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Re-Examining State Part C Early Intervention Program Coordinators' Practices through a Positive Lens on Leadership: A Qualitative Secondary Analysis

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Abstract

Part C early intervention is a program administered under the Individuals with Disabilities Education Act (2004) that provides services to eligible infants and toddlers with disabilities and their families. Part C coordinators oversee the program in states. This article presents an examination of state Part C program coordinators' leadership practices. We conducted a qualitative secondary analysis to explore the practices that Part C program coordinators described using in a prior study on the processes, barriers, and solutions during a systems change. The present study used two new theoretical frameworks – organizational drivers for systems change and a strengths-based orientation – to create a positive lens on leadership through which to view identified practices. We selected five interview transcriptions with five state Part C program coordinators that contained explicit reflections about leadership behaviors in systems as our primary data set. Five categories of leadership practice emerged from a progressive inductive-deductive coding process: *meeting practitioners where they are*, *identifying leaders*, *establishing consistent procedures*, *readying professionals*, and *relationships*. These themes aligned with organizational drivers of systems change and highlighted the consistent use of a specific type of leadership: *facilitative administration*. Implications for the study of systems leadership in early intervention are discussed.

Keywords

early intervention, leadership, systems change, qualitative secondary analysis, organizational drivers, strengths-based lens

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Part C early intervention is a program administered under the Individuals with Disabilities Education Act (2004) that provides services to eligible infants and toddlers with disabilities and their families. Part C coordinators oversee the program in states. This article presents an examination of state Part C program coordinators' leadership practices. We conducted a qualitative secondary analysis to explore the practices that Part C program coordinators described using in a prior study on the processes, barriers, and solutions during a systems change. The present study used two new theoretical frameworks – organizational drivers for systems change and a strengths-based orientation – to create a positive lens on leadership through which to view identified practices. We selected five interview transcriptions with five state Part C program coordinators that contained explicit reflections about leadership behaviors in systems as our primary data set. Five categories of leadership practice emerged from a progressive inductive-deductive coding process: *meeting practitioners where they are*, *identifying leaders*, *establishing consistent procedures*, *readying professionals*, and *relationships*. These themes aligned with organizational drivers of systems change and highlighted the consistent use of a specific type of leadership: *facilitative administration*. Implications for the study of systems leadership in early intervention are discussed.

Keywords: early intervention, leadership, systems change, qualitative secondary analysis, organizational drivers, strengths-based lens

"To change beliefs and approaches, people need examples of how a new paradigm would work" (Adler, 2011, p. 214).

This article presents an examination of state Part C program coordinators' leadership practices. We conducted a qualitative secondary analysis (QSA) to explore the practices state Part C program coordinators described using in a prior study of processes, barriers, and solutions during a systems change. We situated the study in a positive lens on leadership that draws from two theoretical frameworks that were not used in the initial study – organizational drivers for systems change and a strengths-based orientation. Selected interview transcriptions for this QSA contained explicit reflections about leadership behaviors in state Part C early intervention systems. Our aim was to identify the practices that state Part C program coordinators described using and then frame them positively as leadership practices that systems leaders in early intervention can use to help others navigate policy-driven change.

Part C Early Intervention in the U.S.

The early intervention program in the U.S. is administered under Part C of the Individuals with Disabilities Education Act (IDEA, 2004) and was established by the U.S. Congress in 1986 to address the "urgent and substantial need" to (§ 1431(a)):

- enhance the development of infants and toddlers with disabilities
- reduce educational costs by minimizing the need for special education through early intervention
- minimize the likelihood of institutionalization, and maximize independent living
- enhance the capacity of families to meet their child's needs (see ECTA Center, Part C of IDEA: https://ectacenter.org/partc/partc.asp)

The law provides funding to states to "develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families" (IDEA, 2004, § 1431(b)). Key provisions include assuring the availability of services to all eligible children and families, the designation of a lead state agency that receives and administers the program, and the appointment and operation of an Interagency Coordinating Council that includes family members to advise and lead the agency. Eligible children are birth to age three, and have or are at risk for developing developmental delays and disabilities, and their families may be provided a range of services through service coordination – a free, "ongoing process that assists and enables families to access services and assures their rights and procedural safeguards" (https://ectacenter.org/topics/scoord/scoord.asp). Specific services are outlined in an Individualized Family Service Plan (IFSP) and are designed to "meet the unique needs of the child and family" toward achieving identified results and outcomes (US Department of Education, 2017, para. 7).

The provision of Part C early intervention services depends on two key roles: (1) state Part C program coordinators, who are responsible for overseeing service coordination systems within states; and (2) service coordinators, who assist and enable eligible infants and toddlers and their families to receive entitled services and rights as defined in their IFSPs. According to the Infant and Toddler Coordinators Association (2022), one individual is designated as the state Part C program coordinator and it is this person's "responsibility to administer the program with the state and territory in such a way that it complies with all federal and local requirements in meeting the needs of infants and toddlers and their families" (Infant and Toddler Coordinators Association, 2022; see https://www.ideainfanttoddler.org/about-early-intervention.php). Service coordinators, by contrast, work directly with children and families. Both groups of professionals are regarded as systems leaders (Bruns et al., 2017; DEC, 2014).

Despite this designation, only the latter leadership role – service coordination – is identified and defined in the law. Service coordination is explicitly named within the statute (IDEA, 2004) and the regulations list ten specific responsibilities associated with the role (US Department of Education, 2017). Given the immense responsibility of system oversight and presumable leadership, it would seem important that the law also acknowledge and define expectations for state Part C program coordinators. Without a clear understanding of expectations for these specific systems leaders, we consulted the field's early intervention literature on leadership to better understand associated practices.

Leadership in Part C Early Intervention

The conceptualization of leadership in the context of the Part C early intervention program has been disorienting in its progression. Leadership in the field was first described in 2014 as "a complex undertaking, governed by federal and state laws, funded by multiple sources, and structured and administered in different ways" (DEC, 2014, p. 6). Currently, leaders are defined as (DEC, 2014):

> [T]hose in positions of leadership or authority in providing services to all young children who have or at risk for developmental delays/disabilities and their families. Examples of such leaders include state, regional, and local administrators; early childhood coordinators; building principals; and assistant directors and coordinators. (p. 4)

Along with seven other topic areas, leadership is identified as a "recommended practice" in promoting the developmental and learning outcomes in young children, birth to five years of age, who have or are at risk for developmental delays and disabilities (DEC, 2014). Each topic area provides guidance on discrete practices that have been shown to promote positive outcomes. Discrete practices are said to be derived from "the best-available empirical evidence as well as the wisdom and experience of the field" (DEC, 2014, p. 3). Yet, supporting references for leadership practices (or the other topic area practices) are not provided. The leadership topic area further states that it provides "guidance for local and state leaders who support practitioners" through 14 discrete practices seen in Table 1; this is a narrower definition of leaders, and it suggests these leadership practices are expected of, but not exclusive to, state Part C program coordinators' systems work (DEC, 2014, p. 4). It is no surprise that subsequent discussions about leadership in early intervention have centered broadly around the paucity of and need for research on leadership in the field.

Table 1
DEC Recommended Practices for Leadership (DEC, 2014)

- L1 – Leaders create a culture and a climate in which practitioners feel a sense of belonging and want to support the organization's mission and goals.
- L2 – Leaders promote adherence to and model the DEC Code of Ethics, DEC Position Statement and Papers, and the DEC Recommended Practices
- L3 – Leaders develop and implement policies, structures, and practices that promote shared decision making with practitioners and families
- L4 – Leaders belong to professional association(s) and engage in ongoing evidence-based professional development
- L5 – Leaders advocate for policies and resources that promote the implementation of the DEC Position Statements and Papers and the DEC Recommended Practices
- L6 – Leaders establish partnerships across levels (state to local) and with their counterparts in other systems and agencies to create coordinated and inclusive systems of services and supports
- L7 – Leaders develop, refine and implement policies and procedures that create the conditions for practitioners to implement the DEC Recommended Practices.
- L8 – Leaders work across levels and sections to secure fiscal and human resources and maximize the use of these resources to successfully implement the DEC Recommended Practices

- L9 – Leaders develop and implement an evidence-based professional development system or approach that provides practitioners a variety of supports to ensure they have the knowledge and skills needed to implement the DEC Practices
- L10 – Leaders ensure practitioners know and follow professional standards and all applicable laws and regulations governing service provision
- L11 – Leaders collaborate with higher education, state licensing and certification agencies, practitioners, professional associations, and other stakeholders to develop or revise state competencies that align with DEC Council for Exceptional Children (CEC), and other national professional standards.
- L12 – Leaders collaborate with stakeholders to collect and use data for program management and continuous program improvement and to examine the effectiveness of services and supports in improving child and family outcomes.
- L13 – Leaders promote efficient and coordinated service delivery for children and families by creating the conditions for practitioners from multiple disciplines and the family to work together as a team.
- L14 – Leaders collaborate with other agencies and programs to develop and implement ongoing community-wide screening procedures to identify and refer children who may need additional evaluation and services.

Shortly following the publication of the DEC Recommended Practices, researchers convened the field's first leadership summit to "build, nurture, and preserve leadership capital" (LaRocco et al., 2014, p. 28). Eighteen participants who were employed in various positions across the broader early intervention system from higher education to state leadership positions were invited to reflect "upon their own leadership capabilities and discover ways to increase their opportunities for leadership" (LaRocco et al., 2014, p. 28). Three recommendations emerged from participant discussions: (1) the need for a position statement on leadership; (2) systematic research to identify knowledge, skills, and attitudes for leaders across all levels of EI/ECSE systems; and (3) research to understand the "challenges and barriers" associated with recruiting, developing, and retaining leaders. The field is beginning to address these recommendations.

The field's position statement on leadership addressed recommendation #1 (DEC, 2015). In it, leadership was re-defined as a "process that involves mutual influence and shared responsibility" (DEC, 2015, p. 1), asserting that "personnel at all levels of EI/ECSE service systems must demonstrate individuals and collective leadership skills" (DEC, 2015, p. 1). Sparse research on the process and practice of leadership within the field has prompted further conceptualizations that focus on roles and responsibilities rather than behaviors and actions, complicating our understanding of how leadership can and should look.

Bruns and colleagues (2017) conducted the field's first comprehensive review of leadership only to find that there "have been no empirical investigations aimed at ascertaining and classifying specific competencies that constitute effective leadership across all domains of practice and levels of EI/ECSE systems" (p. 309). The authors further concluded that there was "little consensus on what constitutes effective leadership" (p. 309). To address these needs, Bruns et al. (2017) refined a previously developed Internet questionnaire that sought to identify knowledge areas and competencies for leadership in EI/ECSE systems. The new 36-item survey was distributed via a network sampling strategy to "individuals who were knowledgeable about or engaged in EI/ECSE service delivery systems" (Bruns et al., 2017, p. 309). Of the 820 individuals completing the survey, only one-third of respondents reported working in the early intervention system, 14% reported working in a state-level role, and 8% reported their role as being a state administrator. The participant group consisted of many more individuals than possible Part C program coordinators, such as families, higher education

faculty, and technical assistance providers. Although participants were instructed to consider both their leadership roles in the Part C system and requisite "skills, attitudes, and knowledge needed to be an effective leader at any level of the EI/ECSE service system" (p. 311), their roles, perspectives, and responsibilities extended beyond the small population of exclusive state Part C program coordinators who are responsible for systems leadership.

Study results revealed six ranked-ordered knowledge areas that participants perceived as necessary for system leadership (1-child development; 2-evidence-based research-based practices; 3-state laws and regulations; 4-family-centered approaches; 5-federal laws and regulations; and 6-group processes), and five competency sets reflecting leadership skills in the literature (1-effective relationships; 2-professional learning; 3-shared responsibility; 4-data use; and 5-effective communication). The authors acknowledged that while these results were useful in organizing survey responses, they represented the experiences of self-selecting participants who may have been "primed to participate and respond favorably to items" and/or "tended to agree with items (acquiescence bias) without thoughtful and careful consideration of their content" (p. 317). Further acknowledgement that "there may well be other competencies that would provide the field with a more nuanced understanding of effective leadership in EI/ECSE" paired with concluding remarks that "leadership can be informal or formal, episodic or ongoing" indicate consensus on effective leadership in EI/ECSE remains elusive (p. 318).

Only one other study to date has examined leadership at the state Part C system level. Movahedazarhouligh et al. (2021) conducted a mixed methods study to identify local leaders' implementation, challenges with, and professional development needs around leadership skills and practices (quantitative/qualitative). Researchers conducted an online survey and then interviewed leaders in a state Part C system and the broader early childhood education system to understand perceptions around reported leadership skills and practices.

Findings indicated that reported skills and practices were more aligned with management rather than leadership practices as conceptualized in the broader early childhood literature (Kagan & Bowman, 1997; Rodd, 1996). Furthermore, participants reported few opportunities were available to improve individual leadership practice at the systems level. The need for clarity in leadership roles, leadership practices specific to the system, and leadership behaviors is even greater as the term "leadership" continues to extend beyond coordination, management, and quality assurance (Bloom, 1995; Kagan & Bowman, 1997).

Purpose of the Study

The literature on leadership in the field suggests that leadership at the system level is still being conceptualized. It also suggests that the field's understanding of leadership behaviors loosely rests on a spectrum of knowledge areas, competencies, and responsibilities that reflect a wide range of roles that are not necessarily consistent with the leadership expectations for state Part C program coordinators. The lack of research warrants an in-depth investigation of what behaviors and actions leaders at the state system level engage in to motivate and direct the work of others. Studies examining leaders' efforts or actions in state systems are needed to strengthen the consensus around how leadership in early intervention can and should look in practice (DEC, 2015). Systems change presents a context that requires individuals in leadership positions to lead rather than simply manage and coordinate, thus making it ideal to study leaders' behaviors and actions.

Furthermore, current limited research pertaining to the leadership of early childhood administrators and in early intervention systems is predominantly quantitative. Studies conducted through a constructivist lens (Movahedazarhouligh et al., 2021) are rich with qualitative data that can be re-analyzed to generate new knowledge and deeper understanding

(Sherif, 2021). QSA makes greater use of an existing dataset while broadening the meaning and insights about state systems change as an under-researched phenomenon.

The purpose of this study was to re-examine the practices that state Part C program coordinators used to guide their states system through a policy-driven change in practice. We applied a relatively new methodology, QSA, to re-analyze an existing data set using two new theoretical lenses (Sherif, 2021). This QSA was guided by a research question that was not used in the initial study: *What leadership practices, as reported by state Part C program coordinators were used to guide systems change?* Below, we describe the theoretical lenses that we used to frame this QSA and then we describe the methodology.

Theoretical Framework

The theoretical framework and conceptualization of this QSA was grounded in two perspectives: systems change and a strengths-based orientation. Each perspective provided a theoretical foundation for the re-analysis of existing data. We used systems change theory to identify drivers of change and a strengths-based orientation to reconceptualize the identification of drivers as opportunities for organizational improvement.

Systems Change

Change is a phenomenon that offers a rich context to examine leaders' views. Broadly, change means "to become different" or "undergo transformation, transition, or substitution" (*Merriam-Webster*, 2020). Fullan (2001) has described change as a list of the new: materials, behaviors, practices, beliefs, and/or understanding. In the change management research, change is a "demand" that is "initiated by one or more organizational leaders, intended to achieve certain results through the modification of other people's behaviors or routines" (Herold & Fedor, 2008, p. xiii). We define change as a phenomenon involving a shift in practice.

Systems change is essential for educational systems to function and reform optimally (Cohen, 1999). An understanding of implementation is vital in guiding both processes (Aarons et al., 2011; Armstrong et al., 2014; Lehman et al., 2002; Meyers et al., 2012; Metz et al., 2015; Whelan-Berry & Somerville, 2010). Implementation speaks to the technical process of guiding change and involves an organized, coordinated effort to carry out programs with fidelity (Odom, 2009). As a stage-based sequence occurring over two to four years, implementation work is characterized as complex and interactive rather than linear (Fixsen et al., 2019). Those coordinating implementation – often systems leaders – actively make decisions, actions, and corrections to prepare others for a change (Metz & Bartley, 2012; Wallace, 2008). It is presumed but not explicitly stated that these decisions, actions, and corrections create a climate for change. Insights into systems leaders' experiences, then, offer an opportunity to learn about the nuances of leadership to guide change.

We further know from the extant literature that leaders' perspectives on change influence the implementation of early childhood programs, policies, and systems (Kagan, 2018). Indeed, viewpoints in both written and verbal form have been acknowledged as a key data source in EI/ECSE research as they offer direct insights into leaders' expectations and perceptions of events (Johnson & LaMontagne, 1993). Recent studies capitalizing on the value of perceptions have revealed the ways in which directors influenced the emotional climate in early childhood programs (Zinnser et al., 2016) and the processes leaders have used to cultivate supportive climates for practitioner learning (Douglass, 2016). Such personal accounts can provide a critical glimpse into leaders' efforts, decisions, actions, and corrections necessary to guide and implement change at the systems level (Franks & Schroeder, 2013).

Thus, the sustainability of systems change is fostered through an in-depth understanding of leaders' views on change coupled with effective implementation strategies and their building blocks (aka drivers) (Metz & Bartley, 2012). These drivers include decision-support data systems (data), facilitative administration (leadership), and systems intervention (strategies). As seen in Table 2, drivers can be used to categorize systems change processes, barriers, and solutions as supportive or not (Metz & Bartley, 2012). Decision-support data systems involve the use of data across multiple sources to assess and inform decision-making. Facilitative administration is a type of leadership involving the use of clear policies, communication protocols, and feedback loops to support practitioners' adjustment and implementation of new procedures. Systems interventions draw on resources to build and coordinate the people and plans needed to carry out the systems change. For the purpose of this paper, we used organizational drivers of systems change as fundamental elements to analyze existing qualitative data.

Table 2
Organizational Drivers for Systems Change (adapted from Metz & Bartley, 2012)

Driver	What it is	How it is used	How it looks	What is needed
Decision-support data systems (DS)	Data	To assess progress and inform decision-making for continuous implementation	Multiple sources of data including quality assurance data, fidelity data, and outcomes data	Ongoing collection of and access to frequent and reliable data
Facilitative administration (FA)	Leadership	To make data-informed decisions, support the overall process, keep practitioners organized and focused on the desired outcome	Clear policies, communication protocols, and feedback loops	Ongoing identification of challenges, solution generation, adjusting to and developing policies and procedures to support work, and reducing barriers
Systems interventions (SI)	Strategies	To ensure the availability of financial, organizational, and human resources to support practitioners	Stakeholder convenings that promote relationships and communication processes	Ongoing coordination and alignment of system work

Strengths-Based Orientation

We paired the theoretical perspective for systems change with *a strengths-based lens* to identify organizational drivers that are specifically supportive of change. Traditional methods of studying systems change involve the application of an "issue-attention" lens (Elmore, 2016). While useful in identifying challenges and solutions, this deficit-based

approach is fundamentally misaligned with the early childhood field's strengths-based orientation (e.g., Fenton et al., 2015). A strengths-based orientation is rooted in the field of positive psychology and aims to identify positive traits and processes that facilitate resilience (Duckworth et al., 2005).

Similar but broader elements are articulated in frameworks for intervention, which use consistent, process-oriented language to describe the complex organizational and cross-system efforts within and across stages that ensure the successful use of a new practice (Fixsen et al., 2019; Franks & Shroeder, 2013; Meyers et al., 2012). Researchers studying implementation in early childhood have identified four frameworks to promote outcomes in systems serving young children: (1) implementation stages; (2) implementation drivers; (3) policy-practice feedback loops; and (4) organized, expert implementation support (Metz & Bartley, 2012). Each framework highlights the "recursive" nature of planned change as it proceeds through stages, functioning as a roadmap for systems change (Metz & Bartley, 2012, p. 11). Not addressed or specified in these frameworks, however, are the types of practices early intervention leaders can (or should) use to accomplish each stage's intended result; in fact, this is not their aim. Implementation science researchers suggest using frameworks for intervention to interpret study findings as supportive or not of systems change (Metz & Bartley, 2012). When combined with a strengths-based lens, interpretation through a framework of intervention has the potential to identify specific leadership practices that have worked well and should continue. This approach aligns with recent calls for special education leaders to embrace a proactive rather than a reactionary stance (Bost, 2018; Douglass, 2016; Fenton et al., 2015), and an explicit expectation that early intervention leaders establish a culture for implementation (DEC, 2014).

Although the use of implementation frameworks to guide system development and change in early childhood is emerging (Kasprzak et al., 2019; Metz et al., 2015) and being applied to areas guided by policy, such as early childhood inclusion (Barton & Smith, 2015; Gupta & Rous, 2016), no first-hand, accounts from leaders about what has and has not worked well in U.S. state Part C early intervention systems change efforts could be found. The lack of this information is problematic from a systems lens in that it spotlights a gap in what is known about the state Part C coordinator role in creating conditions for successful change and implementation (DEC, 2014; DEC, 2015; Metz & Bartley, 2012). If the field expects leaders to be individuals "who set expectations of what it means to be a professional" (Boscardin & Lashley, 2012, p. 38), a focus on gathering information to broaden the field's lens on what state Part C program coordinators do (or could try) to lead change proactively "through deliberate and meaningful planning and transformation" is sorely needed (Bost, 2018, p. 117; Elmore, 2016). We re-examined leaders' reports from a positive lens not to critique a systems change process, but rather to understand (and potentially promote) the decisions, actions, and corrections leaders found themselves undertaking to prepare and guide others through implementation (Franks & Schroeder, 2013). QSA enabled us to conduct this retrospective examination in an unobtrusive way.

Methodology

The present study used QSA to examine the organizational drivers used by state Part C program coordinators to guide systems change. QSA is a method pertaining to further analysis, explanation, reinterpretation, and/or corroboration of findings generated in an original, previously conducted, or existing research study. The method relies on the use of available data for purposes not initially defined in the initial inquiry (Carmichael, 2017; Heaton, 2004; Yardley et al., 2014) and has gained popularity as a time- and cost-saving way to conduct

qualitative investigations, particularly as the amount and depth of available archived qualitative data have increased (Beck, 2019; Sherif, 2018a, 2018b; Thomson & McLeod, 2015).

Generation of new knowledge via QSA requires a thorough examination and overview of the original data collection and the procedures employed to reanalyze the existing data (Heaton, 2008). In this section, we situate the context of the original study and describe the dataset used for this QSA. We then discuss analysis procedures. This article reports a secondary analysis of data originally collected by the first author.

Original Study Background and Data

The 2004 reauthorization of IDEA included a new provision requiring states and territories to monitor program implementation through a series of indicators, one of which focused exclusively on the outcomes that young children made while receiving Part C early intervention services. This provision, coupled with a data requirement, called for state systems to shift practice from gathering individual data on children's progress to collecting and reporting aggregate data on all young children participating in services in three functional outcome areas: (1) social-emotional skills; (2) acquisition of knowledge; and (3) using appropriate behaviors to meet needs (Hebbeler et al., 2012; see http://ectacenter.org/eco/pages/faqs.asp). States subsequently designed and implemented child outcomes measurement systems to coordinate the collection and reporting process (Campbell & Anketell, 2007; Greenwood et al., 2007; Rous et al, 2007). Data are used to measure progress and inform practice and systems (Hebbeler et al., 2012). Among those leading this change in practice in state systems were state early intervention systems leaders, or state Part C program coordinators, who hold the unique responsibility of overseeing the implementation of Part C early intervention services.

In 2009 and 2010, the first author conducted interviews with state Part C program coordinators (early intervention) and state Part B-619 program coordinators (preschool special education) to gather information about the shift in practice as it was occurring (Gupta, 2010; Pugach, 2001). The purpose of the original study was to describe the change brought about in state Part C early intervention and state Part B-619 preschool special education systems by the child outcomes requirement as reported by their leaders (Gupta, 2010). Three questions guided the investigation: (1) What **processes** are state Part C early intervention and state Part B-619 preschool special education systems using to support child outcomes data collection? (2) What **barriers** are state Part C early intervention and state Part B-619 preschool special education systems facing in the collection of child outcomes data? and (3) In what ways are state Part C early intervention and state Part B-619 preschool special education systems addressing child outcomes data-collection barriers (e.g., **solutions**)? Questions were intentionally sequenced to follow the traditional "issue-attention" cycle used to study educational change (Elmore, 2016; Goffin & Washington, 2019). The original dataset consisted of thirty-nine (39) in-depth interviews with state Part C and Part B-619 coordinators (Gupta, 2010). Interviews provided a glimpse into the unseen complexities of early childhood systems change as told and experienced by leaders themselves (Jarvie, 2012; Kagan, 2018; Patton, 2001). The semi-structured interview was designed to gather information about systems processes, barriers, and solutions as reported by leaders and therefore did not purposefully collect insights into the decisions, actions, and corrections leaders used to guide change.

QSA Study and Analysis

The primary research question guiding this QSA was derived from a framework of intervention that examines sources of support for systemic change (Fixsen et al., 2019, Metz &

Bartley, 2012): *What organizational drivers, as reported by leaders, were used to guide systems change?* This new research question enabled a secondary dive into the original study's interview transcriptions (n=39) with state Part C and Part B-619 leaders (Gupta, 2010).

We took several steps to ensure the rigor and trustworthiness of the existing data set for this new inquiry. Having conducted the original study, the first author provided extensive contextual knowledge of the available data to ensure their quality, fit, and sufficiency for answering the new QSA research question (Ruggiano & Perry, 2019). Consistent with QSA recommendations**,** we developed a process to select a subset of interview transcriptions from the original study to comprise a case (Ruggiano & Perry, 2019; Yin, 2014). Researcher proximity to the data enabled the informed identification of a case that would allow for a deeper dive (Hinds et al., 1997; Thorne, 1998) without the extensive time and cost needed to gather new data (Redman-MacLaren et al., 2014) or burden to initial research participants (Mitchell, 2015; Rew et al., 2000). We determined a single criterion for inclusion in the case: *unprompted reflections about the behaviors and practices leaders reported using to guide others through systems processes, barriers, and solutions* (Irwin & Winterton, 2012). Case selection involved a thorough review of the original 39 interview transcriptions and summary sheets, yielding five (n=5) interview transcriptions meeting the above criterion.

As seen in Table 3, the five interview transcriptions were with individuals in administrative positions. Each of the de-identified interview transcriptions focused exclusively on each state Part C program coordinators' views in his or her requisite Part C state early intervention system. The average length of selected interviews was approximately 22 minutes and they ranged in transcription length from three to 15 single-spaced pages. Variation in interview length depended on factors such as time constraint and willingness to elaborate on processes, barriers, and solutions (Gupta, 2010). IRB approval for the re-examination of existing data was secured prior to beginning this inquiry (Ruggiano & Perry, 2019).
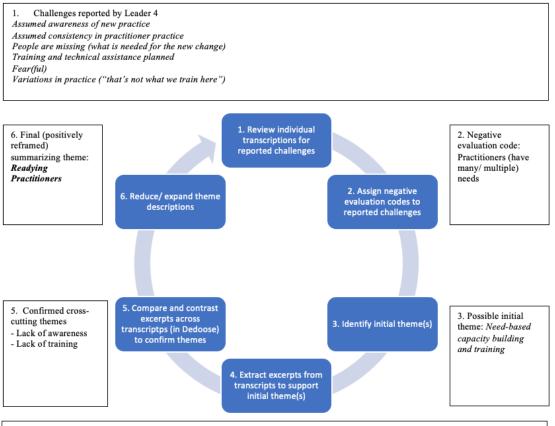
Table 3
QSA Data Source Summary

State Pseudonym	Program/ Position	Participant Pseudonym	Conducted	Length of Interview	Length of Interview Transcription
Ecru	State Part C Coordinator	Leader 1	December 18, 2009	28:01 min	12 pages
Lavender	State Part C Coordinator	Leader 2	December 16, 2009	21:45 min	10 pages
Lemon	State Part C Coordinator	Leader 3	October 29, 2009	6:05 min	3 pages
Mustard	State Part C Coordinator	Leader 4	January 12, 2010	36:54 min	15 pages
Olive	State Part C Coordinator	Leader 5	November 4, 2009	18:00 min	8 pages

All five interview transcriptions were uploaded into Dedoose (2016), a web-based mixed-methods application for data organization and analysis. Analysis proceeded through a

progressive coding process that can be seen in Table 4 (Miles et al., 2014). Specifically, analysis consisted of three steps: (1) inductive coding, (2) deductive coding, and (3) theme reframing. Inductive coding was used to openly explore and identify recurring themes across reported challenges that were consistent with organizational drivers for systems change (see Table 4, step 1; Chatfield, 2020). We applied nonquantitative codes onto qualitative data to assign judgment to the challenges leaders reported; these negative evaluation codes led to the identification of initial themes that described behaviors and actions that leaders experienced and observed among practitioners during the systems change (Miles et al., 2014). This type of coding is "appropriate for policy, critical, action, organizational and evaluation studies" (Miles et al., 2014, p. 26). We extracted excerpts to describe initial themes and then used deductive coding to review excerpts and then confirm themes.

Figure 1
QSA Coding Process Example

1. Challenges reported by Leader 4
Assumed awareness of new practice
Assumed consistency in practitioner practice
People are missing (what is needed for the new change)
Training and technical assistance planned
Fear(ful)
Variations in practice ("that's not what we train here")

6. Final (positively reframed) summarizing theme: **Readying Practitioners**

6. Reduce/ expand theme descriptions

1. Review individual transcriptions for reported challenges

2. Assign negative evaluation codes to reported challenges

2. Negative evaluation code: Practitioners (have many/ multiple) needs

5. Confirmed cross-cutting themes
- Lack of awareness
- Lack of training

5. Compare and contrast excerpts across transcriptps (in Dedoose) to confirm themes

3. Identify initial theme(s)

3. Possible initial theme: *Need-based capacity building and training*

4. Extract excerpts from transcripts to support initial theme(s)

4. (Sample of excerpts extracted)

Leader 2 - *We conducted statewide trainings for both service coordinators and our program and teachers and administrators in the [preschool special education program]. [We] also developed an online page of all the training materials and the procedures ... And twice a year we do messages to all of the teachers and the coordinators throughout the state to make sure that they have visited our information and if we update a document of course we get the questions and answers or what not related to that out to the field. This year we decided we've got new folks out in the field, and we need to have another face-to-face training and so we conducted a training of about 300 folks, brought them in and went through the procedures again, updated all of our materials on the web, and we videotaped that training. Our hope is to have an online training where folks can login and register for the training and we can collect who's been trained on what information*

Leader 3 – *"I think what helps is I have quarterly meetings with the providers*

Leader 5 - *Processes we've put into place to ensure collection of high quality data [include] our child and family outcomes efforts with two very close collaborators that we provide funding for as well. One is at [State University 1] and one is at [State University 2].*

The deductive coding process enabled the expansion and reduction of descriptions where needed. For example, *administration issues* as conveyed by leaders was better described through questions rather than through a simple descriptive phrase, while *practitioner frustrations,* ranging from system-specific data collection challenges to a lack of understanding of why the change in data collection practice was occurring, was better captured through summarizing phrases (see Table 4, step 2). By using Dedoose, where coded phrases and paragraphs are automatically connected to themes, we were able to efficiently compare and contrast the coded narrative until each theme was viewed as an independent, identifiable structure (Burke, 1992). We then extracted individual quotes from each interview pertaining to the initial themes to search for positive behaviors and actions leaders observed, noted, or used to address stated challenges – these were included as descriptive statements with the initial excerpts to illustrate each theme in further analysis and reframing (Bustamante-Cavino et al., 2011). We share an example of this coding process in Figure 1 below to strengthen credibility and trustworthiness in the process.

Step 3 of the QSA coding process consisted of analyzing emergent themes through a strengths-based lens. This process enabled the reframing of each challenge as a positive action that leaders either observed and/or implemented to address a challenge (see Table 4, step 3). Finally, we actively reread narratives and interpreted them through the framework of intervention to categorize behaviors and actions as organizational drivers for systems change. This triangulation further confirmed the sufficiency and fit of data with our new research question. We then identified drivers as opportunities to lead rather than simply coordinate or manage change (see Table 4, step 4).

Table 4
QSA Progression

Step 1: Identify Initial Themes	Step 2: Describe Themes	Step 3: Positively Reframe Themes	Step 4: Categorize Themes as Organizational Drivers		
			DS	FA	SI
Practitioner Frustrations	Disagreement Resistance	Meeting Practitioners Where They Were		x	x
Administration Issues	Who is in charge? Who is responsible?	Identifying Leaders		x	x
Procedural Issues	Uncertainty Inconsistent practice	Consistent Procedures	x	x	x
Practitioner Needs	Lack of awareness Lack of support	Readying Practitioners		x	
Infrastructural Gaps	Lack of coordination System-wide challenges	Relationships Matter		x	x

Note: The abbreviations DS, FA, and SI pertain to organizational drivers for systems change listed and described in Table 2.

During the inductive and deductive coding processes, we identified five common themes that represented challenges and barriers to practice: "practitioner frustrations," "administration issues," "procedural issues," "practitioner needs," and "infrastructural gaps." The initial themes pertained mainly to interviewees' experiences with resistance, lack of awareness, and limited support among early childhood practitioners; uncertainty about administrative roles and responsibilities and implementation protocols; and lack of coordination and organizational challenges at the state program level.

Once initial themes were identified and described, we positively reframed and ascribed them to organizational drivers. As shown in Table 4, all five positively reframed themes were evident of facilitative administration or leadership organizational driver, four reframed themes pertained to implementation strategies or systems interventions organizational drivers, and one (procedural issues and later reframed as consistent procedures) informed the data-driven aspect of systems change allowing state Part C program coordinators to assess program progress and inform decision-making for continuous implementation.

We established trustworthiness through intercoder reliability and peer-debriefing (Lincoln & Guba, 1985; Merriam & Tisdell, 2016; O'Connor & Joffe, 2020). As described above, we coded data using a coding frame that captured the analytically significant features and concepts of the data. The authors compared their applications of the developed and emergent coding frame. Minor disagreements were resolved during the deductive coding and theme reframing. The rigor of the coding frame, coding process, and emerging analytic categories and findings was lastly ensured by a peer debriefer not affiliated with the current QSA or original studies.

Findings

To our knowledge, this is the first study attempting to understand the nuances of leadership during systems change in state Part C early intervention systems. Five leadership themes emerged through our QSA: *meeting practitioners where they are*, *identifying leaders*, *consistent procedures*, *readying professionals*, and *relationships matter*. These themes were interpreted using the organizational drivers of systems change framework for intervention to illustrate how participants did (and can) lead systems change (Fixsen et al., 2019; Metz & Bartley, 2012).

Theme 1: Meeting Practitioners (Where They Are)

Disagreement and resistance to change was noted in four of the five interviews. Leaders described "frustrations" about the new practice of collecting and reporting child outcomes data to the state. Leader 4 disclosed personal frustrations with the fit of the new practice with business-as-usual in Part C:

> If it feels like extra work and it doesn't really fit into how we do things ... I may be at odds with my colleagues in that, 'cause I think there was broad, fairly good consensus that functional areas are better than developmental domain areas.

The same leader referenced the EI philosophy and orientation, making a case for how the change was fundamentally misaligned with practitioner practices at that time:

> Children do make small gains across the developmental domains – it's more of a strength-based type of field where you're looking to see what the children are

capable of doing, rather than just grouping them all together in the functional categories.

These were linked to a lack of understanding in the state about the purpose and practice of gathering aggregate data:

> I know what [entity] was doing to have these three more functional outcomes areas … yet I think our team would have done a far more accurate job of rating the child compared to typical development if it was in the standard developmental domains … I am not dealing with it on a daily basis nor am I a developmental specialist, but the three areas seem hard for me to even get my head around.

Leader 1 also described practitioners' general lack of understanding of child outcomes data and how this was creating resistance to the collection and reporting practices:

> I think initially providers did not understand at all the importance of the child outcomes or they just chose to argue with the outcome … maybe they didn't like the way cross-referenced some of the indicators or they just didn't feel like the outcomes were important even though it really wasn't our right to change them.

While leaders shared initial frustrations, many quickly followed up with actions taken to support practitioners, often without being prompted. For example, Leader 1 continued:

> They just didn't understand the importance … And even the tool, initially, when [practitioners] started using the [assessment] they would argue about different things with the tool and finally we had to say, "ok there is no perfect tool."

Similarly, Leader 4 acknowledged practitioners were beginning to explore the practice with the intention of trying to understand how it could be useful in supporting children:

> We're only just starting to explore, and that is 'how do we feel about the ratings Themselves?' Are the ratings … really reflecting the true level of the child's development compared to typical.

Leader 5 acknowledged a wondering that conveyed hesitation (and possible resistance) around whether the aggregate approach would indeed provide early intervention with the necessary outcomes data to prove its worth:

> You know, to really, just from a really high level, take a step back and see if this response to filling the void that's out there for early intervention outcomes data, whether this hits the mark is still an outstanding question that's being debated. And I think it's troubling to me that there's such variation across states in how we're collecting and measuring outcomes.

In these instances, practitioner resistance became a starting point for change. Leaders gave voice to practitioners who felt unsure, unclear, and uncertain by making their feelings of fear and discomfort transparent. They also took the next step: framing change ahead. Leader 1, for

instance, described efforts to guide practitioners to arrive at this realization and, together, commit to the outcome:

> [Through] some nice education and communication with them they realized that it's probably the best that we're going to do. And no it's not perfect but it's what we've been given and we're going to make the best of it and do what we can to see how we're affecting the lives of these children.

Leader 2 sought to support action steps by addressing limitations, then drawing on strengths and resources within the state to proceed with the new practice:

> We have turnover as any agency does … [though] we have an array of service coordinators with an array of understanding and experience with child development.

It was evident that leaders were *meeting practitioners where they were* by acknowledging hesitation, dissent, or resistance. Further, in listening to practitioner concerns, leaders established feedback loops they could use to identify starting points for change; this is a key action of *facilitative administration* (Metz & Bartley, 2012). Also seen was evidence of systems intervention – before proceeding with a plan to address resistance, Leader 2 acknowledged the strength in knowledge among practitioners that would be needed to move forward. Overall, this approach reflected "powering-with" rather than "powering-over" others in change (McCashen, 2005) and demonstrated an intentional effort to empathize and build "buy-in" around a collective commitment to travel an uncertain path (Fullan, 2001).

Theme 2: Identifying Leaders

Across interviews, leaders acknowledged administrative issues in measuring, collecting, and reporting child progress data to the state. Rather than expounding on issues, leaders shared to whom or what entity they designated this work. Leader 4 shared the name of the individual and their responsibilities:

> I have assigned the project to [individual] on my staff so that they have the responsibility for training, dissemination of information, collecting the data, reviewing the data, analyzing the data and crunching it for the submission. So, I think one person for that is helpful.

Leader 1 acknowledged that existing roles are now required for the measurement, collection, coordination, and storage of child outcomes data:

> The practitioner updates …[data] for the last time and then they give that to the service coordinator. The service coordinator then enters that into an online data base.

Leader 5 similarly acknowledged roles in supporting the overall collection and storage process. Designated entities, rather than individuals, were responsible for coordinating practitioner education and data storage:

> The respective roles are that [city1] is responsible for the training and instruction materials and [city2] is more of the data management and analysis arm.

The designation of both individuals and entities is a type of *systems intervention* strategy that was not inquired about in the initial study. Leaders also shared examples of *facilitative administration* through expanded professional roles, coordinated steps for collection and storage, and the need for system-wide coordination and clear protocols to support big picture measurement, collection, reporting and storage of child outcomes data. In a change effort, then, *identifying leaders* as a positive action may highlight leaders' knowledge of who is in charge when questions arise.

Theme 3: Consistent Procedures

Leaders described the use of procedures to support practitioners' ease and success with the new practice. Much of this description addressed uncertainties with and/or irregular practices around how data were measured and where it should be submitted or sent once collected. Leader 1, for example shared a *facilitative administration* strategy to guide a consistent data measurement process:

> I think [practitioners] know we're looking. They know it's important and so they're not only doing the right thing, but they're documenting that they're doing the right thing.

Two leaders noted the use of a designated space where data were to be stored following collection. Leader 3 described a consistent collection and storage process that relied on the leader to upload received data into a state system:

> [Data] is transmitted through paper and pencil. So [practitioners] submit … each child's baseline to me and then I have to enter it electronically into an access data system.

Leader 4 also discussed the use of a consistent process, though she did not offer details on how specifically data were being entered system:

> We have … incorporated the EC outcomes into our statewide database. It's an online database for all of our data and … a more uniform way of collecting it.

Leader 4 later admitted a limitation, namely that practitioners were inconsistently measuring child outcomes data and there was not currently a way to update the data once in the system, perhaps rendering it inaccurate:

> Part of me would like to move to a system whereby you use a tool, enter the data into an online data collection thing which I believe some of the assessment companies have developed and its spits out based on that data … then a team could override if they have some other information.

Although leaders' accounts conveyed the use of varying procedures to collect, transmit, and store child outcomes data, it was clear that a consistent protocol (*facilitative administration*) was in place to guide the ongoing collection of reliable data (*decision-support data systems*).

One leader highlighted the state's s*ystems intervention* to further coordinate child outcomes measurement to the development of the child's individualized family service plan (IFSP) required by law:

> I think this is one of the strong parts of our state - we've actually tied the necessity of an [EC outcomes] rating to the IFSP data entry, meaning that in order for them to get through the IFSP button, the tabs that they need to complete, they have to do ECO.

Across interviews, leaders described processes that guided and supported consistency in practice, suggesting "*consistent procedures.*" These procedures related to the ongoing collection of accurate data, clarification of procedures to reduce questions around transmission procedures, and the intentional coordination of practices that would require child outcomes data entry. Together, these illustrate a range of positive actions leaders used to drive the accurate and reliable system-wide collection of child outcomes data.

Theme 4: Readying Professionals

Actively building capacity through trainings was another process that leaders reported in supporting practitioners' collection of child outcomes data. Leaders in three states described training that was currently underway. Leader 4, for instance, shared upcoming training plans that would be implemented statewide to support all practitioners:

> We are doing ongoing training and technical assistance, and in fact we're just getting ready to launch within the next month or two an online training which will include video of teams.

Leader 2 reflected on what had already been implemented and the steps being taken to on-board new practitioners who were not aware of the child outcomes requirement, its purpose, and measurement procedures:

> We conducted statewide trainings for both service coordinators and our program and teachers and administrators in the [preschool special education program]. [We] also developed an online page of all the training materials and the procedures … And twice a year we do messages to all of the teachers and the coordinators throughout the state to make sure that they have visited our information and if we update a document of course we get the questions and answers or what not related to that out to the field. This year we decided we've got new folks out in the field, and we need to have another face-to-face training and so we conducted a training of about 300 folks, brought them in and went through the procedures again, updated all of our materials on the web, and we videotaped that training. Our hope is to have an online training where folks can login and register for the training and we can collect who's been trained on what information.

As leaders shared examples of how their state programs were addressing a lack of awareness or coordinated support for practitioners, they paused to reflect on what had been working well. Leader 3 offered:

> I think what helps is I have quarterly meetings with the providers.

Leader 4 reflected on the importance of collaborating with other experts familiar with the purpose and practice of child outcomes measurement to sufficiently prepare practitioners:

> We have a training and technical assistance team as part of our University program and so they are all trained in EC outcomes process and then they spend more time out in the field with the provider agencies.

Leader 5 reported funding collaborators with the explicit aim of supporting practitioner training:

> Processes we've put into place to ensure collection of high quality data [include] our child and family outcomes efforts with two very close collaborators that we provide funding for as well. One is at [State University 1] and one is at [State University 2].

Still others, in their reflections, described personal fears and assumptions associated with training and whether it was adequate in readying practitioners to collect accurate and reliable data. Leader 4 shared initially:

> I still have a fear that some teams are being pretty rigorous and they're looking at the results of assessment information and they're really deliberating … and for others it's really just a "I have a hunch" or let's ask the parent what they think even though that's not what we train here.

She also demonstrated reflexivity in later comments questioning the overall training approach:

> We had just assumed once it was trained and everyone was doing it that it was just going to be a consistent thing. We didn't realize it was going to get missed by people.

Training thus emerged as a common capacity-building strategy. Repeated references to a systemic training approach that relied on partners and was delivered in a variety of formats to reach, and *"ready professionals"* provided an illustration of the *facilitative administration* organizational driver.

Theme 5: Relationships Matter

Infrastructural gaps, including a lack of coordination among collaborators and systems were reported as a challenge across three of the five Part C systems. Leaders suggested relationship-building to bridge gaps. Leader 1 acknowledged practitioners' distaste for leadership, but also acknowledged availability to practitioners enabled them to maintain a strong connection when issues arose:

> We have an extremely close relationship with our providers. For anything in EI, I think you have to have a positive relationship with your providers, and don't get me wrong there are people who absolutely despise us, but for the most part every single provider feels welcome to call the staff or the local staff and so that relationship for [our state] is very unique I think to most of the EI programs.

Leader 1 also extended reflections to practitioners' relationship-building with families during child outcomes measurement:

> [Practitioners] are doing a much better job of informing the family, informing the service coordinator and making this next step to make sure that system is flowing very well for the family and the progress is kind of on a continuum.

Leader 4 noted that the lack of coordination of systems was leading to data errors and shared the following systems intervention strategy to follow-up individually with practitioners:

> We'll be now doing a lot more review of the data to make sure that it's being entered on a consistent basis.

Leader 2 identified trainings as a mechanism to actively build and model relationships and collaboration to support accurate and reliable data collection:

> We're trying to make this as much as a collaborative effort between [preschool special education] and [EI] as possible. We encourage all of our trainings to be with both folks in attendance and the website that we have for EC outcomes information is a uniform website meaning that it is for both [preschool special education] and [EI] folks.

Across these accounts, leaders reinforced connections with others as a way to address arising infrastructural gaps. Systems interventions were used to minimize a lack of communication and coordination, while facilitative administration strategies established expectations for connection and collaboration. Ultimately, "relationships mattered."

Themes as Organizational Drivers of Systems Change

As seen in Table 4, participants' leadership supported all three drivers of systems change: decision-support data systems, facilitative administration, and systems intervention. Of the five leadership themes identified, one (*consistent procedures*) addressed **decision-support data systems**. Four of the 5 themes were characterized as **systems interventions:** *meeting practitioners where they are*, *identifying leaders*, *consistent procedures*, and r*elationships matter*. All five leadership themes aligned with the **facilitative administration**.

Accurate and reliable data are needed to assess and make decisions about a systems change. **Decision-support data systems** rely on multiple sources of data that are collected frequently over time. Leaders reported the use and/or need for clear processes and procedures to guide practitioners' collection and reduce any uncertainties or inconsistencies that could render child outcomes data inaccurate or unreliable.

Systems interventions are strategies that ensure necessary resources, from financial to infrastructural, are available to support practitioners during a systems change. Leaders' efforts to meet practitioners in moments of disagreement or resistance, to delegate leadership responsibilities, to support consistent data collection procedures, and to prioritize relationship building as a means to promote system-wide alignment demonstrated the needed coordination to drive the new data collection practices.

Leaders who establish clear policies, communication protocols, and feedback loops to support practitioners' adjustment and implementation of new practices demonstrate **facilitative administration**. This type of leadership was evident across all five themes through examples of active decision-making (e.g., identifying leaders), corrective efforts such as considering

what they would like to see if not already in place (e.g., consistent procedures), and actions that helped practitioners navigate change when conditions seemed less than ideal (e.g., meeting practitioners, relationships matter, readying practitioners).

Discussion

We sought to answer the following question through the present QSA study: *What organizational drivers, as reported by leaders, were used to guide systems change?* Systems change has been recognized as a stressor when clarity and guidance are not articulated in advance (Cameron, 2008; Douglass, 2016). Implementation researchers contend that frameworks for intervention, such as the organizational drivers framework we used in this study, can be useful in highlighting both supportive and non-supportive aspects of change and implementation and are therefore useful in interpreting findings (Fixsen et al., 2019). Focusing on the "supportive" aspects of change can enable early childhood researchers to identify leadership behaviors that promote individual and collective resilience during a systems change (Douglass, 2016). We continued with this paradigm by reframing reported challenges during a prior early intervention system change as ways leaders can lead others. In this regard, our use of a positive lens presented an opportunity to learn from the initial challenges that leaders faced and transform them into productive, actionable leadership practices. We also intended this study to provide a glimpse into the examination of findings from a leadership standpoint in contrast to the coordination- and management-focused perspectives prevalent in early childhood literature (Alchin et al., 2019; Douglas, 2019; Klevering & McNae, 2018; Perlman et al., 2019). We believe that re-examining previously collected leaders' insights through a new lens (strengths-based orientation) coupled with a framework of intervention (organizational drivers of systems change) enabled the construction of understanding around leaders' decisions, corrections, and actions that promoted change.

We chose QSA as an unobtrusive, cost-effective method to conduct the analysis (Ruggiano & Perry, 2019; Sherif, 2021). The first author's familiarity with original data facilitated swift case selection. The use of a broad research question and inductive-deductive coding strategies fostered a focused and deep dive into the original data to identify positive decisions, actions, and corrections leaders undertook to lead systems change that were not explicitly gathered in the original study (Gupta, 2010; Maxwell, 2005; Ruggiano & Perry, 2019). This transformative approach yielded five positively reframed themes - *meeting practitioners, identifying leaders, consistent procedures, readying practitioners, relationships matter* - that aligned with at least one of the three organizational drivers for systems change (data systems, facilitate administration, systems interventions). A notable finding was the alignment between all five themes and *facilitative administration,* a type of leadership that seeks to identify and address ongoing implementation challenges. This suggested that participants across the case primarily employed a leadership-focused approach to guide systems change in their state Part C early intervention programs; it also suggested that these findings are a first step in understanding what and how leaders (can) encourage and support change in times of uncertainty.

These findings struck us as sensible actions leaders can and should take to promote change. Yet, current (or perhaps emerging) competencies for leadership in early intervention (Bruns et al., 2017) focus more on the daily execution of tasks, necessary knowledge, and managerial responsibilities rather than explicit strategies one can use to lead authentically (LaRocco & Bruns, 2013) and proactively (Douglass, 2016). Such skills are arguably urgent in state Part C early intervention systems to guide professionals' implementation of family-centered practice amidst limited resources and competing priorities (Movahedazarhouligh & Banerjee, 2020).

Although implementation can provide a plan to carry out the work, its focus on process assumes leaders are effective stewards of change. Such a focus may unintentionally promise improved outcomes without ensuring that leaders are adequately aware and equipped to lead others. Elmore (2016), the editor of the *Journal of Educational Change*, cautions against the use of this narrowed approach, suggesting it "embodies deep and profound misconceptions about how human beings learn, develop, adjust, and change" (p. 530). Taking time to learn from individuals leading change is a must in mitigating this risk and gathering information to build essential infrastructure for learning (Hebbeler et al., 2012). In this regard, our QSA built on emerging conceptualizations of leadership in early intervention (e.g., Bruns et al., 2017) and is sufficiently different than earlier studies assessing perceptions of leadership practices in school climates (e.g., Brotherson et al., 2001; Rous, 2004). It also highlighted, through a positive lens on organizational drivers of systems change, how leaders can be transformative in the midst of reform.

Limitations

We considered the capacity of the available dataset to answer research questions that were not asked in the original study. A thorough assessment of the existing data revealed that the objectives, topic, and background of our new research question was tangentially relevant to the original data, thus, providing some evidence of the participants experiencing the subject of this investigation (Sherif, 2018a). We strengthened fit by using a small, carefully selected case of interview transcriptions that contained explicit reflections about leadership behaviors in state Part C early intervention systems, thus allowing for data saturation (Ruggiano & Perry, 2019).

We also considered generalizability of the findings in two ways. Our purposeful and intentional selection of a small case precluded the possible generalization of findings to all early intervention systems leaders; however, it provided a much-needed structure to glimpse the nuances of leadership at the systems level and from a leaders' standpoint. For this reason, we cautiously and optimistically offer our QSA coding process as one way to reanalyze and reframe traditionally conducted qualitative studies on leadership in the broad early childhood field.

Implications

Qualitative inquiry in systems change enables the foregrounding of lived experiences in a dynamic and unpredictable context (Maxwell, 2005). By focusing inquiry on the explicit strategies that leaders use in these contexts, research can highlight abilities that are distinctive to early intervention system leadership. Such perspectives can offer fresh new insights on things that we suspect but do not see, know but cannot confirm, and consider but are not implemented (Herold & Fedor, 2008). To date, however, the purposeful gathering of personal accounts is a practice that has been undervalued in early childhood systems research (Jarvie, 2012). This gap is particularly problematic in that very little is known or understood about how this high-stakes work looks. Tremendous variation in state system organization and funding is a likely reason for why "one" way to coordinate systems work is not articulated. By extension, the dearth of research may suggest that the examination of leadership in a complex and dynamic context is not one that can be easily controlled or implemented. The exploration of systems leadership becomes paramount, then, and positions qualitative inquiry as a way forward in understanding the differentiated aspects of systems leadership in a dynamic context; we conducted this qualitative inquiry for precisely this reason.

We considered QSA as our qualitative approach because we knew we had an existing data set that included leaders' perspectives on a systems change. The sufficiency of the original data set enabled our re-examination of data, while the use of two theoretical frameworks new to the initial study allowed us to reframe reported challenges from the original issue-attention study as opportunities to lead systems change in early intervention. Indeed, the consideration of explicit leadership practices being used in the original study would have allowed for a richer retrospective of leadership practices; however, our employment of QSA enabled a simulated reflection on leadership behaviors without intrusion.

We recommend that future inquiries of early intervention systems leadership, and state Part C program coordinator leadership, specifically, consider the richness of qualitative data from the outset to facilitate potential QSAs that identify nuances in leadership behaviors. Specifically, we invite researchers to consider the sufficiency (availability, depth, breadth) of data as they are being collected: multiple sources consisting of interviews, focus groups, document review, ethnographies, and personal histories can enable a rich re-examination of data needed to conduct a QSA (Maxwell, 2005). Additionally identifying a related but independent inquiry upfront or as data are being gathered would allow for the ongoing or future collection of rich data sources that could be later explored through QSA. By continuing to frame studies of early intervention systems leadership in this way, researchers can build a knowledge base that recognizes and highlights leadership behaviors that promote seamless change. We further recommend that future studies provide "interludes in the onslaught of change for deep, mindful reflection about the larger dynamics of work" (Shirley, 2017, p. 261); we believe this simple design consideration will empower systems leaders to identify and continue effective leadership strategies and motivate leaders' confidence and autonomy in guiding complex systems change in early intervention. Perhaps with these pieces, the field can begin to codify leadership expectations for the state Part C program coordinator role.

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