



## Strengthening and Supporting the Early Childhood Workforce: **Continuous Quality Improvement**

### What is continuous quality improvement?

**Continuous quality improvement (CQI)** encompasses planned data-driven processes led by supervisors, pedagogical coordinators, and/or coaches that enable members of the early childhood workforce across sectors to improve their day to day practice. It emphasizes both feedback and guidance to a member of the workforce via a relationship with a more experienced team member, peers, or external professional. CQI processes are proactive and not reactive, embedded in an organizational culture committed to ongoing improvement, occur with some regularity and are generally not punitive in nature. Across early childhood programs, common CQI processes include:

- ▶ **Supportive supervision:** Supervisory tasks which typically involve an element of observation, feedback, and reflection and involve a process of helping staff to improve their own work performance continuously across several dimensions.
- ▶ **Mentoring:** Typically, individualized support that is holistic in nature and less centered around achieving a specific objective in terms of improving practice (when compared to coaching).<sup>1</sup>
- ▶ **Coaching:** Focused on improving quality of practice in one or more targeted areas.<sup>2</sup>

- ▶ **Professional learning communities/peer learning:** Opportunities to share reflections, feedback, and advice with peers.

#### Findings on Continuous Quality Improvement

1. Availability and accessibility of continuous quality improvement (CQI) processes varies across roles, sectors, and countries.
2. Ideal length and frequency depends on the objectives and CQI approach. Pairing them training and professional development opportunities may maximize impact.
3. Integrating elements of observation, reflection, collaboration, and problem-solving strengthen CQI processes.
4. Inadequate staff capacity is a major barrier to providing CQI that may be alleviated by efforts to manage workload, enhance skills, and provide complementary tools.
5. CQI approaches should be aligned with quality assurance and monitoring across the system.

**About this Brief** This Brief highlights findings from a global landscape analysis on Continuous Quality Improvement, one of 4 global landscape analyses carried out by [The Early Childhood Workforce Initiative](#) (ECWI) to illustrate the size and scope of the challenges faced by the early childhood workforce, highlight promising practices to address these challenges, and provide a comprehensive overview of the status of the workforce worldwide. Policymakers, researchers, program managers, and practitioners can use the findings of these landscape analyses to generate lessons to support and strengthen the early childhood workforce, and enhance existing programs, policies, research, and advocacy efforts.

## Key Findings

### 1 Availability and accessibility of continuous quality improvement (CQI) processes varies across roles, sectors, and countries.

**Data on CQI opportunities are not consistently available which may reflect offerings, but also inconsistent reporting, as these forms of ongoing support are often captured under broader categories for continuous professional development. Where available, there is variation in the types of opportunities as well as who has access to them.** The OECD's Starting Strong Survey of survey found that 75% of staff in the early childhood care and education sector participated in professional development activities such as training courses or seminars in the past year, while opportunities for CQI such as coaching, mentoring, peer learning, and supportive supervision, lagged. Similarly, while kindergarten teachers in Ghana may have opportunities for in-service training or professional development to address skill gaps, these opportunities do not consistently foster coaching, mentoring, and reflection.<sup>3</sup>

**Despite wide variation, home visiting services tend to prioritize CQI in the form of supportive supervision and reflection sessions. Given the limited duration of pre-service training, supportive supervision can help to provide on the job coaching and mentoring.** Through individual or group sessions, this supportive supervision and reflection sessions enable home visitors to reflect on interactions with families, discuss challenges, identify and practice new ways of delivering content, and strengthen relationships with families, while also

reducing staff turnover.<sup>4</sup> In the Cuna Mas program in Peru, supervisors observe two home visits a month, lead bi-monthly planning sessions, and provide support as-needed<sup>5</sup>, while Lady Health Workers in Pakistan receive on-going training one day each month following their initial 15-month training period, along with refresher courses and regular access to supervisors to address challenges they face in the field.<sup>6</sup> Despite these offerings, supervision may focus more on the administrative aspects of home visiting, as is the case reported by some community health workers<sup>7</sup> and within the social service workforce.<sup>8</sup>

#### Why focus on Continuous Quality Improvement?

This study focuses on the role of continuous quality improvement for the workforce given 1) the centrality of this topic to early childhood systems monitoring and 2) the important role that regular feedback plays in improving both practice and the well-being of the workforce. These two factors directly influence the quality of early childhood services and ultimately, child development outcomes.

### 2 Ideal length and frequency depends on the objectives and CQI approach. Pairing them training and professional development opportunities may maximize impact.

**Across sectors and roles, there is consensus that to be meaningful, CQI should be provided on a regular basis; however, what this means for length and frequency is unclear.** The UNICEF and Global Social Service Workforce Alliance (GSSWA) guidelines for the social service workforce call for both regular supervision and support to be provided on an as needed basis<sup>9</sup>, and a review of studies on community health worker programs in low-income countries found little data to suggest that increasing the frequency of supervision improves its quality.<sup>10</sup> Instead, frequency appears more dependent on

the objectives and intended outcomes of the approach. For example, an intensive training program utilizing video supervision may be more effective at achieving short-term outcomes while an initiative incorporating coaching and peer learning may be more impactful in achieving long-term quality objectives.<sup>11</sup> While dosage was identified as one of the most important features of coaching interventions, multiple factors including the program's goals and educator's skills influence the intensity of coaching needed.<sup>12</sup>

**CQI processes are commonly paired with training which can maximize their impact.** Reviews and studies on the ECE sector<sup>13</sup> routinely find coaching support accompanied classroom training or workshops, and as a means of supporting implementation. A review of

health worker performance found that while training or supervision alone had zero to modest effects, training coupled with other components like supervision and group problem solving were more effective.<sup>14</sup>

## 3. Integrating elements of observation, reflection, collaboration, and problem-solving strengthen CQI processes.

**It can be difficult to disentangle the exact components of CQI which have an impact on children's outcomes because many studies seek to modify several program aspects at the same time.<sup>15</sup>** A review of coaching in ECE identified several important structures and processes, including its dosage, emphasis on participatory learning, and the context in which it is provided.<sup>16</sup> It also identified common elements of coaching interventions, some of which are summarized below:

► **Observation** may involve classroom or clinical observation (in-person or virtually), or joint household visits, and provide the basis for coaching and related data for quality improvement efforts. Checklists or other tools may help guide and ground feedback in day to day practice. Here, observation is not intended for monitoring but as a means of strengthening feedback to improve practice.

► **Reflection** refers to the fostering an environment where one or more people can step back from an experience and sort through feelings and thoughts about what has occurred.<sup>17</sup> It can support practitioners to think critically about their work and identify what drives children's learning and development and may take place in an individual meeting or in larger groups such as learning communities or professional networks.<sup>18</sup>

**Problem-solving** approaches may encourage members of the workforce to identify challenges in supporting beneficiaries, explore potential solutions, and experiment with their application. Often linked to reflection, these approaches have shown promise particularly in the health sector.<sup>19</sup>

► **Collaboration** is essential to be included in CQI processes so that they are effective. To provide relevant and useful feedback, cultivation of a participatory and collaborative environment is essential to minimize the social distance between supervisor and supervisee.<sup>20</sup>

## 4. Inadequate staff capacity is a major barrier to providing CQI that may be alleviated by efforts to manage workload, enhance skills, and provide complementary tools.

**Staff capacity, including a lack of back-up staff and high workload, can limit opportunities to participate in CQI activities.** Offering release time during regular working hours can increase the likelihood of participation.<sup>21</sup> Heavy workloads across frontline personnel and supervisors may also make prioritizing supervisory or reflective sessions challenging, while reducing and specifying supervisory caseloads can help. ILO guidelines for the ECE sector recommend that policies set out ratios of less-qualified staff to be supervised by fully qualified practitioners, and the minimum number of hours of supervision.<sup>22</sup>

**Opportunities for CQI may also be limited and/or lacking in quality because experienced staff are not available or clearly assigned to deliver them.** Several Community Health Workers (CHW) programs have

mitigated these challenges by creating a new cadre of supervisors recruited from among previously high-performing CHWs, as done in Rwanda and Sierra Leone.<sup>23</sup> In the absence of trained supervisory support in Myanmar, a group of child protection workers agreed to a peer group supervision model where case managers regularly discuss cases and exchange ideas.<sup>24</sup> Virtual or remote offerings can address transportation or other barriers.

**Challenges in implementing effective supervision and CQI approaches may also reflect broader systems issues.** Evidence from the health sector finds that supportive supervision requires motivation, leadership, and changes in mindset that can be difficult to put in place.<sup>25</sup> Likewise, there is often a need to clarify the roles of supervisors and the activities for which they are

responsible<sup>26</sup> and align training. Tools and resources can also help facilitate conversations and encourage developmental feedback. Observation checklists can help to structure supervisory visits and enhance

reflection while manuals can also support supervisors, mentors and coaches understand their own roles so that they can guide others to deliver services consistently.

## 5. CQI approaches should be aligned with quality assurance and monitoring across the system.

**Programs may face constraints supporting the implementation of CQI approaches, as they are often resource intensive.** Supervision is generally not funded in national health budgets, resulting in strong reliance on NGOs to deliver these services.<sup>27</sup> Further, programs in rural areas may experience challenges in deploying and providing supervisory support due to availability of staff and the associated costs of travel. Despite the cost of CQI, investments in these approaches can help maximize the impact of training and other professional development opportunities.

Aligning CQI with overall systems monitoring and quality assurance efforts can not only ensure coherence but also help in generating efficiencies. Health and/or education management information systems can also help align the data across the system and support decision-making

in line with national and global goals. However, there is often a greater focus on monitoring structural quality (e.g. characteristics of a particular setting including adult child ratios and qualifications of personnel) and less on sharing results with the workforce for the intention of improving their day-to-day practice.<sup>28</sup>

The social service sector in South Africa specifies ratios of 1:10 if supervision is the only performance area and 1:6 if supervisors have their own caseload.  
(UNICEF, 2019)<sup>29</sup>

## Policy Recommendations

- ▶ **Policymakers and program managers should prioritize approaches which involve regular reflection on practice and feedback, such as supportive supervision, mentoring, coaching, when designing and allocating budgetary resources for quality improvement.**
- ▶ **Revisit the profiles of those in supervisory roles and invest in training and resources to assist them implement CQI processes.** Emphasize adult learning principles and know-how around supporting competence formation in frontline personnel. Programs should invest in resources which can provide structure for CQI, including manuals, observation tools, and supervisory checklists, and ensure materials are widely accessible.
- ▶ **Ensure that the workforce is able to participate in CQI activities,** which may require expanding or delineating roles and responsibilities, creating new roles for supervisors, coaches, and mentors, and protecting staff time for these activities. Policies for staff to participate in CQI, such as paid leave, transportation stipends may be needed. Virtual and remote CQI approaches may also facilitate uptake.
- ▶ **Align systems for monitoring quality with CQI.** Collection and aggregation of data on the performance of the workforce is critical for understanding quality at the personnel, program, and systems levels. Communicate this information directly and regularly to personnel to promote a culture of feedback and improvement across a system. Online information systems can allow decision-makers to continuously gather data regarding service quality and help inform next steps.

## Areas for Further Research

This study contributes to the knowledge base on CQI, however, there is wide variation in data availability across sectors, programs, and workforce roles, and further research is needed on:

- ▶ What makes a particular CQI approach effective in terms of quality improvement of workforce practices - process, duration, intensity, frequency.

- ▶ When to use which CQI approach and elucidate questions of cost effectiveness in order to understand when lower cost options like virtual coaching can be utilized effectively.
- ▶ The competences required to deliver CQI which can help in recruiting and training supervisors, mentors, and coaches with the knowledge, attitudes, and skills that support frontline personnel.

## Spotlight on COVID-19

The COVID-19 pandemic has had an unprecedented effect on young children and early childhood educators worldwide. It is expected to be most damaging for children and workers from the most disadvantaged, vulnerable, and poorest communities (UNESCO, 2020). Integrating CQI approaches may be particularly important as the frontline early childhood workforce adapts to new realities of service delivery. Much remains to be seen, but lessons may be drawn from the following programs and guidance:

- ▶ Sugira Muryango program in Rwanda, a home visiting intervention focused on violence prevention, provides a combination of in-person and telephone-based supervision, along with peer support groups and group supervision opportunities (Betancourt et. al., 2020).<sup>30</sup>

- ▶ Learning Forward, an international association of learning educators, offers virtual coaching sessions to early childhood educators during the pandemic, including facilitated and individual support sessions, as well as collaborative learning communities to reflect on learning, reinforce strategies, and share progress (Learning Forward, 2020).<sup>31</sup>
- ▶ The Quality Improvement Center for Workforce Development (QIC-WD) recommends that supervisors in the child welfare sector support frontline workers by defining expectations and realistic goals for working remotely, while acknowledging that priorities might change as the situations evolve. "Office hours" may also help supervisees to receive ongoing support, along with regular and consistent check-ins, during which both groups discuss upcoming priorities, reflect on work-related challenges, and engage in supportive supervision (QIC-WD, 2020).<sup>32</sup>

## The Early Childhood Workforce Initiative

The Early Childhood Workforce Initiative (ECWI), a multi-stakeholder global initiative co-led by Results for Development (R4D) and the International Step by Step Association (ISSA) that works to support and empower those who work directly with young children.

This brief was written by Vidya Putcha, Denise Bonsu, and Kavita Hatipoglu (R4D). The complete landscape analysis on Continuous Quality Improvement can be accessed at: [www.earlychildhoodworkforce.org/content/landscape-analysis-continuous-quality-improvement](http://www.earlychildhoodworkforce.org/content/landscape-analysis-continuous-quality-improvement)

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