The Effectiveness of Quality Improvement Programmes for Early Childhood Education and Childcare

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1 Background

The Early Childhood Unit at the National Children’s Bureau commissioned the Thomas Coram Research Unit, Institute of Education, University of London to undertake a literature review on the effectiveness of quality improvement programmes in the early childhood education and childcare (ECEC) sector. This was not intended as a full-scale systematic review, but rather took the form of a structured overview (see appendix for methodology).

1.1 The importance of quality

Recent years have seen more children accessing early years education and childcare. Growing numbers of mothers of pre-school children for example are in full or part-time employment (Walling, 2005), thus raising the demand for childcare, and 98 per cent of three and four year-olds now take up nursery education places (DfES, 2007). There are now over 100,000 settings offering over one and a half million places nationally, a significant increase in the last decade (Ofsted, 2007). This increase is largely due to the National Childcare Strategy which aims to deliver affordable, accessible and good quality childcare in every neighbourhood (DfES, 1998).

The focus on quality has been influenced by the considerable body of evidence showing that access to high quality ECEC services can make a significant difference to children’s development and well being (see Mooney and Munton, 1997; Melhuish, 2004; Vandell and Woolf, 2000). As highlighted in one review: ‘the positive relationship between childcare quality and virtually every facet of children's development that has been studied is one of the most consistent findings in developmental science. ...The conclusions derive from experimental research of high quality interventions for children at risk as well as from the weaker correlational designs that assess a broader range of quality and a broader distribution of children' (Shonkoff and Phillips, 2000: 313). Longitudinal studies both in the UK and US have found that good quality ECEC experience can continue to have a positive influence on children’s development into the school years (Peisner-Feinberg et al., 1999; Sylva et al., 2004) and to positive outcomes in later life (Campbell et al., 2002; CED, 2006; Schweinhart, 2005).

But how has quality been defined? Much has been written about quality in ECEC and how it is shaped by cultural values, constructions of childhood and the different interests of stakeholders (e.g. Moss and Penn, 1994; Dahlberg et al., 1999). Although the relativity of quality is generally accepted, research primarily from the United States has driven the identification of clear indicators of quality in terms of their predictive significance for children's development (see Shonkoff and Phillips, 2000 and Vandell and Wolfe, 2000 for reviews of this literature). These indicators include both structural elements of the provision, such as adult:child ratios, staff qualifications, the training and working conditions of staff and stability and continuity of care, and process elements, such as the interactions between staff and children and the activities provided for children. These features of quality do not operate independently, but combine to create effective early childhood services which offer responsive and sensitive care. The NICHD Early Childcare Research Network
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(2000) concludes from their findings ‘that ratios and teacher qualifications provide the context in which quality is likely to occur’.

1.2 Quality of provision in England

Regulation is seen as one mechanism for promoting quality in ECEC provision (OECD, 2001). Research from the United States suggests that quality is likely to be better when licensing standards are more demanding or where providers comply with additional standards beyond those required by regulation (e.g. Cost, Quality and Outcomes Study Team, 1995). Although the ECEC sector in the UK is diverse in terms of types of setting, all provision is regulated by the Office for Standards in Education (Ofsted) albeit under different frameworks1 (Mooney et al., 2006a). However, with respect to regulating childcare, the national standards are generally regarded as the minimum below which no provider should fall (DfES, 2003).

Looking at the overall quality of childcare across all types of settings as assessed by Ofsted, only 2 per cent were rated as outstanding, although 94 per cent were rated as good or satisfactory and only 4 per cent as inadequate (Ofsted, 2006). However, recent studies which have used a standardised measure of quality have found wide variation in the quality of ECEC provision in England (Mathers et al., 2007; Mathers and Sylva, 2007; Sylva et al., 2004) though evidence suggests that there have been improvements in quality since the 1990s, particularly in the voluntary sector (Mathers et al., 2007). Although good quality can be found across all types of settings, overall it is higher in the maintained sector (Mathers et al., 2007; Sylva et al., 2004).

2 Quality improvement initiatives

Concern about the quality of ECEC provision has led to the development of quality improvement initiatives particularly in countries such as the US and UK where regulatory standards are seen as the minimum (Mooney et al., 2003). Quality improvement initiatives aimed at raising standards above the minimum include the use of quality improvement programmes2 usually leading to accreditation, improving the level of staff training and qualifications, increasing parents’ awareness and knowledge, and providing grants or subsidies linked to quality improvements. In the United States for example, accreditation of settings is increasingly promoted through the provision of incentives and rewards, such as Quality Rating Systems and tiered subsidy reimbursement, that encourage providers to go beyond the minimum licensing standards (OECD, 2006).

Quality Rating Systems (QRS) are a method to assess, improve, and communicate the level of quality in early care and education settings through providing ‘star ratings’. Stars are awarded according to the level of quality a setting has achieved, usually from one star to five stars. For each level, settings must demonstrate they have met the criteria or standards associated with that level. Settings are given practical and financial support to help them achieve a higher rating though the extent

1 From September 2008 all ECEC provision registered with Ofsted will be required to deliver and be inspected against one coherent framework, the Early Years Foundation Stage (DfES, 2007).
2 Also known as quality assurance programmes or quality assurance schemes.
and nature of support varies between systems. Accreditation through a national programme such as that administered by the National Association for the Education of Young Children (see 2.1) is usually associated with the highest quality rating level. Quality Rating Systems have grown in popularity in the United States over recent years and over 40 States now have a system in place or are in the process of developing one (NCCIC, 2006). Recognising that financial support is a powerful incentive for participation, all States with a QRS provide financial incentive of some kind, often providing subsidies at a higher rate for settings with a higher quality rating (or more stars) than those with a lower rating. Evaluations of these systems are not always methodologically robust, but it is suggested that such strategies can be effective in improving quality and that higher ratings are associated with higher levels of quality (Fiene, 2006; Smart Start Evaluation Team, 2001).

Another example of a quality improvement initiative is Smart Start in North Carolina. Local community partnerships are funded by the State to design and implement a range of activities to improve the quality of ECEC provision. Smart Start-funded activities include increased subsidies for higher quality care, on-site support from trained mentors, grants to upgrade materials or facilities, supplements for staff salaries, training workshops and support to achieve national accreditation (Smart Start Evaluation Team, 2003). Evaluation of the initiative has shown that childcare centres that participate in more Smart Start activities are more likely to provide higher quality care (Bryant, Bernie and Maxwell, 2002). However, certain types of activities are more likely to influence quality of care and children’s outcomes than others and these include education and professional development of the childcare workforce, financial rewards for improvements in quality, and on-site assistance and advice in terms of improving quality (Smart Start Evaluation Team, 2002). Many of these ‘activities’ are components of a good quality improvement programme.

2.1 Quality improvement programmes

Quality improvement programmes aim to raise standards through a process of self-evaluation or self-assessment. This involves practitioners in a cycle of continuous improvement in which the provision is audited against a set of criteria or standards, strengths and areas for improvement identified, an action plan developed and implemented, and progress reviewed. Where accreditation is the final goal, an independent assessor or validator will judge whether the evidence collected through the self-assessment process meets the accreditation criteria. Accreditation usually lapses after a pre-determined period or if there are major changes in the organisation that could have a detrimental effect on quality. Effective quality improvement programmes have a number of important components including the provision of mentoring and support to ECEC providers: ‘the quality of support providers receive while going through quality improvement or quality assurance procedures is key’ (DfEE, 2001:12).

Quality improvement programmes are relatively new to the UK compared with the United States and Australia. In the US, the development of a system of accreditation by the National Association for the Education of Young Children (NAEYC) in the 1980s was a significant step to improving the quality of ECEC provision nationally. Participation is however voluntary, which may account for a low accreditation rate of less than 10 per cent though several thousand are enrolled and engaged in the
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process. Providing additional support and financial assistance can significantly increase accreditation rates. Hence when the US military was mandated to improve the quality of their childcare system because it was so poor, establishing and enforcing comprehensive standards, assisting providers in becoming accredited and enhancing provider compensation and training has resulted in 98 per cent of their centres becoming accredited through the NAEYC and, according to evaluations, now provide high-quality, affordable care (Campbell et al., 2000).

Australia is the only country with a national ECEC quality assurance and accreditation system initiated, funded and supported by the government. The National Childcare Accreditation Council (NCAC), established in 1993, administers the quality assurance programmes for centres, family day care and out-of-school settings. To become accredited under the NCAC quality assurance system service providers are required to achieve and maintain the quality standards set out for each type of service. The system is directly tied to funding so that although voluntary, only settings participating in the accreditation system are eligible to receive government funding. This is likely to be a factor contributing significantly to the high level of participation with over 98 per cent of centres, for example, either accredited or enrolled in the system.

In England, following the launch of the National Childcare Strategy and an emphasis on improving the quality of ECEC, there was a greater interest among national professional organisations and local authorities in using quality assurance schemes as a means to raise standards. When Investors in Children (IiC) was launched by the government in 2003 there were over 50 such schemes in operation (DfES, 2002). Investors in Children\(^3\) is a national standard of quality for quality assurance schemes/programmes in the childcare, early years and playwork sector. To achieve IiC endorsement quality assurance schemes had to meet 10 criteria which were based on evidence as to what comprised an effective scheme. Examples of these criteria were that the scheme built on national standards, addressed management practices and provided adequate mentoring and support to providers. Over 40 schemes were IiC endorsed between 2003 and 2004\(^4\).

A survey of all local authorities in England in 2005 found that 10,000 providers were accredited or participating in a quality improvement scheme (NCB, 2006). This represents approximately 10 per cent of the total number of ECEC settings, but this is unsurprising given that the use of quality improvement programmes is relatively new to the UK, and the number of settings going through a quality improvement programme at any one time is dependent upon resources and how many settings programme staff can support. As we have seen, linking participation in a quality assurance scheme with government funding has been successfully applied in other countries resulting in high levels of involvement and several local authorities have made enrolment in a quality improvement programme a condition of funding for

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\(^3\) The government is withdrawing its involvement in IiC though it is supporting the childcare sector to take the lead in developing a new approach to continuous quality improvement including the support of quality assurance and improvement schemes.

http://www.surestart.gov.uk/improvingquality/guidance/investorsinchildren/

\(^4\) http://www.surestart.gov.uk/improvingquality/guidance/investorsinchildren/endorsedqaschemes/
settings in receipt of local authority funding, such as children’s centres (Mooney, 2005).

3 Effectiveness of quality improvement programmes

The literature search found very little empirical research evaluating the effectiveness of quality improvement programmes in raising quality. Because of the paucity of research we have drawn on other sources of evidence such as the Organisation for Economic Cooperation and Development (OECD) Reviews of Early Childhood Education and Childcare (OECD, 2001a; 2006).

As can be seen from table 1, most studies originated in the United States though two were from England, one from Sweden and one from New Zealand. They often involved small samples and were not always designed specifically to look at the impact of quality improvement programmes. Whereas some studies relied solely on the perceptions of ECEC practitioners and other stakeholders to assess the impact of quality improvement programmes other studies utilised an experimental design using an independent measure to assess quality, usually the Early Childhood Environment Rating Scale (ECERS) (Harms and Clifford, 1980), both before and after participation in a programme.

3.1 Impact on quality

Practitioners who participate in a quality improvement programme see the process as having a positive impact on quality and in raising awareness of the importance of quality not only in the setting, but also in the wider community. Thus in Australia, some of the benefits deriving from the national quality assurance system were said to be the establishment of support networks, the sharing of good practice and raising the status of childcare work (Taylor, 2004). Although there were concerns about the time and amount of written work required to go through the process and about whether quality as defined by the system was appropriate for all cultures, staff in childcare centres were generally positive about the scheme and believed that it did improve quality (OECD, 2001b).

Likewise in the United States, the accreditation process was seen by various sources providing evidence for the OECD Review to be a good starting point for team building, reflective practice and centre development, as well as providing parents with an indication of the quality of the setting (OECD, 2000), whilst the positive effects of accreditation were said by directors of childcare for the US military to be more child initiated and child centred activities, higher staff morale, the acquisition of better equipment, clearer goals for the setting and a more culturally diverse curriculum (Zellman et al., 1994).

The benefits of participating in a quality improvement programme were also reported in findings from a study in England. Munton et al (2001) in a study of quality assurance and quality improvement practices reported that among their 30 case studies most providers felt that participating in a quality assurance scheme had led to improvements in their service, particularly in terms of policies and procedures. In the same study, a survey of day nurseries and out-of-school clubs found that the
majority of those who had participated in a quality improvement programme were of the opinion it had helped them to improve the quality of their service. Practitioners have also pointed to the value of quality improvement processes in terms of preparing for inspection and, in a number of cases, inspectors have commented on the impact of the process on practice and the quality of the provision in their report (Pascal, 1999).

The following quotation from a respondent in a survey of local authorities on the use of quality improvement programmes encapsulates these positive perceptions: ‘The quality assurance scheme has been an extremely effective tool in improving the quality of practice in settings. Its rigour and the support and challenge offered by the mentors has transformed culture, practice and children’s experience. It has been so successful that the scheme now underpins and informs all our work with settings. The scheme has cross sector appeal giving it enhanced credibility, and we feel that it will contribute to the aims of the children’s workforce strategy’ (NCB, 2006:13).

Although ECEC practitioners perceive quality improvement programmes to have a positive impact on their practice, is there any evidence to suggest that these perceptions accurately reflect practice?

Studies in the United States have found that NAEYC accredited childcare centres are rated more highly on measures of quality than non-accredited centres (Cost, Quality and Outcomes Team, 1995; Tout and Sherman, 2005; Whitebook et al., 2001). An evaluation of the effectiveness of the NAEYC accreditation programme found that accredited centres showed greater improvement on measures of quality, teacher sensitivity ratings and had better adult:child ratios than all other centres in the study (Whitebook et al., 1997). Significant improvements in quality were also found in a small study evaluating the impact on quality of completing an accreditation programme (Neill and Schweinhart, 2002). An interesting finding from these two studies was that centres that offered a service of a higher quality before completing the programme were more likely to achieve accreditation than those centres whose service was at a lower quality level. This suggests that those who have further to go in achieving accreditation may be more likely to give up in the attempt and may therefore benefit from additional support during the quality improvement and accreditation process.

However, despite these improvements nearly 40 per cent of the accredited centres in the NAEYC evaluation continued to be rated as mediocre in quality leading to the conclusion that whilst NAEYC accreditation did help centres to improve with a majority reaching a high level of quality, especially when receiving intensive support, it alone is no guarantee of high quality. The researchers go on to say that their findings suggest that the ‘limitations of the NAEYC accreditation as a quality improvement strategy may be structural, reflecting weaknesses in the validation system and/or in the accreditation criteria – in particular, a lack of focus in the criteria on staffing issues’ (Whitebook et al., 1997: 14). This raises important issues concerning where the benchmarks for quality are set and the rigour of the validation system. In considering the extent to which accreditation supports quality these issues cannot be overlooked (Mooney et al., 2003).
3.2 The impact on staff

Self-evaluation is a critical element of a quality improvement programme because it encourages reflective practice, provoking discussion and raising awareness. Studies have confirmed that the process of self evaluation can lead to reflection and insights into practitioners' practice and a greater awareness of what quality is in practice (Mooney and Munton, 1999; Pascal, 1999; Sheridan, 2001). The researchers in one study comment, ‘Staff were generally more reflective and self-critical, and consequently more highly motivated and keen to pursue training opportunities’ (Munton et al., 2001: 47).

As well as motivating staff to take up training opportunities, the self-evaluation process itself highlights the need for further training, which as this childminding network coordinator points out, is an important element of the change process: ‘The training associated with getting the childminders up to scratch was as important as the quality assurance scheme in bringing about positive change’ (Munton et al., 2001:48). We have already seen (section 2) that supporting staff training is an important quality improvement initiative in the United States.

Although most studies have involved group settings, such as childcare centres and nurseries, some have considered the views of family day care providers (childminders) working through accreditation or quality review programmes. Thus, White (2005) reports that family day care providers in New Zealand who were working through a review of their practice using *The Quality Journey* (New Zealand Ministry of Education, 2000) found that the process encouraged reflection and challenged their views. Childminders in England who had taken up accreditation for early years education funding considered that the process had improved their knowledge and understanding of how children learn and how they could support that learning (Owen, 2005).

Differences in staff attitudes have also been reported in a study comparing accredited and non-accredited childcare centres in the United States. Staff in accredited centres were more likely to have a shared vision of what their childcare centre should be like, to perceive themselves as more innovative and willing to consider new approaches and be more acceptable of diverse opinions than staff in non-accredited settings (Bloom, 1996). Staff in accredited centres placed a higher priority on professional development, expressed greater commitment and indicated that they put greater effort into their work. However, the results from this study do not permit the conclusion that it was the accreditation process that led to these differences in staff perceptions, nor indeed whether these perceptions are an accurate reflection of practice.

3.3 The importance of support

The literature highlights the importance of providing practitioners with support and assistance to improve the quality of their provision. For example, Fontaine et al., (2006) describe how enhancement grants provided to childcare providers in one US State had a significant effect on overall quality over a two year period in the 29 centres evaluated. The grants were used to assist with accreditation, professional development, salary enhancements and the purchase of equipment and educational
materials. Evaluations of quality initiatives in the United States have shown the significance of on-site assistance and advice in terms of improving quality (Smart Start Evaluation Team, 2002). Support from early childhood professionals, opportunities for training and education and linking with others in the early childhood field have been identified as necessary resources for improvement (Mooney et al., 2006b; Tout and Sherman, 2005).

Support and resources have also been identified as important in assisting settings through the accreditation process. Centres receiving moderate to intensive support, such as on-site advice and support from an early childhood professional, tailored training for staff and support groups for managers, and with lower staff turnover were ten times more likely to become accredited than centres receiving limited or no support who also had higher staff turnover (Whitebook et al., 1997). This suggests that a stable workforce is necessary to successfully implement improvements and achieve accreditation, and that moderate to intensive support during the process can lead to greater staff stability. Findings from another study support this suggestion: staff turnover, the lack of time and the need for better mentoring and support were the main reasons why many settings stalled in the self-study process and did not go forward for accreditation (Talley, 1997).

Different levels of support have also been associated with differences in quality: the more intensive the support, the greater the improvements in quality (Whitebook et al., 1997). Providing leadership and management training and intensive mentoring that supported the accreditation process led to significant improvements in quality (Eisenberg and Rafanello, 1998). In Sweden, a developmental model to improve quality, which involved practitioners in a process of self-evaluation and considerable input in training and support from the research team, saw significant improvements in quality, particularly among those providers who at the start of the intervention had a lower score for quality (Sheridan, 2001). Although one cannot disaggregate which component of the model was most effective, the researchers note that their support for the setting was important for facilitating reflection and was the basis for discussion and sharing information about practice.

4 Conclusions

Although robust evaluations of quality improvement programmes are lacking, the evidence reviewed does suggest that programmes can have a positive impact on practitioners’ practice and lead to improvements in the quality of provision. The self-evaluation process, integral to quality assurance and improvement programmes, facilitates reflective practice and enhances the setting’s capacity for change and development. Yet to be effective in this way, practitioners need to be supported through the process with on-site assistance and advice from trained professionals. This role is often fulfilled by quality assurance programme mentors or early years development workers who regularly visit settings and help practitioners through the self-evaluation cycle.

It would seem from the available data that quality improvement programmes are one of a number of quality improvement initiatives, such as the education and professional development of staff, which can help raise standards. The education of
the ECEC workforce is already a government priority and the Transformation Fund is being used to improve qualifications of the early years workforce and increase the number of setting managers qualified at the level of Early Years Professional. Quality assurance and improvement programmes can help in the identification of training needs and the motivation of staff to take up training opportunities.

The review has highlighted the need for quality control of quality improvement programmes, a role that Investors in Children attempted to fulfil. Accreditation standards which fail to go beyond regulatory standards and a validation system that lacks rigour are unlikely to have an impact and yield any quality improvements. Improvements in quality are also unlikely if the setting receives inadequate support from the programme or the whole setting is not involved in the self-evaluation process. High staff turnover can also have a detrimental affect on the setting’s ability to effectively participate in the programme.

Finally, effective quality improvement programmes are expensive to administer and can have significant resource implications for settings. Adequate investment at both local and national level is required to assist settings in going though a quality improvement programme and becoming accredited, particularly those settings at the lower end of the quality spectrum and most in need of support.
Table 1: Details of studies referring to impact of quality improvement programmes
<table>
<thead>
<tr>
<th>Study and country of origin</th>
<th>Sample and Methods</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td>Bloom, P.J. (1996) <em>The Quality of Work Life in NAEYC Accredited and Non-accredited Early Childhood Programs</em> United States</td>
<td>Survey of all staff in 60 accredited and 320 non-accredited childcare centres</td>
<td>Significant differences between accredited and non-accredited centres in quality of work life, job commitment and staff turnover.</td>
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<tr>
<td>Cost, Quality and Child Outcomes Study Team (1995) <em>Cost, Quality and Child Outcomes in Child Care Centres</em> United States</td>
<td>400 childcare centres Measures of quality (ECERS and ITERS) and child development; staff questionnaires and interviews. Study designed to look at relationships between cost, quality and child outcomes.</td>
<td>Accredited centres have higher scores on measures of quality than non-accredited centres.</td>
</tr>
<tr>
<td>Fontaine et al (2006) <em>Increasing Quality in Early Care and Learning Environments</em> United States</td>
<td>29 childcare centres receiving grants to enhance quality used to assist with accreditation, provide salary enhancements to staff, purchase materials and/or provide professional development activities. Pre and post intervention measures of quality (ECERS)</td>
<td>Significant improvements in quality over 2 year period.</td>
</tr>
<tr>
<td>Owen, S. (2005) <em>Children Come First. The Role of Approved Childminding Networks in Changing Practice</em> England</td>
<td>Analysis of reports of 100 coordinators. Focus groups with key stakeholders. Postal survey of 200 childminders</td>
<td>Childminders who had taken up accreditation benefited from the process.</td>
</tr>
</tbody>
</table>
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Department of Education and Skills (2007) *The Early Years Foundation Stage*


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OECD (2001b) OECD *Country Note, Early Childhood Education and Care Policy in Australia*. [http://www.oecd.org/document/13/0,2340,en_2649_201185_1941773_1_1_1_1,00.html](http://www.oecd.org/document/13/0,2340,en_2649_201185_1941773_1_1_1_1,00.html)


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5 This is a report on the OECD thematic review of early childhood education and childcare conducted in 12 countries. Copies of national background reports prepared for the thematic review and national notes prepared by review teams are downloadable from the OECD website [http://www.oecd.org/document/13/0,2340,en_2649_201185_1941773_1_1_1_1,00.html](http://www.oecd.org/document/13/0,2340,en_2649_201185_1941773_1_1_1_1,00.html)


Smart Start Evaluation Team (2001) *Validating North Carolina’s 5-Start Child Care Licensing System*. NC: Frank Porter Graham Child Development Institute


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Appendix: Methodology

Relevant material was identified through internet and literature searches. Bibliographic databases searched included: Applied Social Sciences Index and Abstracts (ASSIA); Australian Education Index (AuEI); British Education Index (BEI); Education Resources Information Centre (ERIC). These searches used a range of early childhood terms combined with terms relating to quality improvement to identify relevant studies and reports published between 1997 and 2007. Material cited in relevant articles was also followed up to extend the range of the search. Ann Robinson, information officer for the Early Childhood Unit at the National Children’s Bureau, assisted with this search.