Raising the Bar on Quality Evaluation Report

Prepared for

Affiliated Services for Children and Youth

by

The Centre for Community Based Research
Acknowledgements

The completion of this evaluation reflects the efforts of a number of people. The Centre for Community Based Research would like to acknowledge those who shared their experiences and insights to ensure that we were able to achieve our research objectives. Our thanks to ASCY, the members of our Raising the Bar Evaluation Steering Committee, the City of Hamilton, and not least, all the participants who gave their time to complete surveys, come to focus groups and answer interview questions.

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Executive Summary

Developed and introduced in Hamilton, Raising the Bar on Quality (RTB) is an ASCY, community initiative designed to enable a community standard of good developmental care for all children. In response to the need to understand and share reliable information about RTB, ASCY partnered with the Centre for Community Based Research to evaluate the implementation and impact of the program. The evaluation was conducted from October 2009 to March 2010 and focused on:

- The value of the program for early years professionals.
- The effect of the program on ELCC service providers’ everyday practice.
- The relationship between Raising the Bar and quality in child care environments.

In total, 360 early years professionals contributed to the evaluation through: surveys for supervisors and staff at RTB centres; ECERS-R scores from RTB centres; focus groups held with supervisors, collaborating professionals and community partners; and interviews with supervisors at centres that do not participate in RTB.

Results of the evaluation indicate RTB is valued as a program that:

- Provides a helpful and effective framework for supervision, program monitoring, organization, and communication with staff.
- Supports networking and collaboration with other professionals working in the child care community.
- Supports ongoing training and professional development.
- Encourages dialogue and direction for improving quality and raising standards.

The ways in which RTB was valued as a program are consistent with where it was identified to have the most impact on everyday practice. Requiring the implementation of best practices and ongoing professional development were recognized as having the most direct effect on supervisor and staff practices. The relationship between Raising the Bar and quality in the centers, specifically child-caregiver interactions “on the ground”, was less clear. Although there was the belief that RTB had noticeably improved quality in some programs, the analysis did not find a significant relationship between participation or levels achieved in RTB and ECERS-R scores. Nevertheless, the majority of centres in the program achieved an ECERS-R overall score of 5.0 or higher.

The most predominant suggestion to improve the implementation of RTB and its impact was to provide more ongoing, in-centre support for supervisors and staff. This suggestion supports current initiatives at ASCY to shift its focus in the delivery of professional development. As well, the evaluation results suggest the opportunity to build on RTB’s strength as a framework for best practices. Further evaluation research could clarify outstanding questions and provide better understanding of RTB’s impact on staff practices and on quality.
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Raising the Bar on Quality Evaluation Findings

Project Background

Affiliated Services for Children and Youth (ASCY) is a non-profit, multi-service organization in Hamilton that provides professional education, resources and supports to early years practitioners. By providing a comprehensive and diverse range of services to clients, ASCY aims to support the development and well-being of children and youth through building the capacity of early years practitioners to deliver quality programs and care. One such program is Raising the Bar on Quality.

Raising the Bar is part of ASCY’s objective of enabling a community standard of good developmental care for all children. The program was developed in Hamilton by child care supervisors in collaboration with ASCY and representatives of the Hamilton Early Learning Partners for Best Practice. It has been in operation since 2002 and is now being adopted by other Ontario communities as a model for improving quality in licensed child care settings.

ASCY partnered with the Centre for Community Based Research (CCBR) to evaluate the Raising the Bar on Quality program as the need to understand and share reliable information about effectiveness and outcomes of the program has become pressing. CCBR is an independent, non-profit organization focused on strengthening communities through social research and its application to important social issues. CCBR’s expertise in program evaluation includes childhood development, early learning and child care, and child welfare (for more information on CCBR see Appendix A: About Us).

About this Report

This report details the evaluation framework and findings of the Raising the Bar evaluation that was conducted by the Centre for Community Based Research from October 2009 to March 2010. This evaluation was primarily focused on RTB as it is implemented in Hamilton. This evaluation may be considered as a first phase of a longer term evaluation plan that would more fully assess the relationship between Raising the Bar and quality in child care programs.

Following a brief description of the Raising the Bar on Quality program, we present the evaluation framework, including the logic model, design and strategies. We then present the findings of the Hamilton evaluation and conclude with recommendations for RTB and the next phase of evaluation research.
I. Raising the Bar on Quality

Raising the Bar on Quality (RTB) is a voluntary, peer-review program for licensed child care programs, school-age programs, special needs resource agencies, licensed home child care agencies and Ontario Early Years Centres. It is a community initiative designed to help families ensure their children are receiving high quality early learning and child care services. It is endorsed and financially supported by the City of Hamilton, Community Services Department, Social Development and Early Childhood Services.

Raising the Bar is comprised of enhanced community-set standards that are in addition to provincial regulatory standards. There are three categories of standards – Quality Assurance, Best Practices in Management and Professional Development:

- **Quality Assurance**: promotes professional efficacy and incorporates parent/guardian feedback and action plans to address areas of need and to plan for improvement. It is monitored through frequent review by centre staff and supervisors, as well as on-site observations by Early Childhood Education consultants every three years to support programs’ provision of services above minimum provincial regulatory standards.

- **Best Practices in Management**: encourages family engagement, community collaboration and a positive work environment for staff and supervisors. This category focuses on detailed policies, procedures and management practices that guide daily practice and support optimal child health and development.

- **Professional Development**: supports early years professionals to maintain their credentials and commit to additional training each year. Standards within this category encourage program staff and supervisors to regularly participate in a variety of educational opportunities throughout the year.

There are three levels of recognition – Gold, Silver and Bronze – that programs may achieve. To obtain a level of recognition, supervisors submit a program profile to the Raising the Bar Coordinating Committee and Peer Review Team. The program profile includes requested documentation to demonstrate standards achieved in each category.

- For **Quality Assurance**, the profile includes regulatory standards and health and safety monitoring, parent/guardian surveys, environmental assessments and staff work environment surveys. Also in this category, participants are required to present an action plan addressing needs and planning for program enrichment.
For Best Practices in Management, the profile comprises governance documentation, job descriptions, policies and procedures, strategies for family involvement education (including a parent/guardian handbook), as well as reports of mentoring efforts, staff engagement and community collaboration.

For Professional Development, qualifications are presented in the profile, including a profile label for staff and indicators of professional involvement. A checklist for each category is included in the profile to note items and criteria for each level of recognition. Participants are asked to indicate to peer reviewers that they have provided the requested documentation for each level within the category.

A Peer Review Team reviews the profile submission against RTB standards. A level of achievement, or “Bar”, is then awarded for each category according to the extent to which criteria are met. Through Raising the Bar, ASCY aims to promote and support observance of a community standard that exceeds minimum requirements for licensing. To support participating centres, ASCY offers consultation, guidance and resources as well as facilitates a network group for newcomers to the program.

II. Evaluation Framework

The Centre for Community Based Research approaches evaluation as an opportunity for organizations to gain new knowledge and information about the impact of their program as well as to improve their programs and practice. Evaluation is most useful and works best, in our mind, when it is participatory – when community and stakeholders are engaged in the evaluation and when decision making and leadership are shared throughout design, implementation and interpretation.

The first step in the Raising the Bar Evaluation was to form an Evaluation Steering Committee to reflect the stakeholders and interests that would be affected by the evaluation. We established the Evaluation Steering Committee through the membership of the Raising the Bar Coordinating Committee. The Evaluation Steering Committee was comprised of early years professionals, representatives from ASCY, Ontario Early Years Centres, and the City of Hamilton (see Appendix B: Raising the Bar Evaluation Committee).

The role of the Evaluation Steering Committee has been to provide direction and input into the evaluation priorities, measurement strategies and the evaluation tools. We also worked together to develop a logic model for Raising the Bar and to draft a long-term evaluation plan. Our aim is to ensure that the evaluation will be relevant, meaningful
and useful not only for ASCY but also for other key stakeholders including, RTB coordinators in other communities, policy makers and early years professionals.

Raising the Bar Program Logic Model

Logic models are used in community-based program evaluation to communicate how a program’s activities are linked to both short-term and long-term outcomes. A logic model should reflect a program’s goals, resources and activities and can be used as a tool for identifying what is expected from a particular program over time. As a framework for evaluation, logic models describe and identify processes (activities or strategies to produce specific results), and outcomes (the impact on the people whom the organization wants to benefit). Because a logic model is designed to thoroughly capture the connections between activities, outputs and outcomes (Patton, 2008), it should remain a flexible, living tool that can be re-worked as shifting priorities and conditions present themselves. Logic models provide an important point of reference for guiding and focusing evaluation questions and for informing appropriate evaluation methodology.

Working closely with the Evaluation Steering Committee, a program logic model for Raising the Bar was developed (Figure 1). The logic model provides a high-level overview of the program, including ASCY’s role and its intended impact on the capacity of Early Learning and Child Care (ELCC) service providers to ensure quality environments and care. Following is a brief description of the activities and intended outcomes depicted by the logic model.

Activities

Both ASCY and ELCC service providers have a key role to play in the implementation of the program. ASCY’s role is to build the capacity of ELCC service providers to provide healthy environments by offering, i) consultation services, ii) facilitating opportunities for collaboration through mentoring and networking activities, iii) professional development opportunities through training and workshops and iv) coordination.

RTB requires that ELCC service providers engage in reflective practices to ensure quality programs and healthy environments for the children in their care. ELCC service providers are also to follow best practices in management, ensuring their policy and procedures and engagement of staff and parents are above minimal standards. Professional development requires that ELCC service providers are involved in ongoing training and learning as well as advocacy for children and their profession. The assumption is that activities in each of the three categories of standards mutually reinforce and support the activities in the other categories.
Outcomes

Within child care environments, the short-term outcomes intended to follow from quality assurance activities include greater implementation of best practices in child care and improved staff interaction and team work. There is the expectation that participation in best practices in management will lead to improved infrastructure and frameworks for enabling healthy child care environments, improved staff interactions, improved parent and family engagement, and stronger ELCC service provider networks and mentoring relationships. Increased understanding of child development and caregiver influence, as well as increased implementation of best practices, are expected to follow from professional development activities.

Achievement of short-term outcomes is then intended to collectively lead to, and sustain, longer-term outcomes that include improved child care environments, improved program curriculum, and improved child-teacher and ELCC service provider-family relationships. As a result of professional development, improved practice and advocacy work, it is expected that ELCC service providers will experience an increased sense of professional self-efficacy to help sustain and further their provision of high quality care.

Long-term, Raising the Bar aims to support the achievement of goals related to consistent, high quality care for all families and positive developmental outcomes for all children.
Figure 1. Raising the Bar Program Logic Model

Raising the Bar on Quality – Logic Model

**Activities**
- Community Engagement
- Collaboration
- Training
- Policy Makers & Families

**ASCY**
- Consultation
- Monitoring
- Training
- Capacity Building
- Policy Makers & Families

**Short-term Outcomes**
- Increased capacity of ECE providers to provide healthy environments & support optimal child development
- Hamilton the Best Place to Raise A Child

**Long-term Outcomes**
- Awareness and Recognition of RTB as Successful Model of Enabling a Community Standard of High Quality Child Care
- Positive Outcomes for Children: Healthy Development

**Goals**
- Consistent High Quality Child Care for All Families

**Providers**
- Quality Assurance: Program Planning, Staff Development, Observation, Documentation, Environmental Assessment
- Best Practices in Management: Written policies and procedures, Engagement of staff, Engagement of parents/families, Networking, Peer mentoring
- Professional Development: Ongoing participation in training, education, Advocacy for children and families

**Outcomes**
- Greater implementation of best practices
- Better infrastructure & teamwork for supporting healthy early childhood environments
- Improved family interactions
- Increased parent understanding and family engagement
- Stronger provider networks and mentoring relationships
- Increased understanding of child development and caregiver influence
Evaluation Objectives

ASCY’s objective for the Raising the Bar evaluation was to demonstrate the effectiveness and reliability of the program as a model of enabling a community standard of high quality care. More specifically, we aimed to understand and characterize:

- The effect of the program on ELCC service providers’ everyday practice.
- The value of the program for early years professionals, policy makers and families.
- The relationship between Raising the Bar and quality in child care environments.

The current project focused on the implementation (process) of RTB and key short-term outcomes. To assess longer-term outcomes and the relationship between RTB and quality, a longer-term evaluation plan would be needed. We make recommendations for a longer term evaluation plan at the conclusion of this report.

Evaluation Questions

Key process evaluation questions included:

1. To what extent do ELCC service providers participate in and use ASCY resources and services, including workshops, networks and mentoring opportunities?
2. To what extent are RTB standards incorporated into everyday practices?
3. What challenges and barriers are there to participating in the program?
4. What further supports do ELCC service providers need to achieve or maintain a high standard of quality?

Outcome evaluation questions included:

1. How do key stakeholders (ELCC service providers, policy makers, community partners, and parents) understand and value RTB?
2. What is the relationship between participation in RTB and quality in child care environments?
3. To what extent does RTB support an increased sense of professional identity and efficacy?

Evaluation Design and Strategies

The Raising the Bar evaluation for Hamilton utilized a cross-sectional design. We looked for differences across centres that participate in RTB according to the number of years in RTB as well as level achieved in each of the RTB categories of standards. We also employed mixed methods, drawing on both quantitative and qualitative strategies for data collection. We aimed to be as inclusive of each of the key stakeholder groups as possible, outreaching to supervisors, staff, parents, community partners, and collaborating professionals. In addition, we outreached...
to child care centres in Hamilton that do not participate in RTB. This section describes the participants and strategies for data collection.

Participants

There are approximately 149 child care programs currently participating in RTB. Supervisors and front-line staff at all Raising the Bar centers were invited through ASCY’s supervisor network to contribute to the evaluation. There are 62 child care programs in Hamilton that do not participate in Raising the Bar. We invited supervisors from the 32 programs considered similar to those that do participate in RTB to add their perspective to the evaluation. Centres that had indicated to ASCY they were planning on participating in RTB, centres that were newly opened (within the last year), and private school programs were not contacted for interviews.

In addition to RTB and non-RTB centres, the evaluation involved community partners (i.e., those who have implemented RTB in other municipalities and regions), and collaborating professionals (e.g. resource teachers and third-party professionals who regularly visit child care centres). We originally planned to include parents as well. However, despite multiple attempts and strategies of parent engagement, none came forward to participate.

Letters of invitation were sent to all potential participants and were signed by both the City of Hamilton and ASCY. The evaluation conformed to the standards of ethical practice for evaluation and community research. Participants were provided an informed consent explaining the evaluation, its purpose and methods. The choice not to participate in the evaluation did not affect ELCC service providers’ standing in RTB in any way.

Data Collection Strategies

The evaluation used a number of strategies for collecting data on program implementation and program outcomes. Both qualitative and quantitative methods were used.

*ECERS-R (Environmental Assessment).* Supervisors of RTB programs were asked to provide their recent scores on the *Early Childhood Environment Rating Scale – Revised* (ECERS-R; Harms, Clifford & Cryer, 2005). The *ECERS-R* is a comprehensive, observation instrument designed to measure the quality of early care and education environments. Raising the Bar requires the regular use of tools like *ECERS-R* and the evaluation utilized the scores from *ECERS-R* that were completed by ASCY through centres’ compliance with this RTB standard.

*Surveys.* Surveys were distributed to RTB ELCC service providers. Two versions of the survey were developed – one for supervisors and one for frontline staff. The surveys were primarily comprised of closed-ended questions related to supervisor and staff understanding of the program, its impact on their practices and their perception of its value. As well, items related to professional satisfaction and sense of professional self-efficacy were included.
**Focus Groups.** Focus groups were held with RTB supervisors, community partners (RTB coordinators in communities outside Hamilton) and collaborating (third-party) professionals. The purpose of the focus groups was to gain greater insight into the perceived impact and value of RTB. As well, participants were asked to provide their thoughts and experiences on challenges and barriers related to implementation, recognition and promotion of RTB as a community standard and model for raising quality in child care settings. We also designed focus groups for staff and parents, however, these groups were cancelled because of lack of participation. We attempted a teleconference for staff as well as online discussion groups for staff and parents. Neither of these strategies achieved the desired participation.

**Interviews.** Interviews were conducted with supervisors at centres that do not participate in RTB. Supervisors who choose not to participate in RTB were interviewed to gain insight into their understanding of the program and perception of its value. The interview was semi-structured and included questions about quality in child care programs, management practices, mentoring and professional development. As well, interviewees were asked to identify any barriers they perceived to participating in the program.

**Analysis**

Quantitative analyses planned for the evaluation data included descriptive statistics, correlation and analysis of variance (ANOVA). Correlation analysis is intended to answer questions regarding the relationships between years in RTB and outcomes. ANOVA is intended to answer questions regarding the differences between level achieved (gold, silver, bronze) and RTB outcomes. Qualitative data were analyzed for key themes and trends in responses.

**III. Evaluation Findings**

This section presents a detailed discussion of the findings from the Raising the Bar evaluation conducted for ASCY and the City of Hamilton, October 2009 to March 2010. Preliminary results were presented to the RTB steering committee to help contextualize and gain further insight into evaluation results.

Following a description of those that participated in the evaluation, we have presented the findings by the process and outcome evaluation questions identified in Section II. Within these findings, we have further organized our discussion to align with RTB activities and standards.

**Participants**

**ECERS-R.** There were 49 centres that contributed their most recent ECERS-R scores for analysis.

**Surveys.** 253 front line staff and 69 supervisors responded for a total of 322 surveys received.
Focus Groups. Focus groups were scheduled for staff, parents, supervisors, collaborating professionals and community partners. Despite several attempts to meet with staff and parents, no one attended, thus, we conducted three focus groups that included supervisors (n=11), collaborating professionals (n=11) and community partners (n=6).

Interviews. Child care centres that choose not participate in RTB were asked to participate in a telephone interview to share their thoughts on the program. A total of 10 interviews were conducted with supervisors of non-RTB centres.

Supervisor and Staff Characteristics
The survey included a number of questions related to supervisor and staff experience within the field, the programs in which they worked, and their program’s achievement within RTB.

On average, staff reported having worked 11 years in the child care field, and reported an average of six years with their current program or agency. Supervisors reported an average of seven years as a supervisor, an average of 12 years in their current program or agency, and an average of 19 years in the child care field.

The majority of staff (71.5%) and supervisor (68.1%) survey participants reported they were from licensed centre-based early learning and child care programs. The majority (80%) also reported that the license capacity at their centre was more than 32 spaces and 67% reported that they worked in preschool programs. Table 1 provides an overview of program characteristics as reported by staff and supervisors.

Table 1. Reported program characteristics, licensed capacity and age ranges.

<table>
<thead>
<tr>
<th>Program Characteristics</th>
<th>Staff</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed, centre-based Early Learning and Child Care</td>
<td>72%</td>
<td>68%</td>
</tr>
<tr>
<td>Licensed School-Age Child Care</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>Special Needs Resource Agency</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Licensed Home Child Care Agency</td>
<td>-</td>
<td>1%</td>
</tr>
<tr>
<td>Early Learning and Parenting Centre</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Licensed Capacity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 32 spaces</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>32-60 spaces</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>60+ spaces</td>
<td>35%</td>
<td>41%</td>
</tr>
<tr>
<td>Age Ranges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1.5 yrs</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>1.5 yrs – 2.5 yrs</td>
<td>31%</td>
<td>28%</td>
</tr>
<tr>
<td>2.5 yrs – 5 yrs</td>
<td>67%</td>
<td>49%</td>
</tr>
<tr>
<td>5+ yrs</td>
<td>45%</td>
<td>46%</td>
</tr>
<tr>
<td>No specific age group</td>
<td>-</td>
<td>41%</td>
</tr>
</tbody>
</table>
Raising the Bar Standings

On average, survey participants reported that their program had been involved in RTB for 4.74 years, ranging from one to eight years. As well, two thirds of survey respondents (66%) reported they were from centres that have achieved gold in all three categories. There were 12% of staff and 6% of supervisors who reported they did not know their level of achievement in the RTB categories.

According to program data received from ASCY, 63% of all participating centres have achieved gold in all three categories of standards. Overall standings for all RTB centres (N=149) are displayed in Table 2.

Table 2. Level of achievement for centres participating in RTB, according to ASCY program data.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>QA</th>
<th>BP</th>
<th>PD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td>107</td>
<td>99</td>
<td>75</td>
</tr>
<tr>
<td>Silver</td>
<td>2</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>Bronze</td>
<td>39</td>
<td>18</td>
<td>44</td>
</tr>
<tr>
<td>Recommendation</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Participant</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Process Evaluation

Through our process evaluation, we aimed to understand how RTB has been implemented in Hamilton and the extent to which it has been incorporated into everyday practices. We also wished to identify the challenges associated with RTB and the supports needed to encourage greater participation in the initiative.

The data sources used to answer the process evaluation questions were surveys completed by participating staff and supervisors, focus groups with community partners, supervisors and collaborating professionals, and individual interviews with non-RTB supervisors.

Participation In & Use of Resources & Services

The evaluation found that staff and supervisors are using the resources and services of ASCY to meet the RTB standards. Consistent with the number of programs that have achieved a gold level in Professional Development, staff and supervisors are taking advantage of the workshops and training. More ongoing consultations and support at the centres was recommended.

Third Party Consultations

Only about half of the survey participants (71% of supervisors and 49% of staff) responded when asked about third party site visits and the specific tools used. Of those who responded, 58% indicated that they only use ECERS, ITERS, and/or SACERS as their third party tools. An
additional 23% of all respondents reported using interaction scales in combination with ECERS, ITERS, and/or SACERS.

Networking and Peer Mentoring

RTB was seen to support networking and collaboration with other professionals working in the child care community in Hamilton. Supervisors explained that RTB keeps you in touch with others in the ECE field. Supervisors and collaborating professionals strongly believed that RTB has increased collaboration among ELCC service providers. Supervisors, in particular, felt that RTB has contributed to a greater sense of community among centres in Hamilton.

“RTB has been good for mentoring and collaborating with the childcare community. It has got people to share with each other from other programs” (Supervisor).

The majority of staff (76.5%) indicated that they regularly talk with staff from other programs. Supervisors responded similarly, with 89.9% indicating that they regularly speak with staff and supervisors from other programs to share ideas. Staff (67%) and supervisors (65%) also indicated that they had someone to go to for support when they need it. Yet when asked specifically if they had a mentor, 75% of all respondents indicated that they did not.

Professional Development

Collaborating professionals, community partners and supervisors all noted that RTB has encouraged greater enrollment in professional development opportunities. They agreed that participating in RTB has enabled them to keep up-to-date on the early childhood education field and has promoted new learning among staff.

“(RTB) has raised the profile of professional development...A lot of staff have never thought of it as something they need to do...I think it has made the statement that you need to spend some hours in the year on professional development” (Collaborating Professional).

Community partners also remarked that professional development has increased since RTB was implemented in their regions. Community partners felt that these new learning opportunities have translated into improved confidence on part of their staff members. Supervisors believed that professional development workshops keep staff current on the ECE field and that participating in RTB contributes to improved professionalism in the child care field.

Survey responses supported these perceptions, indicating a high frequency of professional development training. Following First Aid and CPR, the majority of staff and supervisors reported attending curriculum-related workshops. Less frequently, they reported attending training for mentoring and family engagement. The following tables (Tables 3 and 4) highlight time committed to PD training and the types of training reported.
Table 3: Professional Development training attended in the last 12 months.

<table>
<thead>
<tr>
<th>Events attended</th>
<th>Staff</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four events (8 hours)</td>
<td>69%</td>
<td>86%</td>
</tr>
<tr>
<td>Three Events (6 hours)</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Two Events (4 hours)</td>
<td>18%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Table 4: Reported training attendance in the last 12 months.

<table>
<thead>
<tr>
<th>Professional Development</th>
<th>Staff</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid &amp; CPR</td>
<td>72%</td>
<td>70%</td>
</tr>
<tr>
<td>Curriculum-related workshops</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Early Literacy</td>
<td>42%</td>
<td>45%</td>
</tr>
<tr>
<td>Behaviour</td>
<td>40%</td>
<td>45%</td>
</tr>
<tr>
<td>ECERS-R, ITERS-R, SACERS</td>
<td>32%</td>
<td>41%</td>
</tr>
<tr>
<td>Interactions</td>
<td>22%</td>
<td>33%</td>
</tr>
<tr>
<td>Visual Strategies</td>
<td>19%</td>
<td>32%</td>
</tr>
<tr>
<td>Food Handler’s Certification</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>Inclusion Checklists</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td>ELECT</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Training for Trainers</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Family Engagement</td>
<td>7%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Challenges with Meeting Professional Development Standards

While there was a general sense that ongoing learning and training were valuable for staff and supervisors, a number of challenges in meeting the professional development criteria were identified during the focus groups. As well, about 20% of staff who completed the survey noted challenges associated with professional development opportunities and criteria. These challenges included:

- Workshops filled-up too fast
- Workshops were repetitive
- Limited frequency of workshops
- Hard to find the time to attend workshops due to work schedules and personal/family commitments
- Staff not intrinsically motivated to attend workshops and so waited until the end before fulfilling this requirement
Perceived Effect on Everyday Practices

The evaluation findings suggest that standards for Best Practices in Management and Professional Development had the most noticeable impact on supervisor and staff practice. Evaluation participants also voiced a strong commitment to standards of Quality Assurance. However there was some scepticism around the impact Quality Assurance standards had on the everyday practices of staff across all RTB centres. For supervisors and community partners, the consultation, collaboration and encouragement of professional development were the more successful aspects of RTB. As well, supervisors highly valued RTB for the structure it provided to their daily management and governance.

Capacity for Providing Quality Care

Survey participants were asked to rate the extent to which specific RTB activities improved practices. These activities included: third-party site visits, professional education, individual consultation, and network groups. As reported in Table 5, professional education, parent/guardian feedback and action plans were more likely to be perceived to have an effect. Fewer saw the continued influence of third-party site visits, consultation and network groups on everyday practice.

Table 5. Proportion of Staff & Supervisors who Agreed that RTB Activities Positively Effect Everyday Practice

<table>
<thead>
<tr>
<th>Activity</th>
<th>Staff</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Plans</td>
<td>82%</td>
<td>94%</td>
</tr>
<tr>
<td>Parent/Guardian Feedback</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>Professional Education</td>
<td>80%</td>
<td>77%</td>
</tr>
<tr>
<td>Network Groups</td>
<td>66%</td>
<td>67%</td>
</tr>
<tr>
<td>Third-Party Site Visits</td>
<td>59%</td>
<td>63%</td>
</tr>
<tr>
<td>Individual Consultation</td>
<td>57%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Supervisors further expressed that they believe participating in RTB has improved their capacity for increasing quality in child care centres. As well, they reinforced the importance of exceeding the minimum licensing standards set by the Ministry of Children and Youth Services.

Accountability

Accountability in Quality Assurance was a concern of both supervisors and collaborating professionals. Both groups believed that there were programs whose RTB submissions achieved the gold bars but whose environments and interactions did not reflect high quality. They believed that because RTB was “self-monitoring”, not all submissions could be seen as an accurate reflection of what was happening “on the floor”. Collaborating professionals spoke most strongly about accountability and did not see RTB as having an effect on staff practices, in particular on caregiver-child interaction. They emphasized that supervisors were ultimately
accountable for how RTB was carried out in centres, including how policies translated into improved interactions with children.

Accountability for me is a huge piece – who is that supervisor accountable to? She could write anything in that binder ...There has to be someone who follows up, who comes to see is this happening in your centre or did you just write it [down] and stick it in a book” (Collaborating Professional).

“It would be good to have a third-party person come in to check-in and evaluate, to make sure that practice is in line with standards” (Supervisor).

Challenges and Barriers to Participating in RTB

Evaluation participants, including supervisors from both RTB and non-RTB programs, community partners, and collaborating professionals identified a number of challenges and barriers associated with participating in RTB. These challenges primarily related to demands on human and financial resources, parent and community recognition of the program, and the level of supervisor and staff engagement with RTB.

Demand on human resources

The demands of RTB on supervisor and staff workload was said to be challenging in a number of ways:

- **Administration.** First year participation in the program was strongly associated with a challenging amount of paperwork. Developing the program binders was said to be overwhelming to new supervisors, including newly-appointed supervisors in long-time RTB centres. There was the concern that in centers where supervisors played multiple roles, completing paperwork above and beyond everyday tasks could detract from programs and interactions with children.

Close to 20% of staff surveyed reported challenges related to the amount of paperwork, which they considered to be overly time consuming because of the high volume of work required to complete submissions. Close to half of supervisors (46%) surveyed also reported challenges related to the demands of paperwork as well as challenges with the new electronic version and dissatisfaction with repetition in the submission process after several years of participation.

Paperwork was identified as a barrier for supervisors that do not participate in RTB. The majority of the non-RTB supervisors interviewed felt that they would not have the time needed to complete the program binder and the amount of paperwork necessary to achieve a high standard. As well, they also raised concerns about the investment of their
time in updating policies and procedures when they do not see a return for their effort (i.e. there is no demand or recognition from parents). The amount of paperwork and additional administrative workload was related to a perceived lack of sustainability of RTB.

“[Some centres] may see it as a lot of work. It would help to hear from others that the work and the process is ‘worth it’ to set goals” (Community Partner).

- **Staff training.** Staff training was identified as a challenge in two ways. Firstly, orienting new staff to RTB was said to be time-consuming, especially when supervisors were responsible for multiple sites. Secondly, obtaining the level of professional development required by RTB was identified as challenging for some staff, including staff new to the centre. Supervisors noted the challenge of staff finding the time and motivation to attend workshops. For supervisors that do not participate in RTB, the amount of professional development required by RTB was perceived to be unrealistic.

“**My staff would have to conduct 140 hours of professional development per year, and it is unreasonable to expect that from our daycare. You don’t want to start a program knowing you can’t measure up to the gold standard**” (Non-RTB Supervisor).

**Demand on already strained financial resources**

The cost of RTB and the costs associated with improving quality were identified as barriers for smaller centres and co-ops. This was a key challenge identified by the non-RTB supervisors, and recognized by the community partners. For instance, one supervisor expressed that because her centre relied on donations, she did not believe that her centre had the resources to measure up to the standards set by RTB.

“**There are also additional barriers for child care centres with fewer staff who have tighter budgets and are busier than other larger centres, so cost may be a factor for participation**” (Community Partner).

“**Being a not-for-profit, there are funding challenges, we rely on donations. If centres are being evaluated for supplies, we won’t measure up. We don’t have the resources.**” (Non-RTB Supervisor).

**Lack of Community and Parental Recognition**

The perceived lack of recognition from parents and by the larger community was identified as a barrier to participation. Parental recognition was believed to be a necessary incentive for reluctant centres to participate in and implement RTB standards. Without awareness of RTB, it is difficult for other supervisors to appreciate the benefits of participating, including
opportunities for networking and professional development. Evaluation participants also noted the broader challenges of trying to raise parental awareness of RTB. Parents have limited choices in child care and have conflicting priorities which were believed to supersede interest or awareness of RTB.

*Engagement of Supervisors and Staff*

RTB was very much seen as a program for supervisors, and its success a function of supervisor attitude, commitment and experience. It was noted that for RTB to work well, supervisors must be continually engaged in the process. Supervisors that let it slip were believed to be more likely to become overwhelmed with the paperwork.

The engagement of staff in RTB was perceived to vary widely across centres. A few noted that greater staff engagement in RTB could be a benefit for supervisors if staff were able to share ownership and responsibility for preparing the RTB binder. However, it was recognized that there exists more systemic barriers (e.g. wages, hours) to staff engagement and motivation that RTB is not able to address.

*Further Ways to Support Participation in RTB*

Evaluation participants suggested a number of ways that RTB could be implemented more effectively. Generally, they felt that support for supervisors, including some emphasis on how to manage the process over the course of the year, support for staff, and an increase in community awareness would improve participation in RTB.

*Greater Support for Supervisors*

Focus group participants (supervisors, collaborating professionals and community partners) agreed that more on-going support for less experienced supervisors would help improve the implementation of RTB. This support could be offered through more in-centre consultations as well as through current mentoring and networking practices. Supervisors emphasized the need for extra support during a centre’s first year of participation in RTB as well as for newly-appointed supervisors in long-time RTB centres.

“*New supervisors could have used more training in the beginning and ongoing follow-up to ensure they are still on the right track*” (Supervisor).

Supervisors also emphasized the benefits of participating in the peer-review process. They suggested there be greater outreach to RTB supervisors that are struggling and who need additional support, for example, developing policies. Participating in the peer-review, they believed, is a way to help supervisors develop a better frame of reference for understanding what is required by RTB.
Collaborating professionals emphasized that greater follow-up and support of supervisors would help to address inconsistencies in quality. More frequent visits and observation of sites were likewise identified as strategies to improve the daily practice of RTB standards. Greater presence in the centres around RTB was seen as a way to improve accountability and ensure that the policies defined through RTB were implemented.

**Emphasis on Strategic Management of RTB Process**

Focus group participants strongly emphasized the need for RTB supervisors to be strategic in their management of the workload and demands of RTB submissions. While much of these management practices need to come from individual supervisors themselves, suggestions for facilitating the process included:

- Communicate to supervisors the need to integrate paperwork into daily workload to avoid “panic at submission time”.
- Distribute program requirements throughout the year
- Realign submission timeline to follow either the calendar year (e.g. year end December, submission in January) or the school year (e.g. year end June, submission in July).
- Reduce repetitive documentation required every year.
- Share examples of binders with supervisors new to the program.
- Allow supervisors to present their first submission in hard copy rather than electronically.
- Color-code binder sections to ease the organization of submissions and communication between supervisors and the RTB coordinator.
- In-centre review to ensure that reported practices were indeed translating into quality child care.

**Greater Engagement of Staff**

Supervisors and collaborating partners both commented on the importance of engaging staff in RTB and emphasized the need to ensure staff commitment to the standards of quality child care. When supervisors included staff more in the implementation of RTB, e.g. asking for their help with preparing the submission or for their contribution in developing policy, it was believed to lead to better buy-in and make RTB more meaningful for staff. Ways to accomplish greater staff buy-in include:

- More consistent staff orientation to RTB.
- Share responsibility of submission with staff.
- Arrange visits for staff to high quality centres so that they can observe different practices and perspectives.
Raising the Bar on Quality Evaluation Findings

- Introduce RTB into student training to foster appreciation and participation for the program.

Community Leadership

Participants across all three focus groups agreed that knowledge and awareness of RTB needs to improve within the broader community through the leadership of the RTB coordinator. They recognized the leadership role of ASCY, as well of the importance of an RTB coordinator in taking on the leadership role in other communities.

Community partners also pointed to the importance of support at the municipal level, through funding the RTB coordinator position and tying funding for centres to their participation in the program. Supervisors too felt that it would beneficial to have some funding attached to RTB participation to recognize the extra work required.

Outcome Evaluation

The Outcome Evaluation focused on the perceived value of RTB in Hamilton and its impact on child care quality. To help answer the outcome evaluation questions, we examined ECERS-R scores of participating centres, the perception of work environments, staff and supervisor satisfaction, and professional efficacy by years in RTB and level of achievement in each category of standards. Also, focus group and interview participants were asked to share their perceptions of the value and impact of the program.

The Perceived Value of Raising the Bar

There was some diversity in responses to the value and understanding of RTB across stakeholder groups. Supervisors and community partners, overall, spoke positively of RTB and could clearly be seen as champions of the program. Collaborating professionals and non-RTB supervisors held greater reservations about the impact and value of RTB, voicing concerns about its translation into improved quality in child care programs.

Value for Supervisors and Staff

Generally, both supervisors (67%) and staff (65%) felt that RTB reflects the principles of recognition, respect, collaboration, continual learning and reflective practice. For those that participate, RTB was most valued for the focus on implementation of best practices, followed by its emphasis on professional development.

Raising the Bar was believed to provide a good framework for supervision and program monitoring. Of all supervisors surveyed, 87% indicated that RTB policies provided a framework for supervision and monitoring staff performance. More specifically, supervisors believed that
having well-developed policies created opportunities for ongoing dialogue about quality with staff and helped them to be upfront about expectations in their programs. Supervisors expressed their appreciation of the RTB framework to support regular and consistent communication with staff teams. Supervisors also expressed that RTB also provided a reference point when hiring new staff members. Though supervisors found the first year of work to be intensive, overall they found the focus on policies and procedures to be beneficial.

“[RTB] is a valuable tool. It is great to see the growth in the centre, the staff and yourself through participation” (Supervisor).

RTB was also believed to help increase supervisor and staff knowledge of community services. Staff reported that they believed RTB benefits them through recognition, participation in professional development and by providing a framework for best practices.

Value for Collaborating Professionals

Collaborating professionals valued RTB as a framework or reference for improving child care through the third-party assessment process. Collaborating professionals recognized that RTB encourages dialogue around quality, raising standards and professional development.

“We can use [RTB] as a reference, so that if we are seeing things in the classroom...we can always say RTB, this would be good PD for you if you would like to attend?” (Collaborating Professional)

“[RTB] is definitely a foundation for dialogue and communication among all the team players.” (Collaborating Professional)

Collaborating professionals were somewhat uncertain about the effect RTB had on program quality and child-caregiver interactions. They believed that strong supervisors had the most effect on the quality of the staff and the program, and that committed supervisors could raise quality in their centres with RTB but that participation in the program was not necessary to provide quality care. RTB, they further believed, could be more effective with stronger accountability mechanisms. Those who were struggling with quality, they believed, needed more direct support, review and follow-up than what RTB currently provides.

“...I have been to centres where there are three gold bars on the wall, but their program, it’s just not there. There is no floor interaction.” (Collaborating Professional)

Value for Non-RTB Supervisors

Not surprisingly, supervisors that do not participate in RTB were less certain of the program’s value. While most (n=8) recognized RTB as a program that was important for bringing child care centres up to a certain standard and for encouraging staff to provide excellent quality and
service, at the same time many questioned the sustainability of RTB for their centre. RTB was perceived by this group to be a program for larger, well-funded and well-resourced programs.

About half of interview respondents did believe that RTB would help to keep supervisors and staff active in the early childhood education field, be a good incentive to create and update policies and would help child care supervisors to create goals for their programs. However, others believed that RTB was comprised of unrealistic standards and did not emphasize the right priorities.

“My question is, is ‘high-quality’ defined and measured, solely through a review of binders of paperwork? If so, is this a valid definition and measurement of ‘high quality’?” (Non-RTB Supervisor).

**Value for Parents**

Parents did not participate in the evaluation despite our repeated efforts to get their feedback. Evaluation participants all emphasized the importance of parent understanding and valuing of RTB; however they also primarily believed that such understanding was lacking. While some staff (35%) and supervisors (27%) surveyed believed that parents knew about RTB, the majority believed that parents did not recognize the program. Parent recognition and choices based on RTB participation was believed to be the incentive that would ensure more meaningful impact on everyday practice.

**Relationship between RTB and Quality**

Approximately half of all survey participants (46% of supervisors and 56% of staff) reported they believed that RTB had noticeably improved quality in their programs. However in our analysis, we did not find a significant relationship between participation in RTB and our indicators of quality. Years in the program did not significantly correlate to the outcomes, nor were there any statistically significant differences between centres related to the levels (bars) achieved.

There was no relationship between years in RTB or level of achievement and most recent ECERS-R overall scores. Overall 65% of centres had an overall score that was 5.0 or higher (good to excellent) while 35% of centres had an overall score that was within the 3.0 to 4.9 (minimal to mediocre) range. To look at the relationship between level of achievement across each RTB category, we divided centres into two groups – centers that had achieved gold bars in at least two categories and centres that had less than two gold bars. As shown in the following chart, there was no significant difference in ECERS-R scores between these two groups. Within the group that had achieved gold in at least two categories, approximately a third had an overall score of less than 5.0. We also looked at the relationship between ECERS-R overall score and
level of achievement in just the Quality Assurance category. Again, there was no difference between those that had achieved a gold bar and those that had not.

Figure 1. Relationship between level of achievement and ECERS-R overall scores.

Work Environment

Survey results indicated that working relationships and environments within programs were generally positive for both staff and supervisors. A large majority of staff (80%) and supervisors (91%) reported overall positive feelings about their work environments. These environments were defined in terms of physical characteristics such as attractiveness, available equipment, materials, storage and space. A large percentage of staff (90%) and of supervisors (95%) also reported positive relationships with their co-workers. These relationships were defined in the survey as supportive, helpful, appreciative and encouraging.

Most staff and supervisor survey respondents indicated a strong sense of involvement and participation in decisions related to their program. The majority of both staff and supervisors reported that they felt they are able to influence decisions made for their programs, influence positive changes in practices, express their views freely, and access the resources they need to do their jobs well (see Table 6).
Table 6. Staff and Supervisor Reported Sense of Empowerment

<table>
<thead>
<tr>
<th></th>
<th>Staff</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can influence positive changes in staff practice</td>
<td>n/a</td>
<td>98%</td>
</tr>
<tr>
<td>I can influence decisions made for my program</td>
<td>84%</td>
<td>n/a</td>
</tr>
<tr>
<td>I can express my views freely on important matters for my program</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>I can access resources to do my job well</td>
<td>92%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Professional Identity and Efficacy

Professional identity and efficacy was fairly positive for survey participants. Supervisors expressed in group discussions that they believed RTB supports recognition and promotes an increased sense of efficacy. Some supervisors also felt that RTB has leaders in the early child care education field in Hamilton and has translated into improved confidence on part of their staff. Others saw RTB as an opportunity to develop with staff a shared sense of ownership over centre policies and procedures. Community partners commented that their staff were better equipped in the child care field as a result of participating in RTB.

“We have found that confidence levels in staff dealing with children has increased with participation in RTB. Also, we see more excitement and interest among participants in training. Because of RTB, staff have more tools, skills and understanding” (Community Partner).

Staff and supervisor survey participants reported an overall strong sense of professional efficacy and job satisfaction. Both staff and supervisors reported they felt they were very capable of meeting challenges and achieving success in their everyday practices, and satisfied with their work situation most of the time. (See Tables 8, 9 and 10) Supervisors, however, reported a significantly greater sense of professional efficacy and job satisfaction than staff. Professional efficacy was not significantly related to level of achievement in RTB (for Professional Development or across other categories).

Table 8. Staff reports of sense of professional efficacy (10 point scale 1- A little bit to 10-A lot)

<table>
<thead>
<tr>
<th>Reported typical ability to:</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop rapport with the most challenging children.</td>
<td>7.36</td>
</tr>
<tr>
<td>Easily adapt programming so that all children can participate.</td>
<td>8.11</td>
</tr>
<tr>
<td>Promote learning where there is a lack of support from the home.</td>
<td>7.70</td>
</tr>
<tr>
<td>Keep children on task.</td>
<td>7.92</td>
</tr>
<tr>
<td>Help children to play or work well together.</td>
<td>8.42</td>
</tr>
<tr>
<td>Help children from diverse cultural and socioeconomic backgrounds.</td>
<td>7.82</td>
</tr>
</tbody>
</table>
Make my program a safe place. 9.14
Help children enjoy coming to my program. 9.10
Help other staff with their childcare skills. 7.86
Collaborate with management to make our program run effectively. 7.79
Help children regulate their behavior. 8.12
Prevent disruptive behavior in my program. 7.92

**OVERALL MEAN 8.11**

<table>
<thead>
<tr>
<th>Reported typical ability to:</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influence decisions that are made in my program.</td>
<td>8.36</td>
</tr>
<tr>
<td>Express my views freely on important matters in my program.</td>
<td>8.87</td>
</tr>
<tr>
<td>Motivate staff who show low interest in their work.</td>
<td>7.63</td>
</tr>
<tr>
<td>Help staff to work together.</td>
<td>8.31</td>
</tr>
<tr>
<td>Get staff to follow the program’s policies and procedures.</td>
<td>8.54</td>
</tr>
<tr>
<td>Prevent negative child-caregiver interactions</td>
<td>8.32</td>
</tr>
<tr>
<td>Make my program a safe place.</td>
<td>8.97</td>
</tr>
<tr>
<td>Help staff enjoy coming to work.</td>
<td>8.22</td>
</tr>
<tr>
<td>Have staff trust me.</td>
<td>8.96</td>
</tr>
<tr>
<td>Get staff and management to collaborate so that the program runs effectively.</td>
<td>8.70</td>
</tr>
<tr>
<td>Get staff to believe they can do well at their jobs.</td>
<td>8.55</td>
</tr>
<tr>
<td><strong>OVERALL MEAN</strong></td>
<td><strong>8.49</strong></td>
</tr>
</tbody>
</table>

**Table 10. Job Satisfaction (5 point scale: 1-Never to 5-Usually)**

<table>
<thead>
<tr>
<th>Reported feelings about work situation most of the time:</th>
<th>Staff</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>The work I do is stimulating and challenging.</td>
<td>4.25</td>
<td>4.61</td>
</tr>
<tr>
<td>I feel physically exhausted at the beginning of the work day.</td>
<td>3.64</td>
<td>3.70</td>
</tr>
<tr>
<td>My work gives me a sense of accomplishment.</td>
<td>4.29</td>
<td>4.56</td>
</tr>
<tr>
<td>There is too little time to do all that needs to be done.</td>
<td>2.44</td>
<td>2.37</td>
</tr>
<tr>
<td>I feel emotionally drained at the end of the day.</td>
<td>3.18</td>
<td>3.38</td>
</tr>
<tr>
<td>I make a positive difference in the children’s lives</td>
<td>4.46</td>
<td>4.59</td>
</tr>
<tr>
<td>Program policies and procedures are well-defined.</td>
<td>4.47</td>
<td>4.72</td>
</tr>
<tr>
<td>I feel frustrated by this job.</td>
<td>3.71</td>
<td>3.93</td>
</tr>
<tr>
<td>I have reasonable control over most things that affect my satisfaction with my job.</td>
<td>3.97</td>
<td>4.40</td>
</tr>
<tr>
<td>I feel my job makes good use of my skills and abilities.</td>
<td>4.33</td>
<td>4.61</td>
</tr>
<tr>
<td>I take pride in my program.</td>
<td>4.59</td>
<td>4.86</td>
</tr>
<tr>
<td>I know the program could be providing a better service, but there is nothing I can do about it.</td>
<td>3.53</td>
<td>4.06</td>
</tr>
<tr>
<td>My program really supports the families of the children who</td>
<td>4.35</td>
<td>4.56</td>
</tr>
</tbody>
</table>

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Research Limitations

There are a few important caveats to interpreting our evaluation findings. Firstly, our sample of evaluation participants was more limited than we had hoped. We were unable to engage parents in the evaluation and so our findings lack their perspective. Our experience has taught us that future efforts may be more successful if we take greater advantage of already occurring events for parents (e.g. centre surveys or parent advisory committees). We were also not able to engage staff in a more in depth discussion about RTB, although we did capture their perspective through the staff surveys. Nevertheless, supervisors, both those that participate in RTB and those that do not, collaborating professionals and community partners all provided valuable insight through their participation in the evaluation. We drew on their experience to infer more about the impact on and challenges of RTB for staff as well as about the extent of parent understanding of RTB.

Secondly, while we did not find a direct relationship between our quality outcomes and achievement in RTB, we cannot conclude that such a relationship does not exist. We relied on a cross-sectional design within a community in which RTB had been operating for several years. As such, our sample of recent joiners to RTB was not large. As well, the timeframe for the evaluation was too limited to do a pre/post design, which would better allow us to measure change in centres as a result of RTB. Survey results do suggest however that the majority of RTB centres show implementation of best practices above minimal standards as well as a good level of quality.
IV. Implications and Next Steps

Results of our evaluation suggest that RTB is a valuable framework for supervisors to support program monitoring, governance, and the implementation of best practices. It is also valued for facilitating networking and collaboration among ELCC service providers, supporting ongoing professional development for both staff and supervisors, and encouraging reflection and direction for improving quality and raising standards beyond minimum licensing requirements.

While about half of the supervisors and staff who participated in the evaluation believed that participating in RTB had improved quality in their centres, supervisors and collaborating professionals raised important concerns about accountability and the translation of RTB standards to staff-child interactions. Our findings do suggest that there is a fairly good level of quality amongst the centres that participate in RTB, yet we did not find a statistically significant relationship between our quality indicators and RTB participation. There are a number of possible explanations for this finding, including the limitations of our research scope and design. It may also be related to the ability of RTB to impact “on the floor” quality in child care centres. The relationship between RTB and interactions appears more distal than that between RTB and supervisor practice; that is, the components and requirements of the program appear designed and implemented in a way that more directly affects supervisor behavior and centre operation than interactions. It appears that RTB has an impact on staff primarily through the requirements for professional development and transfer of this training to everyday practice occurs in a context beyond RTB itself.

Our evaluation findings have implications for how to move RTB forward as a program and for the kind of strategies that are needed to further support the process of building the capacity of ELCC service providers to improve quality within their programs. The evaluation points to a number of key issues which ASCY may consider addressing as they continue with the implementation and expansion of RTB. These issues include rethinking:

- **Professional development and the delivery of workshops.** The evaluation findings support the direction of ASCY in moving towards more on-site training and coaching as a core strategy for practical, applied professional development as a way to complement workshops and have a more direct influence on every-day practice. This model would give staff the opportunity to learn strategies and ask questions from within the context of their own centres. It would also allow trainers to respond with strategies and feedback more tailored to needs of staff and programs.

- **Staff engagement in RTB.** The evaluation findings suggest that RTB is primarily a program for supervisors. This is a strength of RTB in that it provides a good framework that supports management and supervision, but may also be seen as a limitation if the program is to more directly influence staff practices. It was clear from our discussions with supervisors, collaborating professionals and community partners that RTB provides the opportunity to engage staff; however, the extent to which staff engagement in RTB is accomplished is
believed to be more of a result of supervisor skill and experience than the design of the program. Questions to resolve include: what are the goals of greater staff engagement, how will greater engagement support the achievement of intended outcomes, and in what way should staff be involved in the implementation of RTB? Answers to these questions might require a redesign in the implementation of RTB to move it from “a program for supervisors” to one that is relevant for and involves staff on a day-to-day basis.

• **Parent and community awareness and understanding of RTB.** There is a consistent sense that parents and the broader community do not have a good understanding of RTB and its role in supporting quality care. There is the opportunity to position RTB as a capacity-building initiative for ELCC service providers and to build a greater understanding of what this means for child care programs, for families and for the community. Similar to the process for rethinking staff engagement, key questions regarding building awareness and understand include: what are the goals of greater parent and community awareness, how will greater awareness support the achievement of intended outcomes, and how can greater awareness be achieved in a way that is strategic and effective?

• **Outreach to centres that currently do not participate.** While recognizing that there are those centres that will persistently opt out, there is nevertheless the opportunity to outreach to centres not currently involved in RTB. Our evaluation found that there are some misconceptions in the child care community about the program, for example about the costs associated with RTB, as well as questions about its applicability for smaller, less-resourced centres. Increasing the understanding of the benefits and practicalities of the program, of ways it can be adapted, for example, to co-op centres, and of its position in supporting quality environments may engage a greater number of centres in RTB.

**Next Steps**

The need for information about the reliability and validity of RTB as a community standard of good development care for all children was one of the drivers of this evaluation research. This need is ongoing, and next steps should consider ways, not only to develop RTB, but also to incorporate evaluation as part of its implementation. Building evaluation into RTB will enable the program to effectively shift and adapt to changing contexts and community needs. Evaluation is an important part of ensuring program accountability and the demonstration of outcomes and of effective processes can be powerful information to share with stakeholders, including ELCC service providers, communities, policy makers and funders.

At minimum, baseline data from each centre to join RTB can be systematically collected and used to track centres progress through the program. Baseline data can include environmental ratings, checklists for each of the RTB categories as well as a baseline survey for staff and supervisors. Qualitative methods, such as narratives or case studies, can also be used provide a richer understanding of the impact of RTB on centres overtime. Future evaluation efforts should focus more specifically on centres’ progress through the program, examining what
changes for centres, supervisors and staff as well as how and when change occurs. This focus would require a longitudinal evaluation plan, and would overcome some of the limitations of the current design.

Future evaluation efforts could also overcome limitations of the current design by involving comparison between centres and between communities. Within Hamilton, there was little variability among centres operating RTB. This may be unique to the city, where RTB occurs within broader commitments and investments of “making Hamilton the best place to raise a child”. Building on the current evaluation, one next step would be to involve communities where RTB is at different stages of implementation to better identify the programs’ impact and outcomes.

Of these impacts and outcomes, the uppermost is the relationship between RTB and quality. When RTB was first implemented, its developers wanted to make clear that RTB was not positioned or understood as a guarantor of quality. This evaluation validates that decision while revealing that assumptions and expectations about the direct impact of RTB on quality interactions persist. The topic of quality – its meaning and practice – surfaced in all our evaluation discussions, from our initial meeting with the coordinating committee to our final wrap up meeting with the provincial coordinators network. Our conversations and findings suggest an ongoing need for further investigation and understanding of the transfer of best practices to daily, “on the floor” quality interactions – either in relation to the role of RTB in supporting that transfer or more broadly. As Lambert et al. (2006) point out, evaluation can provide the data to link models for improved quality and practice to enhanced child outcomes. As noted above the demonstration of this relationship requires a longer-term and more inclusive evaluation design.

As with the implementation of RTB, evaluation requires the understanding and support of stakeholders, including ELCC service providers and collaborating professionals. Building a shared understanding of the purpose, benefits and contributions of evaluation for all stakeholders is essential to create buy-in and shared ownership of the research. Commitment to evaluation as a part of program implementation can enhance not only the process of doing evaluation work but also the utilization of findings for program innovation.
References


Appendix A: About Us

The Centre for Community Based Research

The Centre for Community Based Research is an independent, non-profit organization with over 25 years experience in community-based research and program evaluation. Located in Kitchener, Ontario, our projects are local, provincial, national and international in scope. In all Centre work, we use a participatory, action-oriented approach which is well suited to developing relevant and innovative solutions to address important social issues and meet individual, organizational and community needs.

Our Mission

Our Centre is committed to social change and the development of communities and human services that are responsive and supportive, especially to people with limited access to power and opportunity. Demonstrating leadership through research, education and community involvement, our Centre stimulates the creation of awareness, policies and practices that advance equitable participation and integration of all members of our community.

Distinctive Features

Our organization is Independent. It is an incorporated non-profit organization guided by a volunteer board of directors, and is not permanently affiliated with any funder or institution.

Our approach is Collaborative. We collaborate with academics, service organizations and government to support innovations in human service policy and practice. We see research as an opportunity to give voice to less powerful stakeholders and as a means to foster social cohesion. Stakeholders set the agenda for each research project, and our approach emphasizes ongoing feedback in all directions throughout the process.

Our organization is Responsive. We design multi-phase research projects so that our methodologies can be adapted to changing situations. We apply lessons across different projects and communities, and disseminate findings through our newsletters, workshops, and web pages.

Our organization is Experienced. It was founded 27 years ago, and has an established reputation for managing projects successfully. Our team includes experienced researchers, facilitators and academic instructors, and we have produced a body of published scholarly and popular writings.

Our team is Multidisciplinary. It includes members with graduate degrees in social work, community psychology, developmental and social psychology, women’s issues, sociology, and planning. Our team has content expertise in diverse issues including, immigration and cultural diversity, settlement and integration, social housing, family support, community mental health, disability issues, community safety and violence prevention, poverty and international development.

For more information about CCBR, visit our web site at: www.communitybasedresearch.ca
Appendix B: Raising the Bar Evaluation Steering Committee

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