Early Childhood Collaborative Research Centre

eccrc

Mount Saint Vincent University

QUALITY MATTERS

Final Report

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Table of Contents

List of Figures....2

List of Acronyms....3

Background/Introduction....4

Purpose of the Report....6

Section One: Phases of Data Collection....7

Section Two: Findings....10

How have the Quality Matters resources influenced the Self-Assessment Summary documents and Quality Improvement Plans?....10

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?....25

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?....31

Section Three: Considerations and Suggestions for Action....39

Appendices

Appendix A: Self-Assessment Summary Document....44

Appendix B: Quality Improvement Plan....45

Appendix C: Results from the Document Review....46

Appendix D: Content Analysis Methods....47

Appendix E: Exemplar QIPs....51

Appendix F: Sector Survey Questions....53

Appendix G: Consultant Interview Guide....54

Appendix H: Case Study Recruitment Procedures and Centre Characteristics....55

Appendix I: DOO Interview Guide....56

Appendix J: Quality Matters Logic Model....57

List of Figures

Figure 1. Data collection....6

Figure 2. Case study centre characteristics....9

Figure 3. Perceptions of QM's role in improving programs....11

Figure 4. Congruence between researcher- and centre-identified QM elements of goal content....13

Figure 5. Percent of SMART criteria met by stated centre goals....14

Figure 6. Centre efficacy scores....16

Figure 7. Sector Survey rated helpfulness of QM resources....17

Figure 8. Agreeance with "I found the QM documents to be easily understood"....20

Figure 9. Case study perceptions of Continuous Quality Improvement....26

Figure 10. Awareness and involvement in the QM process from Sector Survey respondents....27

Figure 11. Ways that QM documents were used by centres....27

Figure 12. Perceived impacts of the QM process on quality....28

Figure 13. Pathways of communication perceived to be influenced by the QM process....31

Figure 14. *QM Guide* CQI process....41

List of Acronyms

CQI – Continuous Quality Improvement

DEECD – Department of Education and Early Childhood Development

DOO – Director/Owner/Operator

ECCRC – Early Childhood Collaborative Research Centre

ECE(s) – Early Childhood Educator(s)

ECERS – Early Childhood Environment Rating Scale

ISG – Inclusion Support Grant

QIP(s) – Quality Improvement Plan(s)

QM – Quality Matters

SAS(s) – Self-Assessment Summar(ies)

SMART – Specific, Measurable, Assignable, Realistic, Time-Oriented

Background/Introduction

As part of 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). QM is an initiative that is used to improve and assess quality in licensed child care centres in Nova Scotia. Moving forward, the DEECD will ensure that eligibility for provincial funding for licensed child care centres is directly linked to quality improvement and participation in QM. QM evaluates a centre's success in meeting specific goals with respect to the following components:

- *Compliance* with provisions of Nova Scotia's Day Care Act, Day Care Regulations, policies, and standards.
- *Accountability* for provincial funding, including compliance with the terms and conditions of the Funding Agreement.
- *Program Quality* in the four Quality Matters Elements:
    1. Leadership: professional, pedagogical, and administrative;
    2. Staffing: qualifications, professional development, human resources, and compensation;
    3. Learning Environments: high quality and inclusive; and
    4. Relationships: interactions and partnerships with children, parents and families, staff, other professionals, and the community

To assess QM, an evaluation was conducted in collaboration by the Early Childhood Collaborative Research Centre (ECCRC) at Mount Saint Vincent University, with research funding from the Margaret and Wallace McCain Family Foundation (*Building policy-relevant early childhood research in Nova Scotia*). The evaluation addresses the "*Program Quality*" component of QM. This component is based on international evidence regarding the importance of quality in early childhood education and care. 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. CQI involves licensees, centre directors, early childhood educators, families, and other key stakeholders, as appropriate. With CQI in mind, the "*Program Quality*" component involved centres completing Self-Assessment Summaries (SASs) (one for each of the four QM elements) to help the process of reflection and engagement, and Quality Improvement Plans (QIPs) to guide the improvement of quality over time. An example of these documents can be found in Appendix A (SAS), and Appendix B (QIP) of this report. Each phase of the evaluation has been designed to inform the following three research questions:

1. How have the Quality Matters **resources** (tools, resources, professional development) 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?

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?

This evaluation is designed to understand QM as a process, not to uncover whether quality has improved across centres. Answering the above-mentioned research questions will inform the design, application and implementation of QM as a means toward CQI across Nova Scotia.

Purpose of the Report

The purpose of the following report is to illustrate the findings from the process and outcome evaluation of QM. This report describes what information has been gathered throughout the evaluation, discusses the findings and implications moving forward.

The table below provides an overview of the timeline for this evaluation including the phases of data collection, who participated, and when each phase was carried out.

Figure 1. Data collection

Data Collection Method	Participants	Time Collected
Document Review	Child care centres	May-June 2019
Content Analysis	Child care centres	September-November 2019
Sector Survey	Child care centres	September-December 2019
Consultant Interviews	DEECD Consultants	December 2019-January 2020
Case Studies	Director/Owner/Operators ECEs	January-April 2020

This report is divided into three sections. Section One provides a brief overview of the phases of data collection listed above including methodology and design. Section Two compiles the findings from all phases of the evaluation and organizes them by the three research questions. To conclude, Section Three highlights some considerations of this evaluation and suggestions moving forward.

Section One: Phases of Data Collection

Document Review

The purpose of this phase was to provide a foundational understanding of SAS and QIP development from participating centres across Nova Scotia.

As part of the implementation of QM in 2018, centres completed four SASs and a minimum of one QIP (to a maximum of two). The SAS process involved centres collecting feedback from parents, families, staff and any other stakeholders they wanted to include (such as inclusion support staff or child development specialists), to inform their strengths and areas of improvement. Centres were meant to reflect on the data they collected and complete one SAS for each QM element (leadership, staffing, learning environments, relationships). Each SAS was then meant to inform the development of a QIP. Centres reflected on their findings and developed one to two SMART goals. These SMART goals were then broken down into strategies with timelines and deliverables to help centres follow a plan to attain their goal.

ECCRC received these documents in May 2019 and conducted a preliminary document review. For this analysis, ECCRC received 1228 SASs and 336 QIPs from 308 centres across Nova Scotia. Numerical accounts of who participated in SAS development were created and goals were inductively coded for common themes within the QM elements. The results of this analysis were presented in June 2019 to the DEECD and included in the December 2019 QM Interim Report. As this was a preliminary review, results informed the next phases of data collection. Results from this phase can be found in Appendix C of this report.

Content Analysis

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

- → The congruence between researcher-identified QM elements and those listed by the centre(s). This highlighted centres' understanding of the four QM elements as defined by the QM resources.
- → The alignment, or lack of, between goals listed on the QIP and 'Areas of Improvement' on the SAS. This indicated the degree to which the SASs informed goal development, and how the SASs were used as a tool for self-reflection.
- → To what extent centres demonstrated an understanding of SMART goal development, evidenced by their stated goals and strategy charts. This measured the centres' ability to word a SMART goal, as well as their ability to complete the QIP chart.

Additionally, using the above data, centres were given an overall efficacy score. This score provided a broad picture of how well centres adhered to the QM process overall. A more thorough description of methods and supplementary diagrams from the Content Analysis can be found in Appendix D and E of this report.

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 described in Section Two of this report refer strictly to QM relevant data.

The Sector Survey went live on November 19th, 2019 and closed on December 10th, 2019. By this date, there were 367 respondents from regulated child care centres across Nova Scotia.

For questions that indicate a 4-point Likert scale, participants had options to indicate agreement or an opt-out response if uncertain about the question:

A complete list of the QM relevant survey questions can be found in Appendix F of this document.

Consultant Interviews

Within the DEECD, there are ten early childhood development consultants. Regulated child care centres across Nova Scotia are divided four into regional districts, (Eastern, Northern, Western and Central) and each region is supported by one to five consultants (dependent on the volume of centres in a region). Each consultant has a caseload between 23 and 40 centres across Nova Scotia that they support on several departmental initiatives. Consultants held a crucial role in the delivery of QM and gained a unique perspective as they supported each of their centres through the process. For this reason, ECCRC conducted telephone interviews with each DEECD consultant to gain a better understanding of how centres experienced QM both across and within regions. Specifically, the consultant interviews were guided by the following three research questions:

1. How do consultants perceive the QM process as a means toward quality improvement?
2. How do consultants perceive the value of the QM process specific to their assigned centre(s)?
3. How do consultants perceive centre buy-in and capacity to implement QM?

Consultant interviews were conducted via telephone from December 2019 to January 2020. Each interview lasted between 35 to 75 minutes and used the interview guide found in Appendix G. Researchers used prompts and asked open-ended questions, as each consultant's caseload was unique and may have experienced a variety of different challenges and successes. The interviews were audio-recorded, transcribed verbatim and then de-identified. These de-identified transcripts were then inductively coded by separate researchers to ensure interrater reliability, looking for common themes using a qualitative analysis software called NVivo.

Centre Case Studies

To provide an in-depth understanding of centre experiences of the QM process, the final phase of this evaluation used a case study approach to explore the perceptions of centres. Case studies were guided by the following three research questions:

1. How do centres perceive program quality and continuous quality improvement?
1. How do centres perceive the QM process as means toward quality improvement?
3. How did centres respond and implement actions towards their goals?

A detailed explanation of the case study process, including recruitment procedures can be found in Appendix H. Case study Sites 1-3 listed in Figure 2, were conducted from January to March 2020.

Figure 2. Case study centre characteristics

Site	Region	Capacity	Operations	Participant(s)	Goal Focus
1	Northern	Medium	Commercial	Director	1. Learning Environments (Mentorship) 2. Relationships (Communication)
2	Central	Large	Commercial	Director and Regional Manager	Staffing/Relationships (Staff Morale)
3	Central	Small	Commercial	Owner	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)

After a state of emergency was declared as a result of COVID-19 and social distancing procedures were implemented across the province, three additional sites were recruited via e-mail, and telephone interviews with the DOO were conducted remotely. Telephone interview case studies, Sites 4-6 are listed in Figure 2. An example of the interview guide used for DOO's can be found in Appendix I. Interviews from each site were transcribed and coded for emergent themes using a similar process to the consultant interviews described above. Photos and observational notes were also used to provide context to each centre's unique experience with the QM process.

As demonstrated in Figure 2, 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.

The data collection methods described for consultant interviews and case studies received Research Ethics Board approval from Mount Saint Vincent University on November 25, 2019. Case study recruitment and data collection occurred from January 2020 to May 2020, and included six case studies in total.

Section Two: Findings

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

Centres used many different resources to complete the QM process of SAS and QIP development. Multiple forms of data collection have provided a holistic understanding of how centres negotiated this process, and which of these resources were most influential. The Content Analysis conducted from September to November provided a basic understanding of how centres completed the forms and whether they were able to accomplish this to the specifications of the QM documents. Though there were limitations to this phase of data collection, centres completed the forms with varying levels of success. Some of the initial observations were supported during both consultant interviews and centre case studies. Listed below are the most prominent themes from multiple phases of the evaluation. The SAS and QIP as tools will be discussed first, followed by QM supportive resources.

Self-Assessment Summary

As the start of the QM process, the SAS was designed to encourage self-reflection – both at the centre level, but also at the individual level. Completing the four SASs for each centre involved collecting feedback from a variety of sources and compiling that feedback to reflect on their success in each of the four QM elements. Therefore, successful completion of this task required an understanding of the QM process, knowledge of data collection methods (such as conducting parent surveys, self-reflection, completing an ECERS), and successful analysis and translation of that data onto the SAS templates. Researchers collected the majority of evaluative data on the SAS as a tool through consultant interviews and case studies.

> Interviewer: *Did you find that the self-assessment summary documents were effective tools for self-reflection?*
>
> Director: *Yes, very much.*
>
> Interviewer: *In what ways?*
>
> Director: *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*

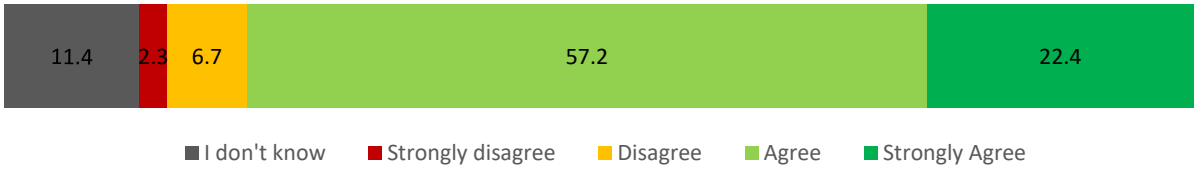
SASs were viewed as a positive means for encouraging reflection and discussion at both a centre and individual level

All interviews included the question "Do you feel that the SAS was an effective tool for self-reflection?". For most centres participating in the case studies, the sentiment was positive, though some mentioned that self-reflection was already a practice that they engaged in on a regular basis. Overall, the SAS received positive praise in that it promoted reflection not only at the beginning of the QM

process but also encouraged ongoing reflection after it was completed. Consultants commended the SAS in its strength-based design, prompting centres to first consider what they were doing well before further considering where they may improve their programs. This reflective process was captured by the Sector Survey when participants were asked to rate their level of agreeance with the following statements:

Figure 3. Perceptions of QM's role in improving programs

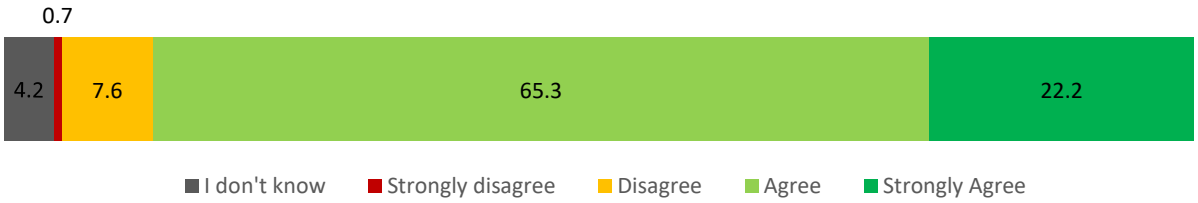
"The QM process has helped my centre to think about ways to improve."



Data is shown as a percent of the sample size: 299

For participants that identified as having an administrative role:

"Completing the QM documents allowed my early childhood program to think about things happening and ways to improve"



Data is shown as a percent of the sample size: 144

As mentioned by consultants, the SAS encouraged thoughtful discussion on what centres are doing well, while also providing a platform for transparency and feedback that may have been previously missing for many centres. In order to complete the SAS, centres were encouraged to seek the perspectives of parents and guardians, support workers, community partners, staff and even the children they serve, to provide a holistic understanding of the programs they offer. The SAS was thought to be the foundation for many DOOs to open the doors of communication or to at least become aware of breakdowns in their communication pathways.

Low response rate and inexperience with data collection in centres presented challenges to informing the SAS

Challenges with the SAS process often occurred when centres tried to collect feedback from the above-mentioned parties. The majority of centres collected data in the form of surveys. Creating, disseminating and compiling these surveys seemed to be challenging as it was often a new skill that required time on behalf of a centre's DOO or designated staff to learn how to design and deliver.

Centres mentioned, particularly Site 1, it was learning how to use survey software that caused the greatest struggle in the SAS process. Mentioned by both consultants and case study sites, collecting responses from busy parents, determining the best platform to receive a high response rate and discerning which questions to ask, was an entire learning curve on its own that took time and in some cases, several attempts.

> *"We didn't have a lot of responses back […]. We probably had half respond and found it harder to create goals from the responses in that program because they just [said], "Things are going well, no comment."*
>
> *-Case study interview*

For Site 4, a large non-profit centre, struggles receiving feedback on surveys due to low response rate was an eye-opener that led to the implementation of new communication strategies unrelated to their goal. This centre turned to a documentation app called Hi Mama, that allowed them to not only collect their data for QM, but also continued to encourage communication and parent buy-in after the surveys were completed.

> *"We weren't getting the response from the survey but it also just gave us a bigger picture of 'Okay **we are** disconnected'. […] Quality is that communication piece with the parent and that connection, and it wasn't there because some of the parents, even just trying to talk to them about the survey [they said] 'I don't have time'; they're in and out of the building. So, [I asked], 'How do we do this?' and it just fell on my lap about this Hi Mama thing and I started looking into it and I'm like 'Oh, I think this is our solution'."*
>
> *-Case study interview*

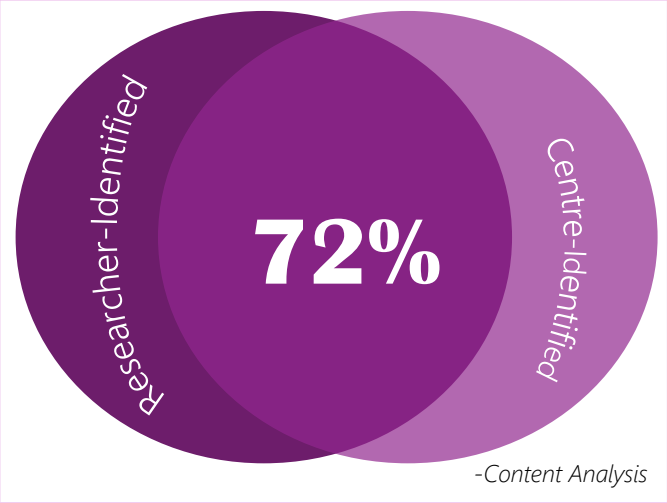
Overall, centres and consultants alike found the SAS useful in encouraging self-reflection and promoting communication, though challenging at times. As one director aptly put it, *"I do enjoy feedback, I just hate that it's hard to get it."* Difficulties with the SAS process encouraged centres to consider the demographics of the families they serve, as well as to reach out to their consultants and other centre directors. Additional resources described in this section supported centres through the data collection process and contributed to well informed and thoughtful goal development.

Quality Improvement Plan

The QIP had several components that were challenging for centres throughout the QM process, however, it also received highly positive feedback once centres understood the process and expectations of goal development. 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. To successfully complete this task, centres required knowledge of

the four QM elements, skill in development and wording of a SMART goal and the ability to break down and delegate that goal into manageable, timely strategies.

Figure 4. Congruence between researcher- and centre-identified QM elements of goal content



Most centres understood which QM elements applied to their goal

To measure centres' understanding of the four QM elements, ECCRC measured the congruence between researcher-identified QM elements and those listed by the centre on their QIP(s) (a thorough description of how this was conducted can be found in Appendix D). As shown in the Venn diagram in Figure 4, centres identified common elements with researchers 72% of the time. This indicates that centres had a fairly good understanding of the four QM elements as they pertained to their described goal.

Specific
Measurable
Assignable
Realistic
Time-Oriented

When centres were asked to identify which QM element they were focusing on, there were five centres that listed "communication", and 17 that listed another non-QM element (such as team building). Communication is not a QM element on its own, though it plays a large role in the Relationships element. It is unclear where the confusion arose regarding this particular term, as communication was also mentioned as a QM element by two consultants during their telephone interviews. There also appeared to be confusion regarding the Staffing element, as centres most often listed it if their goal mentioned their staff (such as morale, or communication between staff members). Unfortunately, in this case researchers would mark non-congruence because the Staffing element only referred to administrative aspects of staffing such as wage structure, human resources, professional development and compensation. One consultant mentioned that it was simply the term "element" that was foreign to centres which lead to confusion during this process.

Explicit wording of SMART goals was the most challenging aspect of the QM process

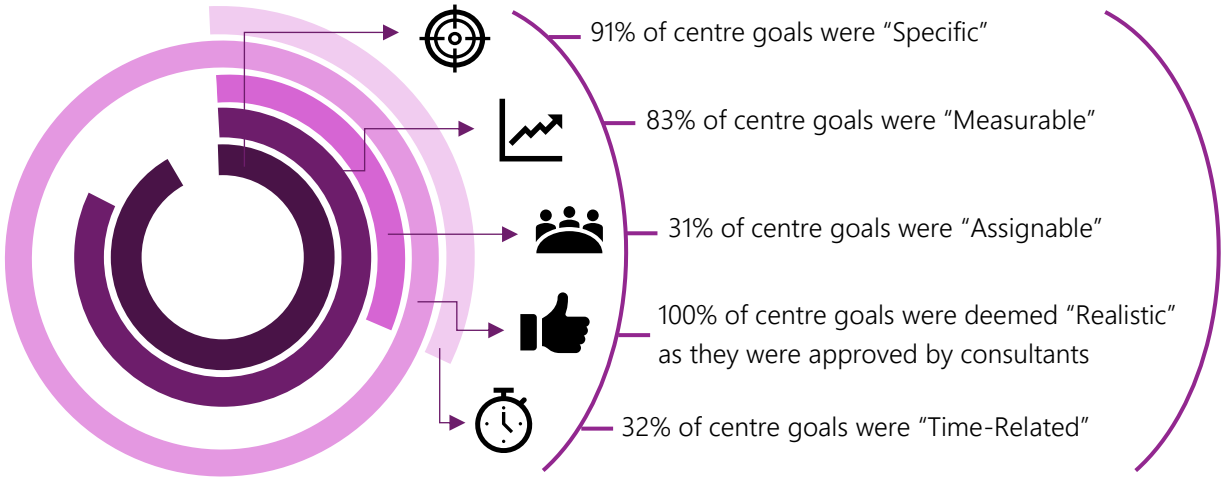
Skill in SMART goal development was also measured during the Content Analysis phase. Researchers individually assessed every goal for each of the five SMART components: Specific, Measurable, Assignable, Realistic and Time-Oriented (a thorough description of how this was conducted can be found in Appendix D, with exemplars in Appendix E). As mentioned, the QIP involved some challenging components which is highlighted in the results of the SMART analysis; only 10% of goals met all five SMART criteria. The ongoing difficulty with SMART goal development was later supported by both consultants and case study interviewees. It was not that centres were picking poor goals, it was that *wording* all five components into a sentence was not an easy task.

To provide additional context as to why this may have been challenging, the process involved with the provincial ISG also included SMART goal development. Some consultants recalled this as being challenging in the past, and that the expectations of the SMART goal for the ISG were different than that of QM. The timing of multiple initiatives also seemed to add confusion for directors as they tried to make sense of a lot of information all at once.

> *"...I think that's where my biggest confusion came from, I was feeling like the ISG was Quality Matters. I was feeling that they were the same because everything came at once. [...] If it had come at a point in time now, then it would've been a lot easier to digest."*
>
> *-Case study interview*

After consulting *Continuous Quality Improvement: A Guide for Licensed Child Care Centres (QM Guide),* a resource to be used by centres on how to complete the QIP, it should be noted that example SMART goals provided in this book did not meet all five SMART criteria when assessed by researchers. Evidently, there may have been many factors that contributed to the results from the assessment of SMART goals. Figure 5 below identifies the specific breakdown of how often each criterion was met.

Figure 5. Percent of SMART criteria met by stated centre goals



-Content Analysis

The resulting analysis demonstrated that only 10% of *stated* goals met all five SMART criteria. Again, it was heavily supported by both consultants and case study participants that creating SMART goals was one of the most challenging aspects of the QM process.

The chart provided on the QIP was a successful tool in helping centres consider all five SMART criteria

The QIP also included a chart to assist in the breakdown of each goal into strategies and help centres identify timelines. A copy of this chart can be found in Appendix B, and sample chart can be found in Appendix E. Researchers assessed these charts during the Content Analysis similarly to the assessment of stated goals to determine if the charts met all five SMART criteria. As can be seen below, using the chart was an extremely helpful tool for encouraging centres to consider all five SMART components, as the number of centres meeting all criteria jumped from 10% to 60%.

Similar to the SAS templates, the QIP also had specific areas that appeared confusing for centres as researchers carried out the Content Analysis. In particular, centres often had trouble discerning between "4. Success Indicators" and "5. What is your evidence of success?". Though there were examples provided in the *QM Guide* that offered steps to distinguish between these two categories, centres tended to either place evidence in the indicator column or did not provide tangible evidence of their success (e.g., some centres listed "families are happier", or "held meetings"). Other centres would list "3. Strategies" under "4. Success Indicators" or vice versa, both common mix-ups found during the Content Analysis. These challenges were further supported during consultant interviews:

"Those terms—I'll be perfectly honest here—I find them confusing and I struggled with making that message clear for the folks I was speaking with and supporting, so that chart just was not helpful."

"There were some that really [struggled], and I found that it was the ones who didn't—weren't able to participate in the coffee and conversations. Those were the ones that I did have to spend more time on trying to work through."

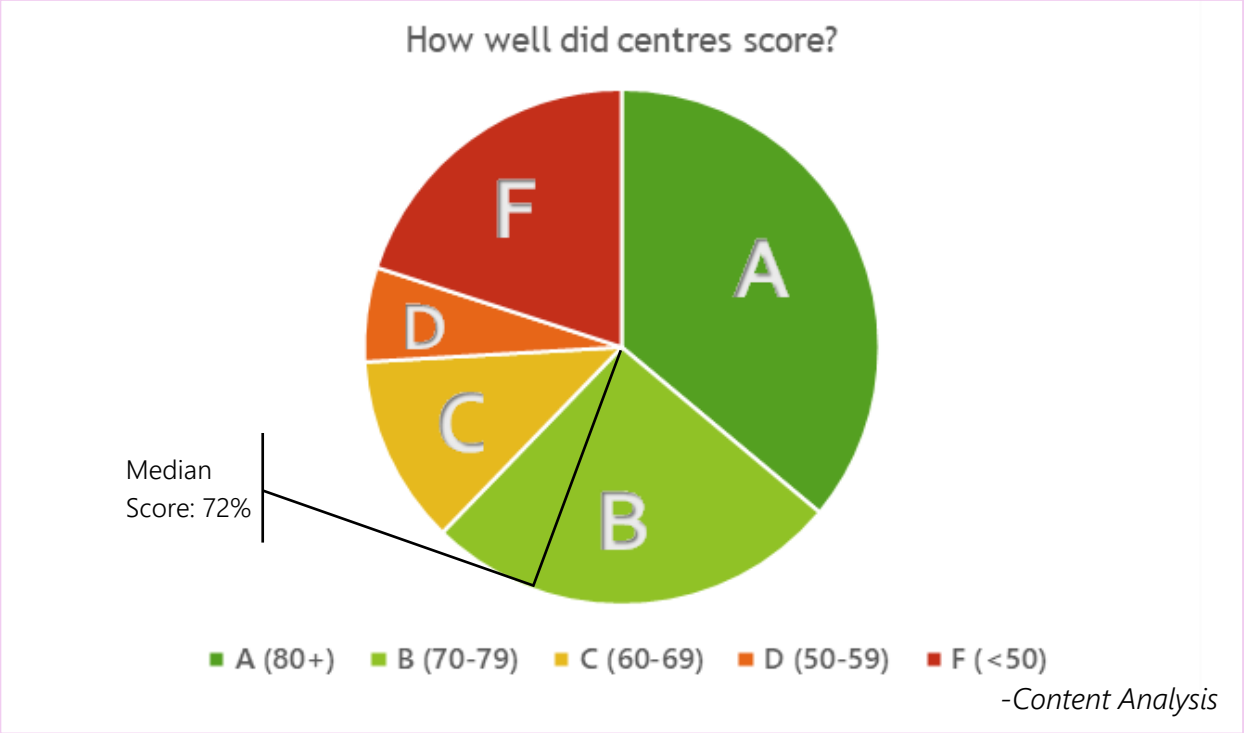
-Consultant interviews

Indeed, there appeared to be confusion regarding where to place items within the chart, as well as how much detail was required. It should be noted that researchers assessed the charts as a whole for SMART criteria. Therefore, though there may have been confusion about where to place information in the chart, centres were not given a worse score for completing the chart incorrectly. If the chart as a whole contained all five SMART criteria, centres were marked as having met all five. When consultants were asked to reflect on the chart specifically, one mentioned that it was a challenge even for them to fully understand and therefore a challenge to support others with, and another found that centres only struggled when they were unable to access additional resources.

Despite challenges with wording SMART goals, most centres were able to complete the QIP with relative success

Though centres and consultants alike had their difficulties with SAS and QIP development, a broad snapshot indicates that centres fared well with the process as a whole. The graph below provides a very general picture of the level of success centres had in completing the SAS and QIP to the specifications of the QM documents. Centres were graded with an overall efficacy score that represents the degree to which they met the expectations of the QM documents (a detailed explanation of how this was done can be found in Appendix D). Centres were given a percentage, which is depicted by a letter grade below.

Figure 6. Centre efficacy scores



-Content Analysis

With a median efficacy score of 72%, the majority of centres completed the SAS and QIP with relative success. In addition, it is important to note that the data reviewed may have been from the first drafts of some of the SASs and QIPs. Consultant interviews revealed that many centres submitted their SASs and QIPs for review several times. It is unclear which versions were assessed during the Content Analysis. After using feedback and support from various resources, it is possible that the centres' final scores may have been much higher. However, we are unable to confirm this as it was beyond the scope of this evaluation to review all drafts of the documents.

These findings and feedback regarding the SASs and QIPs as tools give researchers and readers an understanding of how intricate the QM process was for centres in its first year. Evidently, there were many unique factors that contributed to how a centre experienced these documents. The following

section will explore some of the resources that supported the process of completing the above-mentioned SAS and QIP documents.

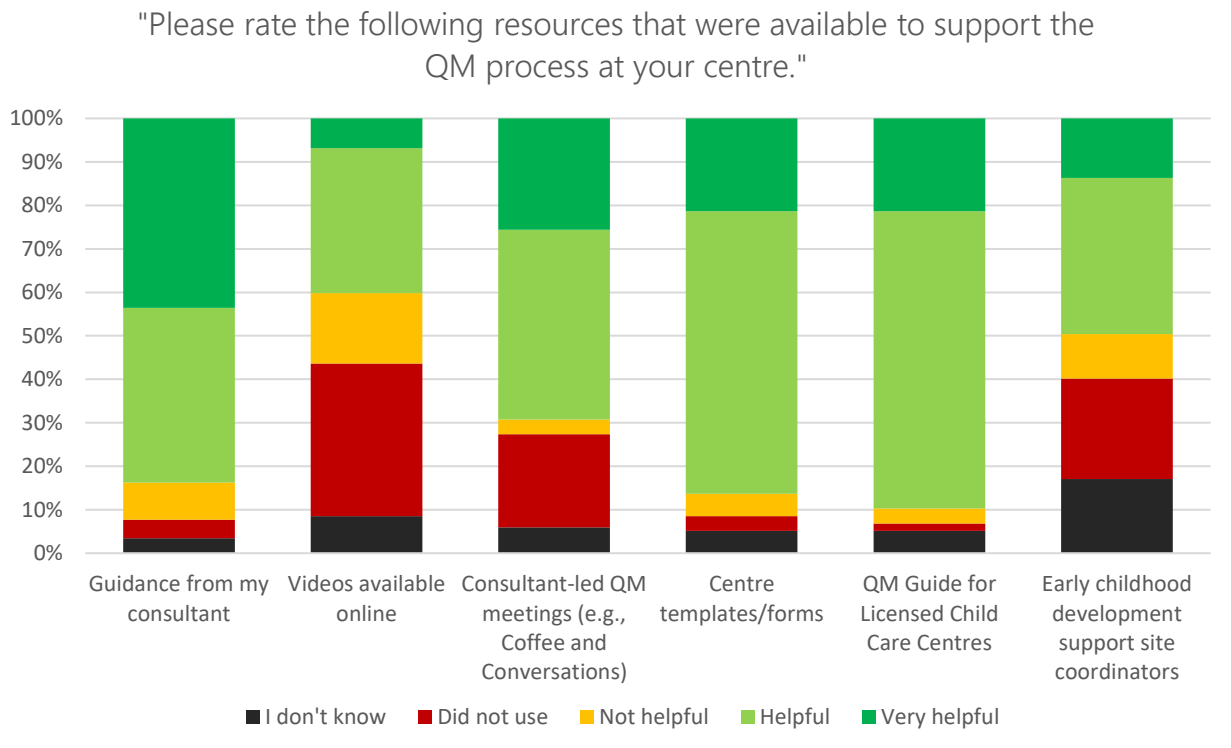
Resources that Influenced SASs and QIPs

Apart from the SAS and QIP as tools, centres were provided with additional resources to support SAS and QIP development. Some of these resources included consultants, supplementary videos and documentation, and professional development. Below are the most prominent themes from case studies, consultant interviews and the Sector Survey regarding each of these supports.

Regional consultants were viewed as the most influential resource in the QM process

Overwhelmingly, the most influential resource for centres was their regional consultant. This could be seen in feedback provided on some of the SAS and QIP documents during the Content Analysis, as well as during the consultant interviews and case studies. The value placed on consultants is sharply depicted in the graph below (Figure 7) compiling data collected from the Sector Survey. When asked to rate the resources that supported the QM process, *Guidance from my consultant* was rated as the most helpful (44% of respondents rated very helpful) as compared to the second highest-rated resource *Consultant-led Quality Matters meetings* which notably, still involved consultant assistance (26% of respondents rated very helpful).

Figure 7. Sector Survey rated helpfulness of QM resources



"I don't think it could happen without the 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 [Quality Matters] without a consultant…"

-Case study interview

Providing guidance, feedback and clarification to centres was essential to the completion and success of QM. Not only were consultants a valuable asset, but the QM process also provided a platform for consultants to feel valued in their role and foster strong and trusting relationships with centres. As one new consultant mentioned, Quality Matters gave her a "reason to start building relationships" with her centres. Confirmed by other consultants, QM provided a positive purpose for consultants to work with centres and allowed them a focus or intention to meeting with DOOs.

One of the challenges faced by consultants was their own level of understanding of the QM documents. As a resource, consultants were only able to provide valuable guidance and feedback if they felt proficient with the QM process themselves. The consultants reflected mixed feelings about whether they had received adequate training prior to the implementation of QM, though all were cited as feeling supported by their fellow team members. The QM documents that will be discussed later were the starting point for all consultants to become acquainted with the QM process, after which they relied on support from their supervisors and from each other.

Consultant involvement was related to a number of factors including both consultant characteristics and centre characteristics

It is clear from consultant interviews that although their supervisors were always responsive and accessible, they did not always offer the clarity consultants were looking for. Consultants found that they were regularly reaching out to one another to ensure that their expectations and interpretations of the QM documents aligned with their team members'. One of the prominent themes that arose during consultant interviews was the matter of 'subjectivity'. There were several aspects of the QM documentation that allowed for a

Consultant Role Value

"This has been the best process so far in my eyes, for a structure on how to work with and support centres. It's given us a framework, like a tool to support centres through change and positive change and meet them right where they are. It's been an amazing tool in fact, the centres that I work with that are not in receipt of funding and are not participating in Quality Matters, I'm still struggling with ways to support them in a way that is helpful to them. I've encouraged them to go through the Quality Matters process anyway and they're open to it, but I can't hold them to it."

• • •

"I can really tend to each director individually because they are so individual. It's not a blanket, "How's Quality Matters?". It's really digging in to know what their strengths and weaknesses are. Yeah so Quality Matters [is a] super tool as a consultant."

-Consultant interviews

certain level of individual interpretation. Just as each centre is unique, so are the consultants that support them. Consultants discussed their differing levels of involvement (i.e. how "hands-on" they were), based on their expectations of how the QM process was meant to be carried out, but also as they adjusted to meet the needs of each of their centres (i.e. some centres were more self-directed than others). There were several factors that may have affected the SAS and QM documents:

→ Centre goals were meant to be chosen entirely by the centres, as informed by their SAS and data collection. Due to some centres' **inexperience with goal setting**, first drafts of the QIP may have involved a goal that was too vague or unrealistic for the timeline of QM. Consultants mentioned supporting centres to create realistic goals.

→ Similarly, some consultants found it difficult not to **prompt centres** to set goals in a certain element. If a consultant observed that a centre was missing foundational policies, some consultants would nudge centres toward creating those policies, whereas other consultants would hold to the idea that goals were meant to be set by the centres alone.

→ As mentioned previously, some consultants had experienced SMART goals with the **provincial ISG program**. They recalled their history with SMART goals as being time-consuming, with a lot of back-and-forth with centres. This process had been somewhat stressful, and some consultants set a limit to the number of times they would provide feedback for QM goals, as to not repeat history.

→ Many consultants mentioned that they adjusted their expectations of a centre depending on their knowledge of that centre's **capabilities**. For example, a centre that experienced high staff turnover and was struggling to meet licensing requirements may not have completed their QIP with significant detail, however, their consultant was aware of this and determined that this was the best they could manage during that time. Alternatively, a high functioning centre may have chosen an easily implemented goal, however, their consultant knew they were capable of a more challenging goal, so the centre was asked to revisit their choice.

→ Centres identified **face-to-face conversations** with their consultant as an integral component of navigating the QM process. For consultants of rural regions, this provided an extra challenge as they were unable to visit their caseload with the same frequency as consultants located within the central region.

→ Similarly, **Coffee and Conversations** (will be described in further detail below) proved more challenging to schedule, host and have turnout for in rural regions of Nova Scotia, providing an additional barrier to centre DOOs and staff to access resources regarding the QM process.

During the course of the QM evaluation, there were additional resources dispersed by consultants as well as centre directors to supplement their understanding of how to complete the SAS and QIP documents. These tools included additional information on timelines and SMART goal development. As evidenced by the data in the previous section on QIPs, these tasks made up the more challenging aspects of QM for centre DOOs. Therefore, having supplementary material on how to complete the QIP was deemed very helpful. Consultants appeared to be a main source for these additional resources, again supporting the substantial role consultants played in the development of QM documents.

"I think the roll out of Quality Matters was confusing for the child care sector at the beginning, but our consultant was so supportive during the process. She held face-to-face sessions with directors, she came to our centres and was always available for consultations. Throughout the process she sent us information and resources so we could be successful."

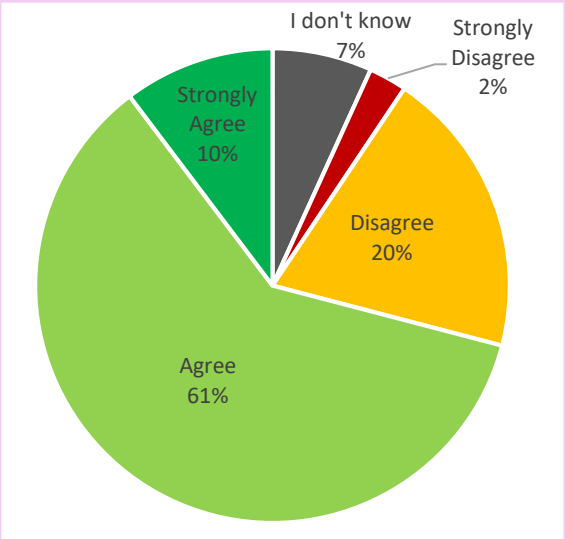
-Case study interview

*Centres and consultants found **Continuous Quality Improvement: A Guide for Licensed Child Care Centres** was helpful, though not a stand-alone tool*

When Quality Matters 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. An online version of this document can be found below:

https://www.ednet.ns.ca/earlyyears/documents/quality_matters_continuous_quality_improvement_en.pdf

Figure 8. Agreeance with "I found the QM documents to be easily understood"



Data is shown as a percent of the sample size: 117

The *QM Guide* received diverse reviews, some indicating that it was overwhelming, that the language was "inconsistent with the language of ECEs", and that it was not organized in a user-friendly manner. Four of 10 consultants used the term "cumbersome" in their interviews when referencing the *QM Guide*.

Though this feedback might seem harsh, it should be noted that the *QM Guide* was rated as either helpful or very helpful by 89% of respondents in the Sector Survey. In addition, 61% agreed that the QM documents were easily understood as shown in Figure 8. It was integral that centres receive all the information necessary to complete all aspects of QM so that they may receive their funding, which made

the booklet somewhat bulky.

Case study participants and consultants alike commented that the booklet was useful as an introductory tool and as a resource that they could reference periodically throughout the process, but that consultant guidance was a necessary supplement. It was mentioned that the *QM Guide* was not a stand-alone tool for those who had alternate learning styles or for those whom reading and writing was not a strength. Some centre DOO's noted that although the document was made available to their staff, it was unlikely that many of them read it considering that DOO's themselves have been cited as lacking enough time for QM. One consultant hypothesized that it may also have been a struggle for staff to get a hold of, considering that each centre was only provided with one *QM Guide*.

> *"I think that the document is amazing and I think that the intention is phenomenal and I think that it's definitely supported growth in all centres across the province but I think that it could be an easier document to work with."*
>
> *-Consultant interview*

> *"They wanted a copy for every educator and I agree with them. I think that we could have provided them with more than one copy per centre. If you have one copy it's often in the director's office or it might be in her bag […] I don't know if they all needed their own copy, but there should have been more than one per centre."*
>
> *-Consultant interview*

The above quote taken from a consultant interview was supported by a case study participant who admitted that the *QM Guide* was in her bag at home. Though this may appear to be a very minor barrier, having access to the *QM Guide* may be the difference between a staff member learning about the QM process and not.

Centre Templates for Self-Assessment, Quality Improvement Plans and On-site Consultation *offered useful example questions for self-reflection*

Along with the *QM Guide*, centres were provided with supplementary documentation that included the SAS and QIP within a larger toolkit. This document titled *Centre Templates for Self-Assessment, Quality Improvement Plans and On-site Consultation (Centre Templates)* gave in-depth breakdowns of each step of the QM process, including a rationale for each element, example questions for self-reflection, the SAS documents, the QIP, and on-site agreement forms to be used with consultants. A copy of this document can be found online here:

https://www.ednet.ns.ca/earlyyears/documents/quality_matters_centre_templates_en.pdf

Perspectives regarding the *Centre Templates* were often targeted at the SAS and QIP documents themselves. Findings specific to these tools have previously been discussed in detail. Beyond the SAS and QIP, case study participants highlighted the example questions provided for the SAS of each of the four elements to be useful tools to either use in their surveys or personal self-reflection. For the

DOO of Site 3, a small commercial centre in the central region, the example questions were used as a stand-alone form of data collection. They went through each question individually, took notes of their responses and looked for common themes within each element, not unlike how researchers of the current evaluation coded their interview. These questions were also used by centres as starting points for reflection in each element. Case study sites did not mention specifically using the questions in their surveys, however, it was mentioned by consultants.

> *"The first section should be the [QM Guide] because that is the booklet that tells you everything you need to do. People were starting with the templates and panicked and freaking out […]. They need to do it so that the document reads through; the way it was printed is not conducive for people to not panic because they're reading all of these templates and all of these questions […] with no context as to why."*
>
> *-Consultant interview*

Similar to the feedback provided above regarding the *QM Guide*, some consultants reflected that centres were overwhelmed by the way that the documents arrived. From the interview data, it appears that the package which contained both the *QM Guide* and the *Centre Templates* opened with the templates first. According to some consultants, this put some DOOs into "panic mode" as they didn't understand the context of the templates, rather than being given the *QM Guide* first which explains the process in a much more detailed way.

Online videos were a good introduction to the QM process and an easy way to share information with families

Along with the documents provided by the DEECD, the roll-out of QM also included online supplementary videos. There are five videos: an introduction, one for each of the three QM components (Accountability, Compliance and Program Quality), and a video on CQI. These videos can be found on the DEECD website through the following link:

https://www.ednet.ns.ca/earlyyears/providers/QualityMatters.shtml

The online videos were described as a preliminary tool for consultants to introduce QM to centres or for DOOs to send to staff and parents. For some case study participants, the videos were an excellent bite-sized version of the *QM Guide* that quickly summarized much of the content into a digestible serving. Interestingly, the Sector Survey results indicate that the online videos were the least helpful of the QM tools with the highest responses for Did not use (35%) and Not Helpful (16%) of

> *"I've gotta [say] the videos were a really great introduction to what Quality Matters is and I like that it tied into their accountability and the requirement to participate in the CQI process. So yeah definitely, the videos were an excellent, excellent tool."*
>
> *-Consultant interview*

all resources, though qualitative data from nearly all interviews regarding the videos had a positive sentiment. Seven of 10 consultants commended the videos and recalled that their centres used the videos as a platform to share QM with parents and families. As the Sector Survey respondents were only licensed child care centre employees, it may be that they did not feel the videos were as supportive in their role of actually completing the process. This does not discount that the videos were useful for sharing information with families.

Coffee and Conversations were a way to network and share with other centres, though they were challenging for rural regions

Coffee and Conversations were a series of sessions implemented as a way for consultants to disseminate information coming from the DEECD to many centres at once. Each regional consultant may have approached the Coffee and Conversations slightly differently however, uniformly, Coffee and Conversations were a way for many centre DOOs to meet and receive information. Along with QM, Coffee and Conversations were also used to disseminate information about the Curriculum Framework and other departmental initiatives.

> *"It really works, bringing the community together because they can have those common discussions and that community of practice so I think that's been invaluable. I've used it for many things now, kind of bringing smaller groups together so we can have honest conversations. That's really helped."*
>
> *-Consultant interview*

Overall, feedback from centres was positive regarding Coffee and Conversations. Some DOOs found these sessions were a great way to network and share with other DOOs about different aspects of the QM process. Interestingly, it would appear that much of the value of Coffee and Conversations came from informal conversations with other directors, suggesting the value of networking opportunities for centres. However, this meant that some of the value was dependent on how the other participants that attended chose to use the sessions. Some DOOs viewed these sessions as a way to network, share and collaborate, whereas others used it as a time to vent their frustrations with other DOOs. One case study participant found this to be unproductive, and viewed the Coffee and Conversations as less valuable. Alternatively, as cited from a consultant, providing a space for DOOs to vent was positive as it was "comforting" to know that "everyone is in a similar experience", creating a supportive community of practice as they all worked toward a common goal.

Some consultants also found that Coffee and Conversations were a QM resource that exposed an imbalance between regions. Centres located in the Central region were more likely to be in closer proximity to where a Coffee and Conversation was being held, and had extra consultants to support these sessions than more rural regions. Remote centres would have to travel greater distances to

participate in a session, and it was often a struggle to determine where they should be held to get the most turnout. In the future, holding sessions online for more rural centres may be a way to overcome these difficulties, though the online sessions would not provide the same opportunity for networking.

> *"There are times where you do get to hear what others have done [...]. We did hear some great ideas about how people are making their staff feel good in getting them involved and how they've created this philosophy but the same people are still the same people going to them. There's not huge turnouts cause everybody's short-staffed..."*
>
> *-Case study interview*

Exemplified by the quote above, it would also appear that the centres who have the ability to send staff to Coffee and Conversations, may already be at an advantage. The centres who are short-staffed and heavily impacted by sector challenges, may be the centres that need these sessions the most but are unable to attend.

In Summary

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. Most significant, was the role of the consultant 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. Feedback on the tools described in this section and ways to further support centres through the QM process in the future will be explored more thoroughly in Section Three of this report.

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?

Continuous quality improvement (CQI) is the foundational theory behind the QM process. As described by the QM documents:

> "In a general sense, CQI is a strategy that encourages us to reflect daily on our practice, and to ask questions such as,
>
> - What has been working well, and what could be improved?
> - What can we do to improve upon our current practices?
> - Is there another approach that might work better?
> - What do we need to know and learn to improve our services for children and families?"
>
> *CONTINUOUS QUALITY IMPROVEMENT: A GUIDE FOR LICENSED CHILD CARE CENTRES, page 3*

The above statement emphasizes the key components of self-reflection and goal setting involved in the QM process. However, before CQI can be implemented across the province it is important that all stakeholders understand what CQI actually means. In alignment with the logic model (Appendix J) developed in part by ECCRC and the DEECD, the short-term outcomes of QM identified for the evaluation were to increase awareness, knowledge and value of CQI. The following section addresses this research question, and how the QM process met the short-term outcomes of QM.

Awareness and Knowledge

An increase in knowledge and awareness of CQI is an integral piece to implementing it within centres across the province. Understanding the foundational process is the first step in increasing the value and buy-in that centres have regarding CQI and QM as a whole. As an introductory question, each case study site was asked what the term continuous quality improvement meant to them.

For all sites, this data collection included an interview with the DOO; individuals that were heavily involved, if not, the only individuals involved with the QM documents at their centres. The underlying themes were that CQI is a process that is ongoing, and involves reflection and adaptation. Responses from centres were similar, all reflecting overlapping themes with those described by the excerpt above retrieved from the *QM Guide*. This overlap indicated that centres participating in the case studies had a good understanding of CQI in the context of QM. Their responses can be found in Figure 9 on the following page.

Figure 9. Case study perceptions of Continuous Quality Improvement

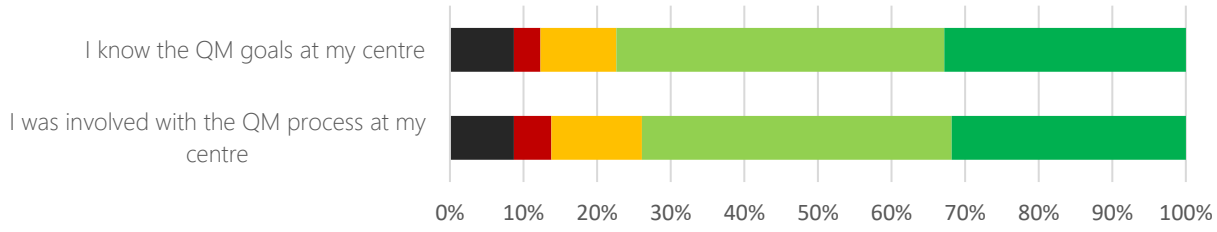
Evidently, participating DOO's from the six case study sites had a strong understanding of CQI, particularly in that it as a *process*. As noted, the interviewees quoted above were all heavily involved in the QM process due to their role. In order for centres to support CQI, it was important that DOOs also involve their staff in this process and ensure that they too understood QM.

Staff across the province are mostly aware of the QM process

The awareness and knowledge of staff and additional stakeholders was meant to be captured through focus groups and supplementary interviews. Unfortunately, there was limited participation

in the case study process beyond DOOs. The awareness and knowledge of QM by these additional personnel across the province was instead captured through the Sector Survey by running a cross tabulation, which allows an exploration of the specific responses from participants that were not DOOs. Figure 10 below synthesizes the data collected regarding knowledge and awareness of Sector Survey respondents who identified as having a non-DOO role.

Figure 10. Awareness and involvement in the QM process of non-DOO Sector Survey respondents

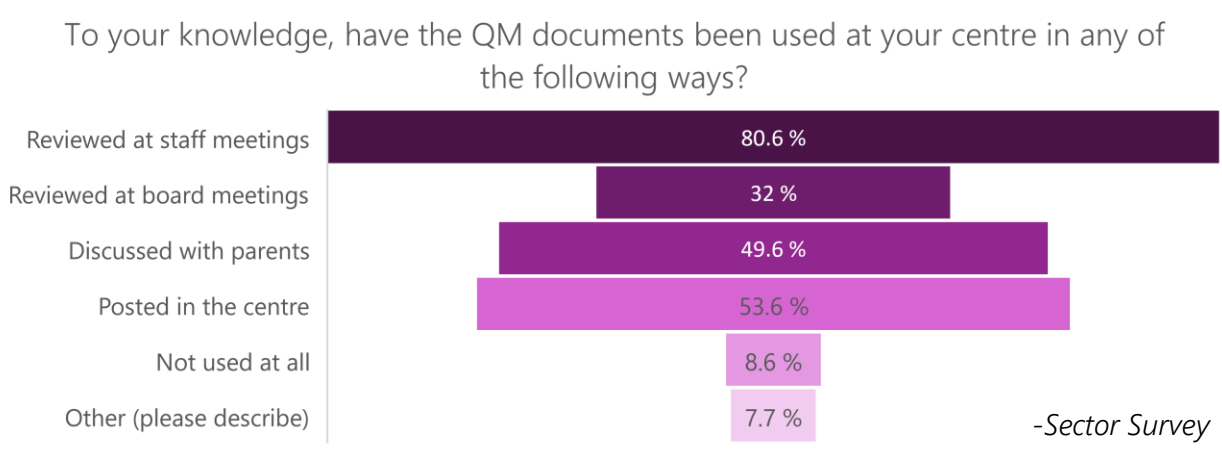


	I was involved with the QM process at my centre	I know the QM goals at my centre
I don't know	8.7	8.7
Strongly Disagree	5.1	3.6
Disagree	12.3	10.3
Agree	42.1	44.6
Strongly Agree	31.8	32.8

Data is shown as a percent of the non-DOO sample size: 195

As can be seen above, 73.9% of respondents were involved in the QM process at their centre, with 77.4% knowing what their centre's goals were. This is a very positive result, indicating that participants were aware of QM happening at their centre. Figure 11 below further illustrates how QM was disseminated, with the majority of Sector Survey respondents (80.63%) reporting that it was shared at staff meetings and about 50% reporting that it was discussed with parents and/or posted within their centre.

Figure 11. Ways that QM documents were used by centres



Data is shown as a percent of the sample size: 223

Of the above 7.7% that selected "Other", seven of the 16 responses were "I don't know" or similar; they were unsure of how the QM documents had been used. One respondent described that they had no other staff, another that they were used by admin, and the rest elaborated on some of the previous options (that they had been reviewed at staff meetings or with parents).

Sharing QM with staff members was a topic that arose in many different areas of data collection. Unfortunately, the perspectives of staff were not able to be captured by interview data, though the importance of communicating and sharing QM with staff is articulated by the quote below, elicited through the open comment box in the Sector Survey.

> *"It is going to be [a] long process for many centres who are not informing their educators about Quality Matters. There are many educators who are unaware that it even exists."*
>
> *-Sector Survey*

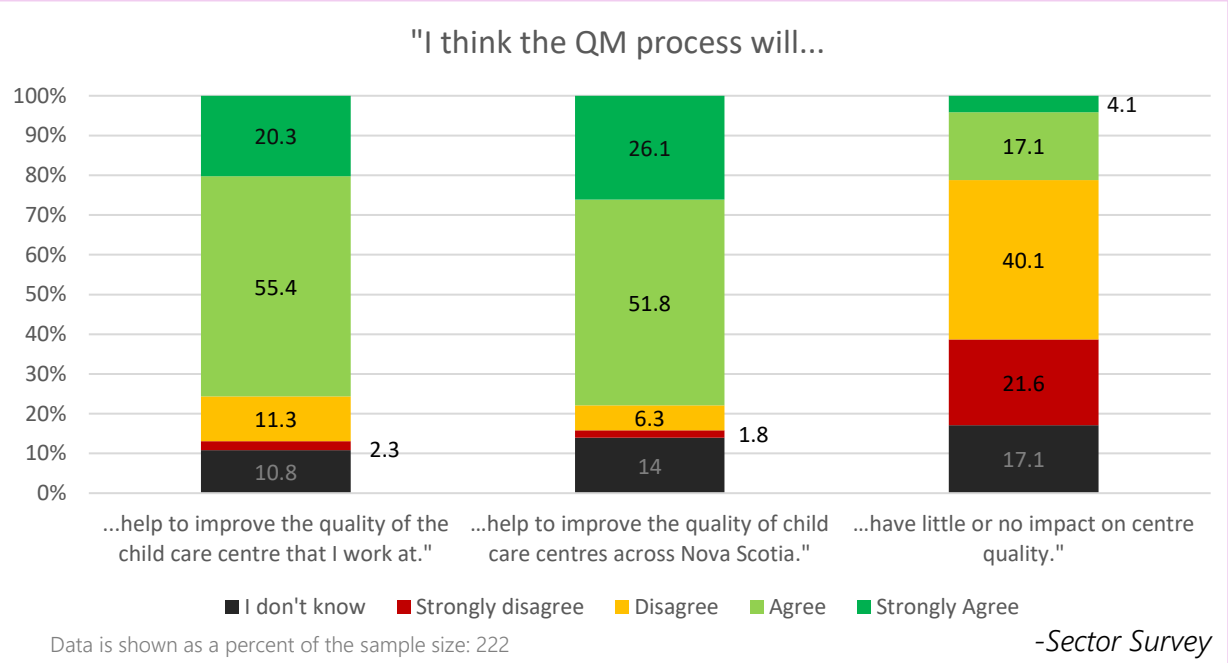
This respondent believed that not only were some staff throughout the province not aware of QM, but involving them would ease the process for centres.

Value

Participants value QM and believe it will improve centre quality

To improve buy-in and facilitate improvements in program quality, it is important that centres, staff and stakeholders in early childhood education also value CQI. The belief that QM as a process will ultimately lead to improved quality, is an indicator of said value. Figure 12 illustrates the responses

Figure 12. Perceived impacts of the QM process on quality



from Sector Survey respondents regarding their beliefs of how QM will affect quality within their centre and across Nova Scotia.

Respondents appear to believe fairly uniformly that the QM process will improve the quality of the centre they work at as well as across Nova Scotia, though slightly higher numbers disagree that it will affect the quality of their centre than across Nova Scotia. Most respondents do not believe it will have little or no impact (61.7%), though a fair portion either don't know (17.1%), or believe it will have little or no impact (21.2%).

Following these questions on the Sector Survey, respondents were able to share comments about QM in an open dialogue box. Some of the comments described the challenges that centres experienced with the implementation of QM. Of the 56 comments, nine did not contain data relevant to the current evaluation. Of the remaining 47, six comments were entirely positive, noting that QM created "an atmosphere of intentionality" in their educators, that it holds centres accountable and that it made their centre a "united front".

A total of 13 of the 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. The remaining 28 comments contained mixed or no sentiment. Mixed sentiment usually included a piece of positivity and then followed with critique of the program as demonstrated by the quotes in the sidebar. It would appear that many respondents understood the value of QM and CQI, but experienced a variety of barriers and challenges to implementation. Some of these challenges will be further discussed in Section Two of this report.

Centres value the QM link to funding as a means to improve accountability

When speaking to centre DOOs about how QM has influenced the value of CQI, a prominent theme was accountability. Each of the six case study sites all mentioned that the accountability aspect of QM was one of the most valuable components as it placed QM high on the list of priorities for DOOs. As a reminder, the *Program Quality* component of QM was only one piece of the process which also involved *Compliance* and *Accountability*. Centres appreciated that the process of SAS and QIP development was tied to their funding, and that their hard work in reflection, goal setting and goal

Mixed sentiment in Sector Survey responses

"As much as our centre feels that QM will be a benefit, it is challenging to implement with [an] ECE educator shortage."

• • •

"I think that it is beneficial, however there should be more opportunities to meet with other centres to collaborate and share ideas. Centres would feel less alone in the process and more supported."

• • •

"The QM process is beneficial however results will be highly individualized. I have doubts about the sustainability of any change especially for less concrete items. The timing was unfortunate. It is hard to get people to think with inspiration and creativity when they are meeting basic needs such as maintaining ratio."

achievement would be rewarded. For many of them, the link to funding was the extra motivation they needed to accomplish something that they had always wanted to do.

The accountability link to funding was also used by DOOs to promote buy-in of staff for the QM process. For the DOO and regional manager who were interviewed at the same time at Site 2, explaining to staff that their participation and contribution to QM would ultimately affect their funding was a way to keep everyone motivated toward their goal.

> *"If we want to continue to get our funding, it forces us by legislation and by rules to actually sit down and reflect on stuff we always wanted to reflect on. […] Over the years [we've] talked about 'Oh I really want to achieve this', 'My centres really like this,' but now because it's regulated we actually are forced to sit down and go, 'Okay we have to do this.' Which, although it's forced it has been really, really good for all of us because we actually now make the time…"*
>
> *-Case study interview*

Accountability also presented in other ways, not linked to funding. For the DOO of Site 3, QM was valuable because it encouraged them to document their work and make learning more visible for parents. They discussed how implementing a portfolio made them feel more motivated to add variety to their programming, knowing that parents could see what was happening throughout the day. Like other case study sites, QM was the essential piece that finally motivated them to implement a change they had always wanted to add. For them, knowing that their centre would be graded was an incredibly valuable aspect of QM.

In Summary

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 has been successful in increasing awareness, knowledge and value of CQI across Nova Scotia. In particular, case study participants identified a strong understanding of what CQI means and valued QM as a process. Similarly, the majority of Sector Survey participants reported that they understood the value of QM, even though they may have experienced challenges implementing the program. The next section will explore how the QM process has influenced practices across the province, noting that those centres that place more value on QM and have shared knowledge and awareness of the program with their staff teams have seen the most profound changes in practices to support CQI.

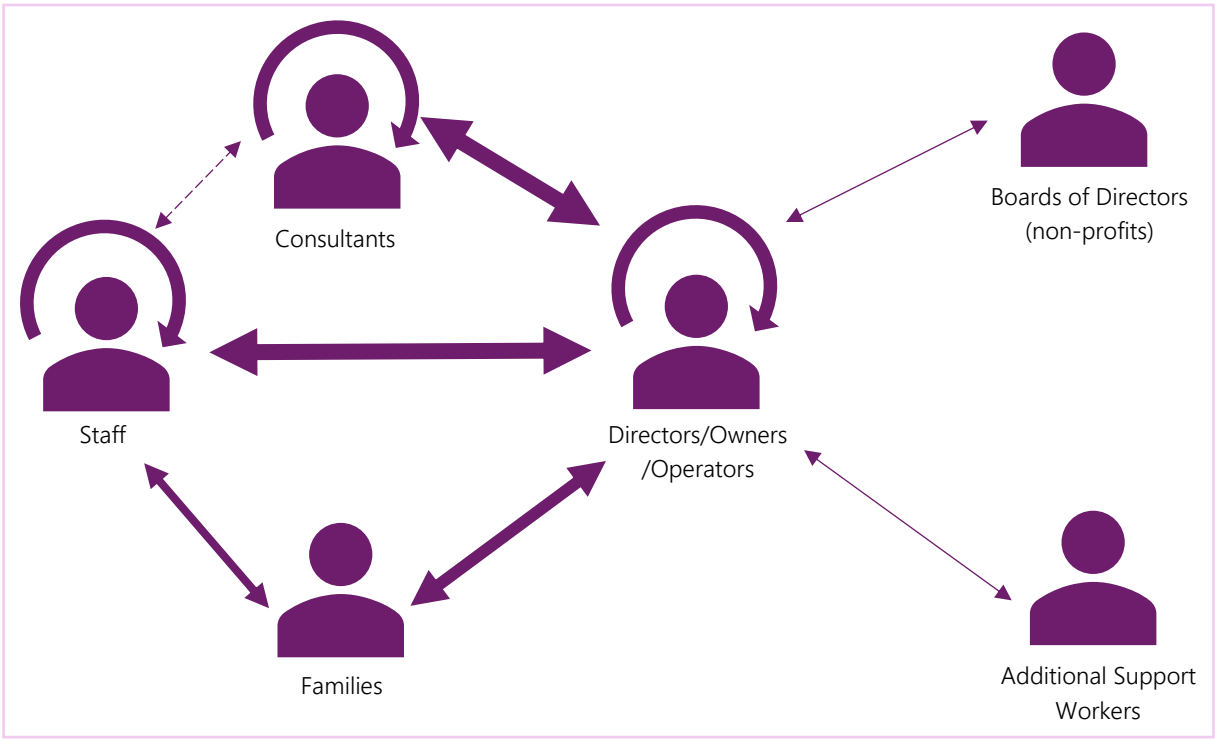
How has the Quality Matters process of SAS and QIP influenced practices to support continuous improvement in the quality of early childhood programs over time?

The short-term outcome goals of QM in the evaluation were to improve awareness, knowledge and value of CQI. The goals of the current evaluation were 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. Therefore, the next section examines 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. As mentioned previously, it was even identified as a QM element by several centres. By its very design, QM prompted communication from its inception. To develop an SAS, DOOs were required to open the lines of communication and receive feedback from staff, families and the broader community. Communication came in many forms and was articulated as occurring with more intention and openness throughout the QM process. Figure 13 below identifies the paths of communication that were described through the qualitative data. Thicker lines represent pathways that were more frequently highlighted by participants. Of note, much of the data collected for the current evaluation was from DOOs, which may be why they appear to be the focus of Figure 13. Other communication pathways may have been influenced that were not captured by the data.

Figure 13. Pathways of communication perceived to be influenced by the QM process



DOOs discussed an improvement in communication with their staff. Even for those that felt they had good communication prior to QM, there was intentionality in their conversations, especially regarding programming and quality. Notably, that pathway of communication went both directions. DOOs also described that their staff felt more ownership over their programming and were able to communicate their thoughts and suggestions more openly with the DOO. For example, the DOO of Site 6, whose goal was to introduce more loose parts to their centre, found their staff going above and beyond loose parts to even rearrange the learning environment. Case study participants felt QM opened pathways for educators to share their opinions and ideas with the DOO, to the point where aspects of programming began to change that weren't related to the original goal. Indeed, communication was a QM supportive practice that seemed to create a foundation for CQI, which ultimately promoted change and quality improvement throughout centres in many other ways.

> *"…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*

Communicating and ultimately sharing the load of QM appears to be one of the most common ways that some centres found success in the process. Highlighted by some consultants, the pathway of communication that was seen as lacking or was not fostered by the QM process, was the consultant directly to the ECEs, represented in Figure 13 by a dashed line. Some consultants felt that the QM process may have been easier from the beginning if they had been able to reach ECEs directly, increasing understanding and buy-in of the process. As suggested by a Sector Survey participant and some consultants, some ECEs may not have even been aware of QM. Though the QM process was effective at fostering communication for many centres, the leadership of a centre had ultimate control over whether QM was shared with staff. This is demonstrated in Figure 13 as DOOs appear to be the hub of communication. Consultants felt that in unique situations where QM was not opening the channels of communication to staff, consultants should have the opportunity to share the initiative via email, thus prompting a conversation about QM. If staff are unaware of the program, they cannot be involved in the process.

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. Interestingly, two of the six centres that participated in the case studies had goals specifically targeting documentation, a way of communicating with families about their children's learning. Though there were only two centres with the explicit goal of improving communication with families, it was the only type of communication referenced by every single case study interviewee. Evidently, communication appeared to be fostered both intentionally, and unintentionally by sending out surveys and having conversations with families to develop the SASs. QM appeared to have provided some centres with a reason to communicate with families, in ways that they may not have done before.

QM encouraged participants to engage in self-reflection even after the SAS was completed

Self-reflection was a practice that developed throughout the QM process. 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.

As alluded to in the previous section, communication seemed to be a foundational change that ultimately led to other changes in practice. Similarly, once centres understood the concept of self-reflection, there appeared to be an overall awareness shift within programs. When one learns to reflect on their current behaviours and be open towards change, it is difficult to stop that way of thinking. Since the introduction of QM, two case study sites and several consultants referenced implementing a regular feedback strategy. Whether this was the design of a new annual parent survey or ongoing feedback slips, centres were creating an overarching environment of reflection and communication.

The practice of delegation allowed DOOs to share QM with staff, and staff to take ownership of the process

Some DOOs described by consultants believed that QM was entirely their duty and did not involve their staff. This may have occurred for a number of reasons, including a lack of time, lack of understanding of the QM process, or even a fear of receiving negative feedback. One consultant recalled a DOO that was so overwhelmed by the rollout of QM, that they opted to withdraw from the program and not receive funding. They felt that the monetary value of the grant funding, did not outweigh the stress and time they would need to invest into the process. Though this case appears to be an outlier, there were other examples highlighted by consultants where a DOO interpreted the QM documents to be the sole responsibility of the DOO. It was only after consultation, that they learned that involving staff or even delegating QM to a small committee would benefit the centre as a whole.

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. For the DOO of Site 5, whose goal was to improve documentation strategies, they felt that the success their centre had experienced was mostly due to the creativity of their staff to implement the centre goal in their own

> *"We have six classrooms and I don't think any two classrooms do things exactly the same. Even both toddler rooms don't and both preschool rooms don't because each room has its own culture. So, they've been given the freedom to figure out how to make it work for them and I think that was why it was successful as far as it's been."*
>
> *-Case study interview*

way. That is, there wasn't a uniform documentation strategy developed by the centre, each educator was responsible for making learning more visible in their own classroom.

To elaborate further, the DOO of Site 5 mentioned that delegating QM to their staff and allowing them to take ownership over the implementation of their centre goal allowed them to focus their energy on other priorities. However, in doing so, they were pleasantly surprised by how much their staff became involved in the process.

> *"It's funny because I personally hadn't put too much energy into it after we got the ball rolling on the staff level. I felt like I was out of touch [...] so, when I had a meeting with my consultant coming up I [thought], 'I don't even know what I'm gonna tell her, we haven't done anything'. And then it's like, 'No wait, I haven't done anything.' But the staff had their scrapbooks out on the main table in the foyer, they had stuff on the walls, they were really going at it."*
>
> *-Case study interview*

Influencing Characteristics

Throughout the phases of data collection in the evaluation there were qualities that seemed to influence how some centres fared better than others with the QM process. These are not *practices* that have been influenced by the QM process, but rather characteristics of centres that played a role in whether or not a centre was able to complete their SAS and QIP with relative ease. Below are some of these characteristics that appear to affect how centres experienced QM across Nova Scotia. Of note, some types of data offer conflicting results.

The leadership characteristics of capacity, buy-in and style were identified as integral to the QM process

Leadership was a theme that was prominent during consultant interviews when exploring why centres either succeeded or struggled with QM. The theme manifests in several different ways, but was a key component to how centres approached the QM process, and therefore how practices may have changed. This may seem obvious, as QM was disseminated to centres almost exclusively through the DOO, or whoever held an administrative role. Thus, how this individual read, interpreted and shared the QM information would appear to have a dramatic impact on the approach of the centre. These nuances in leadership styles and abilities will be explored.

Leadership **capacity** is considered to be the individual skills and knowledge that the DOOs brought to the QM process. Some DOOs with experience in goal setting, self-reflection or communication, seemed to be well positioned in this process compared to others who were perhaps lacking in the aforementioned skills. For example, the DOO of Site 1, who had been a director for 20 years, reported practicing self-reflection before the implementation of QM. They mentioned that this was something

they valued and implemented into their daily programming already. Similarly, at Site 6, the DOO mentioned that when their consultant first introduced QM to them, they felt that a lot of the process involved practices they already included at their centre.

"I've been doing this for thirty-four years, so for me, I'm always looking at ways to change, ways to improve, finding solutions, always studying, always out there looking, taking a step back and observing to see what's working [and] what's not. […] When this program came I thought, 'Well that's what I do anyway.' So, it's just a natural thing for me."

-Case study interview

Site 4, a large non-profit in the Western region, described that their centre which was part of a larger organization, already had pillars of quality and practiced goal setting on an annual basis. For them, QM was more specific and did still add value, but included tasks that the centre was already familiar with. Some centre DOOs noted that their prior experience with goal setting or self-reflection may have made the process less overwhelming. When considering the range of skills and tasks required in the QM process, consultants mentioned that some DOOs had simply never attempted those tasks.

"I had one centre that, their […] Quality Improvement Plan was to understand what reflection is, and that's it. […] It is so huge, because they didn't even understand the language I was talking about. [They would ask] 'What do you mean by being reflective?' and 'How do you reflect?'. It was a real process but their centre has completely changed."

-Consultant interview

With new skills of self-reflection and goal setting, centres with DOOs that began the QM process with less experience appeared to consultants to benefit the most. According to consultants the centres that had poorer communication, or staler programs, came the "farthest the fastest" with the use of SASs and QIPs.

Leadership **buy-in** also seemed to be a key driving force to how centres approached QM. If centre DOOs did not believe in the process or see value in it, that kind of sentiment could easily filter down to the staff. This impact from directors was articulated by the DOO of Site 5 when describing their experience at Coffee and Conversations. They described that directors have the power to set the tone for QM. Leadership buy-in could make or break a centre's success in achieving their goal.

"I think it's one of those things where as a director I set the tone for how it will be received. Some of the other directors were helpful, others were, 'I don't have time for this,' [or] 'Why do we have to do this?' […] and I think if they brought that attitude to their staff then the staff wouldn't engage. For me, I would come back and [say], 'Okay this is what I learned,' […] and 'I think we should try this' and 'Let me know how it goes for you'. [I would] give them a chance to make mistakes and falter until they fell into something that works."

-Case study interview

Leadership **style** can also be considered within the context of QM. Case study participants described a common style of leadership that involved encouraging participation from staff and allowing them the freedom to develop and make changes as they felt more ownership. This leadership style is closely related to the previous section, describing how delegating to staff seemed to allow some centres to flourish with QM.

It is unclear whether the identified characteristics of leadership were influenced by the process of SAS and QIP development. The data elicited by participants gave the impression that these components of leadership (capacity, buy-in, and style) were somewhat static and that the individuals in leadership roles set the tone for the QM process. Centres may have had a strong, open DOO that was receptive to sharing the QM load and allowed staff members to take on leadership roles. Or, as will be described below, they were closed to the idea of sharing QM with their staff. For strong leaders, this influenced practices by giving staff the freedom to experiment and feel pride in their daily roles. However, this may not have been the case for all centres.

Centre size may have affected the way each centre approached QM, though it was not supported that a particular size of centre had an advantage

Some consultants referenced that smaller centres had the disadvantage of a lack of anonymity in the QM process. For centres with very few staff, it may have been easier for DOOs to identify where specific feedback was coming from but also, to whom it was directed. This may present as a challenge for directors who are less confident in their programs and may have even led to less rich SASs or misdirected goals. Additionally, consultants felt overall that larger centres seemed to handle the stresses of QM better than their smaller counterparts.

Neither of these consultant perceptions were supported by case study data. The largest case study site actually appeared to have struggled the most through the QM process. Site 2, a commercial centre in the Central region, was hit hard by staffing turnover. Over the six months prior to the case study, the DOO had lost half of their staff team to either the Pre-Primary Program, other centres where they claimed they could "get away with more", or other career paths. For a centre whose goal was to improve staff morale, these losses were devastating. In the beginning, this centre had wanted to invest in their staff, show appreciation with a shout-out board, and encourage a culture of praise and support. By the time researchers entered the facility to interview the DOO and regional manager, their shout-out board was stark.

Conversely, the smallest case study site had almost no setbacks in implementing its goals. For this DOO, their biggest hurdle was finding a support staff to cover them. Their first goal, to introduce portfolios was easily added and had become an excellent addition to the centre. Their second goal which was to visit other centres and learn more from their programming, was on pause until the recruitment of a support staff went through.

Clearly, overarching assumptions about centre size cannot be generalized across the province. This is not to say that consultant perceptions that larger centres had an easier time with QM is inaccurate, but due to the small case study sample, there is insufficient information to determine how centre

size impacted the QM process. As evidenced by case study data, each site had a unique set of challenges that interplayed with their goals.

Centre human resource capacity was cited as a significant barrier, specifically in regard to the time involved with completing paperwork involved with QM

Human resource capacity, which intersected with having sufficient time, seemed to play an invaluable role in the success or detriment of QM. Though there are many contributing factors that influenced whether centres had more or less time to dedicate to QM, there are two distinct examples from the case studies that highlight how time may have influenced the QM process.

First, Site 1 set their goal to implement a mentorship role within their staff team. As QM was rolling out this centre had a staff member who was wanting to retire and take on a part-time role. They had also been in the program for almost 10 years and were a trusted member of the team with ample experience. With this resource at their disposal, the centre set its first goal to implement this member into a mentorship role to assist staff with their programming. This allowed the DOO to focus mainly on the administrative aspects of QM, and have an individual on the floor helping staff to implement the strategies. Evidently, this centre had an additional asset that was not readily available at all centres across Nova Scotia, which seemed to influence the amount of time that they could direct towards QM.

The second example, Site 3, demonstrates the opposing side of time. At a centre where the DOO is on the floor with no support staff, Site 3's DOO recalled that their only time to dedicate to QM was evenings and weekends. Having their own child, this DOO would work on their SAS and QIP after their son was in bed and late into the evening. Following the completion of their documents, completing their goal of networking and observing other centres' programming was also unfeasible without support staff. This delayed the achievement of their goal due to the lengthy process of bringing on a new team member.

Administrative Time for QM

"It was a lot of work to work on the Quality Matters. I don't know how it would have been accomplished without having a program coordinator. Directors are just too busy to be able to work on this effectively with all the day to day operational needs of a child care centre."

• • •

"It took MANY hours over many weeks to get this going. I am an administrator that works on the floor with a class of children every day, so this took a HUGE commitment of my personal time to learn, understand, and complete (and redo) paperwork, forms etc. My staff were not interested in doing the extra work as they don't get paid to help out with this on their own time."

• • •

"It is more paperwork than we have time for. It means taking work home which I am not a fan of doing. It is a good reflective tool."

-Sector Survey

Time, or lack thereof, evidently influenced how centres could approach their goals or even which goals they chose. With both these examples, "time" appears to be related to the availability of support staff. In Section Three, one consideration of this evaluation is that many centres across Nova Scotia are currently experiencing challenges retaining staff due to the implementation of the Pre-Primary Program. Centres that chose not to participate in the current evaluation most often quoted a lack of time, especially centres with on the floor directors, indicating that the challenge may not be "time" but a lack of additional staff to relieve DOOs. For some centres like Site 1, an extra staff appeared to dramatically improve their capacity to develop and implement their goals. Unfortunately, not all centres had the luxury of dedicated roles to QM. A lack of time was strongly articulated in the Sector Survey by open comments reflecting on the administrative aspects of QM (found in the sidebar on the previous page).

In Summary

How have the Quality Matters process of SAS and QIP influenced practices to support continuous improvement in the quality of early childhood programs over time?

SASs and QIPs opened the lines of communication between a multitude of different stakeholders. Most markedly, centres perceived the most improvement in communication with families and between the DOO and staff members. This improved communication laid a foundation for staff to feel more ownership of their programming and in turn, make more improvements to the quality of their practices. The QM process also encouraged DOOs to delegate work, and foster an environment of regular self-reflection. Though SASs and QIPs played a role in influencing practices, there were a number of 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 following section will outline considerations and suggestions from the evaluation.

Section Three: Considerations and Suggestions for Action

The current report compiles the findings from five phases of data collection from the evaluation. As mentioned in the first chapter of this document, DEECD is working on a plan to address these areas of action to enhance the QM process.

Considerations

It should be noted that the current evaluation was conducted within the first year of QM across Nova Scotia. During this time there were a number of other provincial initiatives and events that influenced the process that should be considered when examining the findings. Quality Matters occurred within an overarching climate of change across the child care sector that included:

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. This program is now available at every school across Nova Scotia and has attracted a large body of both qualified ECE staff as well as four-year-olds from regulated child care centres. Some centres were more heavily impacted by this new program than others.

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. Meant to be used in conjunction, QM and the Curriculum Framework are interrelated and many QM materials reference the Curriculum Framework.

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. Though the pilot is small, it should be noted that Pyramid Model sites were directed to have their QM goals relate to the Pyramid Model intervention as to not overwhelm them with multiple initiatives. These centres may have approached the QM process slightly differently than non-Pyramid sites.

Inclusion Support Grant. The provincial ISG is a grant that may be awarded to centres to help fund inclusion support staff. Similar to the Curriculum Framework, some centres may have felt overwhelmed distinguishing between initiatives alongside QM. To receive the Inclusion Support Grant, centre directors needed to create SMART goals similar to those in QM. However, the SMART acronym in the ISG was slightly different than that used in QM.

COVID-19. In the final phase of this evaluation Nova Scotia declared a state of emergency in response to the novel coronavirus pandemic. Unfortunately, this resulted in province-wide child care and school closures for several months. Three of the six case studies were

conducted remotely via telephone interviews. Therefore, a number of additional data sources (such as photographs or site visits) were unable to be collected for the final three case studies.

Other elements to be considered when reading this report include response bias and participation bias. In particular, the case studies presented in this report elicited rich, qualitative information. However, each centre within Nova Scotia is markedly unique and experienced QM within their own context. Therefore, findings from the case studies regarding their characteristics (such as region, capacity, etc.) cannot be generalized to all centres with similar characteristics. The case studies were also not able to capture perspectives from any sites in the Eastern region of Nova Scotia, and four of six centres were located within the Central region. It is unclear why recruitment was especially challenging in Eastern and more remote areas of the province, and those centres may have had unique challenges with QM that were not captured. Additionally, recruitment was low within each case study site. Representation and data elicited from each site was limited to the individual being interviewed, which was almost exclusively the DOO. Perspectives and experiences of additional stakeholders and staff were not captured during case study visits, except for Site 2.

It is also important to consider the DOOs that opted to participate in the case studies. Researchers had hoped to collect data from a wide range of centres, including those succeeding and those struggling. During recruitment, **many** centres were asked to participate, but cited that they did not have the time as described in Section Two. DOOs that chose to participate had enough time, but were also open to having a researcher come into their centre and observe. We cannot make assumptions about why a DOO would be more willing to participate in research, though it may be that they were more invested or interested in the QM process, which may result in biased information. It is important to consider that the experiences with QM may have been different for sites and individuals that did not participate.

Feedback and Suggestions for Action

1. The format of the QM documents did not meet the needs of all participants.

The most frequent feedback received from consultants was regarding the format of the QM documents. The current design did not allow centres the space to fill in all relevant information, and the majority of centres completed the forms by hand. Suggestions for improvement include that the documents be editable on a computer in a user-friendly format such as a fillable PDF. Some centres did use an online version of the forms, however, these were embedded in the extensive *QM Guide*. When consultants tried to print centre forms, several of them recalled printing the entire *QM Guide*. To resolve this, it is also suggested that user-friendly PDFs of each form are accessible separately from guides and other templates.

2. The delivery and organization of the QM documents was perceived as overwhelming.

Feedback related to the ordering of the *QM Guide* and *Centre Templates,* when delivered to the centres, was that it appeared overwhelming and that the connection between the SAS and QIP was not clear. Suggestions for improvement include highlighting the requirements of QM and having the *QM Guide* appear first. Clarifying the step-by-step process of SAS and QIP development including the link between them (that the QIP is meant to be informed by the SAS) is a high priority for those who initially struggled with understanding the QM process.

3. Language used in the QIP chart was challenging to understand.

> *"There's definitely pieces of the document that could be updated in order to support the sector. We have to also recognize that we have a varying level of skills and a varying level of people with different competencies. There's a lot of directors that this work really intimidates them, and to give them a mish-mash of documents is really confusing."*
>
> *-Consultant interview*

Consultant feedback of the QIP was two-fold. One, the language use of "Success Indicators" and "Evidence of Success" was difficult for centres to discern. Two, centres were expected to word a SMART goal, though there was no SMART tool on the QIP. Suggestions moving forward include updating the chart to include the SMART criteria. Utilizing the five headings of "Specific, Measurable, Assignable, Realistic and Time-Oriented" will allow centres to understand if their goal is SMART, and also may help them word it to include all five criteria.

4. Centres were unsure of how much information was required.

Feedback regarding the SAS and QIP also centred around a lack of or unclear expectations. Respondents noted that their questions sometimes went unanswered, or that the answers to those questions regularly changed. Moving forward, it is suggested that there be more examples provided of what was being asked of them (such as SAS, SMART goals, QIP) and the level of detail required so that centres can complete all documentation to the expectations of the DEECD. It was noted that consultants were hesitant to provide too many examples of charts or SMART goals, as they didn't want centres to simply copy the information. However, some centres noted that this would have been very useful in helping them understand the level of detail required at the start of the process, rather than having to submit their documents several times.

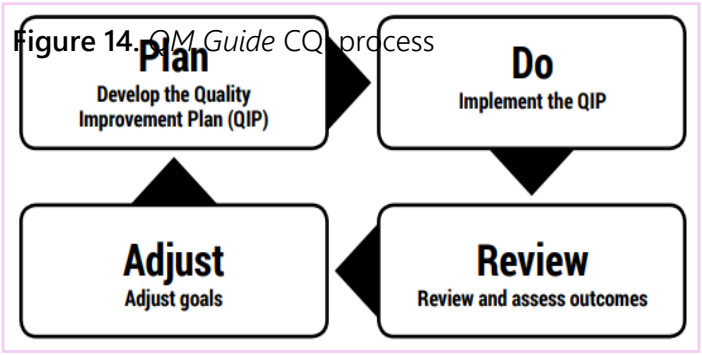


Figure 14. *QM Guide* CQI process

5. Consultants felt there was a missing piece of reflection.

Some consultants mentioned a lack of closure for centres on their first goals. It is suggested that adding a template for reflection *following* goal attainment would allow centres to consider their challenges, successes and ways to improve as they move onto their next goals. The concept of this post-goal reflection is mentioned in the *QM Guide* briefly when describing the process of CQI. The "Review" and "Adjust" stages of CQI for QM seen in Figure 14 pulled from the *QM Guide* highlight how centres are to monitor and assess their outcomes and adjust their goals accordingly. The consultants are provided with monitoring forms to supplement this process; however, feedback suggests that centres should also be provided with a template that promotes reflection similar to the SAS.

6. The bridge between the Curriculum Framework and QM was not clear for all centres.

Centres and consultants alike mentioned that a contributor to feeling "overwhelmed" with the introduction of QM was that it occurred very shortly after the introduction of the Curriculum Framework. Some consultants assisted centres in finding the connection between the two; that QM is embedded within the Curriculum Framework, however, this connection was not obvious in the initial roll out for many centres. Future initiatives may consider aligning documentation and supplementing with professional development to clarify ways that each program can be integrated into daily practice.

7. Creating a culture of CQI involves connecting centres and sharing successes.

Coffee and Conversations appeared to be an effective tool for networking, and fostering communication, morale and shared resources among centres. Unfortunately, not all were able to benefit from these sessions due to staffing or regional challenges. Suggestions moving forward include support for consultants to share Coffee and Conversations online, and more frequently. An additional successful strategy suggested by a consultant was to partner a centre that was experiencing difficulties with QM, with a centre that was flourishing. Allowing centres to celebrate the accomplishments of others, and to witness the successful implementation of QM may help to encourage those who are

SUGGESTIONS SUMMARY

1. Fillable PDF format for all QM documentation.
2. Clarify QM process through easy, step-by-step guide.
3. Modify QIP chart, using language consistent to that of SMART goals.
4. Clarify expectations and provide exemplar charts and goals.
5. Implement a Post-Goal Reflection template.
6. Integrate and align future initiatives.
7. Provide opportunities to network and share success.

struggling. The CQI process for QM includes considering the question "Is there another approach that might work better?". Allowing centres to share and exemplify achievable QM strategies may encourage the growth and integration of CQI into a provincial culture.

Concluding Remarks

The findings described in Section Two highlight some of the successes and challenges of centres as they navigated the new program. As evidenced by the findings, centres were well supported by a wide range of resources including their consultants. Awareness, knowledge and value of the process have been demonstrated by Sector Survey respondents and case studies. Though the goal of QM in its first year was not to improve quality, there are practices that have changed or improved within centres across Nova Scotia that will support CQI in the future. Some of these changes include improved communication, ongoing self-reflection and practices of delegation.

In regard to the specific process of SAS and QIP, most centres and consultants found that the QM process overall, though requiring new skills, was effective. It is also clear that each participating centre within Nova Scotia is entirely unique, with a different DOO, different consultant, and different families to support. Therefore, there are no broad conclusions that can be made about particular characteristics of centres (such as size or type of centre) that may have helped or hindered the QM process. However, some influencing characteristics that were described as affecting the QM process were leadership and time available to dedicate to QM.

Based on the data collected, the feedback listed above has been compiled to aid the QM process moving forward. The suggestions, heavily directed at the design and delivery of QM documentation, may help clarify the expectations and process for centres in the future.

QM thus far is a valued program that is fostering CQI supportive practices. As QM proceeds into its next year, the findings from this evaluation will help to build upon the successes and challenges faced by centres across the province. As centres continue to self-reflect and develop new goals, CQI may contribute to QMs goal of quality early child care for children across Nova Scotia.

Appendix A

Self-Assessment Summary

(Each centre was to complete four SASs, one for each QM element)

CENTRE TEMPLATE 1

SELF-ASSESSMENT SUMMARY

Leadership: Professional, Pedagogical, and Administrative

Who was involved?

☐ Educators ☐ Director ☐ Board/Owner ☐ Parents ☐ Community reps ☐ Children

☐ Other? Please specify: _____

How did you gather information?

Key findings and lessons learned

Strengths — What are we doing well?

Where can we improve?

Prepared by: _____ **Date:** _____

Consultant signature: _____ **Date:** _____

For consultant use:

Appendix B

Quality Improvement Plan

(Each centre was to complete one QIP, to a maximum of two)

1. Goal 1:

2. Which Quality Matters element(s) are you focusing on?

3. Strategies	4. Success indicators	5. What is your evidence of success?	6. Timelines – when will you put in place each strategy?	7. Who is responsible for this particular strategy?

Prepared by: (If also prepared by others, please attach a separate sheet providing names and contact information.)

Name: Telephone contact (day):

Email: Date:

Centre name:

Director:

Board Chair/Owner/Operator:

For consultant use:

Approved: Date:

Revised: Date:

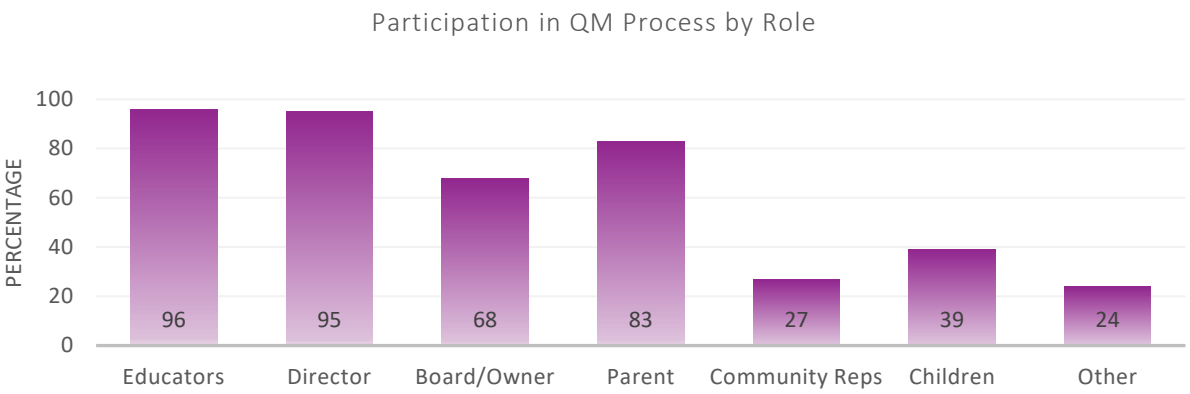
Comments:

Signed:

Appendix C

Results from the Document Review

Figure 1. Participation in QM Process by Role



This graph illustrates who participated in the development of SAS. Each SAS included check boxes at the top

Figure 2. Word Cloud

This image represents the key words used by centres in their QM goals. Larger words were mentioned more often.

Appendix D

Content Analysis Methods

Methods

1. Researchers used key words and element definitions as defined by the *Quality Matters Centre Templates* to determine which QM elements were found in each goal. These were assessed for congruence with the centre-identified elements. Congruence was measured by overlap of at least one element, as can be seen in the box below.

Example of Assessing Congruence

Centre goal listed on QIP:

1. Goal 1: *Director, owner, staff and parents will improve our outdoor learning environment to create a more natural play space that is inviting and interesting to the children by March 31,*

Researcher-identified element:

Learning Environments

Centre-identified elements on QIP:

2. Which Quality Matters element(s) are you focusing on?

Learning environments, staffing

→ Congruent

2. Researchers coded the degree of alignment between the areas of improvement identified on SASs and centre goals, using the following coding system:

Did the SAS inform the goal listed?

0 = Not applicable: No SAS available, QM element not listed or did not complete section

1 = Not at all: The areas of improvement section on the SAS of the element identified by the centre and the goal, do not align. There is not overlap in content, key words, or there is no apparent connection between the two statements

2 = Somewhat: There is some overlap or relation in content between the areas of improvement and the goal, however they are not a direct restatement

3 = Fully: The goal is a direct rephrasing of the areas of improvement, or is a very direct step that would explicitly lead to improvement in the area identified

The degree of alignment was measured between areas of improvement for the corresponding SAS of *each* element listed by the centre. Therefore, if centres identified that they were focusing on all four QM elements, researchers would compare answers to the question "Where can we improve?" on the SAS for Leadership, Staffing, Learning Environments *and* Relationships, separately scoring each. An example of this process can be found in the box below.

Example of the Alignment between Areas of Improvement and Goal

Centre goal and centre-identified elements on

1. Goal 1: *Director, owner, staff and parents will improve our outdoor learning environment to create a more natural play space that is inviting and interesting to the children by March 31, 2020.*

2. Which Quality Matters element(s) are you focusing on?

Learning environments, staffing

Areas of improvement on Learning Environment SAS:

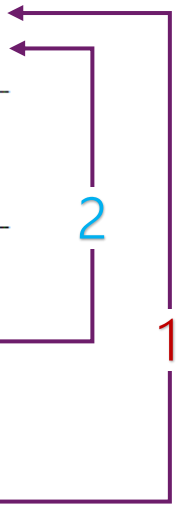
Where can we improve?

Make some of the play spaces better

Areas of improvement on Staffing SAS:

Where can we improve?

Find a benefits package for all full-time staff.



To what degree did each SAS inform the goal?

Leadership → Not listed: 0 = Not applicable
Staffing → Area of improvement does not relate to goal in any way: 1 = Not at all
Learning Environments → Area of improvement is related to goal but is not a direct rewording: 2 = Somewhat
Relationships → Not listed: 0 = Not applicable

In the above example, the SAS for Learning Environments was related to the goal, but not a direct rephrasing. To receive a score of 3 (Fully), the centre would have worded their answer similar to:

> *"Create a more natural outdoor space using materials that are inviting and interesting to the children. A space to build upon/extend."*

3. Researchers assessed whether centres stated a goal that contained all five SMART goal elements based on the definitions found in the *Quality Matters Continuous Quality Improvement: A Guide for Licensed Child Care Centres* (summarized in the table below). Centres received either a Yes (meets all SMART criteria), or No (missing at least one criterion). As ECCRC was unable to assess whether a goal was "realistic" all centre goals were assumed to have met this criterion as they were received by consultants and passed on to ECCRC.

Assessing SMART Goals

SMART	QM Definition	Component Criteria
Specific	*Target a specific area for improvement*	Desired performance
Measurable	*Identify an indicator*	Criteria for performance outcome
Assignable	*Specify who will do it*	Responsible party must be specific (e.g. "we" would not meet assignable criteria)
Realistic	*State what results can realistically be achieved, given available resources*	QIP received by ECCRC
Time-Related	*Specify when the results can be achieved*	Time-frame or date for goal achievement

4. Researchers determined whether centre strategy charts met SMART goal criteria and were given a score out of 5 (1 point for each criterion) using the following table. As mentioned in step 3, all centre goals were deemed "realistic".

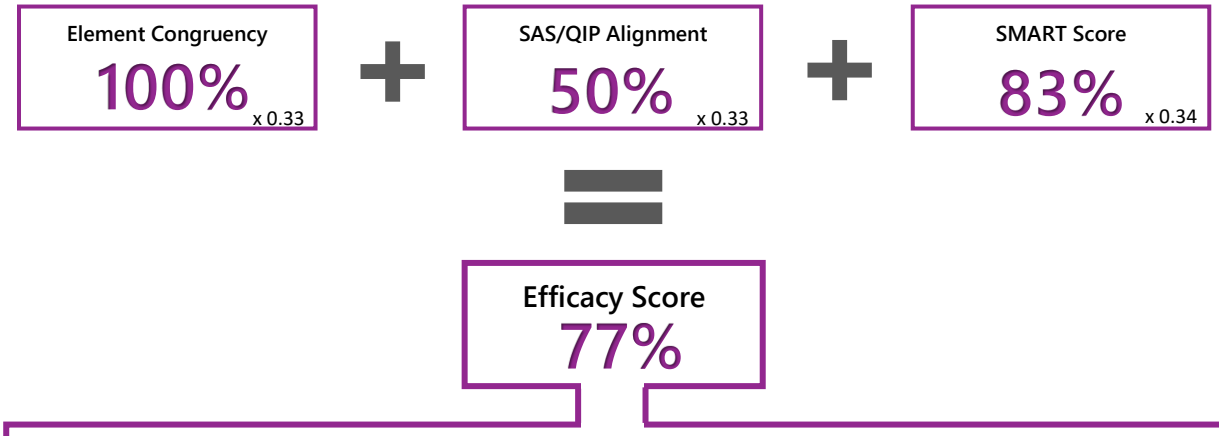
Assessing SMART Charts

SMART	QM Definition	Component Criteria
Specific	*Target a specific area for improvement*	Strategies logically contribute to the achievement of goal
Measurable	*Identify an indicator*	Success indicators or evidence of success is measurable and method of measurement described is tangible
Assignable	*Specify who will do it*	Responsible party
Realistic	*State what results can realistically be achieved, given available resources*	QIP received by ECCRC
Time-Related	*Specify when the results can be achieved*	Time-frame for goal achievement Must be specific (e.g. "3 months" would not meet timeline criteria)

5. After all assessments were made, each centre was given an 'efficacy' score. This was the summation of:

Congruency between researcher-identified and centre-identified elements
+
Average alignment of SAS *Areas of Improvement* and goal
+
SMART ability through stated goals and strategy chart
=
Efficacy Score (out of 100)

Example:



The efficacy score was used to quantify a centre's overall ability to complete SAS and QIP documents to the specifications of the QM materials. It considered a centre's success at identifying QM elements, their use of SAS(s) to inform their goal(s), and whether they created goals and strategy charts with all 5 SMART criteria. A centre's achievement in each of the three evaluation assessments was evenly weighted into the total score. Although this number does not provide descriptive details about how centres used the QM documents, it is a base measure to provide an overall view of how well centres did.

Appendix E

Exemplar QIPs

To demonstrate the range of the data collected from centres, the following appendix includes three sample QIPs. Examples 1 and 3 are labelled "explicit" as they are unambiguous to evaluate, clearly meeting or not meeting specified requirements. Example 2 is labelled "inexplicit", meaning it is less clearly meeting criteria. In similar cases, centres may still receive a high efficacy score. Example 1 and 2 below may both have the same efficacy score, though there is a clear difference in detail and understanding when observing the chart. As mentioned in the previous section, this is a limitation of the content analysis, as the efficacy score does not distinguish level of detail provided in the chart. The following examples are compiled from many different QIPs as not to identify individual centres, but are close representations of SASs and QIPs that ECCRC received.

Example 1. High Efficacy QIP - Explicit

1. Goal 1: *The director, board, parents and staff members will collectively develop a new centre philosophy to create a shared vision within the centre by January 2020.*
2. Which Quality Matters element(s) are you focusing on? *Leadership, relationships*

3. Strategies	4. Success Indicators	5. What is your evidence of Success?	6. Timelines – When will you put in place each strategy?	7. Who is responsible for this particular strategy?
Meet with staff to brainstorm	Meeting held, high staff participation	Meeting minutes, Staff attendance above 80%, List of ideas	Aug. 20, 2019	Director and Staff
Create a parent survey	Director to develop draft of survey, board to edit, Test on small sample of parents, Parent and board approval of survey	Draft of survey completed, Parent and board approval stamp	Sept. 30, 2019	Director, board, parents
Survey parents	Survey disseminated to parents, posted on social media, and hard copies printed	Survey launched online, Minimum of 60% response rate from centre parents	Oct. 15, 2019	Staff, director, parents
Compile results	Staff meeting notes, and survey results compile to create common theme	Short list of philosophy elements	Nov. 30, 2019	Director
Philosophy created	Short list used to develop philosophy statement, draft approved from all centre staff, board members and parents	New philosophy displayed in front entrance area, posted on centre website, and updated in all centre documents	Jan. 5, 2020	Director, staff, board, parents

✓ Goal explicitly contains all SMART elements ✓ Chart flows from left to right in a logical manner with measurable strategies
✓ Strategies logically and sequentially contribute to goal ✓ Elements listed are QM, and relevant to the stated goal

Example 2. High Efficacy QIP - Inexplicit

1. Goal 1: *To improve communication between parents and staff by February 2020.*
2. Which Quality Matters element(s) are you focusing on? *Staffing, relationships*

3. Strategies	4. Success Indicators	5. What is your evidence of Success?	6. Timelines – When will you put in place each strategy?	7. Who is responsible for this particular strategy?
Parent night	*High parent attendance*	*Staff making effort to communicate with parents*	*August 2019*	*Staff*
Drop off and pick up	*Staff talking with parents*	*More recorded conversations*	*Ongoing*	*Staff*
Communication Board	*Board purchased*	*Receipts for materials*	*September 2019*	*Staff*

- ✗ Goal missing "Assignable" and "Measurable" SMART criteria.
- ✓ One element listed is applicable to goal ("*Staffing" element not applicable to this goal*)
- ✓ Some evidence and timelines acceptable

Example 3. Low Efficacy QIP - Explicit

1. Goal 1: *Improve documentation*
2. Which Quality Matters element(s) are you focusing on? *Communication*

3. Strategies	4. Success Indicators	5. What is your evidence of Success?	6. Timelines – When will you put in place each strategy?	7. Who is responsible for this particular strategy?
Photos	*Take pictures*		*Ongoing*	*Teachers*
Staff Meetings	*Schedule a time that works for all staff*	*Team building*	*Summer*	
Communication Board	*Board purchased*	*Eye-catching, parents looking at board*	*6 months*	*Parents, Staff*

- ✗ Goal does not meet any SMART criteria
- ✗ Element is not a QM element (*several centres listed "communication", or similar terms)*
- ✓ Some strategies contribute to goal
- ✗ Evidence is not measurable (*how do you determine if something is eye-catching?*)
- ✗ Some boxes empty
- ✗ Timelines are not specific (*does "6 months" mean it will take 6 months or that it will start in 6 months?*)

Appendix F

Sector Survey Questions

Participants were asked five questions specifically related to QM:

1. Please tell us about your overall awareness/involvement with QM at your centre. Rate your level of agreement with the following statements: (4-point Likert scale)
    - I was involved with QM process at my centre
    - I know the QM goals at my centre
2. Please rate your agreement with the following statement: I think the QM goals make sense for my centre. (4-point Likert scale)
3. Please tell us what you think about how the QM process will influence the quality of child care (4-point Likert Scale):
    - The QM process has helped my centre to think about ways to improve
    - I think the QM process will help to improve the quality of the childcare centre that I work at
    - I think the QM process will help to improve the quality of childcare centres across Nova Scotia
    - I think the QM process will have little or no impact on centre quality
4. To your knowledge, have the QM documents been used at the Centre in any of the following ways? (select all that apply)
    - Reviewed at staff meetings
    - Reviewed at board meetings
    - Discussed with parents
    - Posted in the centre
    - Not used at all
    - Other (please describe)
5. Please feel free to share comments about QM (open box)

Participants who identified as having an administrative role in regulated child care also answered:

6. Please rate the following resources that were available to support the QM process at your centre?
    - Guidance from my consultant
    - Videos available online
    - Consultant let Quality Matters meetings (e.g. coffee and conversations)
    - Centre templates/forms
    - Quality Matters Guide for Licensed Child Care Centres
    - Early childhood development support site coordinators
7. Please rate your level of agreement with the following statements. (4-point Likert scale)
    - I found the QM documents to be easily understood
    - I found the QM process was a reasonable amount of work
    - Completing the QM documents allowed my early childhood program to think about things happening and ways to improve
8. Please feel free to share comments about the administrative parts of QM. (open box)

Appendix G

Consultant Interview Guide

Please note: These may have changed slightly to build on emerging themes

1. What does continuous quality improvement mean to you?
    a. Has this changed with Quality Matters?
2. How did you find the Quality Matters process?
3. Do you think that the implementation of Quality Matters has influenced practices at each of your centres?
    a. In what ways?
4. How did your centres differ in their approach and implementation to Quality Matters?
    a. Why do you think that is?
    b. Were there any differences in centre buy-in in regard to implementing QM? How so?
5. How has QM influenced overall quality at your centres?
6. What tools/resources were used to assist in the development of the QM documents? (online videos, booklets, professional development, consultant oversight)
    a. How were these useful/or supportive to you?
7. In your opinion, did you find the SASs were effective tools of self-reflection?
    a. How many times did centres have to fill them out?
8. How has the QM process added value to your role?
9. Tell me about any challenges or roadblocks you have experienced with implementing Quality Matters.
10. Are there any other thoughts you have regarding Quality Matters or program quality in general?

Appendix H

Case Study Recruitment Procedures and Centre Characteristics

Case Study Design

Unlike the consultant interviews, which were coded to understand common themes across the province, the case study approach aimed to explore challenges and successes unique to a purposive sample (n=6-8) of centres across Nova Scotia. That is, centres were initially recruited based on a number of demographic characteristics to provide diverse perspective:

- → Geographic regions: Representation of 1-2 centres from each of the four regions (Northern, Eastern, Western, and Central).
- → Capacity: Child enrollment capacity in centre, representation from small (<50), medium (~50-99), and large (100+).
- → Operations: Representation from non-profit and commercial operators.
- → SAS and QIP efficacy: Level of success in completion of QM documents, scored during content analysis.

As will be described in Section Three of this report, a number of factors affected both recruitment and the data elicited from case studies in this evaluation. After poor recruitment using the above criteria to purposively select centres, ECCRC received ethical clearance to send a recruitment e-mail to all regulated child care centres in Nova Scotia. This improved recruitment somewhat, however the data collection during this stage was interrupted by the outbreak of COVID-19.

For the first three centres recruited using purposive sampling, multiple forms of data collection were intended to be used at each site:

1. An interview with the director/owner/operator (DOO): audio-recorded in person, using an interview guide.
2. A focus group with early childhood educators: audio-recorded in person, using a focus group guide.
3. A review/observation of all QM related documents or other physical evidence of QM implementation throughout the centre: collected during centre visit, using observation guide and photographed when appropriate (no children or staff were photographed, and all identifying data will be removed)
4. Interviews with other relevant stakeholders (as determined through conversations with the DOO): audio-recorded over the phone, using additional stakeholder interview guide.

Appendix I

DOO Interview Guide

Please Note: These may have changed slightly to build on emerging themes

1. What does the term continuous quality improvement mean to you?
2. Has this changed with Quality Matters?
3. What does program quality mean to you?
4. Tell me about how your centre developed the Self-Assessment Summary documents. (Staff meeting? Focus Groups? Survey?)
    a. The QIP?
5. Describe your involvement in the Quality Matters documents.
6. Tell me how these documents reflect your centre.
7. Tell me about the tools/resources that were used to assist in the development of the QM documents. (QM tools, online videos, booklets, professional development, consultant oversight)
    a. How did you find these tools supportive in helping you fill out the QM documents?
8. In your opinion, did you find the SASs were effective tools of self-reflection?
    a. How so?
9. How has implementation of Quality Matters influenced practices at your centre?
    a. In what ways?
    b. What has changed?
10. How has your centre changed practices to support your goal(s)?
11. How has the QM process influenced your role?
12. In what ways has it been successful at helping you to reflect, develop goals and strive for improvement in quality at your centre?
13. Tell me about any challenges or roadblocks you have experienced with implementing Quality Matters.
14. Are there any other thoughts you have regarding Quality Matters or program quality in general?

Appendix J

Quality Matters Logic Model