how psychological processes shape judgment and behavior (Chaudry et al., 2010). A heuristic

includes a strategy that ignores some of the information with the goal of making decisions more quickly, frugally, and or accurately compared to more complex methods (Gigerenzer & Gaissmaier, 2011). While in psychology, researchers associated heuristics with decision making errors, others questioned this view when considering complex decisions where consideration of an array of factors with unclear or competing values remains necessary and the assumptions of rational choice are not met.

Gigerenzer and Gaissmaier (2011) reviewed studies in business, medical, and legal decision making and showed that heuristics are often more accurate than rational choice strategies. These authors noted that heuristics include simple strategies that perform well in complex environments (Gigerenzer & Gaissmaier, 2011). Summary points, made by Gigerenzer and Gaissmaier (2011), included the idea that heuristics could be more accurate compared to more complex strategies even though they processed less information (less-is-more effects). Moreover, one cannot judge a heuristic as rational or irrational. Its accuracy depends on the structure of the environment to which it is adapted (ecological rationality). For example, families under time pressure or facing other demands may use the most easily accessible information to make a decision, whether that information comes from a family member/neighbor/friend, or because they drive by a particular facility every day and see the program sign.

The social network framework for decision making arises from sociologists' study of how social structures affect behavior. This framework considers the way in which individual decisions are shaped by social interactions and resources. Meyers and Jordan (2006) stated, "Social networks provide information and normative cues for specific choices; through repeated interactions, these discrete choices crystallize into taken-for-granted patterns of action" (p. 59). These authors suggested that families are likely to experience choice as both an economic and a

social transaction that reflects not only the characteristics of the program, but also the alignment of the decision with socially-constructed norms. For example, parents reported that word of mouth represented the most common way to find a childcare provider (Chaudry, 2011). In this example, the heuristics and biases framework might also account for family decision making; however, the two frameworks differed in their explanation. The heuristics and biases framework assumes the decision is driven by a specific shortcut; whereas, the social network framework assumes that social interaction drives the decision. Both explanations are possible, and they are not mutually exclusive.

Social networks confer social status as well as exert normative pressure on their members (Chaudry et al., 2010). These networks teach members which behaviors and values are acceptable and may shape the considered alternatives. For example, families may receive a message that, in a specific community, “preschool” is considered more appropriate compared to “daycare.” Social networks impact how families perceive and value the available early childhood programs by filtering the information through cultural norms (Meyers & Jordan, 2006).

The final conceptual framework for family decision making includes a combination of the three previous frameworks. Meyers and Jordan (2006) first proposed the accommodation model as a way to integrate the other three frameworks and better represent the complexity of family decision making in ECE and care. Meyers and Jordan (2006) argued that childcare decisions are different than other consumer choices because they are constrained in additional ways. Families make childcare choices that must accommodate the competing demands of employment; caregiving; social and cultural expectations; available information; and financial, social, and other resources.

In 2004, Chaudry conducted a longitudinal qualitative study of childcare choices with 42 low-income mothers. The results of this study remain consistent with elements of the accommodation model. Mothers described accommodating their priorities to factors constraining their choices, including work, childcare supply, child characteristics, and social network demands. Chaudry (2004) found that, rather than identifying single priorities, mothers reported tradeoffs between the advantages and disadvantages of different types of childcare, with preferences changing over time as children grew, alternatives became available, and their work, economic, and social networks changed.

Building on this work, Chaudry et al. (2010) described the accommodation model's focus and assumptions as aiming at how families interact with the context. For example, families' everyday experiences in context lead to accommodations to those experiences, which then lead to decisions. In addition, a focus on social interactions, where those relationships are sources of information and social influence, leads to a better understanding of family decision-making. Using a graphic representation of family decision making (Figure 2.1), Weber (2011) aimed to represent the complexity of childcare decision making for policy makers. This graphic shows that family and community characteristics set the context for ECE decisions within which families' dynamic preferences (which vary across and within parents over time) and priorities about program characteristics are met with opportunities, constraints and, barriers. The interaction of these factors results in the selection of an ECE program which becomes part of the context for future decisions (Weber, 2011).

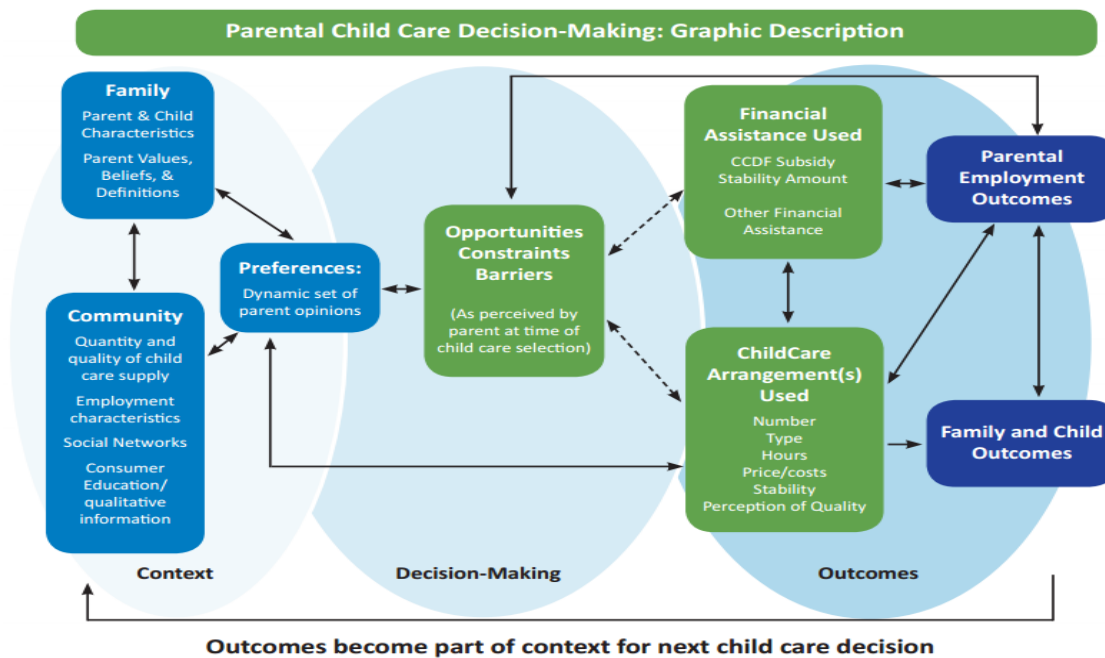


Figure 2.1 Parental child care decision-making graphic (Weber, 2011, p. 20).

Weber (2011) suggested that the timing of information delivered to parents as they make childcare decisions matters and that more support for child care searches may improve both the quality and stability of childcare decisions. Information about childcare options, including program quality, is critical since parents may be unaware that available information exists and how to find it when they must rapidly meet the demands of employment (Weber, 2011).

Both the accommodation model (Meyers & Jordan, 2006) and the parental child care decision-making graphic (Weber, 2011) are useful for the current study. Both models suggest that social norms are likely influential in family priorities and decisions, and that these priorities are dynamic, emerging from interactions in context. Therefore, Weber's (2011) point about the critical nature of families' need for information directly informed this study, and Chapter 3 will include a further exploration of this. These models may be helpful in understanding how family priorities are formed and changed and how contextual and normative influences have shaped

family priorities. In addition, these models of family decision-making recognize that decisions are not always fully informed or reasoned, and that decisions are made employing shortcuts, habits, and assumptions, adapted to the families' lived experience. In addition, researchers studied the science of emotion, showing that emotion functions as a powerful, pervasive, and predictable driver of decisions (Lerner et al., 2015). The role of emotion in decisions will be explored further in Chapter 6.

The preceding conceptual frameworks have value for the present study, with overlapping and complimentary components that contribute to understanding family decision making. The following insights were particularly useful for this study, which aimed to investigate family priorities and awareness of a specific measure of quality, potentially building family capacity to engage in informed enrollment decision making:

- Families may not have the complete information needed to make fully informed early care and education decisions
- Families sometimes rely on shortcuts to simplify their choices
- Social networks may be sources of information, cognitive shortcuts, social status, and normative pressure
- Decisions may be an accommodation of multiple competing considerations
- Information is a critical component of each identified decision making model

The theoretical literature provides an understanding of family decision making processes and influences, but it is also necessary to review empirical literature to inform the current study's examination of family priorities, definitions of quality, and awareness of QRISs.

Review of Empirical Evidence

This review of literature considers social factors that influence the problem of practice (POP), including family priorities for their children and the impact of the education reform movement on ECE, which resulted in the proliferation of QRISs as an effort to improve the quality of these settings. The following review informed the investigation of family priorities, definitions of quality, and family awareness of QRISs.

Family Priorities

Family decisions about early care and education represent a complex process of balancing priorities with what is available and accessible. This process develops differently for different families, with culture, values, personal experiences, and beliefs influencing the way in which one may identify possible programs (Forry, Tout, Rothenberg, Sandstrom, & Vesely, 2013). Resources, needs, and knowledge about ECE and care all likely to impact the search and decision making process (Forry, Tout et al., 2013). The significant impact of early care and education on children's development (Campbell et al., 2012; McCormick et al., 2006; Nores et al., 2005), including school readiness, provides an impetus for developing further understanding of families' priorities when making enrollment decisions.

A number of researchers have documented connections between family priorities and attributes of the child, family, and community. For example, researchers correlated higher family income negatively with a focus on practical features (i.e., location and cost) and positively correlated it with attention to quality (Gamble et al., 2009). Rose and Elicker (2008) learned that mothers of infants prefer using family members as caregivers, while mothers of preschool aged children prefer childcare centers. In addition, maternal education, employment, ethnicity, and child-rearing beliefs have been linked to parents' preferences for childcare (Kim & Fram, 2009;

Rose & Elicker, 2010). These researchers added to the understanding of the dynamic, fluid nature of family priorities. Whether higher family income changes priorities due to fewer financial constraints or a child's age changes what kind of care a mother prefers, these researchers supported the accommodation model's implication.

While researchers conducted studies about family priorities and preferences, few consistent patterns across all kinds of families have been found. The lack of consistent findings may be explained by methodological differences in the studies, or by variations related to child, parent, family, and community characteristics (Forry, Tout et al., 2013). This inconsistency of findings may also be attributed to the accommodation model; Meyers and Jordan (2006) explained that families make accommodations to the market, as well as to family and social realities. The accommodation model focuses attention on the idea that decision-making constraints and environmental context are specific to each family in scope and type, resulting in unique priorities and decisions.

Two researchers helped define the concept of family priorities and suggested a methodology for surveying parents and measuring their responses. Kim and Fram (2009) used data from the National Household Education Survey of Early Childhood Program Participation (NHES-ECPP) of 2005 to investigate patterns in parents' prioritization of various childcare characteristics and the relationships between those patterns and actual care arrangement choices. Parents of children currently receiving non-parental care ($n = 4570$) were asked about why they chose a specific care arrangement and how important each of the reasons were when they made their choices. The researchers operationalized family priorities by asking parents to rate the importance of location, peer relationships, learning activities, cost, reliability, hours of operation, and group size. Parents used a 4-point Likert scale from "not at all important" to "very

important” to rate the importance of each characteristic. These researchers found that 37% of parents with children between birth and six years old found learning opportunities to be most important. In addition, they learned 13% found practical details, such as cost and convenience in early childhood programs to be most important. The 4-point Likert scale, used in this study to determine parents’ ratings of priorities, suggested possible survey question design for the present study, which also sought to determine parents’ ratings of early care and education priorities.

Forry, Simkin, Wheeler, and Bock (2013) explored low-income parents’ priorities in selecting care arrangements in two Maryland counties through focus group responses to questions and a written exercise in which parents were asked to list their top priorities during their most recent childcare searches. Based on the focus group responses, parents’ considerations in selecting childcare arrangements were organized into five quality-related features (health and safety, provider’s qualifications/characteristics, classroom environment and structure, structured learning opportunities, and features of the family-provider relationships), and two practical features (location/convenience/availability and cost). In the written activity the three features of care most frequently cited were availability (location and hours), health and safety, and provider’s characteristics. This study was helpful in suggesting that family priorities might be classified into two categories: priorities related to the quality of the program and priorities related to practicality. However, Forry, Simkin et al. (2013) focused on low-income parents’ priorities, while I sought to investigate upper-middle income families’ early-care and education priorities. Therefore, while Forry, Simkin et al. (2013) provided a valuable methodology for investigating family priorities as well as useful information about low-income family priorities in Maryland, I wanted to add another perspective to the knowledge of how families chose early education and care.

Families Seek Quality

The present study's investigation of how upper-middle income families² define ECE quality and how a specific measure of quality impacts their decisions necessitated a consideration of whether quality is included as a family priority. A review of relevant literature found that families place emphasis on quality early care and education when identifying desirable program characteristics (Chase & Valorose, 2010; Gamble et al., 2009; Rose & Elicker, 2010). However, differences exist in what families, early childhood professionals, and states perceive as the characteristics of quality early care and education (Cleveland, Susman-Stillman, & Halle, 2013).

Forry, Simkin et al. (2013) found that parents' definitions of quality vary across studies. Nonetheless, their definitions include both structural and process-oriented features of quality. Structural features identified by families include those that can be regulated, such as teacher education levels and adult/child ratios. Process quality priorities identified by families include how children experience the program (i.e., teacher warmth and caring), opportunities for learning, and the relationships between families and teachers. The authors noted that in addition to these features, parents placed a high priority on children's health, safety, and trust in the teacher (Forry, Simkin et al., 2013). By investigating upper middle income families' definitions of quality early care and education, I wanted to address the relationship between family definitions of quality and MD EXCELS standards of quality to guide an informing effort aimed at family awareness of ECE quality and decision making. The discussion that follows elucidates how states have responded to families and children's needs and desires for increased ECE program quality and reflects the current emphasis on accountability as a reform effort.

² The median household income in Anne Arundel County Maryland was \$86,987 in 2012. The present study includes families living in zip codes with median household incomes somewhat above this level; therefore they are referred to as upper-middle income families.

Quality Rating and Improvement Systems in Action

QRIS standards are used to assign ratings to programs that voluntarily participate in a QRIS, which presents a systemic approach used by a growing number of states to assess, improve, and communicate the level of quality in early childhood care and education programs. These standards provide parents and the public with information about each program's quality. The logic model for QRISs posits that ECE program ratings will create a local market for high-quality care with greater demand from families for higher-rated programs (Sabol & Pianta, 2015). States typically use licensing standards as the starting point or base of the system, upon which higher levels of quality standards are built. QRISs are designed to facilitate the systematic and widespread improvement of quality by moving beyond basic licensing requirements (Sabol & Pianta, 2015). The following section considers family awareness of the QRIS from an early adopting state that has conducted an evaluation of their system as well as Maryland's goals for its newly implemented QRIS.

Chase and Valorose (2010) summarized results from a statewide telephone survey describing childcare use in Minnesota, which included 1,209 households with children 12 and younger. Researchers asked respondents about their views on a potential childcare quality rating system (at the time Parent Aware, Minnesota's quality rating system, was being tested in 5 counties/districts), with 88% responding that they would find it helpful if their community had a childcare quality rating system that would provide information to use in selecting the highest quality care.

Many states have already implemented QRISs, and Maryland has recently adopted this tool for ECE reform. Launched in July 2013, MD EXCELS (Maryland's QRIS) has three goals: recognizing programs that provide quality care, fostering increased program quality, and

providing families with information and options for quality childcare. While MD EXCELS focuses on providing families with information, I took a step further, including Mapp and Kuttner's (2013) dual capacity building framework along with its focus on policy and program goals designed to build and enhance families' skills, knowledge, beliefs, and self-efficacy. Mapp and Kuttner (2013) argued that this increased social and cultural capital is needed to navigate the complexity of the education system so that families are prepared to take on multiple roles as engaged partners in their children's education. Family engagement in education will be discussed further in chapter 4.

MD EXCELS has standards in five program areas, including licensing and compliance, staff qualifications and professional development, accreditation and rating scales, developmentally appropriate learning and practice, and administrative policies and practices (<http://marylandexcels.org/>). However, few researchers have addressed the relationship between these professional quality standards and family definitions of high-quality early care and education (Forry, Simkin et al., 2013).

Awareness of MD EXCELS

Several early adopting states have conducted evaluations of their QRISs, including collecting data about the awareness families have of these systems. In one example, Starr et al. (2012) interviewed 501 families with young children. Respondents were asked if they heard of Kentucky's QRIS, called STARS for KIDS NOW, which had operated for over 10 years. Evidence suggested families lacked awareness of the system, with only 17% of respondents indicating having heard of STARS for KIDS NOW. While respondents currently lack awareness, they indicate an interest in knowing about and using the system in the future. Once the system was explained to them, the majority of respondents reported they would use STARS when

choosing an early childhood program in the future. Since one of Maryland's goals for the QRIS was to provide families with information and choices about quality childcare, an important goal of the current study was to determine whether families were aware of MD EXCELS.

Steinberg (2008) summarized the experiences of early QRIS adopting states (Oklahoma, Colorado, North Carolina, Pennsylvania, and Ohio). State representatives reported increases in parental interest in their state's QRIS over time, noting that more parents asked resource and referral agencies about program ratings. Most interviewees believed that their QRIS raised parent awareness of quality standards through public awareness campaigns. The QRIS National Learning Network (2015) consists of a coalition of states and organizations that provide information, learning opportunities, and direct technical assistance to states that have a QRIS. The QRIS National Learning Network (2015) published a QRIS Framework, which included five elements that contribute to ECE systems reform. One of the five elements was "Engagement and Outreach," which included marketing the vision of QRIS to consumers. This organization recommended that states design interventions to influence consumers' ECE choices, including a consumer guide and public education to ensure consumer understanding. The QRIS National Learning Network (2015) also advised states to increase parental understanding and demand for QRIS-rated programs because this remained crucial to achieving sustainability for the system and motivating providers to adopt continuous quality improvement (www.qrisnetwork.org). Recently, the Child Care Development Fund Block Grant, signed into law in November 2014, provided funding to support state QRISs. The grant stipulated that one of its purposes is "to encourage states to provide consumer education information to help parents make informed choices about child care services and to promote involvement by parents and family members in

the development of their children in child care settings” (Walter, Torres, & Aldebot-Green, 2015, para. 1).

MSDE, in partnership with the Johns Hopkins University Center for Technology in Education, has developed the Maryland EXCELS (n.d.) website (www.mdexcels.org) for families to use in searching for ECE and care programs. In addition to a brochure and video, MD EXCELS offers a mobile app for families to identify participating programs. While an important goal for MD EXCELS is to provide families with information and choices about quality care, my professional experience in the field indicated that families were typically unaware of this resource for decision making. Each of the decision-making models (rational choice, heuristics and biases, social networks, and the accommodation model) identified information as a critical component of family decision making. The needs assessment for this project aimed to investigate upper-middle income families’ awareness of MD EXCELS to guide a possible intervention that might address families’ need for information about ECE quality and MD EXCELS as well as potentially build capacity for engagement in education-related decision making.

QRIS and Child Outcomes

While the proliferation of state QRIS programs continues, little is known about how well these work. The selection of quality indicators, their organization into levels, and the composite ratings as they relate to children’s learning have yet to be studied systematically (Sabol, Hong, Pianta, & Burchinal, 2013). Zellman et al. (2008) assessed the QRIS developed by Qualistar Early Learning, a Colorado nonprofit organization, which was first implemented in 1999. According to the logic underlying QRISs, a higher quality early care and education environment will lead to better outcomes for children. Given this, these researchers examined the relationship between star ratings, QRIS components, and child outcomes. Data were collected from

approximately 100 childcare providers and over 1,300 children, using established measures of childcare quality and direct child assessments. Few relationships between individual QRIS components and child outcomes, and virtually no relationships between ratings and child outcomes, were found (Zellman et al., 2008).

In 2011, Burchinal, Kainz, and Cai conducted a meta-analysis using data from large-scale studies of early childhood settings to examine how well measures of quality predict child outcomes. Two sets of analyses were conducted. The first meta-analysis indicated that widely used measures of ECE quality are moderately related to children's outcomes. The second set of analyses looked at whether specific aspects of the environment and the childcare experience were related to child outcomes and whether individual items on either the Early Childhood Environment Rating Scale (ECERS) or the Classroom Assessment Scoring System (CLASS), which are quality measures also used in MD EXCELS, could be linked to child outcomes. Both analyses indicated that higher quality ECE is associated with higher language, social, and academic skills, along with fewer behavior problems, but the associations were quite modest (Burchinal et al., 2011). These authors posit that more specific and aligned measures of quality need to be developed using more advanced psychometric methods to adequately measure the associations between quality and child outcomes (Burchinal et al., 2011).

In 2013, Sabol et al. estimated associations between QRIS ratings and measures of children's learning using a data set that included 2,419 children in 673 public prekindergarten programs across the United States. Results indicated highly rated programs and low rated programs produced results that did not differ significantly on most measures of children's learning (Sabol et al., 2013). As QRISs become ubiquitous and early care and education program

enrollment grows, it is even more important that ratings link to children's learning to enable states to focus on the elements of quality that matter most (Sabol et al., 2013).

In 2016, when Burchinal et al. (2011) conducted a secondary analysis simulating a QRIS validation using six large ECE data sets, they illuminated several challenges that need to be considered when constructing, validating, or changing QRISs. These authors stated that the multiple goals set out for QRISs (improving children's outcomes, professionalization of the ECE workforce, family engagement, and systems building) needed separate rating scales unless they were highly correlated. They also stated that the selection of quality indicators should remain grounded in known evidence and validated through professional guidelines to define the cut-points in the rating scales. This will ensure the information in selected quality measures is maintained when converted to a rating score (Burchinal et al., 2016).

While there is currently minimal empirical evidence available about how QRISs quality ratings relate to children's outcomes, these systems have the potential to assess quality in pre-kindergarten programs. Sabol and Pianta (2015) conducted a validation of the rating system in Virginia's QRIS, the Virginia Star Quality Initiative. Because empirical evaluations of QRISs are just beginning, a starting point for work on their effectiveness relies upon the validation of the QRIS components to develop an understanding of whether the rating structure utilized in the QRIS measures aspects of quality that relate to children's learning.

Sabol and Pianta (2015) examined the association between quality ratings and children's literacy skills and found that higher star ratings were related to stronger growth in children's pre-literacy skills in the pre-kindergarten year, although the association faded in the next school year. These authors suggest that the central question is about how to weight and combine the quality standards to predict growth in learning. It is possible that the aggregation of multiple indicators

of quality may not reflect the differential effects of some quality standards over others (Sabol & Pianta, 2015). Given the family demand, public attention, and long-term benefits to children from high-quality ECE, more work is needed to validate ratings, examine selection, and understand effects on parental selection of QRISs (Sabol & Pianta, 2015).

In this vein, Burchinal et al. (2016) found that QRIS ratings that were developed with attention to psychometric principles (dimensionality, item selection, and item scoring) were validated through statistically significant associations with gains in academic outcomes and may improve the measurement of ECE quality. These efforts may ultimately find relationships between the individual quality standards employed in QRISs and a range of positive developmental outcomes for children, including the improved cognitive ability, socioemotional skills, and language development linked to high-quality ECE programs (Anderson, 2006).

While an assessment of the “state” of QRISs indicates that serious technical and political challenges need to be resolved if QRISs are to achieve their multiple goals, including increasing program quality so that it positively affects children's learning and development, influencing enrollment choices made by families, and reducing ECE's systemic fragmentation, this dominant policy approach appears lasting since the Race to the Top Early Learning Challenge grants made QRISs ubiquitous across states (Goffin & Barnett, 2015; U.S. Department of Education, 2016). However, Goffin and Barnett (2015) suggested that QRISs are still in a developmental stage and it is too early to draw broad conclusions about their effectiveness to transform ECE. While current evaluations of QRISs have found few relationships between quality standards and positive developmental outcomes for children, families have limited resources available to guide their complex ECE search and decision processes (personal recommendations, internet reviews,

and referral agencies). They also might wish to consider the quality ratings provided by a QRIS as a tool to inform them despite the current measurement challenges.

Conclusion

While the initial research questions for this project were founded in the rational choice model of family decision making, the focus shifted. The rational choice model, where researchers assumed families have a fixed set of priorities, full and complete information with which to make decisions, and individual, distinct choices, which was not supported by the literature. The literature reviewed for this study indicated that no consistent set of family priorities has been found (Forry, Simkin et al., 2013). In addition, Chaudry (2004) found that family choices are not fixed; mothers reported that new priorities emerged as their circumstances changed. Researchers, investigating family awareness of QRISs in early adopting states, showed that few families have heard of the systems despite many years of operationalization (Starr et al., 2012; Steinberg, 2008).

This review of literature has shifted the focus of this investigation from a rational choice model of family decision making to the broader and more comprehensive accommodation model first developed by Meyers and Jordan (2006) and refined by Weber (2011). This embeds family decisions and awareness in a family's lived experience. Moving from the rational choice model to the accommodation model, a graphic representation (Appendix A) was developed to deepen understanding of this decision making process and to begin to identify areas where interventions may be applicable. Appendix A illustrates a process of family decision making that includes individual constraints embedded in a social network surrounded by the family's social and institutional context, with reciprocal interactions between the spheres. This model indicates that families may not be making choices using rational choice as is typically supposed; rather, they

are accommodating the multiple competing demands and influences in their lives. The accommodation model of family decision making prompts further questions about family context and normative influences on priorities and decisions which will guide this study:

- What kinds of social networks influence my organization's families?
- What are their social norms?
- How is information filtered to shape priorities?
- What factors in the environment impact decision-making shortcuts?
- How are these families constrained?

These questions related to family decision making will be explored further in Chapter 3.

Statement of the Problem

A rich body of literature supports the positive influence of high-quality care and education on the development of young children. In 2013, Maryland launched a QRIS, which is part of an effort to define quality for early childhood programs. An important QRIS goal is informing families about the quality of the ECE programs they choose. However, my review of extant literature as well as professional field experience indicated that families were not aware of MD EXCELS (Maryland's QRIS), even when their children were enrolled in a participating, highly rated early childhood program. After this review of literature, questions persisted about family priorities when making enrollment decisions, how families defined ECE quality and how MD EXCELS ratings influenced enrollment decisions. The needs assessment research, described in the following chapter, was guided by these questions, related to upper-middle income families enrolled in two ECE programs in Anne Arundel County, MD.

Chapter 3

Exploring Family Priorities: A Needs Assessment

The goal of this needs assessment study was to explore upper-middle income families' priorities in selecting early care and education, their definitions of quality, and how a specific measure of quality influences family decision making. Focusing on family priorities and definitions of quality provided an opportunity to learn whether families were aware of MD EXCELS, whether they would use a quality rating in making an enrollment decision, and whether Maryland's definition of quality (as expressed in MD EXCELS) aligned with family preferences.

Context of Study

This needs assessment occurred in two independent ECE and care programs located in Anne Arundel County, Maryland. These programs offer preschool and prekindergarten instructional classes as well as childcare to children ages 18 months through 5 years. Both programs hold MSDE Early Childhood Accreditation and are rated Level 5 (highest rating) by MD EXCELS. Survey participants reside in upper-middle income suburbs (based on reported home zip codes) and are currently enrolled in the programs. Results of this study would be of potential interest to stakeholders in the larger community, including other childcare providers, regulators, and the MSDE.

Of 100 families who received an invitation to participate in the survey, the 62 study participants included families of enrolled students who attended both full-time (47%) and part time (53%). All respondents reported at least some college, with 50% holding Bachelor's degrees and 34% holding advanced degrees. The majority of respondents (60%) consisted of between 35 and 44 years old. The majority of responding families identify living in Severna Park

(34), with concentrations also found in Arnold (9) and Annapolis (8). According to U.S. Census (2012) data, the median household incomes in these areas were \$115,177 for Severna Park, \$101,653 for Arnold, and \$ 70,689 for Annapolis. These areas resided within Anne Arundel County, Maryland, which had a median family income of \$86,987 per year.

The needs assessment was guided by the following questions related to upper-middle income families:

RQ1: What priorities influence the enrollment decisions made by families of children currently enrolled in early care and education programs in Anne Arundel County, Maryland?

RQ2: How do families currently enrolled in an early care and education program define quality?

RQ3: How do MD EXCELS (QRIS) ratings influence families' decisions to enroll their children in ECE and care programs?

RQ4: Do family priorities align with MD EXCELS quality standards?

Methods

Quantitative data for this study were collected through a survey. The data collection process included sending an email invitation requesting the participation of families enrolled in during 2013/2014 school year. One week later, a reminder email was sent to all families thanking them for their participation and requesting participation from those who had not yet responded. Families were asked to follow a link to a Survey Monkey page, which included a 10-item questionnaire, asking them about their priorities when enrolling their child, their definitions of quality in ECE, and their awareness of Maryland's QRIS, MD EXCELS.

Variables in the study included family priorities, family awareness of MD EXCELS, and family definitions of quality. Family enrollment priorities were measured by asking families to rank a list of early care and education program characteristics on a 5-point Likert scale from “not a priority” to “very high priority.” Family awareness of MD EXCELS was measured by asking families whether they had heard of the program. The ECE program characteristics were adopted from a similar survey conducted by Forry, Simkin et al. (2013), with the addition of program quality rating as a characteristic. These characteristics also aligned with MD EXCELS standards. Family definitions of quality were measured and compared to enrollment priorities by asking families to rank a duplicate list of early childhood program characteristics on a 5-point Likert scale from “not important” to “very important” in relation to early care and education quality. Descriptive statistics are used to describe the features of the data in this study, providing summaries of the sample and the measures.

Needs Assessment Findings

To explore the influence of family priorities on enrollment decisions, families were asked to rank a list of early care and education characteristics on a 5-point Likert scale from “not a priority” to a “very high priority.” The characteristics included location, curriculum, cost, health and safety, group size, quality rating, classroom environment, teacher qualifications, and hours of operation. Results are found in Figure 3.1.

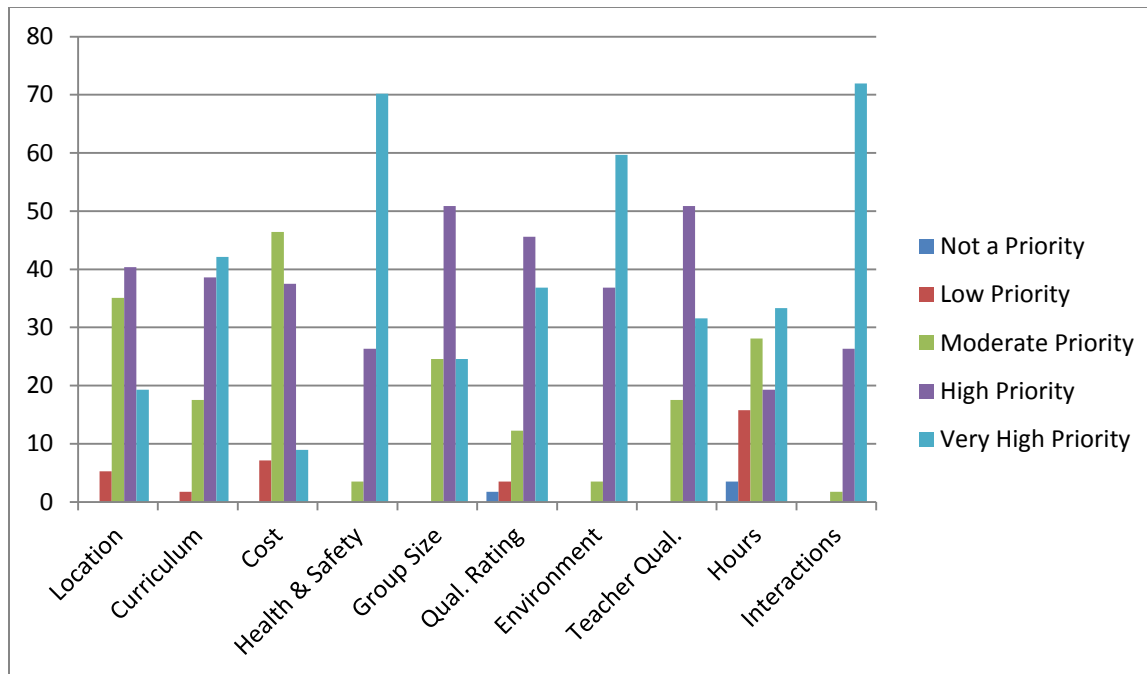


Figure 3.1. Family ranking of ECE program characteristics.

Key findings from an analysis of the data collected through the family questionnaire will be discussed in the following sections.

RQ1 Family Priorities

Of 57 responses (5 respondents skipped this question), the top three “very high priority” characteristics identified by families when deciding to enroll their children were How Teachers Interact with Children (72%), Health and Safety (70%), and Classroom Environment (60%). It is also worth noting that only two ECE program characteristics received a rating of “not a priority” from some participants. These include Quality Rating (1.75 %) and Hours of Operation (3.51%). It is possible that survey participants’ low ranking of “quality rating” as an enrollment priority is linked to a lack of awareness of QRISs in general and MD EXCELS in particular, or that an outside ranking is not important to them. In addition, these findings aligned with the review of literature that found connections between higher family income and attention to quality features such as teacher/child interactions and classroom environment (Gamble et al., 2009).

RQ2 Family Definitions of Quality

Family definitions of quality were measured and compared to enrollment priorities by asking families to rank a duplicate list of early childhood program characteristics on a 5-point Likert scale from “not important” to “very important” in relation to early care and education quality. In an effort to discern the potential differences between what families reported as their enrollment priorities and how they might act on those priorities a survey question asked, “If you had a friend looking for a high-quality early care and education program, what would you tell him/her to look for?” The results of this survey item are shown below in Figure 3.2.

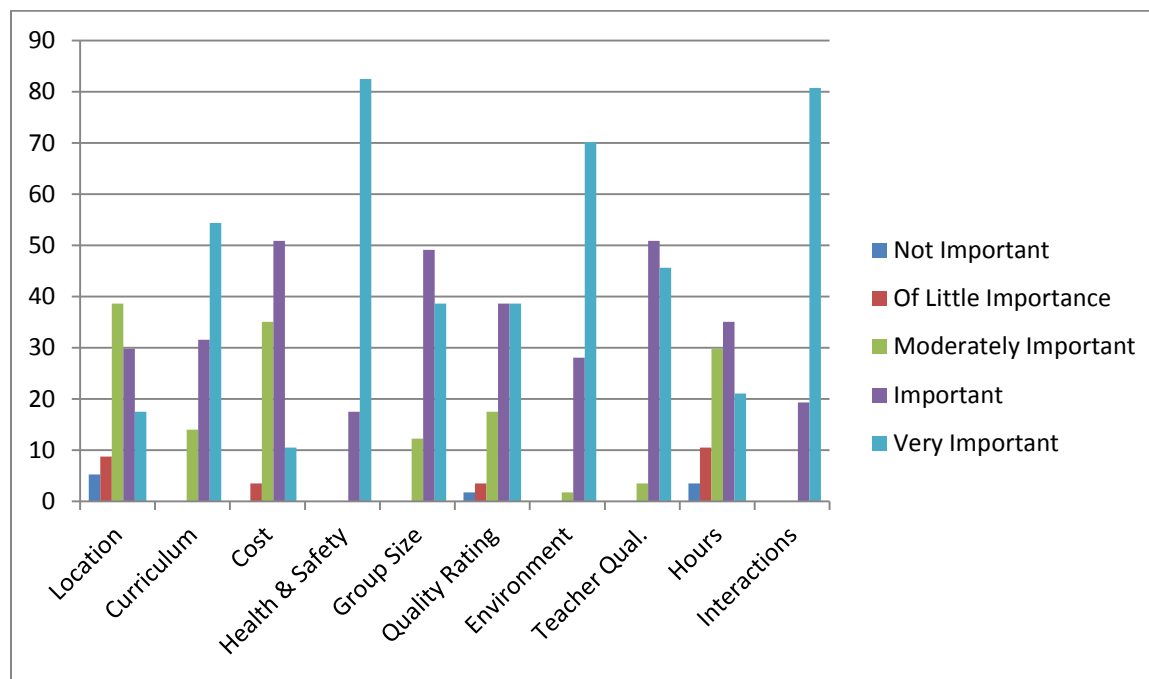


Figure 3.2 Family ranking of ECE quality characteristics.

This survey question included a duplicate list of ECE program characteristics (identical to the first question) but was located at the end of the survey. Of 57 responses (5 respondents skipped this question), the top three characteristics of high-quality early education and care programs were identified as Health and Safety (82.5%), How Teachers Interact with Children (81%), and Classroom Environment (79%). These top three characteristics of quality were

identical to those ranked “very high priority” in the list of family enrollment priorities, with only a slight difference in the rank order of the top three (Health and Safety is first here). These results indicated that families in these two ECE programs define quality and identified their enrollment priorities in much the same ways.

RQ3 Awareness of MD EXCELS

Two survey items were designed to assess family awareness of MD EXCELS. Families were asked whether or not they had heard of MD EXCELS, and whether they knew if their child’s current ECE program participated. Results of these questions indicated most families (63%) had not heard of MD EXCELS, nor did they have accurate knowledge of their current ECE program’s participation (75 %). Results from these items are shown below in Figure 3.3.

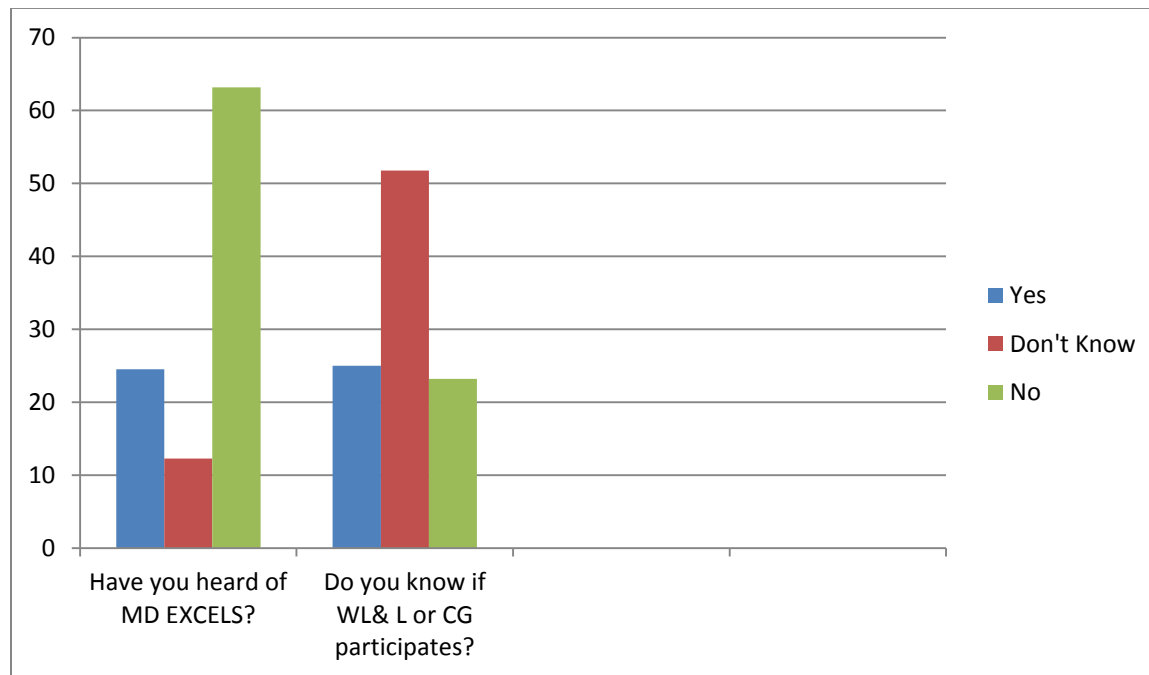


Figure 3.3 Family awareness of MD EXCELS.

These data suggested that neither these two ECE programs nor MD EXCELS and MSDE were communicating as effectively as they might with families or that quality ratings were not important to families. Both ECE programs in this study have achieved the highest ranking (5-

checks) in MD EXCELS, and these rankings were published in July 2013 on the MD EXCELS website. In addition, these programs published announcements reflecting this achievement in school newsletters and on their websites. However, these data demonstrated a general lack of family awareness of MD EXCELS despite family outreach efforts at the state and program levels.

Contributing to understanding these families' perspectives involved another survey item that asked families how much a state system that would rate the quality of ECE would matter to their enrollment decisions. Of 57 respondents, 97% said such a system would matter in their decision to enroll their child in an ECE program. Thus, while it appeared families would like to use quality ratings to inform their enrollment decisions but lack awareness of MD EXCELS, further clarification of family perceptions of ECE quality ratings remains necessary. It is possible that while families reported an ECE quality rating would matter, in practice, they might rely on other decision factors, such as personal recommendations, online ratings, or gut feelings when choosing an ECE program. To further explore how families feel about quality, and whether their definitions of ECE program quality aligned with MD EXCELS standards for quality, the following section explores the match between MD EXCELS standards and what families reported on the survey.

RQ4 Comparison of Family Definitions of Quality and MD EXCELS Standards

Table 3.1 shows the alignment between family definitions of the characteristics of quality ECE and Maryland's definition of quality as defined by MD EXCELS standards. MD EXCELS awards ratings of 1 through 5 check marks as programs meet increasingly high standards of quality in key areas. MD EXCELS includes five program standards with different criteria to be met at each level. The five program standards include licensing and compliance, staff

qualifications, accreditation and rating scales, developmentally appropriate learning and practice, and administrative policies and practices. Table 3.1 includes the top three ECE program characteristics as rated by families in the survey, and the corresponding MD EXCELS standard and check level rating for that item. MD EXCELS ratings are built similar to a set of stairs; every item in the lower level must be met before a program may move up to the next level. Thus, multiple levels are applicable to each identified element of quality and have been included for comparison. One must note, that while families ranked “classroom environment,” as both one of their top three enrollment priorities and one of the top three ways they define quality, the MD EXCELS definition of high quality classroom environments may or may not be what families had in mind, especially at level 5 (see below) where the indicators of quality become more complex. It is possible that while participating families identified “classroom environment” as a top enrollment factor, they lacked awareness of the extent to which it was defined by MD EXCELS.

Table 3.1

Comparison of Family Definitions of Quality and MD EXCELS Standards

Family Rating of Characteristic	Family Defined Most Important Characteristics of Quality	MD EXCELS Alignment LIC = Licensing & Compliance DAP = Developmentally Appropriate Practice	Corresponding MD EXCELS Check-Level
1	Health & Safety Note: MSDE regulates the health and safety of ECE programs through the basic licensing process	LIC 1.1 Licensed, open and operating	Level 1
		LIC 2.2 Substantial compliance with childcare regulations	Level 2
		LIC 3.2 No enforcement actions	Level 3
2	Teacher/Child Interactions	Not defined explicitly, included at higher levels as a rating scale (CLASS) conducted for at least one classroom for each age level followed by a program improvement plan for subscales scored below 5	Levels 3, 4 & 5
3	Classroom Environment	DAP 1.1 Children of all abilities are provided with opportunities to interact with their peers in a developmentally appropriate environment that offers a balance of child initiated and teacher directed activities	Level 1
		DAP 1.5 Children are provided with opportunities to interact with their peers in a developmentally appropriate environment welcoming of children of all abilities that offers a balance of child initiated and teacher directed activities reflecting the interests of the children, their primary language, and cultural background	Level 5

These results indicated that families and MD EXCELS appeared to define ECE quality in the same ways; in that, families talked about the same elements of quality used in the MD EXCELS standards. However, it remained unclear whether families and MD EXCELS were using these words to mean the same thing. For example, when families selected “classroom environment” as their third highest priority, they might have been thinking something other than what was required by MD EXCELS standards for a level 5 rating (i.e., at Level 5, “welcoming children of all abilities” and including activities that “reflect the interests of the children, their primary language, and cultural background,” which may not be what families had in mind).

Discussion

The analysis of results confirmed the perception in these ECE organizations that families were not aware of MD EXCELS despite their high levels of education, their socio-economic status, and previous attempts to communicate this information. However, 97% of respondents reported that if they had access to a state early care and education rating system, it would matter in their enrollment decision. It is possible that this finding was impacted by social desirability bias, and is a result of inaccurate self-reports. It is worth noting that these data aligned with the review of relevant literature, which found that families placed emphasis on quality early care and education when identifying desirable program characteristics (Chase & Valorose, 2010; Gamble et al., 2009; Rose & Elicker, 2010).

While research into family priorities and preferences was conducted, few consistent patterns were found. In this survey, upper-middle income, highly educated families identified teacher/child interactions as their highest priority (and second highest priority when advising a friend about what to look for in ECE). This result was supported by the accommodation model of family decision making, which suggested the scope and type of constraints felt by families

influence their priorities. In the case of upper-middle income, highly educated families, many practical constraints might be non-existent (i.e., cost, location, and hours of operation may not be priorities). The current sample of families from two ECE programs in Anne Arundel County indicates that practical considerations were not highly important, with cost (9%) and location (19%) rated the lowest two family enrollment priorities. However, results did align with the literature that demonstrates that health and safety were a priority for all families, regardless of socio-economic status (Forry, Simkin et al., 2013).

Analysis of how family definitions of quality aligned with MD EXCELS standards demonstrates that families and MSDE appeared to agree on what defines quality in ECE, in some ways. One area of potential disagreement included “how teachers interact with children,” which was identified in the current study as families’ highest enrollment priority and second most important characteristic of quality (behind health and safety). MD EXCELS standards did not explicitly define teacher/child interactions, although they were included in the Early Childhood Environment Rating Scale (ECERS) and the Classroom Assessment Scoring System (CLASS) rating scales as a component of MD EXCELS standards. At this time, though, MD EXCELS did not require programs participating in MD EXCELS to conduct full ECERS or CLASS assessments for all classrooms.

Results of the needs assessment study indicated that families would like to use a state run QRIS to inform enrollment decisions, and their enrollment priorities and definitions of quality have commonalities with MD EXCELS. However, families lacked information about QRISs and MD EXCELS. By providing families with information about a specific measure of quality (MD EXCELS), which has been designed to increase access to high-quality early care and education programs (through standards, accountability, outreach to consumers, outreach and supports to

programs and providers, and financial incentives for complying with standards), families might make better informed enrollment decisions in the future. In the case of currently enrolled families, awareness of MD EXCELS might serve to validate their earlier enrollment decision and support future decisions as they meet the changing needs of their children.

Constraints and Implications

This study was constrained by a convenience sample that included a limited number of participants ($n = 67$), representing currently enrolled families in an early care and education program who have already made an initial enrollment decision. In addition, participant demographics skewed toward highly educated and wealthy families. These population constraints limited the broader applicability of the findings to other contexts. In addition, due to social desirability bias that might have been a factor in the survey results, further clarification of family perceptions of QRISs and their use were needed.

Final Thoughts

The needs assessment uncovered how families in two early care and education programs located in Anne Arundel County, MD perceived quality and identified their desire for information about program quality when making enrollment decisions. The next chapter will explore how concepts from informing science may suggest a means to increase family awareness of early care and education quality and support enrollment decision making.

Chapter 4

Developing an Intervention

The theoretical and empirical literature on family priorities in early care and education showed that families sought quality programs for their children (Chase & Valorose, 2010; Gamble, Ewing, & Wilhelm, 2009; Rose & Elicker, 2008). This needs assessment provided evidence that families, enrolled in two ECE programs in Anne Arundel County, MD, also prioritize quality when choosing an ECE program. In addition, theorists studying family decision making in early care and education showed that these decisions differed from other consumer choices. This occurred because families felt constrained by the competing demands of employment, caregiving, social and cultural expectations, available information, and financial, social, and other resources (Meyers & Jordan, 2006, Weber, 2011). The complexity of ECE decisions is compounded by their fluidity, with family preferences changing over time to meet the needs of growing children and changing life circumstances (Chaudry, 2004). Findings from the needs assessment also suggested that while families sought quality ECE for their children, they were limited by a lack of awareness about quality ratings and the MD EXCELS system. This still occurred despite efforts on both state and program levels to communicate this information. As discussed in Chapter 2, information represents a vital component in both the accommodation model of family decision-making (Meyers & Jordan, 2006) and the parent childcare decision-making framework (Weber, 2011). Therefore, the following discussion provides a theoretical framework for informing families, a review of relevant empirical literature to identify an intervention, and an introduction to family engagement literature. This literature included that building family knowledge, skills, and self-efficacy might prepare them to engage with schools as choosers of education options for their children.

Identifying an Intervention: A Theoretical Framework

A first step in identifying an intervention to provide families with information about early care and education quality includes grounding the possible solution in a theoretical framework. Informing science provides such a framework. This framework emerged when researchers from multiple disciplines (e.g., management information systems, education, library science, computer science, etc.) studied the movement of information between senders and receivers in similar ways. Informing science provides a tool to solve the problems shared by multiple fields, including how best to inform clients (Cohen, 2009).

Cohen (1999) identified an informing system (in its simplest form) as one that involves a sender, a communications pathway, and a receiver. Elements of the system include the informing environment, the delivery system, and the task completion environment. Cohen (2009) later defined three principles that underlie informing science, including

- a framework for characterizing the systems that includes a sender, a communication pathway, and a receiver;
- the ability to characterize the systems at many levels (the actual informing level, the level where new informing instances are created, and the design level);
- and the inter-relatedness of the components of informing systems (task, technology, structure, people).

Cohen (2009) stated that the philosophy behind informing science is to break down barriers to the transdisciplinary research necessary to understand how best to implement technology to inform clients.

A video shared a further-evolved definition of informing science, “Informing science is a transdisciplinary study of systems that employ information to impact clientele” (Gill, 2011). He

described how informing science has a specific problem in focus, employs multiple perspectives, and uses information that consists of a non-random pattern carried through some medium designed to produce a change in the client's state (i.e., symbolic or non-symbolic). The clientele may include a single person or multiple clients, and the clients may engage in a reciprocal, iterative process with the informer (Gill, 2011).

Informing science brings a focus on information and communication technologies (ICTs) as well as the creation of a knowledge delivery environment in response to the recipient's needs (Guy, 2010). When one applies the informing science framework to education, the packaging of the information into the optimal sequence and media for the target learner represents a critical component of the system. Therefore, this necessitates scouting and evaluating ICT developments for possible use in learning (Guy, 2010). The scouting process for this project involved exploring how families of young children communicated and shared information to inform a possible intervention.

Informing science, as introduced by Cohen (1999, 2009), provides a framework for determining how best to inform clients using systems (especially computers and telecommunications) for storing, retrieving, and sending information. This researcher also uses this to consider ways in which multiple disciplines may use information to influence clients and how best to meet clients' needs for the packaging and sequencing of the information. Using the informing system, described in Table 4.1, to guide this exploration aimed at developing an intervention for parents prompted the following questions:

- How do families of young children communicate and share information?
- How can information be packaged into an optimal sequence and media to meet family needs?

Table 4.1

Informing Science Framework Applied to a System to Inform Families

Specific Problem	Disciplinary Perspectives	Non-random Pattern of Information	Medium or Informing Channel	Client	Change in Client's State
Low family awareness of ECE quality	Sociology Communication Public Health Psychology	How can the information be packaged into the optimal sequence and media?	How do families of young children communicate and share information?	Families of young children	Increased awareness of ECE quality

Both MSDE and the ECE programs, under consideration in this study, have already implemented traditional forms of informing clients (e.g., flyers, billboards, bus advertisements, newsletters) with limited success. Because of this, an exploration, guided by the informing science framework, of how and in what form families of young children share and communicate information was conducted. The Pew Research Centers (as cited in Purcell, 2014) have tracked social media use since 2005. They have described how the rise in social media use has impacted work, politics, communication patterns around the globe, the way people receive and share information, news consumption, parenting, and stress (as cited in Purcell, 2014). As of 2015, nearly 65% of American adults use social media, an increase of almost ten times the 7% starting point (Purcell, 2014).

Purcell (2014) found that social media are viewed as a parenting tool and source of useful information, with mothers reporting slightly more use than fathers. Users said that they kept in touch with friends, gathered information, and shared their important moments via social media. According to this report, 72% of parents who use social media agreed that they received useful

information via their social media networks. The proliferation of social media use suggested it might be a viable informing channel to reach families of young children.

As was identified in Table 4.1, another consideration when developing an intervention included how one might package the information for families in the informing system. In this case, researchers have shown that families increasingly communicate and share information via social media, which includes Facebook, Twitter, LinkedIn, Snapchat, YouTube, and Instagram (Pew Internet American Life Project, 2013; Purcell, 2014). However, the scope of this project limited the social media intervention options that one might have considered due to time, resource, and data collection constraints. Thus, based on the research about how families communicate and share information, this researcher selected YouTube as a social media platform to provide information to families due to its viability in the context of this project.

The Pew Internet American Life Project (2013) reported that the increasing popularity of social networking sites and the proliferation of cell phones have helped support a growing, online video culture. Pew Internet American Life Project (2013) showed that the percentage of online adults who watch or download videos has also grown over the past 4 years, from 69% of adult internet users in 2009 to 78% today. Video-sharing sites, such as YouTube, have been the main driving force in the increasing percentage of online adults who post, watch, and download videos. Among all online adults, rates of online video watching are highest among those ages 18-49, as well as those with higher education levels and household incomes (Pew Internet American Life Project, 2013). The growing popularity of posting and watching online videos represents a byproduct of the increasing number of adults who use social networking sites, such as Facebook, as well as the dramatic spread of smart phones. These make it relatively easy to watch, record,

and post videos online. Nearly 72% of online adults now use social networking sites, which provide a venue for video sharing and viewing (Pew Internet American Life Project, 2013).

This researcher used the theoretical framework to consider both ways in which families of young children communicate and share information, and ways in which one might optimally package the information families need about ECE quality. This framework guided this exploration of social media as an informing channel. The emergence of social media, in general, and YouTube, in particular, as an updated way to communicate, exchange ideas, and share opinions, prompted this researcher to consider how this informing channel might be used to meet the family needs for obtaining information about ECE quality. The increasing number of adults who use YouTube, along with the demographic data (ages, education levels, and household income; Pew Internet American Life Project [2013]), suggested that YouTube might be a viable medium. This medium could package an intervention for the families in this study; the majority of whom range in age from 35 to 44 years old, hold college degrees (84%), and have household incomes, higher than average for Anne Arundel County, MD.

Review of Literature

Exploring Social Media as an Informing Channel

While searches for empirical literature in the field of education, describing the use of social media as a tool for informing families, have not been fruitful, researchers in the field of public health have studied the implementation of this tool for information transmission. Chou, Hunt, Beckjord, Moser, and Hesse (2009) identified social media as an ideal channel for educating the public about risk management and disease prevention. Paek, Kim, and Hove (2010) analyzed the content of 934 YouTube antismoking videos for message characteristics.

These authors recommended YouTube as a health-promoting medium because it could reach young adults and track viewers' responses to messages (Paek et al., 2010).

Prybutok (2013) studied the use of YouTube as a means of delivering information about STD prevention to 18 to 24-year-old undergraduates. Prybutok's (2013) study suggested that YouTube has significant value as an informing channel that fosters knowledge acquisition and induces future behavioral changes. The 33 participants in Prybutok's (2013) study clarified their preference for health education messaging on YouTube and confirmed YouTube's utility as an informing channel.

The following section reviews literature written about the experiences of large organizations (i.e., environmental activist organizations, public relations organizations, and the American Red Cross) and this literature is used to inform a potential intervention for this project. However, the scope of this intervention remained limited to one small piece of a full-scale, social media campaign. A full-scale, social media campaign might include multiple platforms (Facebook, Twitter, YouTube, LinkedIn, etc.) implemented for a much longer time frame and with a much larger budget compared to what was possible for this project. However, the lessons learned from these organizations' experiences remained applicable to this project.

Social Media, Communication, and Information Sharing in Organizations

An intervention, focused on informing families, must derive from best practices, related to communicating that information, which include an emphasis on fostering dialogic communication and building relationships with the target audience. Taylor, Kent, and White (2001) examined the mediated communication of activist organizations to learn how the groups used their websites to build relationships with the public through meeting information needs and encouraging feedback. These researchers studied 100 randomly selected environmental

organization web sites to identify common features and examine the incorporation of dialogic communication using a 32-item questionnaire.

Dialogic communication, as defined by Kent and Taylor (1998), includes “any negotiated exchange of ideas and opinions” (p. 325). They designed their work to build on the development of dialogue as a framework for understanding the movement of public relations toward a relational approach. The relational approach to public relations held significance for the intervention under consideration because it suggested that building relationships represented the central activity to inform the public (Taylor et al., 2001). For example, these authors stated, “Dialogue is more than a framework for understanding interpersonal relationships; it can also be used to understand mediated relationships such as those created by communication through the Internet” (Taylor et al., 2001, p. 266).

In 1998, Kent and Taylor proposed five principles for organizations to increase communication and organizational responses to the needs of the public. These include offering dialogic loops, ease of interface, conservation of visitors, generation of return visits, and providing information relevant to a variety of people. In their 2001 study, Taylor et al. operationalized these five principles of dialogic relationship to build on Kent and Taylor’s (1998) work to measure how activist groups built relationships with stakeholders. Results suggested that, of the 100 activist organizations studied, most met the design and technical elements of building dialogic relationships with the public. However, fully engaging in two-way communication with the public had not yet been achieved (Taylor et al., 2001). The intervention under consideration attempted to inform families via a YouTube video that supported the possibility of two-way communication with families.

For an increasing number of organizations, using social media to communicate with key stakeholders and the public has emerged as an updated way to negotiate the exchange of ideas and opinions. In 2011, Briones, Kuch, Liu, and Jin studied how the American Red Cross used social media tools (e.g., websites, blogs, Twitter, and Facebook) to build relationships with volunteers, the media, and the community. Social media has been harnessed by this organization to develop communication focused on recruiting volunteers, providing community updates on disaster preparedness, and engaging the media. Using two-way dialogue, the American Red Cross achieves strategic value for the organization through providing faster service for communities, generating increased media coverage, and receiving feedback from stakeholders used to make improvements (Briones et al., 2011). Evidence from the American Red Cross supports using social media to engage in dialogue with stakeholders, including responding actively to posts and gaining ideas from the public, demonstrating Taylor and Kent's (1998) principles of dialogic communication. The use of dialogic communication with the public through social media increases the overall impact of the organization (Briones et al., 2011).

Kim, Kim, and Nam (2014) examined corporate dialogic uses of four social networking sites, including YouTube, Facebook, LinkedIn, and Twitter. These authors suggested that many earlier researchers have overlooked a major purpose of social media: to build new relationships and reinforce existing relationships. These online relationships have become critical for the economic well-being and viability of organizations (Kent & Taylor, 1998); thus, the use of virtual communication strategies has rapidly increased rapidly. Therefore, social networking sites are appropriate for dialogic communication (Kent & Taylor, 1998) and can improve relationships with the public by establishing channels and procedures for dialogue (Kim et al., 2010). For this study, dialogic communication through social media using YouTube as a platform applied to

sharing information and exchanging ideas about ECE quality to increase family awareness of ECE quality and MD EXCELS.

While sharing information and communicating in the public health literature related to sharing information and communicating with families in schools, other researchers used interventions to communicate information to families in the school context. Given that communicating information can build relationships and that the relationships between families and schools have been studied extensively, the family engagement literature was considered as it applied to this project. Based on over 50 years of research linking the variety of roles that families play in children's education to student achievement (Henderson & Mapp, 2002; Jeynes, 2012; Mapp & Kuttner, 2013), this intervention might not only have met families' need for information, but might also have prepared them to engage with schools in ways that supported their children's learning. Thus, the next section explores family engagement literature, as it pertains to the current project, and includes the possible connection between sharing information with families and family engagement.

An Exploration of Family Engagement

Based on the review of literature, related to best practices in communication, this intervention might not only inform families, but it might also support relationships between ECE programs and families that seem central to family engagement in education. Engaging families represents a critical component of quality early care and education, and it can support the healthy cognitive, social, emotional, and physical development of young children (Maryland Family Engagement Coalition, 2013). Maryland's Race to the Top- Early Learning Challenge grant provided an opportunity for Maryland to develop a family engagement framework that

- recognizes the importance of family engagement as a core component of early care and education,
- set common goals for family engagement for individual providers and for the system, and
- offers strategies for engaging families. (U.S. Department of Education, 2016, para. 2)

Because family engagement is so important in promoting positive outcomes for children, the Maryland Family Engagement Coalition has designed Maryland's family engagement framework to support intentional thinking and action regarding family engagement policies and practices.

The significance of family engagement to children's outcomes and how it might apply to informing families about ECE quality was supported by empirical literature, including Henderson and Mapp's (2002) review of 51 studies published between 1995 and 2002. Each of the studies highlighted the relationship between parent involvement³ (and, in some cases, community involvement) and improved student achievement. They examined the growing evidence that family and community connections with schools make a difference in student success. Henderson and Mapp (2002) stated,

The evidence is consistent, positive, and convincing: families have a major influence on their children's achievement in school and through life [...] when schools, families, and community groups work together to support learning, children tend to do better in school, stay in school longer, and like school more. (p. 7)

³ Historically the term involvement has been used to mean many different things. For example, Epstein has a typology of six types of family involvement; others differentiate between involvement at home and at school. Recently the term engagement has been used because the term involvement may perpetuate power differentials and inequities that exist in school-family relationships (S. Sheldon, personal communication, April 12, 2015). For this project, the term engagement is used to mean any of a number of ways that families and schools may work together to support children's learning. The term involvement will be used to reflect other authors' work.

Building the body of knowledge about the relationship of family engagement to student achievement, McWayne, Fantuzzo, Cohen, and Sekino (2004) conducted an examination of parent involvement and the social and academic competencies of urban kindergarten children. Findings demonstrated that children of involved parents show higher levels of social skills. When compared to children with less involved parents, the authors observed these children as more cooperative, self-controlled, and prosocial both at home and in school. Additionally, the academic functioning of children with more involved parents was rated higher compared to the functioning of children with less involved parents. The children of involved parents also demonstrated greater achievement in reading and mathematics, as well as greater academic motivation. Specifically, low levels of direct parent-school contact and inhibited involvement were related to children's externalizing and internalizing problem behaviors in school (McWayne et al., 2004). While this study's sample population differed in ethnicity and socio-economic status from the current project, the similar age and developmental level of the children made it relevant for this project.

Additional support for the connection between communicating with families and increased family engagement might apply to an intervention, planned to inform families about ECE quality and MD EXCELS. Reschly and Christenson (2012) provided further clarification of how family engagement influences student outcomes. These authors suggested that family-school partnerships, which require engaged relationships, represent the primary socializing agent of youth. These partnerships are characterized by shared goals, contributions, and accountability. Reschly and Christenson (2012) argued that family-school partnerships require two-way communication about children's needs along with shared decision making between families and educators. An important goal of the partnership process for families and schools includes

establishing congruence between expectations for behavior and messages about education (Reschly & Christenson, 2009). These authors stated, “The biggest challenges facing the field are no longer centered on *why* families are essential but rather *how* do we create engaged relationships and partnerships (process) and *what works* (empirically based interventions)” (Reschly & Christenson, 2009, p. 66). Epstein (2001) argued that the home and school constitute “overlapping spheres of influence” (p. 20) and that these spheres influence children’s achievement and development. Epstein (2001) also argued that schools that implement practices to promote strong positive partnerships with families through outreach activities help children succeed.

The role of family engagement in this project is derived from the body of research that demonstrated the benefits to children when families are engaged in their education as well as the links between communicating with families, building relationships, and fostering family engagement. The following sections define family engagement, describe its practice, and make a case for broadening the definition of family engagement to include informing families as a means to increase their skills, knowledge, and self-efficacy. This may potentially build their capacity to engage with schools as choosers of education options for their children.

Family Engagement: Definitions and Practices

Traditionally, researchers defined family involvement as parents participating in activities, including volunteering at school, communicating with teachers, helping with homework, attending school meetings, events, and parent-teacher conferences (Hill & Taylor, 2004). Further defining family engagement, Epstein et al. (2009) designed a framework to help educators develop family partnerships that included six types of involvement. Epstein (2009) argued that while students represent the primary focus of partnership efforts, results are expected

for parents as well. Expected results for parents include leadership decision making, confidence about parenting, productive interaction with children about curriculum, and increased interactions with other parents and the school (Epstein, 2009).

In addition, Jeynes (2010) suggested that more subtle aspects of parental behavior, such as high expectations and communication, represented some of the important ways parents could become involved in education, and are possibly even more important than overt activities. Jeynes (2010) challenged the notion that engaged parents included only those who attended school events, helped children with homework, and created rules for their children's schoolwork and leisure time. The author argued that parental expectations, communication between parents and children, and parental style were among the subtle components of involvement. These data might prompt educators to reconsider how school-based parent involvement programs are implemented and to broaden the definition of parent involvement in schools. Once educators recognize the significance of these more subtle forms of family involvement that raise student achievement, the question becomes: can these be taught to parents?

Can Family Engagement be taught?

This intervention aimed to communicate information to families to increase their awareness of ECE quality, potentially preparing them to engage as choosers of education options for their children. Multiple researchers have studied educating families to prepare them for engagement with mixed results. However, evidence exists that strategies to engage families are more important compared to activities designed to engage them, and that self-efficacy may be a precursor to engagement.

Waanders, Mendez, and Downer (2007) found that parents who were more involved in at-home educational activities had higher levels of education, a greater sense of efficacy

concerning their children's education, and a strong social network. In addition, at-home involvement represented the only dimension of parent involvement predicted by parent self-efficacy. The authors suggested that parents' perceptions of themselves, as being important in their child's education, may be a necessary precursor to parental involvement at home (Waanders et al., 2007). These findings suggested that teaching and promoting parent self-efficacy represents an important consideration for building family engagement interventions.

Jeynes (2012) provided further consideration of whether teaching parents' involvement in their children's education is effective. Based on Jeynes' (2012) analysis of 51 studies, conducted to determine the effect sizes for multiple parent involvement programs in Pre-Kindergarten through 12th grade, the answer to this question seemed mixed. However, Jeynes (2012) suggested this mixed result is due to the recent recognition that more subtle forms of parent involvement are significant, and the majority of the studies were conducted prior to this breakthrough. Nonetheless, this analysis still provided insight into how other forms of parental participation might possibly be taught to families.

Jeynes (2012) found that programs, designed to encourage parents to support their child's schooling, positively related to children's achievement. Results for specific types of parental involvement programs, in Jeynes' (2012) analysis, showed statistical significance for shared reading (.51), parent partnership programs (.35), parent/teacher communication programs (.28), and checking homework programs (.27). An essential finding of Jeynes' (2012) analysis included that parental involvement programs consistently related to high student achievement; thus, inspiring parent involvement through school-based programs may result in significant improvement in outcomes for students.

In a recent study Smith, Wohlstetter, Kuzin, and De Pedro (2011) examined parental involvement strategies in 12 urban charter schools (in six states) that have high levels of parent participation. School leaders were interviewed using 11 semi-structured questions to gather information about parental involvement activities, goals, and techniques used to gain high levels of involvement. Data revealed that while the parent involvement activities are typical (volunteering, attending parent/teacher conferences), strategies used to encourage and facilitate parent participation are innovative (Smith et al., 2011). The authors (Smith et al., 2011) also noted that parent involvement in study schools frequently connected to increasing parental self-efficacy. In some schools, specific training, designed to increase parent comfort with school involvement, was offered. One principal stated,

We had to really teach parents how to get involved. We had to say, “These are the kinds of questions you ask; this is how you behave on field trips. You are not here to just be a parent to your child but an example to all kids...” We made pamphlets that went home with directions on how to get involved and had workshops and monthly meetings with parents about how to get involved. (Smith et al., 2011, p. 88)

Results of this study suggested prioritizing strategies rather than activities for parental involvement (Smith et al., 2011). The pioneering strategies (e.g., teaching families how to be involved) of parent involvement, used in study charter schools, appeared to promote high levels of family participation, reaching parents who might have typically been marginalized (Smith et al., 2011). The preceding research suggested that attention to training and capacity building is needed to develop successful family engagement strategies, policies, and programs. In the next section, a research-based framework for building family capacity to engage with schools is considered, as it provides a rationale that connects the intervention, and family engagement.

A Vision for Building Family Capacity to Engage with Schools

Mapp and Kuttner (2013) argued that family/school partnerships could grow and flourish only if both families and school personnel have the requisite collective capacity to engage in them. While Mapp and Kuttner's (2013) dual capacity building framework included the development of school and district staff capacity, the scope of this research project limited consideration of how this capacity may be developed. These authors argued that when families have built the requisite enhanced capacity, they felt prepared to engage in partnerships with schools in diverse roles to support their children's learning and development (Mapp & Kuttner, 2013).

According to Mapp and Kuttner (2013), the roles families can play when they are engaged include

- supporters of their children's learning;
- encouragers of an achievement identity and a "can do" spirit; monitors of their children's time, behavior, and boundaries;
- models of lifelong learning; advocates for improved learning opportunities for their children;
- decision makers/choosers of educational options for their children; and
- collaborators with staff and members of the community.

These authors proposed a move away from narrow views of what families could do to be engaged with their children's education and suggested considering how these different roles might be cultivated. Mapp and Kuttner (2013) defined family engagement as any way that a child's adult caretakers (e.g., biological parents, foster parents, siblings, grandparents, etc.) effectively support learning and healthy development.

In their dual capacity-building framework, Mapp and Kuttner (2013) suggested that policy and program goals for interventions to build family capacity to engage with schools need to target growth in the skills, knowledge, networks, beliefs, values, and self-efficacy of families. If interventions are set-up properly, growth in these areas will ensue, thereby preparing families to engage with schools (Harvard Education, 2014).

The foregoing discussions included

- an application of the informing science framework to the POP,
- a consideration of empirical literature related to updated ways that families of young children communicate and share information,
- a review of empirical literature on social media and dialogic communication,
- an exploration of the family engagement literature to situate the intervention in an education context, and
- a review of an applicable framework that links increased family knowledge, skills, and self-efficacy to enhanced family capacity to engage with schools.

Conclusion

Based on a needs assessment, families would like to use information about ECE quality and MD EXCELS to make enrollment decisions; however, they lacked awareness of the QRIS that exists in Maryland. This chapter considered a theoretical framework and reviewed empirical literature to develop an intervention designed to communicate, share information, and build relationships with families. In addition, family engagement literature was reviewed.

Family engagement has been shown as a critical element in education because researchers linked it to children's long-term positive outcomes (Henderson & Mapp, 2002; McWayne et al., 2004; Reschly & Christenson, 2009, 2012). It is widely accepted that students

who excel in school need family (or community) members to support and encourage them (Epstein & Sheldon, 2006). Providing families with information designed to increase awareness about early childhood education quality and MD EXCELS may increase family knowledge, skills, and self-efficacy thereby building family capacity to choose education options for their children.

Early childhood care and education programs represent some of the first experiences that children and families have in an educational setting; therefore, it presents an early opportunity to build family knowledge and capacity to engage in partnerships with schools in diverse roles. When families have built the requisite capabilities (e.g., skills, knowledge, and self-efficacy), they may feel prepared to engage with schools as supporters of their children's learning and development, advocates for improved learning opportunities, and decision makers/choosers of educational options for their children (Mapp & Kuttner, 2013). Current researchers and theorists (Galindo & Sheldon, 2012; Mapp & Kuttner, 2013) defined family engagement as multidimensional, encompassing any way that a child's adult caretakers effectively support their learning. Schools that implement outreach activities to promote strong positive partnerships with families help children to succeed (Epstein, 2001).

The growing popularity of posting and watching online videos prompted consideration of social media as an informing channel for families. When considering how best to inform families about early care and education quality, empirical studies on the use of YouTube as a health information channel are applicable. Researchers, from the public health sector, have begun to confirm the utility of YouTube to foster knowledge acquisition and future behavior change (Paek et al., 2010; Prybutok, 2012). One new and potentially effective way to inform families about early care and education quality may entail increasing awareness by using the informing channel

of social media, with the information packaged in a YouTube video. This may potentially build family knowledge, skills, and self-efficacy and ready families to engage with schools as choosers of educational options for their children. For this project, I hypothesized that providing families with information through a YouTube video intervention might build their knowledge, skills, and self-efficacy. I also hypothesized that it had the potential to increase family capacity to engage in their children's education now as choosers of ECE programs, possibly setting the stage for future engagement in education as their children grew and developed. In the following chapter, after introducing a YouTube video intervention, I consider the following research questions:

RQ1: What is the fidelity of implementation?

RQ2: What are families' perceptions of ECE quality before and after viewing an informative YouTube video?

RQ3: How does viewing an informative YouTube video about ECE quality and MD EXCELS influence families' perceptions about enrollment decisions and use of MD EXCELS?

RQ4: How does viewing an informative YouTube video meet family needs and desires for information about early childhood education quality?

RQ5: How does a YouTube video impact family awareness of a particular program's quality?

RQ6: How does this YouTube video impact communication and information sharing between an ECE program and families?

Chapter 5

Methods

This intervention is designed to test the effectiveness of using YouTube as an informing channel to communicate information about ECE quality and MD EXCELS. The YouTube video intervention was intended to increase family awareness of ECE quality, which might also build family capacity to engage as choosers of educational options for their children. This video was strategically configured, based on Berger's (2013) principles, to target families of young children with meaningful images and dialogue. These were likely to be recalled using research-based principles for understanding what makes stories, news, and information spread from person to person to be talked about, shared, or imitated (Berger, 2013; Berger & Schwartz, 2011).

Social media are information delivery systems or informing channels for both personal and professional communication (Hardin et al., 2012). Researchers have shown these to have utility in fostering knowledge acquisition and inducing future behavior change (Prybutok, 2013). Since 2006, the percentage of online adults who use video-sharing sites has grown from 33% to the current figure of 72% (Pew Internet American Life Project, 2013). Implementation of YouTube as an informing channel for families addresses the ways in which social computing and online communities have changed the way people share information and communicate (Wang et al., 2007).

The video intervention was conducted in two early childhood programs located in Anne Arundel County, MD in the spring of 2016. Both currently enrolled (approximately 100 families) and prospective families were invited to view the video and answer survey questions. An additional invitation was issued to families to participate in a focus group both before and at the conclusion of the intervention implementation time period. Based on previous online surveys of

currently enrolled families, 62% of these families were expected to participate. In addition, prospective families were invited to participate through banner ads on the school websites. The following chapter includes a discussion of the intervention methods as well as a description of both process and outcome evaluations for the intervention.

Intervention Methods

Participant Selection

Currently enrolled and prospective families in two ECE programs located in Anne Arundel County, Maryland were invited to participate. This occurred through school newsletters, banner ads on school websites, and casual conversations with staff at drop off and pickup times. I also used email invitations and reminders.

Intervention Components

To increase family awareness of ECE quality this intervention implemented the following components and their corresponding activities.

Component 1: Family Outreach

This component included four phases (preparing staff, inviting families, reminding families, communicating with families) of family outreach designed to engage families in the intervention. The first phase included a staff-coaching meeting held in January 2016. The coaching meeting included a screening of the YouTube video for staff as well as a short presentation on the goals of the project. In addition, staff members were asked to engage in casual conversations at pick-up and drop-off time to promote parent participation in the intervention. Phase two included program newsletter articles that were published in January, February, and March 2016 to introduce the YouTube video intervention and invite families to view it, as well as to request volunteer families to join the focus groups. Banner ads were placed

on each school website to invite families to view the YouTube video in January 2016. For phase three, I sent e-mail reminders to participate and updates on participation rates in late January, February, and March 2016. Lastly in phase four, I planned to support relationships and communication with families through responses to questions and comments both online and in-person. The elements of the family outreach component are outlined in Table 5.1.

Table 5.1

Family Outreach Activities

Outreach Phases	Activities	Objectives
1. Prepare Staff	Coaching meeting with staff	Staff has knowledge and awareness of project and can foster family participation through casual interactions/conversations
2. Invite Families	Newsletter invitations/banner ads on websites	Families feel welcome to participate and important to the project
3. Remind Families	Email reminders and updates on participation	Busy families are prompted to participate
4. Communicate with Families	Staff conversations with families, responding to comments/questions online and in-person, encouraging 2-way dialogue in person and online	Relationships between school and families are built and strengthened

Component 2: YouTube Video

Based on data reported by the Pew Internet American Life Project (2013) that show rates of online video watching are highest among those ages 18-49, and those with higher education levels and household incomes, YouTube might provide a viable informing channel. The design of the YouTube video that comprised the second portion of this intervention was influenced by content characteristics and their effects on virality, with a particular emphasis on how emotion

shapes social transmission (Berger & Milkman, 2012). Several of Berger’s (2013) six principles of contagion (understanding what makes things catch on, including social currency, triggers, emotion, public visibility, practical value, and stories) were utilized in the design of this video intervention. Three of Berger’s (2013) principles were used to guide the selection of images, script, and sound for this video: emotion, practical value, and stories. For example, young children’s voices, work, and experiences in a high-quality ECE program were filmed; the story unfolds from a young child’s perspective; and the voiceover includes a young child narrator. In addition, practical value was considered to craft content that families could use or share with others seeking ECE and care for their young children.

Intervention Timeline

Table 5.2 provides a detailed timeline for intervention activities and the dates of implementation.

Table 5.2

Intervention Timeline

Intervention Activity	Date of Implementation
Staff coaching meeting	January 5, 2016
Focus Group 1	January 2016
YouTube video launched	January 2016
Banner ads on school websites	
Newsletter Invitation	January 2016
Email reminders/participation updates to families	February, March 2016
Staff/family casual conversations to foster participation	February, March 2016

Rossi, Lipsey, and Freeman (2004) suggested that it is useful to recognize the character of proximal program outcomes since these are expected to affect participants most directly and immediately. These authors posited that, for most social programs, these outcomes were

psychological, including attitudes, awareness, skills, and behavioral intentions. In this case, the “take away” outcomes that participants should experience included increased awareness of ECE quality, more information about how to access a program’s quality rating, and increased communication with an ECE program. An expected distal outcome for this project included increased family capacity to engage as choosers of education options for their children. The following section outlines the evaluation methodology for the six research questions listed at the end of Chapter 5, which I employed to determine achievement of these program outcomes.

Evaluation Methods

This evaluation included both an evaluation of implementation fidelity (RQ1) and an evaluation of outcomes (RQs 2, 3, 4, 5, and 6). Dusenbury, Brannigan, Falco, and Hansen (2003) outlined five possible criteria for measuring fidelity of implementation. I selected one of these to provide the focus of the process evaluation: adherence—whether the components of the intervention are being delivered as designed. For this evaluation, fidelity is defined as the extent to which family outreach activities are implemented as planned (i.e., how well their implementation adheres to the written plan). The outcome evaluation for this intervention remained utilization-focused, and I designed it to answer questions from those in charge of ECE programs and their future (Wholey, Hatry, & Newcomer, 2010). In this case, the results of the evaluation provided information about the effectiveness of a YouTube video intervention.

Assessment and Measurement

This intervention was meant to accomplish the following goals:

- Gain family participation in the intervention
- Share information and communicate with families
- Increase family awareness of ECE quality and MD EXCELS

- Support family engagement as choosers of educational options for their children

Table 5.3 outlines the alignment between the intervention goals, the research questions identified in Chapter 4, and the data collection methods planned for this project.

Table 5.3

Alignment of Goals, Research Questions, and Data Collection

Intervention Goal	Research Question	Data Collection
Gain family participation in the intervention	What is the fidelity of implementation?	Program records
Increase family awareness of ECE quality and MD EXCELS	What are families' perceptions of ECE quality before and after viewing an informative YouTube video?	Focus Groups, Awareness Survey
	How does viewing an informative YouTube video about ECE quality and MD EXCELS influence families' perceptions about enrollment decisions and use of MD EXCELS?	Focus Groups, Awareness Survey
Support family engagement as choosers of educational options for their children	How does viewing an informative YouTube video meet family needs and desires for information about ECE quality?	Focus Groups, Awareness Survey
	How does a YouTube video impact family awareness of a particular program's quality?	Focus Groups, Awareness Survey
Share information and communicate with families	How does the intervention impact communication and information sharing between an ECE program and families?	YouTube Analytics, Focus Groups

Both an evaluation of the program process and an evaluation of the program outcomes are planned for this project. Details of these evaluations are outlined below.

Program Process: To What Extent Did Family Outreach Achieve Program Fidelity?

The study of fidelity of implementation remained important for a variety of reasons, some of which related to gaining an understanding of how the quality of implementation could be improved upon when sharing the program under investigation with others (Dusenbury et al., 2003). In the case of this project, if another ECE program wanted to increase family awareness of quality, the measure of fidelity of this implementation might assist them in improving their own family outreach activities. Dusenbury et al., (2003) also contended that the study of fidelity of implementation was important to gain an understanding of how the quality and extent of implementation could affect program outcomes and to verify that the observed outcomes can be attributed to the intervention.

McGrew, Bond, Dietzen, and Salyers (1994) argued that the first step in assessing fidelity of implementation should be the identification of critical elements of effective programs. Program developers often possess a unique understanding that has guided a program's development and understand what elements are critical and what activities are essential to address those elements. They also have an awareness of what is non-essential and might be easily adapted or omitted without consequence (Dusenbury et al., 2003). For this intervention, family and staff outreach activities encompass the essential elements for an effective implementation of the program. Reaching out to families via newsletters, email, and in-person was essential to gain participation in the intervention. In fact, it was possible that additional family and staff outreach might have facilitated the two-way communication that was expected on the YouTube site and may have prompted more in-person communication between staff and families. Thus, the implementation process was evaluated in a descriptive way using the questions and indicators found in Table 5.4.

Table 5.4

Data Collection Matrix for Process Evaluation

Fidelity Indicator	Data Source(s)	Data Collection Tool	Frequency
Success of staff coaching meeting	Staff members	Staff survey, meeting minutes	January 2016
Number/frequency newsletter announcements	School newsletter archives	Copies of newsletters	January, February, March 2016
Number/frequency of email invitations and reminders	School email records	Copies of emails	January, February, March 2016
Presence of banner ad on websites	School websites (2)	Observation of websites, date launched	January 2016
Number of Staff/Family conversations	Staff	Checklist, observations	January, February, March 2016
Presence of YouTube video linked to websites	School websites (2)	Observation of websites, date launched	January 2016
Number of families that view video	YouTube Analytics	YouTube Analytics	January through May 2016

Program Outcome: What is the Effectiveness of a YouTube Video Intervention?

I designed research Questions 2 through 6 to evaluate the overall effectiveness of the YouTube video intervention. The evaluation for this project was a mixed-methods design that includes pre- and post-video focus groups, a family awareness survey, and YouTube Analytics data. While I planned to measure outcomes for this project on the same participants before program participation and again after participation within the focus groups, only six of the 12 Focus Group One participants returned for the second focus group meeting. This design was strengthened by obtaining multiple measures (survey and YouTube Analytics) of the outcomes that spanned the pre-program to post-program time frame (Rossi et al., 2004).

Data Sources

Multiple sources of data provided information for this evaluation. This project included a pre-intervention focus group to establish a baseline of family awareness of ECE quality. This research design also included three types of outcome measures: a short survey following the YouTube video intervention, data collection through YouTube analytics, and a post-intervention follow-up focus group of volunteer families. Each of these data sources is described below.

Focus Group One

A pre-intervention focus group was held with 12 volunteer family members. Information was collected through open-ended questions designed to evaluate participants' awareness of ECE quality, as well as their comfort level and frequency of social media use.

Awareness survey

After viewing the YouTube video intervention, participants were asked to complete a short survey designed to evaluate their awareness of ECE quality.

YouTube video performance

YouTube Analytics, which provided tools to assess video performance across key metrics, was used to assess video performance and collect data on the exposure, reach, and interaction of families with the video. YouTube Analytics also provided demographic information, including age and gender, of logged-in viewers. These data were used to evaluate the effectiveness of the video as a means to share information and communicate with families.

Focus Group Two

A post-intervention focus group was held including the same volunteer families who volunteered for the first focus group. However, only six of the original family members returned for the second focus group meeting. Data were collected through open-ended questions designed

to measure awareness of ECE quality and family perceptions and feelings about the use of YouTube as an informing channel.

Data Collection and Analysis

The evaluation included data from family outreach records, a survey, and YouTube Analytics, as well as qualitative data from focus groups. The family outreach data included staff meeting minutes, logs of conversations with families, newsletter articles, invitations to participate, and email reminders, all of which were maintained as part of the program records. Survey data were collected from 41 participants after viewing the YouTube video and included perceptions of ECE quality, comfort levels with social media use for communication, and participant plans for next steps. Data were also collected from a pre-intervention (n=12) and a post-intervention (n=6) focus group. YouTube Analytics data was collected for 286 views of the video intervention. The following discussion outlines the data collection and analysis process.

Focus Groups

I developed a question guide to cover key issues, explored in the focus group sessions. The moderator initiated the discussion with an introductory question that encouraged interaction among the group members. The transition questions narrowed the focus of the discussion and eventually lead to the key questions that were the core of the research (Liamputtong, 2011). The question guide (see Table 5.5) allowed me to enter the world of the participants, prompting them to reveal diverse understandings that could be difficult to access by other methods of data collection.

Table 5.5

Focus Group Question Guide

Focus Group Questions	Focus Group 1	Focus Group 2
Introductory Question	Please tell me about your experience choosing an ECE program?	Please tell me about your experience viewing the YouTube video?
Transition Questions	What helped you to choose an ECE program? Where did you get information when you were choosing?	If you were to choose another ECE program, how would you do it? How would you like to get information about ECE quality?
Focus Question	How do you know if an ECE program is a good one? What is your perception of the quality of this ECE program? How do you use social media? How often do you use it?	What are your perceptions of ECE program quality after viewing the YouTube video? What is your perception of the quality of this ECE program? How do you feel about your child's school using social media for communication?
Summarizing Question	Thinking back on your experience choosing an ECE program and our discussion about program quality, what would help you with making that decision?	Thinking back on watching the YouTube video, how have your perceptions about ECE quality changed?
Concluding Question	Please share any additional thoughts you have about today's topic	Please share any additional thoughts you have about today's topic

Based on the expected sample size, focus group data were transcribed and then coded manually. To analyze these data initial coding was used as a starting point to provide analytic leads for further exploration and to reflect deeply on the content and nuances of the data with openness to all possible directions indicated (Charmaz, 2006; Saldaña, 2013; Strauss & Corbin, 1998). Next pattern coding was applied to identify similarly coded data and attribute meaning to

the organization of the data pulling together data into more meaningful units of analysis and grouping the summaries into smaller constructs (Miles & Huberman, 1994). Finally, themes were developed as outcomes of the coding, categorization and analytic reflection process (Saldaña, 2013). For this project, I read the focus group transcripts twice to identify initial codes guided by Research Questions 2 through 5. Next, I collected these initial codes into a document organized by each research question. I reexamined the initial codes to group into patterns, which I listed on another document. Finally, I developed themes based on the patterns that emerged from the categorization and reflection process.

Awareness Survey

Since no established measures for this outcome existed, I developed a family awareness survey (Appendix B), and then administered it by using Survey Monkey. The following research questions were used to inform the development of the family awareness survey, which aimed to collect family reports of their current perceptions.

RQ3 How does viewing an informative YouTube video about ECE quality and MD

EXCELS influence families' perceptions about enrollment decisions and use of MD EXCELS? (Survey questions 1d, 2c, 2d, 2e, 2f)

RQ4 How does viewing an informative YouTube video meet family needs and desires for

information about ECE quality? (Survey questions 1a, 1b, 1c, 1e, 1f, 2a, 2b)

I invited families to participate in the survey following their viewing of the YouTube video intervention. The evaluation used the quantitative survey data to descriptively analyze participants' awareness, perceptions, and feelings about ECE quality, as well as their intentions for the future regarding enrollment decisions. The family awareness survey instrument is found in Appendix B.

YouTube Analytics

I used YouTube Analytics to determine how the video (viewed 286 times) influenced sharing information and communication between the ECE program and families. For this project, communication and information sharing were operationalized as how viewers interacted with and responded to the YouTube video, including the exposure, reach, and interaction (see Table 5.6). Researchers (Hoffman & Fodor, 2010; Neiger et al., 2012) suggested that the number of views, comments, and ratings, the number of people who have contact with online content, and the number of “likes” are key performance indicators of social media’s ability to communicate with consumers. Neiger et al. (2012) and the Centers for Disease Control and Prevention (CDC, 2012) suggested that social media can be used to build online relationships, engage communities, and enhance communication measured by the number of posts and comments, the number of page views, and the number of replies. Thus, YouTube Analytics monitored the performance of the video through metrics and reports available through the YouTube site (see Table 5.6).

Table 5.6

Research Questions, Reports and Data Collected with YouTube Analytics

RQ6: How does this YouTube video impact communication and information sharing between an ECE program and families?	Report	Data Collected	Timeline
Exposure?	Views Re-postings	Number of views, minutes watched Number of re-postings	Daily
Reach?	Demographics	Age-range, gender of logged-in viewers	Daily
Interaction?	Likes/Dislikes	Number, net change	Daily
Interaction?	Favorites	Number of people who marked content as a favorite	Daily
Interaction?	Comments	Number of people commenting	Daily

Managing the Data

Qualitative data were collected in person during focus group meetings. Quantitative data were collected and analyzed through Survey Monkey, an online survey instrument. Additional quantitative data were collected through the YouTube site using YouTube Analytics. All of these data remained secure, either with me in a password protected computer file or in password protected websites. Access remained restricted to the computer that I used to store these data, as I kept the computer in a locked room.

Conclusion

This plan to evaluate an intervention, intended to communicate and share information with families as well as potentially build family capacity to engage in choosing educational options for their children, included a discussion of the intervention methods as well as a description of both process and outcome evaluations for the intervention. This chapter provided a plan to evaluate the effectiveness of using YouTube as an informing channel to increase family awareness about ECE quality and MD EXCELS.

Summary Matrix

Table 5.7 includes a summary matrix. This matrix comprises of a summary of the evaluation research questions, indicators, and data sources, and includes both process and program outcome evaluations.

Table 5.7

Summary Matrix of Evaluation

Research Question	Indicator	Data Source
RQ1 Implementation Fidelity-What is the fidelity of implementation?	Staff coaching meeting held	Staff survey, meeting minutes
	Staff feel prepared to interact with families around intervention	
	Number/frequency newsletter	Copies of

	announcements Number/frequency of email invitations and reminders Presence of banner ad on websites	newsletters Copies of emails Observation of websites, date launched Checklist, observations Observation of websites, date launched
	Number of Staff/Family conversations Presence of YouTube video linked to websites Number of video views Change in perception/awareness	YouTube Analytics Focus Group 1 & 2 Transcripts
RQ2 Program Outcomes: What are families' perceptions of ECE quality before and after viewing an informative YouTube video?		
RQ3 How does viewing a YouTube video about ECE quality influence families' perceptions about enrollment decisions and use of MD EXCELS?	Visit MD EXCELS Quality rating used for future enrollment decisions Aware that program quality impacts readiness	Family Awareness Survey
RQ4 How does viewing an informative YouTube video about ECE quality and MD EXCELS meet family needs and desires for information?	Find video helpful Like receiving information via YouTube Seek further education info via YouTube	Family Awareness Survey
RQ5 How does a YouTube video impact family awareness of a particular program's quality?	Change in perception/awareness	Focus Group 1 & 2 Transcripts
RQ6 How does this YouTube video impact communication and information sharing between an ECE program and families?	Number of views Number of Likes/Dislikes Number of Favorites Number/valence of comments	YouTube Analytics

Chapter 6

Evaluation and Discussion

The following chapter provides a description, an analysis, and a discussion of the data collected for this research project. First, an evaluation of the implementation fidelity of the components of the intervention will be discussed. Next, a description of the quantitative and qualitative data collected to answer the research questions posed in Chapter 5, along with analyses of these data, will follow. Implications of the research, as well as final thoughts about family ECE decision making, conclude this chapter.

Research Question 1: Implementation Fidelity

This intervention was planned to include two components: family outreach and the YouTube video. The family outreach activities for this intervention utilized four phases designed to engage families in the intervention. These phases included preparing staff, inviting families, reminding families, and communicating with families. The second component included the launch of the YouTube video.

Component 1: Family Outreach

The family outreach activities, designed for this intervention, included a coaching meeting with staff, newsletter invitations and banner ads on the program websites, email reminders and updates for families, and conversations with families both in person and online. Based on the staff meeting minutes from January 2016, I implemented the coaching meeting with staff as designed and adhered to the written plan. One coaching meeting with staff members at each program location was held prior to the launch of the intervention in early January 2016. The staff coaching meeting included sharing a preview of the YouTube video, outlining the intervention timeline and process for staff members, and prompting staff members to engage in

casual conversations with families at drop off and pick up times to encourage participation. I also implemented the banner ads, email invitations, and reminders for families as designed, according to program records between January and March 2016. I published newsletter notices in the monthly newsletters for each program location in January and February 2016. In addition, I sent three email reminders to families, inviting and reminding them to participate in January, February, and March 2016. I posted banner ads on each program website concurrently with the newsletter articles and release of the YouTube link in January 2016.

While all other family outreach activities were implemented with fidelity, conversations with families varied from the design and the written plan. In follow-up meetings, program staff reported few comments or questions from currently enrolled families and held only a few conversations with families about the intervention. No viewer comments were posted on the YouTube site. However, program administration reported an increase in conversations about ECE quality and the YouTube video with prospective families who visited, called, or emailed about their child's possible future enrollment in the programs. This increase in prospective family conversations was reported at both early childhood program locations. In addition, staff members reported feeling a sense of pride and ownership in the high-quality rating of their program communicated via the YouTube video. Staff members reported sharing the video on their personal Facebook pages to let their friends and family members know about the high-quality program.

Component 2: YouTube video

I delivered the YouTube video, designed to increase family awareness of ECE quality using Berger's (2013) six principles of contagion, as designed and in accordance with the written plan. I provided a link to the private YouTube site to families three times: once each in January,

February, and March 2016. I sent this link via email along with an invitation or a reminder to participate in viewing the video and to consider taking the family awareness survey. In this case, the family outreach efforts were successful in gaining 286 views of the video and 41 participants in the survey.

Analysis of Implementation Fidelity

The goal of these family outreach activities was to gain participation in the intervention. These data demonstrated that the implementation process was implemented with fidelity to the design and written plan for the intervention. In addition, reaching out to families through newsletters and email were effective in persuading families to view the YouTube video and to volunteer for focus groups. Casual conversations with currently enrolled families did not prove useful in gaining participation; however, the YouTube video served to increase conversations with prospective families about ECE quality and MD EXCELS, as well as to increase staff pride and ownership in quality efforts. It is possible that additional family and staff outreach efforts might have increased in-person communication and that the researcher may have been able to promote online communication by taking a more active approach to leading discussions. Based on these results, it appeared that currently enrolled families felt welcome to participate in the intervention, busy families felt prompted to participate, and relationships with prospective families might have been strengthened through conversations about ECE quality despite the lack of online and in-person communication with currently enrolled families. An additional and unexpected outcome included the pride and sense of ownership shared by staff members in response to the YouTube video. The next section discusses an evaluation of the program outcomes based on answering each of the five remaining research questions identified in Chapter 5.

Program Outcome Evaluation: What is the Effectiveness of a YouTube video Intervention?

The evaluation plan for this project included pre and post-intervention focus groups to measure change in family awareness of ECE quality over time, a short survey following the YouTube video, and data collection through YouTube analytics. Data collected from these sources were used to answer the five outcome research questions and are outlined in the following sections organized by those questions.

Research Question 2: Perceptions of ECE Quality

Pre-Intervention

Three pre-intervention focus groups (a total of 12 family members of currently enrolled students) met as a group of two participants, a group of three participants at one location, and as a group of seven participants at another program location. Data were collected through open-ended questions designed to determine participants' awareness of ECE quality before launching the YouTube video. Next, I manually transcribed and coded the focus group transcripts.

In accordance with the data analysis strategies described in Chapter 5, three iterations of coding were undertaken to analyze these data. Initial coding was used as a starting point to provide analytic leads for further exploration, next pattern coding was applied, and finally themes were developed as outcomes of the coding, categorization, and analytic reflection process (Saldaña, 2013). Tables 6.1 through 6.3 represent the three iterations of qualitative data analysis applied to these data. Each number and letter organizes a particular set of codes, patterns, and their resulting themes. This relatively small amount of qualitative data includes additional information about the number of participants who mentioned a specific initial code in parentheses.

Table 6.1

Code Mapping: First Iteration: Initial Codes

Pre-Intervention Family Perceptions of ECE Quality		
1A Learning Program	2A Structure of program (5)	3A Teacher/child interactions
1A Academics	2A Single age group	3A Warm feeling
1A Curriculum	2A Play opportunities	3A Warm “vibe”
1A Opportunities to learn	2A Daily schedule (2)	3A Close relationships
1A Child’s growth	2A Not “daycare”	3A Nurturing feeling
1A Child’s advancement		3A “Homey”
1A Exposure to ideas/concepts		
1A Kindergarten preparation		3B Teacher qualifications (3)
		3B “Certifications”
		3B “Certifications”
		3B Range of staff ages
		3B Teachers supported

Table 6.2

Code Mapping: Second Iteration: Patterns

Pre-Intervention Family Perceptions of ECE Quality		
1A Learning Program	2A Structured program	3A Teacher/child
1A Curriculum/Academics	2A Daily schedule	3A Warm and nurturing
1A Opportunities/exposure		3A Feels like home
		3B Teacher qualifications
		3B Teacher characteristics

Table 6.3

Code Mapping: Third Iteration: Themes

Pre-Intervention Family Perceptions of ECE Quality	
High-quality ECE	1 Includes opportunities to learn through a curriculum with academic content and an exposure to ideas
High-quality ECE	2 Includes a structured program with a daily schedule in place
High-quality ECE	3 Includes warm and nurturing interactions between qualified teachers and young children who feel comfortable

One of the themes that emerged from these data included that families perceived ECE quality in multiple ways. This perception validated the review of relevant literature, which found that families placed emphasis on quality early care and education when identifying desirable program characteristics (Chase & Valorose, 2010; Gamble et al., 2009; Rose & Elicker, 2010). Moreover, while parents’ definitions of quality varied, they also included both structural and process-oriented features in their definitions (Forry, Simkin et al., 2013).

Based on focus group data, families’ perceptions of ECE quality before the intervention focused on two areas of structural quality (curriculum, daily schedule) and one area of process quality (teacher child interactions). The significance of the curriculum and daily schedule was exemplified by one focus group participant who said, “You know, the day was broken down into different parts, and different subjects, and different learning things that would really more prepare her for kindergarten...it’s actually a real curriculum...you’re not feeding snacks and watching TV all day.”

Another focus group participant talked about the teacher child interactions she looked for: Yeah, the definite decision is once you come to the place and then you meet the people and the teachers. And it’s...seems like you’re [they’re] going to take of your kid and

they're interested in your kid. And somebody talks to your kid when you're standing there, instead of just to you.

Based on the pre-intervention focus group data, perceptions of high-quality ECE include opportunities for children to learn through a curriculum with academic content, a structured program with a daily schedule in place, and warm and nurturing interactions between teachers and children.

Post-Intervention

A sub-group of the pre-intervention focus group members met as a post-intervention focus group of two participants at one location and as a group of four participants at the other program location. Data were collected through open-ended questions designed to determine participants' awareness of ECE quality after they had viewed the YouTube video. The same code mapping strategy (as described above) was utilized to analyze these focus group transcripts.

Tables 6.4 through 6.6 represent the iterations of coding applied to these data.

Table 6.4

Code Mapping: First Iteration of Initial Codes

Post intervention family perceptions of ECE quality	
1A Didn't know there were teacher credentials (2)	2A Would use MD EXCELS to make another decision
1A Didn't know there were standards to be met	2A Now that I know about it, would use it
1A I had no idea I should be asking about the quality rating	2A Gave you another tool for the tool belt
1A I didn't know	2A Have more tools going forward
1A Things I normally don't know	2A If I had seen it 2 years ago, would have used
1A I didn't realize there were so many elements to the quality rating	2A Feel stronger about my decision
1A I didn't realize how important these years are	2A Feel more educated about my decision
1A Didn't know academics	2A Feel reassured that I made the right decision (3)
	2A Quality ratings are something to consider

were included in the quality rating
 1A It's really important she's in a good (pre)school

Table 6.5

Code Mapping: Second Iteration of Patterns

Post intervention family perceptions of ECE quality	
1B Teacher credentials	2A Would use MD EXCELS
1B Standards	2A Tool to use
1A Quality rating	2A Educated and strong decision
1A Many elements in quality	2A Feel reassured about decision
1A Importance of early years	2A Consider quality ratings when choosing
1A I didn't know	

Table 6.6

Code Mapping: Third Iteration of Themes

Post intervention family perceptions of ECE quality	
Families overwhelmingly didn't know	1 The many elements of ECE quality (teacher credentials, standards, quality rating) that are important to consider when choosing options for the early years of a child's life
Families felt	2 Educated, strong, and reassured in considering MD EXCELS quality ratings as a tool for ECE decisions.

In addition to the focus group data, I used a sub-question on the family awareness survey (Appendix B) to evaluate families' perceptions of change in their awareness after the intervention. I asked participants asked to rate their level of agreement with the following statement: My feelings about ECE quality have changed. Fewer than half (46%) of respondents reported that their feelings about ECE quality had changed after viewing the YouTube video; however, a focus group participant said, "We told people criteria for choosing," and, "We told a friend to look at ratings." This indicated that he took new action to inform friends about ECE

quality after the intervention. A concluding comment was made by another Focus Group participant who said, “If I had seen it [the video] two years ago I would have used it.”

Based on this analysis, families’ post-intervention awareness of ECE quality focused on the multiple elements of quality that they were previously unaware of, including teacher credentials, standards, and quality ratings.

Changes after the Intervention: Family Awareness

While families reported an awareness of quality that includes elements of both structural (2) and process (1) quality prior to viewing the YouTube video, evidence from the post-intervention focus groups indicated a change in perception after the video had been viewed. The MD EXCELS quality rating system included five sections of standards (Licensing and Compliance, Staff Qualifications and Professional Development, Accreditation and Rating Scales, Developmentally Appropriate Learning and Practice, and Administrative Policies and Practices), with a total of 31 indicators of achievement. It appeared that families who viewed the YouTube video increased their awareness of the number and types of indicators of quality in ECE. For example, a focus group participant said, “I didn’t know there were credentials for teachers,” another participant agreed. Further clarification of this theme is provided by a participant who demonstrated her increased awareness when she said, “I didn’t realize there were so many elements to the quality rating.

A frequently repeated theme that emerged after participants viewed the YouTube video included the statement, “I didn’t know.” One focus group participant said, “I remember there being little points in there [video] that I thought, oh yeah, I didn’t know that.” Each of the seven post-intervention focus group participants used the phrase, “I didn’t know,” in responding to how their perceptions of ECE quality had changed after viewing the video. One mother said, “I didn’t

know there were standards to be met.” In another example, one participant said, “I had no idea I should be asking about the quality rating – and I have an education background.” In addition, another participant said, “I didn’t know academics were included in the quality rating.” Thus, the YouTube video might have increased family awareness of the multiple indicators of quality measured by MD EXCELS and increased the number of characteristics of high quality ECE of which families are aware.

An additional change in family perceptions was noted after viewing the YouTube video: families reported feeling educated, strong, and reassured about ECE decisions using MD EXCELS quality ratings as a tool. While this particular finding is discussed later in this chapter, both of these findings (themes of “I didn’t know” and “I feel strong and educated”) aligned with Mapp and Kuttner’s (2013) dual capacity building framework. This identified family knowledge, skills, and self-efficacy as desired intermediate capacity goals that should entail the focus of family engagement policies and programs at the federal, state, and local levels. These authors suggested that family engagement efforts linked to student achievement and school improvement and must address the capacity of families to achieve success (Mapp & Kuttner, 2013).

Research Question 3: Perceptions about Enrollment Decisions

Family enrollment decisions for early education and care programs have been shown to be highly complex, with competing constraints including work, siblings, transportation, finances, and family priorities (Chaudry, 2004, 2011; Forry, Simkin et al., 2013; Meyers & Jordan, 2006). Family enrollment decisions are also impacted by the information available to families (Meyers & Jordan, 2006). Thus, I hypothesized that providing information via YouTube about ECE quality and the MD EXCELS rating system might support families as informed choosers of

education options for their children. Figure 6.1 documents the responses of 41 survey participants' perceptions to address RQ3.

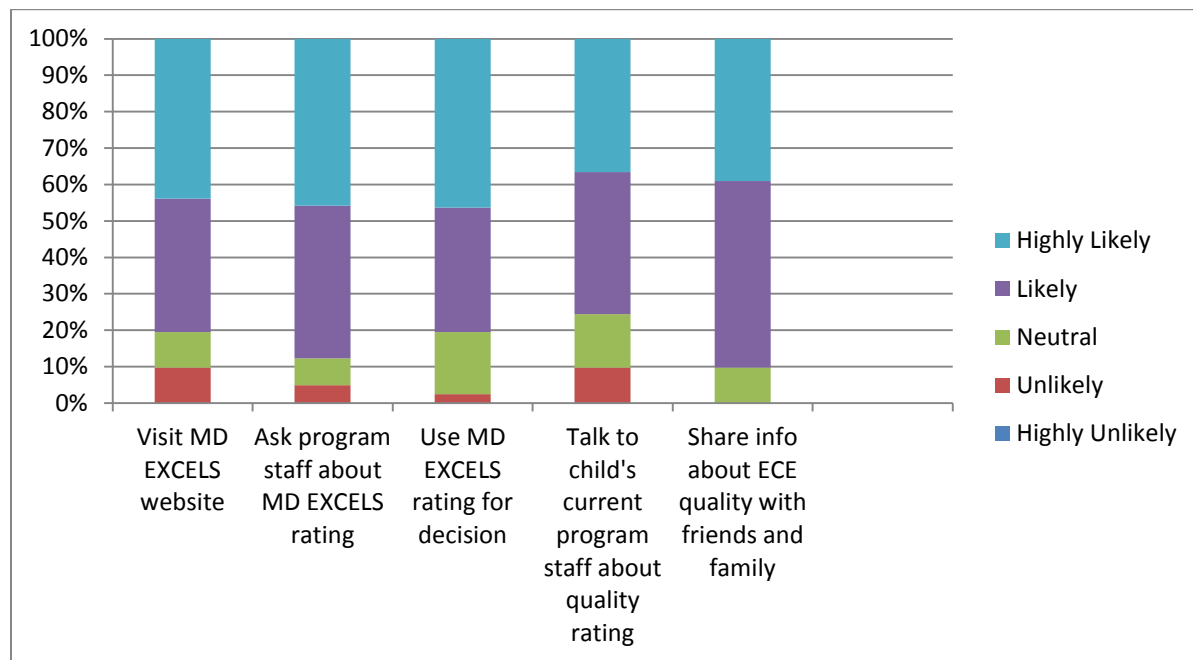


Figure 6.1 Family use of MD Excels.

These survey results showed that 90% of families said they were likely to share information about MD EXCELS with their friends and family; 88% were likely to ask program staff about a program's MD EXCELS rating; and 80% of families were both likely to visit the MD EXCELS website and use MD EXCELS quality ratings to help make an ECE enrollment decision. In addition, a lower percentage (76%) of participants said they were likely to talk to their child's current program staff about ECE quality, which was not surprising due to makeup of the participant pool (currently enrolled families in a MD EXCELS Level 5 rated ECE program). Data from Focus Group Two might be utilized to further explain family perceptions after the intervention. A focus group participant said, "I absolutely would use MD EXCELS to make another decision" (this statement was agreed to by another participant).

Further clarification of how families might use MD EXCELS was provided by three focus group participants who said, “Quality ratings are something to consider.” “I would use MD EXCELS before doing legwork.” “I would use MD EXCELS to know what is around.” These results aligned with the review of research literature and the needs assessment results that found that families seek information about ECE quality. These results showed that 97% of participating families would like to use a quality rating for enrollment decisions. More information about family perceptions of the MD EXCELS quality rating system after the YouTube intervention is found in Figure 6.2.

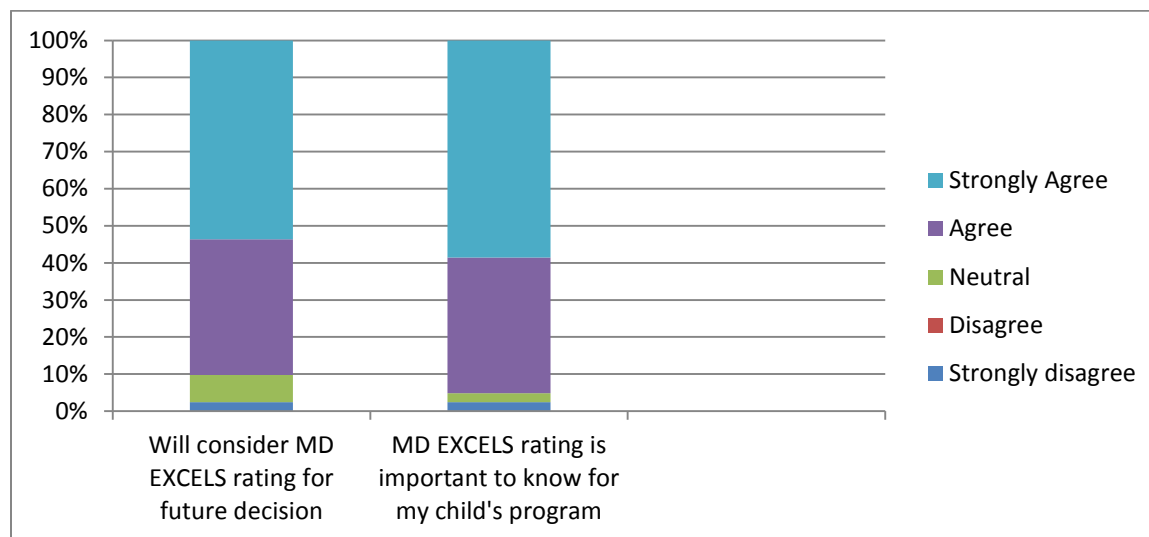


Figure 6.2 Family use of MD excels.

Of the 41 survey participants, 95% said it is important to know the MD EXCELS rating for their child’s ECE program, and 90% say they will consider using MD EXCELS ratings for a future enrollment decision. These results, along with the focus group data and the survey data found in Table 6.3, supported the conclusion that the YouTube video intervention positively impacted family awareness of MD EXCELS and might have increased the likelihood that families would use quality ratings when making an ECE enrollment decision.

Research Question 4: Family Needs for Information

Based on the extant literature (reviewed in Chapter 2) as well as the needs assessment conducted for this research project, families want and need information about ECE quality. Of 57 respondents to the needs assessment, 97% said such a system would matter in their decision to enroll their child in an ECE program. This result aligned with findings of the Minnesota Statewide Household Child Care Survey, where 88% of families said that they would find it helpful if their community had a childcare quality rating system that would provide similar information (Chase & Valorose, 2010).

Despite family reports that they would like to use a QRIS, the needs assessment found most families (63%) had not heard of MD EXCELS, nor did they have accurate knowledge of their current ECE program's participation (75%). For this study, I hypothesized that by providing families with targeted information about a specific measure of quality (MD EXCELS), which was designed to increase awareness of ECE, family capacity to engage as knowledgeable choosers of education options for their children in the future would occur through increased knowledge, skills, and self-efficacy (Mapp & Kuttner, 2013).

To explore family perceptions of the YouTube video, the effectiveness of using YouTube as an informing channel, and the appeal of the content of the video, I asked families to consider participating in a two-question survey, following the video. Using the informing science framework (Cohen, 2009) to explore the effectiveness of the video as an informing channel involves determining whether the information carried through an informing channel (i.e., YouTube) produced a change in the client's state (in this case family awareness). In the family awareness survey, the first question explored the likelihood that families would take specific actions and relied on a scale from 1-5 with highly unlikely being 1 to highly likely being 5. The

second survey question explored the video’s influence on family perceptions of ECE quality and the effectiveness of the YouTube video as an informing channel. The second survey question relied on a scale from strongly disagree being 1 to strongly agree being 5. Figure 6.3 presents some of these survey data from 41 survey participants to answer RQ4.

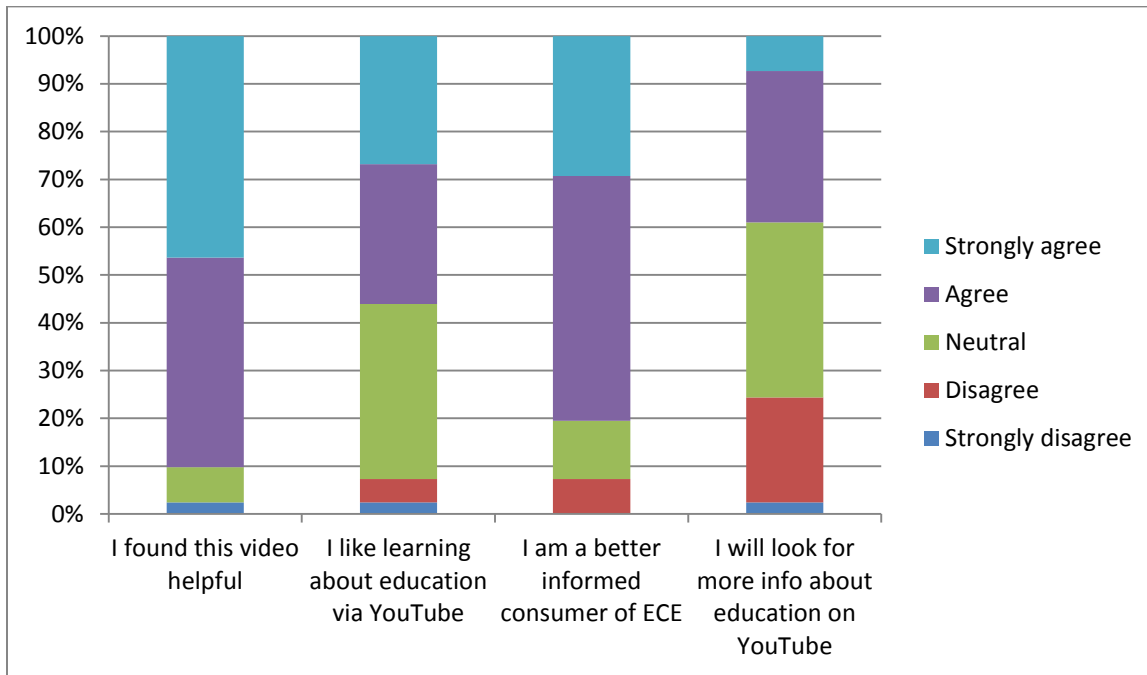


Figure 6.3 Perceptions of YouTube as an informing channel.

These data supported the conclusion that families found the YouTube video helpful (90%) and feel they are better informed consumers of ECE after viewing the video (80.5%). These outcomes might be clarified by three focus group respondents who said, “A tool like MD EXCELS helps you know what exists [programs],” “The tool would help me find what I’m looking for,” and, “Now that I know about it [MD EXCELS], I would use it now.” In addition, the style and content of the YouTube video were commented upon by two focus group participants, who said, “I liked seeing the children’s excitement about learning,” and, “I like that it showed different facets of Pre-K.” Further data, related to audience perceptions about the

content of the YouTube video, is discussed later in this chapter using data from YouTube analytics to evaluate audience retention.

While families found the YouTube video helpful, only 56% of families said they enjoy learning about their child's education via YouTube, and even fewer families (39%) said they would look for more information about education on YouTube. This result was clarified by the focus group data about the frequency and purposes for which families said they used YouTube, including children's entertainment and answering "how to" questions (discussed later in this chapter). Based on these data, it appeared that while families enjoyed the YouTube video and found it helpful, families would not search YouTube itself to find information about their children's early education and care. Thus, a finding of this research project included that while YouTube appeared an effective, informing channel for families, careful consideration of its application remained necessary.

Research Question 5: Impact on Family Awareness

I asked focus group participants to share their perceptions about the quality of their child's current ECE program after the intervention. Qualitative data analysis of the focus group transcripts revealed the following patterns related to family awareness of their current ECE program's quality after viewing the YouTube video: validation of their enrollment decision, approval of the accountability system provided by MD EXCELS, and corroboration of their gut feelings. After patterns were identified in the focus group transcripts, a theme of accountability arose. The theme of accountability is illustrated through one focus group participant's comments: "I feel comfortable that observations and ratings are part of the program's process."

Families appeared to approve of the accountability the MD EXCELS quality rating system provides. This is exemplified in the following two focus group participants' comments:

“It means a lot to know someone is observing,” and, “I like that my child’s teacher is being observed.” In addition, families appeared to feel their earlier enrollment decisions have been validated based on their new awareness of MD EXCELS. For example, one focus group participant said, “I feel more confident that I picked a good program.”

As discussed previously, the YouTube video might have served as a family training effort that also increased parent self-efficacy related to choosing education options for their children. A focus group participant supports this conclusion with her reply when asked about her awareness of a particular program’s quality after viewing the YouTube video: “It [video] made me feel strong and more educated about my decision.” Focus group participants also indicated that the video served to corroborate their gut feelings about their enrollment decisions. An example of this is provided by one participant who said, “It [the video] makes me feel good that my gut feeling to come here was a good one.” In addition, several focus group participants agreed when one participant said, “I felt reassured.”

Research Question 6: Impact on Communication

For this research project, I hypothesized that the use of social media (in this case YouTube) has the potential to foster communication with families, might be used to extend school influence to the community, and might be used to share important knowledge (Porterfield & Carnes, 2012) as measured by the exposure, reach, and interaction of viewers with the YouTube video online. For an increasing number of organizations, using social media to build and enhance relationships with key stakeholders and the public is emerging as an updated way to negotiate the exchange of ideas and opinions (Briones et al., 2011; Kent & Taylor, 1998). Accordingly, an important evaluation metric for this intervention is traffic monitoring including who is watching and how they are engaging with the video using YouTube analytics. YouTube

analytics provides metrics and reports designed to monitor the performance of videos to uncover trends, to see what is working, and to learn who is watching and what viewers' like. Using data from YouTube analytics a set of figures were developed to evaluate the video intervention's performance from January through May 2016 (Figures 6.3, 6.4, and 6.5). A discussion and analysis of these figures follows.

Views, demographics, devices, and watch time. YouTube analytics data revealed that the 286 viewers of the YouTube video were predominantly females (81%) ages 25-54 (90%). To further analyze the performance of the video, Table 6.7 represents the data collected by YouTube Analytics, showing the number of views, how viewers accessed the content (devices), watch time by device, average view duration by device, and the average percentage of the video viewed on each device. Of the three types of devices used to access the video, mobile phones represented the most common. The watch time for the 2:38 minute YouTube video was greatest (2:22 minutes) for views on tablets. However, mobile phones were the most frequently used device and had an average watch time of 2:04 minutes. The average percentage of the video viewed was greatest (90%) on tablets, followed by mobile phones (78%), and computers (63%).

Table 6.7

Device Type and Watch Time (Minutes)

Device Type	Watch Time (minutes)	Views	Average view duration	Average percentage viewed
Mobile Phone	291 (53%)	140 (49%)	2:04	78%
Computer	204 (37%)	123 (43%)	1:39	63%
Tablet	59 (11%)	25 (8.7%)	2:22	90%

Traffic sources. Figure 6.4 represents additional data collected by YouTube analytics showing the external sites through which viewers found the video. It is worth noting that the

YouTube video in this project was created as an “unlisted” video so it could be accessed only by viewers who had a direct link to the site (YouTube itself could not be searched for the video). For this YouTube video intervention, the three most frequent sources of traffic were the Apple Mail app (27%), one of the ECE program websites, weeladandlassie.com (23%), and Facebook (21%). It makes sense that the program website was a driver of traffic since the YouTube link was posted on the homepage. In addition, Figure 6.5 shows the average view duration and average percentage of the video viewed by each traffic source. One of the three most frequent sources of traffic (Facebook) generated the greatest percentage of the video viewed (95%), while the program’s website traffic led to viewing only 71% of the video on average (also see Table 6.8).

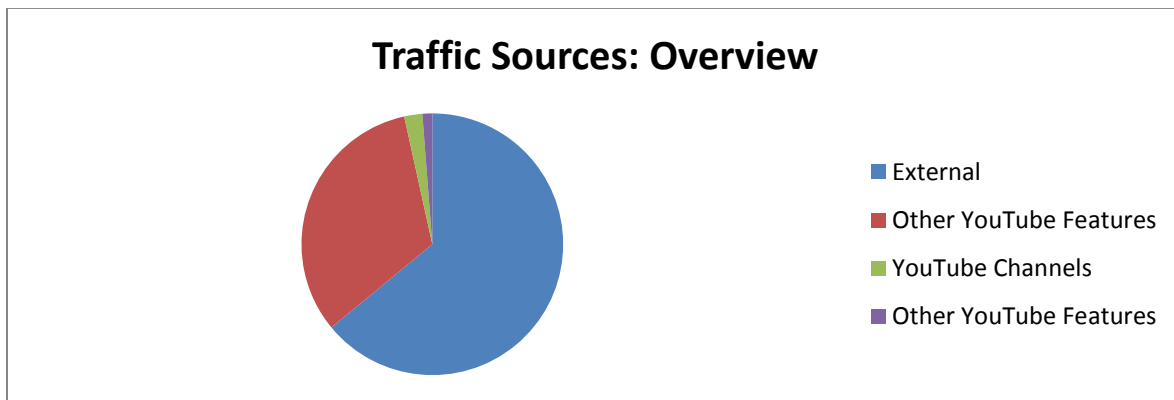


Figure 6.4 Ready for kindergarten? YouTube analytics January through May 2016.

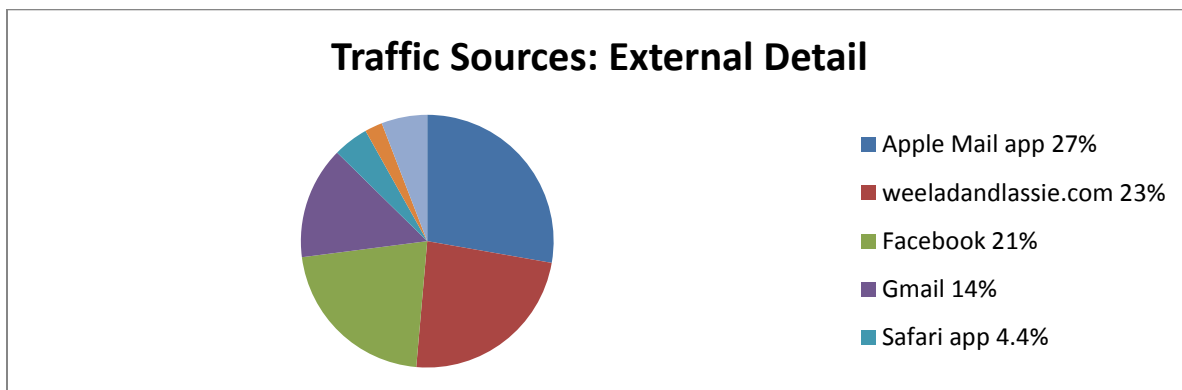


Figure 6.5 Traffic sources: External detail.

Table 6.8

Traffic Sources Data

Traffic Source	Watch time (minutes)	Views	Average view duration	Average % viewed
Apple Mail app	63	27	2:20	88%
Weeladandlassie.com	55	29	1:53	71%
Facebook	50	20	2:31	95%
Gmail	33	19	1:44	65%
Safari app	11	4	2:39	99%
Mail.comcast.net	5	2	2:38	100%
Mail.verizon.net	5	4	1:16	48%
Achildsgarden2.com	3	5	:37	24%
Wix.com	3	3	:56	35%
Unknown	3	2	1:20	50%
Yahoo Mail	3	1	2:38	100%
Com.microsoft.office.outlook	3	1	2:38	100%
Google Inbox	2	1	1:54	72%

Audience retention. Figure 6.6 displays the relative audience retention, documenting the video’s ability to retain viewers during playback compared to YouTube videos of similar length based on worldwide data. This metric is used to get an overall measure of how well the video keeps its audience and may be used to evaluate the video style and length. According to the YouTube Creator Academy, the first 15 seconds of a YouTube video are especially important, as that was when viewers were most likely to drop off (<https://youtube.com/creatoracademy/page/course/analytics-series?ytref=courses&hl=en>). In this case, relative to other videos worldwide, audience retention was maintained between above average and high until at 1:10 minutes it began to drop. The low point of audience retention occurred at 1:48 minutes and corresponds to the “about MD EXCELS” segment of the video. It is possible that some viewers were not interested in the MD EXCELS information in the video.

The audience retention began to increase at 1:54 minutes and reached a midpoint between above average and high from 2:20 minutes through the end (2:38). When the graph is higher it indicates how many more viewers kept watching the video for that timeframe compared to the same timeframe in other YouTube videos.

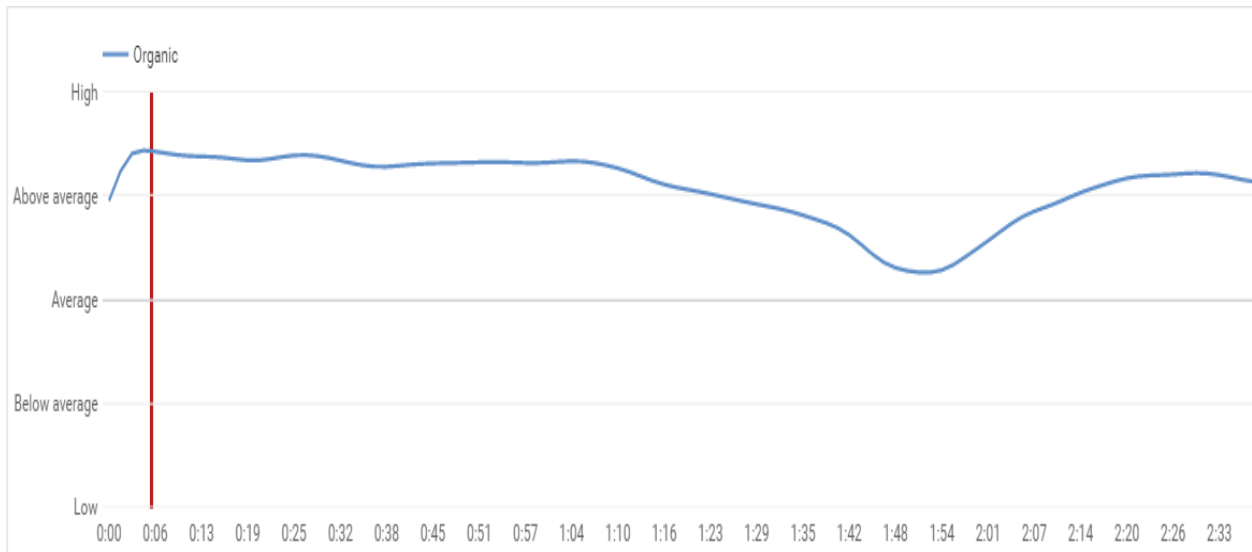


Figure 6.6 Ready for kindergarten? YouTube analytics January – May 2016: Audience retention.

Audience engagement. The YouTube video intervention received a total of 286 views during the data collection period from January through April 2016. The two participating ECE program sites have a total enrollment of 100 families. One explanation for this number of views is that prospective families as well as currently enrolled families may have viewed the video multiple times and that families have more than one member. Despite 286 views of the YouTube video intervention, it was shared only 10 times, liked six times, and received no dislikes. While initial expectations included that an online conversation might ensue from the video, this expectation did not occur. It is possible that promoting interactions by actively leading discussions or implementing strategies to develop a stronger connection with viewers may have increased audience engagement. However, focus group data collected about family use of

YouTube suggests participants use YouTube frequently for children’s entertainment, educational purposes, or to answer “how to” questions. None of the study participants reported using YouTube for social interaction. A Focus Group Two participant said, “Yes, I would click on a YouTube link from your website, but I don’t know [if] I would search YouTube to see you guys.” Another participant said, “I would’ve gone looking for your website before looking on YouTube.”

While initial expectations for online conversations were not met, data from YouTube analytics suggested the following conclusions about online communication and information sharing with families in this context using a targeted YouTube video. First, families preferred to view the video via their mobile phones. Next, of the three most common traffic sources, Facebook generated the greatest percentage (95%) of watch time. Finally, it appeared that the content of the video appealed to families, based on the above average rate of retention relative to other videos worldwide and the relatively high number of views (286) for the 100 families enrolled. Thus, it appeared that YouTube videos, designed to be mobile phone friendly, accessible through Facebook, and targeted to hold families’ interest, might be employed to positively impact information sharing between ECE programs and families. However, while it appeared that families liked viewing the video, they did not wish to post comments about the video, and online communication did not take place.

Implications of Evaluation

This outcome evaluation was planned to answer the question: What is the effectiveness of a YouTube video intervention? To answer this question, five outcomes research questions related to family awareness of ECE quality, family perceptions of the video, family perceptions of ECE enrollment decisions and MD EXCELS, family awareness of a particular ECE program’s quality,

and the impact of the video on communication and relationships between families and an ECE program have been considered. Based on analyses of data collected in pre and post intervention focus groups, a family awareness survey, and YouTube analytics, the following findings emerged:

- Family awareness of the number and types of indicators of ECE quality was increased after viewing the YouTube video.
- Family awareness of the scope of ECE quality defined by MD EXCELS was increased.
- Family self-efficacy related to choosing ECE options may have been increased after viewing the YouTube video.
- Families found the YouTube video helpful and feel they are better-informed consumers after viewing it.
- The YouTube video positively impacted family awareness of MD EXCELS and family belief in the likelihood that they will use quality ratings when making an ECE enrollment decision.
- Families feel validated in their enrollment decisions, approve of the accountability provided by MD EXCELS, and corroborate their gut feelings about ECE enrollment after viewing the YouTube video.
- The placement, content, and length of a YouTube video are critical for engagement and retention of family viewers.

Based on these findings, it was possible that the YouTube video intervention served to build family capacity to engage as choosers of education options for their young children as measured by awareness ECE quality. In addition, these findings might be helpful in providing

feedback to ECE programs to inform further family outreach and engagement efforts. However, the design of this research project limited the generalizability of the outcomes to most other contexts.

Findings beyond the Evaluation Research Questions

Up to this point, this evaluation used the data collected to address the research questions identified for this project in Chapter 5. However, as the focus group data were coded, unexpected but related themes emerged. These themes are discussed in the following sections.

Family feelings of efficacy. Families who viewed the YouTube video reported feeling educated, strong, and reassured about ECE decisions using MD EXCELS quality ratings as a tool. Social cognitive theory may provide an applicable framework for considering how families learn to become more involved in their children's education through increased self-efficacy. Perceived self-efficacy is concerned with people's beliefs in their ability to produce desired effects by their actions (Bandura, 1993). In this case, families appeared to believe that they could make a difference with their actions: they felt strong, educated, and reassured when using quality ratings as a decision making tool for their children's education options. How people thought, behaved, and felt are determined by their beliefs about self-efficacy (Bandura, 1993) and might have implications for family decision making.

Multiple education researchers have considered how parents' sense of self-efficacy influences involvement in their children's schooling. According to Ingram, Wolfe, and Lieberman (2007), parents' sense of self-efficacy influences the involvement of parents in their children's education. Parents' determination of whether they could become involved with their child's education and whether their effort would help them hinges on their sense of efficacy, which supports their decision to become involved in the education process (Ingram, et al., 2007).

Based on feedback from parents in the Ingram et al. (2007) study, schools can influence parental involvement in education by providing training to parents. In 2007, Waanders et al., examined whether parental involvement can be predicted by parents' perceptions of their neighborhood, their perceived economic stress, and their self-concept. A key finding of this study included that parents who were more involved in at-home educational activities had higher levels of education, a greater sense of efficacy concerning their children's education, and a strong social network. In addition, the Hoover-Dempsey and Sandler model (Walker et al., 2005) of parental involvement suggested that psychological constructs directly impact involvement practices and parents' relationships with both children and teachers emerged as the driving force behind parental involvement (Green, Walker, Hoover-Dempsey & Sandler, 2007).

Waanders et al. (2007) suggested that parents' perception of themselves as being important in their child's education may be a necessary precursor to parental involvement at home. These findings indicated that teaching and promoting parent self-efficacy is an important consideration for building family engagement interventions. Smith et al. (2011) found further evidence that schools can influence family involvement in education by providing training and building parent's self-efficacy. Parental involvement in study schools was frequently connected to increasing parent's self-efficacy with some schools offering specific parent training designed to increase their comfort with school involvement. For this intervention, the YouTube video may have served as a family training effort that not only educated families about ECE quality and MD EXCELS, but also increased family self-efficacy related to choosing education options for their children.

Making decisions: Gut feelings. When focus group members were asked about what helped them to make an ECE decision, participants mentioned, “[my] experience [of] the

program firsthand”; “ the warmth of program/staff”; “meeting people/teachers”; “the excitement of the teachers”; “the caring/nurturing vibe of program”; “the personal nature of program”; and “my gut feeling” (mentioned by 5 participants). A focus group participant said, “My criteria was the feeling, I wish there was another way to say a gut feeling, but knowing they were going to watch after her just like I would.” Another focus group participant said, “It just – it ended up being a gut feeling, a vibe, you know; much more [so] – that made the decision for me.”

As a result of these data, I identified the theme of “gut feeling” as an ECE family decision making factor. While emotion as a decision-making factor was not apparent in the accommodation model (Meyers & Jordan, 2006) nor the parental child care decision-making framework (Weber, 2011), these findings were supported by recent research by Lerner et al. (2015). The authors concluded that emotion and decision making go hand in hand. In an online supplement that provides an overview of the history of research on emotion and decision-making, Lerner et al. (2015) noted that multiple disciplines including philosophy, neuroscience, psychology, and economics have sought to identify the effects of emotion on judgement and decision making. In economics, several recent developments have prompted renewed interest in the effects of emotion on decisions: methodological advancements for studying emotions, evidence that emotion drives economic behavior, and the failure of rational choice models to predict the economic crisis of 2008 (Lerner et al., 2015). In psychology, as the dominance of both behaviorism and cognitive science declined in the late 1970s, the field quickly returned to the study of emotion and decision making with the number of scholarly publications growing from fewer than 50 in 1980 to nearly 500 in 2012 (Lerner et al., 2015).

Lerner et al. (2015) identified eight major themes of scientific inquiry related to the impact of emotions on judgment and decision-making. Together, they illuminated an

overarching conclusion: emotions are powerful predictors and influencers of decision making (Lerner et al., 2015). Notably, Lerner et al. assumed that emotions are the dominant force behind most meaningful decisions in life. If this is the case, the models of family decision making, including the accommodation model (Meyers & Jordan, 2006) and the parental child care decision-making framework (Weber, 2011), might need augmentation to include the role of emotions in family decisions about early care and education.

Looking at decision making from a neurological perspective might also contribute to understanding the “gut feeling” theme that arose from the data collected in discussions with focus group members. Phelps, Lempert, and Sokol-Hessner (2014) conducted an overview of the current literature examining the neuroscience of emotion’s impact on decision making.

Historically decision making and emotions have been considered to be dual-systems and have been characterized as opposing forces competing in the human mind (Phelps et al., 2014). These authors (Phelps et al., 2014) noted that current research on the complexity of emotion and its underlying neural systems indicates that there is no delineation between brain regions underlying emotion and cognition. Instead, research suggests that emotions modulate cognition and vice versa. Furthermore, applying this modulatory view to the study of decision making suggests that affective processes may influence the calculation of subjective value, a primary factor in choice behavior, where the specific neural circuits involved vary depending on which component of affect is engaged and which decision variables are under consideration (Phelps et al., 2014).

The emotion-imbued choice (EIC) model (Figure 6.7), proposed by Lerner et al. (2015), was salient to this research project and attempted to account for both the traditional (rational choice) inputs and the inputs of emotions in decision making. The EIC model added emotion to the decision process in two ways: predicted emotions that entered as part of rational decisions

(Line A) and emotions felt at the time of decision-making (Lines B, C, F, G, and H). These lines are shown in green and represent five sources of current emotion (outside the rational choice model) that include characteristics of the decision maker, characteristics of the choice options, predicted emotions, contemplating the decision, and incidental emotions. While Lerner et al. (2015) carefully pointed out the rapid rate of growth in the field of emotion and decision making and its relative immaturity, including many unexplored areas, they also proposed that the EIC model represents a general and useful framework for organizing future research.

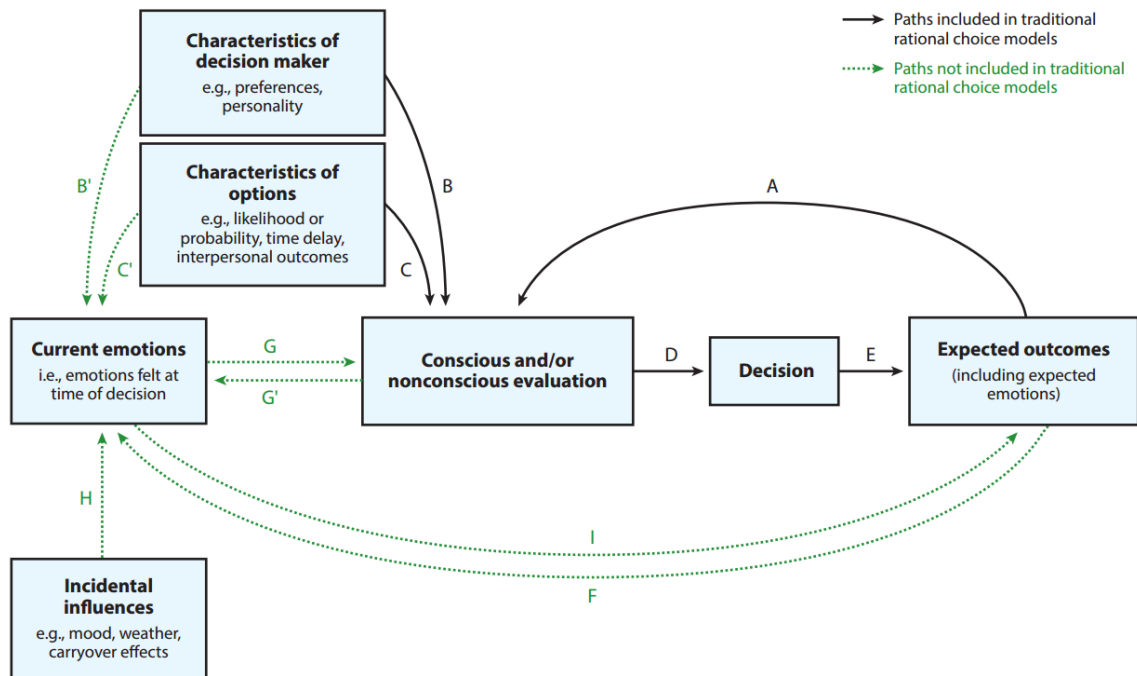


Figure 6.7 Emotion-imbued choice model (Lerner et al., 2015, p. 20).

Based on focus group data, this research project provided some evidence that augmenting the accommodation model (Myers & Jordan, 2006) and the parental child care decision-making framework (Weber, 2011) will more fully represent family experiences choosing ECE and might contribute to a greater understanding of the complexity of these decisions. An expanded model of the family decision making process could contribute to the design of more effective family

outreach and engagement efforts in the future as well as support a more nuanced understanding of ECE decisions by practitioners, researchers, and policy makers.

Next Steps: Short and Long Term Recommendations

This YouTube video intervention offered an opportunity to increase family awareness of ECE quality and MD EXCELS through a targeted YouTube video. This research project was successfully implemented between January and April 2016. It included two pre-intervention focus groups with a total of 12 participants, 286 views of a YouTube video, 41 participants in a survey, and 6 total participants in two post-intervention focus groups. The evidence pointed to a positive impact of the YouTube video intervention on family awareness of ECE quality as well as recommendations for next steps. In the short term, I recommend the following next steps for the participating ECE programs that are currently implanting family and community outreach related to quality:

- Share the YouTube video with the larger community (i.e., other ECE programs, MD EXCELS, the Center for Technology in Education).
- Use focus group feedback about social media preferences to expand family outreach efforts (i.e., add Facebook and teacher blogs to program websites).
- Build on the sense of pride and ownership mentioned by staff members to generate enthusiasm for continued quality efforts (i.e., film future videos in selected classrooms featuring specific indicators of quality, ask teachers to contribute to Facebook and blogs).

In the future, ECE programs that are preparing for family and community outreach may consider:

- Building on the success of the YouTube video by creating (short) videos that provide further information about ECE quality considering focus group comments about indicators of quality they were unaware of.
- Applying family preferences (Mobile devices, Facebook, and engaging content) to future social media outreach efforts.
- Sharing the augmented family decision-making model with staff and administration to increase their sensitivity to the complex and multifaceted nature of enrollment decisions.
- Adopting an augmented decision-making model (incorporating the impact of emotion on decisions) when selecting and developing family outreach and engagement efforts.

Applying these short and long term recommendations to practice in ECE programs may result in increased family capacity to engage as informed choosers of education options as well as increased family support of MD EXCELS.

Limitations

There are several limitations inherent to this research project, including lack of a control group, a small convenience sample, focus group attrition, and self-reported data from well-educated, upper middle class family members which might have biased the results. The focus group participants were currently enrolled families in programs in which I am employed. Thus both response bias and social desirability bias may have impacted these data. While the study findings are not generalizable to other contexts, these findings were informative and might support ECE programs planning family outreach and engagement.

Conclusion

One participant stated,

You try and pick a good place and hope it goes well. Because, you know, you try and make the best-informed decision you can, but it is like you send them off and you're like, here, good luck. So much of it is hope. (Mother of children ages 3 and 5, focus group participant)

Beginning with a needs assessment and a review of extant literature, this project identified family needs and desires for information about ECE quality to inform enrollment decision making. The purpose of the research project was to evaluate the effectiveness of an intervention to address this need and designed to increase family awareness of ECE quality and the MD EXCELS rating system so that families might be better prepared to engage with schools as choosers of education options. According to Mapp and Kuttner (2013), family capacity to engage as choosers of education may be built through increased knowledge, skills, and self-efficacy.

Through analysis of focus group, YouTube analytics, and survey data, the evidence supports the conclusion that the intervention might have been successful in building family capacity to engage as choosers of education options as measured by increased family awareness of ECE quality. In addition, focus group participants shared themes of increased feelings of self-efficacy, enrollment decision validation, and approval of accountability measures after viewing the YouTube video. ECE programs may consider building upon this intervention, using expressed family preferences about social media, to develop additional outreach and engagement efforts. In addition, the YouTube video may be a meaningful addition to other organizations' outreach efforts around ECE quality and MD EXCELS.

In addition to this research project's evidence to support the effectiveness of the video intervention, findings also suggested family decisions about ECE remained far more complex

compared to what researchers had previously conceptualized. The accommodation model (Meyers & Jordan, 2006) and the parental child care decision-making framework (Weber, 2011) take multiple family constraints, competing family priorities, imperfect information, family social networks, and the social and institutional context in which the family is embedded into account. Augmenting this model to include the effects of emotions on decisions using the EIC model (Lerner et al., 2015) may more fully represent the complexity of families' ECE decisions. This augmented model may be used to design research to build a more nuanced understanding of ECE decision-making, to inform family engagement efforts, to guide family outreach related to MD EXCELS, and to develop supports for families at the program level. On a larger scale, increased awareness of the complexity and challenges families face when making education choices for their children may influence the development of policies designed to better support families as choosers of education options.

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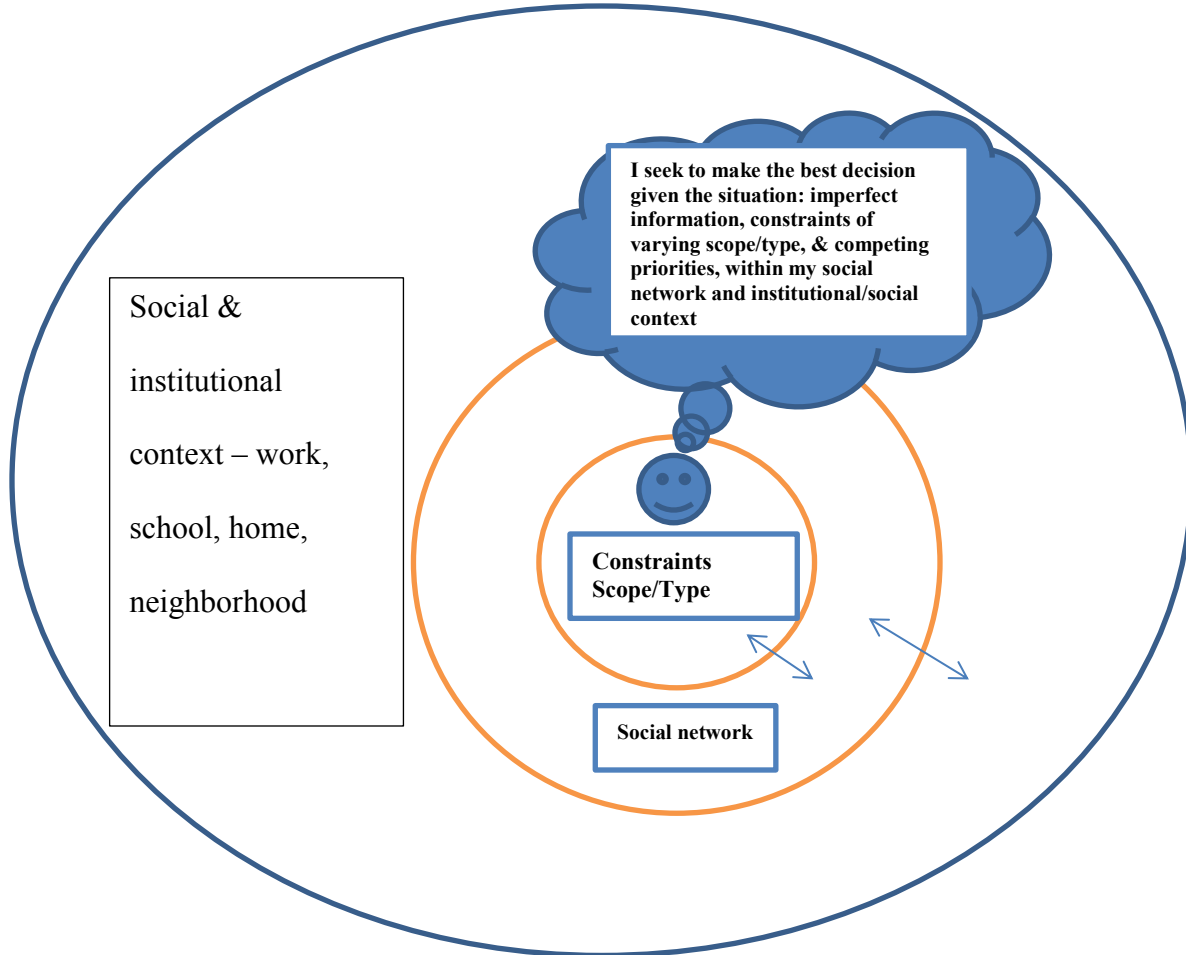
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Appendix A

The Accommodation Model of Family Decision Making



Note: This figure illustrates a model of family decision making factors and processes that includes individual constraints embedded in a social network surrounded by the family social and institutional context with reciprocal interactions between the spheres.

Appendix B

Family Awareness Survey

Thank you for your help answering the following two questions!

5 point Likert-type scale

1 = highly unlikely, 2 = unlikely, 3 = neutral, 4 = likely, 5 = highly likely)

1. Now that you have viewed this video, how likely are you to:
 - a. Share information about ECE with friends and family?
 - b. Visit the MD EXCELS website?
 - c. Ask program staff about an early childhood program's quality rating?
 - d. Look for more information about education on YouTube?
 - e. Talk to your child's current program staff about ECE quality?
 - f. Use MD EXCELS quality ratings to help me make an ECE enrollment decision?

5 point Likert-type scale

1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree)

2. How did this video influence your perceptions about ECE quality?
 - a. When making a future enrollment decision I would consider a program's rating in MD EXCELS
 - b. It is important to know the MD EXCELS quality rating of my child's program
 - c. I found this video helpful
 - d. I like learning about my child's education through YouTube
 - e. My feelings about early childhood program quality have changed
 - f. I am a better informed consumer of ECE

Curriculum Vitae

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Education and Training

August 2016 Ed.D., Specialization in Entrepreneurial Leadership in Education, Johns Hopkins University

May 2011 M.Ed. in Early Childhood Education, Towson University

May 1984 B.S. in Biology, Pennsylvania State University

Significant Course Work

Disciplinary Approaches to Education (JHU-SOE), Leadership in Educational Organizations (JHU-SOE), Turnaround Leadership in Schools and Educational Organizations (JHU-SOE),

Evaluation of Education Policies and Programs (JHU-SOE), Power, Politics, and Policy in Education (JHU-SOE), Strategic Systems Change and Action Planning (JHU-SOE)

Professional Experience

President, Pearl Education, Inc. T/A A Child's Garden Preschool

Program Director, A Child's Garden Preschool, Severna Park, MD: 2001 to present

- Developed program for the very young learner ages 18 month through 3 years including purchase of building, equipment, curriculum design, learning materials and staffing.
- 2005, 2008, 2011, 2015: Achieved and maintained Maryland State Department of Education (MSDE) Early Childhood Program Accreditation
- 2013, 2014, 2015 MD EXCELS: Achieved and maintained Level 5 Quality Rating

President, Magic Years, Inc. T/A Wee Lad & Lassie Early Learning Center

Program Director, Wee Lad & Lassie Early Learning Center, Arnold, MD: 1989 to present

- Developed program for 2 and 3 year old preschool, Pre-Kindergarten, Pre-Kindergarten Plus and Kindergarten including purchase of building, equipment, curriculum design, learning materials and staffing
- 2005, 2008, 2011, 2014: Achieved and maintained MSDE Early Childhood Program Accreditation
- 2013, 2014, 2015 MD EXCELS: Achieved and maintained Level 5 Quality Rating
- Created and implemented Fine Arts curriculum at all levels including supervision of teachers selected to research and write Music curriculum, and Visual Art curriculum.

Established budget for learning materials, instruments, music and iPods for classrooms.

- Created and implemented Technology curriculum, designed by teaching team to meet MSDE standards for Technology Education, including fundraising for computer laboratory with 7 laptops, ipads and software

Adjunct Faculty Member, Towson University, Towson, MD: Spring 2012 to present

- Adjunct faculty position teaching graduate /undergraduate courses: ECED 608 Integrated Curriculum and Authentic Learning in Early Childhood Education, ECED 609 Growth and Development of Young Children, ECED 315 Infant and Toddler Development, ECED 752 Families, Communities and Schools in a Contemporary Context

Maryland State Department of Education Approved Trainer: 2011 to present

- Created CEU training workshop for childcare center staff, *Positive Preschool: Happiness and Well-being in Early Childhood*. Using well-being theory to inform early educators' practice, participants gain knowledge of current research, skills and strategies to increase positive relationships and achievement in classrooms.

Owner/Administrator, Magic Years Preschool, Annapolis, MD: 1990 to 2004

Preschool Teacher, Magic Years, Inc. Ages 2 years through Pre-Kindergarten: 1985 to 1989

Memberships

Board Member, Arundel Child Care Connections: Anne Arundel County Early Childhood

Resource and Referral Agency

Kappa Delta Pi: Education Honor Society

Maryland State Child Care Association: Board of Directors 1993, 1994; Education Committee

1995, 1996, 1997, 1998

National Association for the Education of Young Children

North American Reggio Emilia Alliance

Honors and Awards

2011 Excellence in Education Award, Towson University

2011 Graduate Commencement Speaker, Towson University

2011 Distinguished Graduate Professional Portfolio, Towson University