



Quality Matters

Executive Summary

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Background

Following the 2016 report, *Affordable Quality Childcare: A Great Place to Grow*, the Department of Education and Early Childhood Development (DEECD) launched the province-wide assessment program Quality Matters (QM) in 2018. QM is an initiative that is used to improve and assess quality in licensed child care centres in Nova Scotia.

To assess QM, an evaluation was conducted in collaboration with the Early Childhood Collaborative Research Centre (ECCRC) at Mount Saint Vincent University (MSVU), with research funding from the Margaret and Wallace McCain Family Foundation (*Building policy-relevant early childhood research in Nova Scotia*). The evaluation addressed the “*Program Quality*” component of QM, which is based on international evidence regarding the importance of quality in early childhood education and care (ECEC). It is also based on the concept of Continuous Quality Improvement (CQI), whereby quality improvements are made over time through a reflective and meaningful engagement process.

The purpose of this executive summary is to provide a brief illustration of the findings from the process and outcome evaluation of QM. This summary begins by reviewing the five phases of data collection, it then summarizes the findings from all phases of the evaluation and organizes them by the three evaluation questions:

1. How have the Quality Matters resources influenced the Self-Assessment Summary documents (SAS) and Quality Improvement Plans (QIP)?
2. How has the Quality Matters process of SAS and QIP influenced the awareness, knowledge, and value of continuous improvement in the quality of early childhood programs over time; and
3. How has the Quality Matters process of SAS and QIP influenced practices to support continuous improvement in the quality of early childhood programs over time? Finally, the summary concludes with some considerations of this evaluation and suggestions moving forward.

What did we do?

Document Review: As part of the implementation of QM, centres completed four SASs and a minimum of one QIP (to a maximum of two). Upon receiving 1228 completed SASs and 336 QIP documents from 308 centres, ECCRC conducted a preliminary document review. Numerical accounts of who participated in SAS development were created and goals were inductively coded for common themes within the QM elements. These results informed the next phases of data collection.

Content Analysis: Following the document review, the Content Analysis was applied with the purpose of providing a more in-depth understanding of each centre’s adherence to the SAS and QIP process. Using 373 goals from 317 centres, this Content Analysis focused on the following:

- The congruence between the QM elements listed by the centre(s) with definitions in the QM resources.
- The alignment, or lack thereof, between goals listed on the QIP and ‘Areas of Improvement’ on the SAS.
- The extent to which centres demonstrated an understanding of SMART goal development through their stated goals and strategy charts.

Sector Survey: To support the Content Analysis with descriptive data, ECCRC conducted a Sector Survey with all 372 regulated child care centres and 300 approved family home day cares providing regulated care to children aged 0-5 across Nova Scotia. The survey covered multiple projects being conducted by ECCRC, however the results included in the evaluation refer to 367 respondents that completed QM questions.

Consultant Interviews¹: Each of the 10 Provincial Early Childhood Development consultants have caseloads between 23 and 40 centres across Nova Scotia that they support on several departmental initiatives, including the delivery of QM. ECCRC conducted telephone interviews with each DEECD consultant to gain a better understanding of how centres experienced QM both across and within regions.

Centre Case Studies²: To provide an in-depth understanding of centre experiences of the QM process, a case study approach was used to explore the perceptions of centres. Case study sites of varying sizes were recruited to capture diverse experiences with QM. Sites in the medium size range had approximately five to 12 staff and large centres had approximately 15-20. Small sized centres had fewer than four staff, and Site 3 had no additional staff. A breakdown of case study centre characteristics can be seen in Appendix A.

What did we find?

Evaluation Question 1: How have the Quality Matters resources (tools, resources, professional development) influenced the Self-Assessment Summary documents (SAS) and Quality Improvement Plans (QIP)?

Participating centres across Nova Scotia used a wide variety of tools and resources to complete the SAS and QIP, which in turn influenced their completion. The evaluation found that the role of the consultant was particularly important in disseminating information and guiding the QM process. Centres also relied on the QM documents, online videos, professional development and each other to support the process, though to a much more varying degree than they relied on consultant support.

SASs were viewed as a positive means for encouraging reflection and discussion at both a centre and individual level. Centres identified successes and challenges when referring to the QIP documents. One challenge identified was related to the explicit wording of SMART goals. This may have been for several reasons. First, the process involved with the provincial Inclusion Support Grant (ISG) also included SMART goal development. Some consultants noted previous challenges, and that the expectations of the SMART goal for the ISG were different than that of QM. Second, there were potential issues identified in the QM guide as the SMART goal example did not meet all five defined criteria.

"They got me thinking about things...I took it one stage at a time, one question at a time and that helped me organize my thoughts, and then when I read the end of it—when I finished writing it and I re-read it all [I] was like, "Wow that's completely a snap-shot of us".
Case Study Interview

¹ Consultant interviews were conducted via telephone, recorded and transcribed verbatim

² Three of the six Centre Case Studies were conducted in person in the winter of 2019 and three were over the telephone in 2020 as a result of the global Covid 19 pandemic and resulting physical distancing restrictions

The QM guide, Centre Templates, Online Videos, and Coffee and Conversation were among the resources that positively influenced centres' SASs and QIPs. For example, Centres reported that the chart provided on the QIP was a helpful tool for assisting centres to consider all five SMART criteria. However, the most influential resource in the QM process was identified as the provincial consultants.

"I don't think it could happen without consultants. In my case, we have a wonderful consultant – I don't know if they're all as wonderful as she is but she's just really supportive. You could not do [QM] without a consultant..."

Case Study Interview

Evaluation Question 2: How has the Quality Matters process of SAS and QIP influenced the awareness, knowledge, and value of continuous improvement in the quality of early childhood programs over time?

The process of SAS and QIP appears to have been successful in increasing awareness, knowledge and value of continuous quality improvement (CQI) across Nova Scotia. Case study participants identified a strong understanding of what CQI means and valued QM as a process. Similarly, the majority of Sector Survey respondents reported that they understood the value of QM, even though they may have experienced challenges implementing the program.

Awareness and Knowledge: Director Owner/Operators (DOOs) indicated that CQI is a process that is ongoing and involves reflection and adaptation but the timing with other early childhood initiatives made it difficult for some to make sense of all the information at once. Responses from centres participating as a case study site were similar indicating that centres participating had a good understanding of CQI in the context of QM. In addition, the majority of centre staff that participated in the sector survey suggested that they were involved in the QM process at their centre (n=73.9%).

Value: The findings of the sector survey suggest that while respondents understood the value of QM and CQI, they also experienced a variety of barriers to implementation. Some centre staff indicated that QM created "an atmosphere of intentionality" in their educators, that it holds centres accountable and that it made their centre a "united front". However, other comments lacked any positive sentiment, describing the process as hard, stressful and difficult. Several comments also mentioned that the process was challenging amidst so many sector changes, particularly staff shortages.

Each of the six case study sites mentioned that the accountability aspect of QM was one of the most valuable components as it helped to ensure that the QM process was placed high on the list of priorities for DOOs. Centres appreciated that the process of SAS and QIP development was tied to their funding, and that their hard work in reflecting, goal setting, and goal achievement would be acknowledged in this way. The accountability that resulted from the direct link to funding was also used by DOOs to promote an acceptance and willingness of staff to participate in the QM process.

Evaluation Question 3: How has the Quality Matters process of SAS and QIP influenced practices to support continuous improvement in the quality of early childhood programs over time?

The goal of the current evaluation was not to assess whether quality had improved, but to understand how the QM process may have influenced practices to support future goals of quality improvement. Overall, the findings suggest that SASs and QIPs opened the lines of communication among various stakeholders. Most significantly, centres described improved communication with families and between the DOO and staff members. This enhanced communication, according to respondents, laid a foundation for staff to feel more ownership of their programming and, in turn, make more improvements to the quality of their practices. In addition, the QM process encouraged DOOs to delegate work and foster an environment of regular self-reflection. The evaluation also found that there were also other characteristics of centres that appeared to affect their ability to support CQI. Some of these characteristics included the size of the centre, leadership and time. The next section outlines key findings that describe how the QM process influenced or changed behaviours that may support CQI, as described by consultants and centres.

The need for clear communication was prominently identified by participants. In both the consultant interviews and case studies, communication was markedly the most extensive and frequently mentioned topic across all qualitative data. More positively, QM was described as influential in promoting communication with families. As discussed previously, some of the tools and resources such as the SAS and online videos were designed to be shared easily with families.

QM encouraged participants to engage in self-reflection even after the SAS was completed. Though some centres noted that they already engaged in self-reflection prior to QM, others felt that the SAS in particular allowed them to consider the programs and services they offer, and reflect on how they may be improved. In particular, QM prompted DOOs and staff to contemplate not only what they do on a day-to-day basis, but also why they do things the way they do.

“...For me I think I reflected a lot more when it was like, ‘Okay what are we missing? Are we missing something?’, and then you start to see things. It’s opened my eyes to really look for things that maybe I wouldn’t have looked for before and have conversations with teachers that I may not have [had] before.” *Case Study Interview*

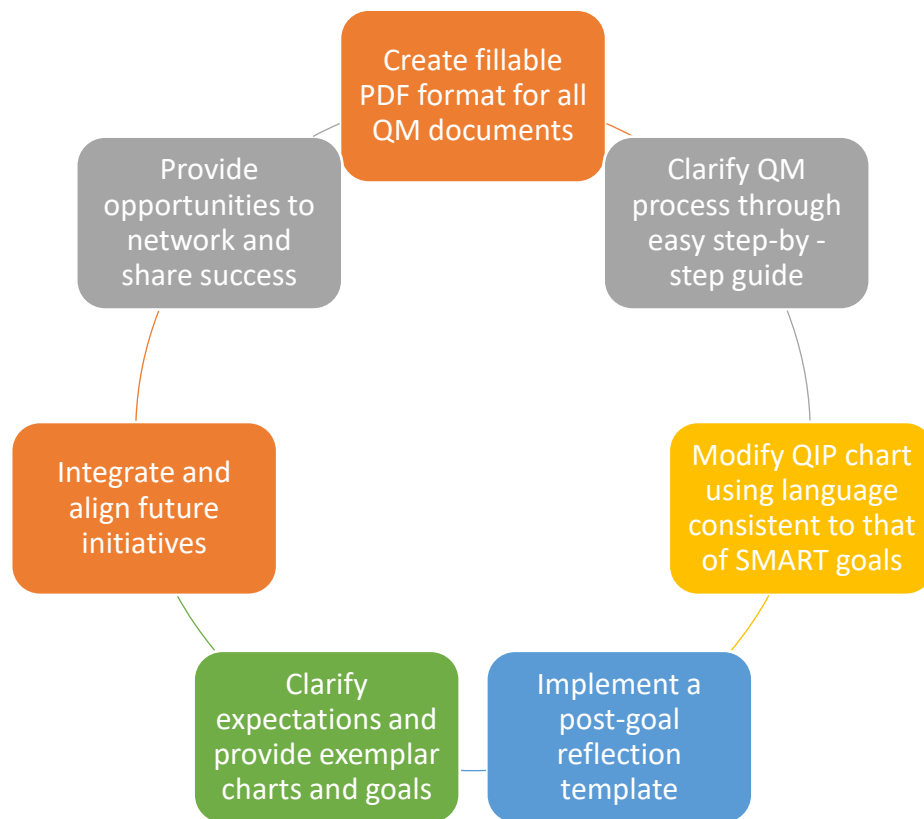
The practice of delegation allowed DOOs to share QM with staff, and staff to take ownership of the process. All centre DOOs interviewed during case studies (that had additional staff) felt that their staff had benefited from the QM process. Leadership had given ECEs the freedom to implement strategies and improvements as they saw fit, with their new practices of self-reflection. However, consultants described some DOOs as believing that QM was entirely their duty and as a result they did not involve their staff. This may have occurred as a result of having a lack of time, lack of understanding of the QM process, or even a fear of receiving negative feedback.

Considerations for the Evaluation

It should be noted that the current evaluation was conducted within the first year of QM across Nova Scotia (2019-20). Further, QM occurred within an overarching climate of change across the child care sector that including, the Pre-primary program, Nova Scotia Early Learning Curriculum Framework, Pyramid Model, and Inclusion Support Grant. COVID-19 also introduced restrictions that impacted data collection during the evaluation three of the six case studies being conducted remotely via telephone interviews. As a result, additional data sources (such as photographs or site visits) were unable to be collected for the final three case studies.

Evaluation Feedback and Suggestions for Action

The following figure depicts the feedback from the evaluation that includes potential areas of future action to enhance the QM process. DEECD is working on a plan to address these areas of action to enhance the QM process.



Glossary

Coffee and Conversations: A series of sessions implemented as a way for consultants to disseminate information coming from the DEECD to many centres at once.

Continuous Quality Improvement: A Guide for Licensed Child Care Centres When QM was initially rolled out, centres' first introduction was the Guide for Licensed Child Care Centres (QM Guide). This book provided the foundation for the program and contained all the information required to complete the program quality aspect of QM. The QM Guide included a step-by-step review of the process of self-reflection and goal development, as well as an explanation of what continuous quality improvement means. This resource was to be used by centres to guide them through the completion of their QIP.

Director/Owner/Operator (DOO): QM was disseminated to centres almost exclusively through the centre DOO. Leadership capacity is considered to be the individual skills and knowledge that the DOOs brought to the QM process

Inclusion Support Grant (ISG): The provincial ISG is a grant that may be awarded to centres to help fund inclusion support staff.

Nova Scotia Early Learning Curriculum Framework: Implemented at a very similar time to QM, the Nova Scotia Early Learning Curriculum Framework (Curriculum Framework), is a framework to be used by centres to guide practices.

Pre-primary Program: In 2017 the Nova Scotia government introduced a new publicly funded, early learning program for children in the year before school entry (children aged four), to ease the transition from child care to primary education, and contribute to children's readiness for school.

Pyramid Model: The Pyramid Model is a program currently being piloted across eight centres within Nova Scotia. This model is an intervention used to promote Social-Emotional Learning within early learning centres and is disseminated using a coaching model.

Quality Improvement Plan (QIP): Completing a QIP involved compiling the feedback on the SASs and prioritizing one area of improvement, developing a SMART goal and creating a strategy chart that broke the goal into stages. Each centre was to complete one QIP, to a maximum of two.

Self-Assessment Summary (SAS): The SAS process involved centres collecting feedback from parents, families, staff and any other stakeholders they wanted to include, to inform their strengths and areas of improvement. Centres were meant to reflect on the data they collected and complete four SASs, one for each QM element. Each SAS was then meant to inform the development of a QIP.

SMART Goals: With there QIP, each centre was required to develop SMART Goals. Goals were to be Specific, Measurable, Assignable, Realistic, and Time-oriented.

Appendix A

Case Study Centre Characteristics

Site	Region	Capacity	Operations	Participant(s)	Goal Focus
1	Northern	Medium	Commercial	Director	<ol style="list-style-type: none"> 1. Learning Environments (Mentorship) 2. Relationships (Communication)
2	Central	Large	Commercial	Director and Regional Manager	Staffing/Relationships (Staff Morale)
3	Central	Small	Commercial	Owner	<ol style="list-style-type: none"> 1. Leadership/Staffing (Documentation) 2. Learning environments/ Relationships (Networking)
4	Western	Large	Non-profit	Director	Learning Environment (Playground)
5	Central	Medium	Commercial	Director	Relationships (Communication)
6	Central	Small	Commercial	Director	Learning Environment (Loose Parts)