Unlocking quality enhancement in Nova Scotia's family home child care programs by understanding the key role of family home child care consultants

Master's Thesis

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Abstract

Family home child care is an integral but under-studied part of Nova Scotia's early learning and child care system. While there is a substantial body of literature on the topic of quality in regulated child care, most of this literature focuses on child care centres. The differences between quality in child care centres and quality in family home child care are not yet well understood. Recognizing that the early childhood educators who work as family home child care consultants are adult educators who play a pivotal role in supporting quality in family home child care, this study contributes to the discourse around what quality means in family home child care. Possibilities for the provision of targeted professional development for family home child care consultants who work in a mentorship and supervision role with care providers who are often untrained in early childhood education are also considered. Using a critical feminist perspective, this qualitative study included interviews and focus groups to explore the following research questions: 1) What does quality mean to family home child care consultants? 2) What is the connection between the role of family home child care consultants and quality in family home child care? 3)How are family home child care consultants prepared for working in a role that provides both supervisory support and regulatory oversight? Data was analyzed using reflexive thematic analysis. Key findings were that consultants view themselves as pedagogical leaders and value having time to spend building relationships with care providers. Quality was defined by the consultants as being a "safe, responsive, nurturing, inclusive environment that is welcoming to all families." There is currently no training specific to the role of family home child care consultants in Nova Scotia. The consultants who participated in this research advocated for the introduction of consistent training for family home child care consultants that would prepare them for their role as a mentor, coach, supervisor, and pedagogical leader for family home child care providers.

Keywords: family home child care quality, mentorship and supervision, ongoing professional learning for ECEs

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Chapter 1: Introduction

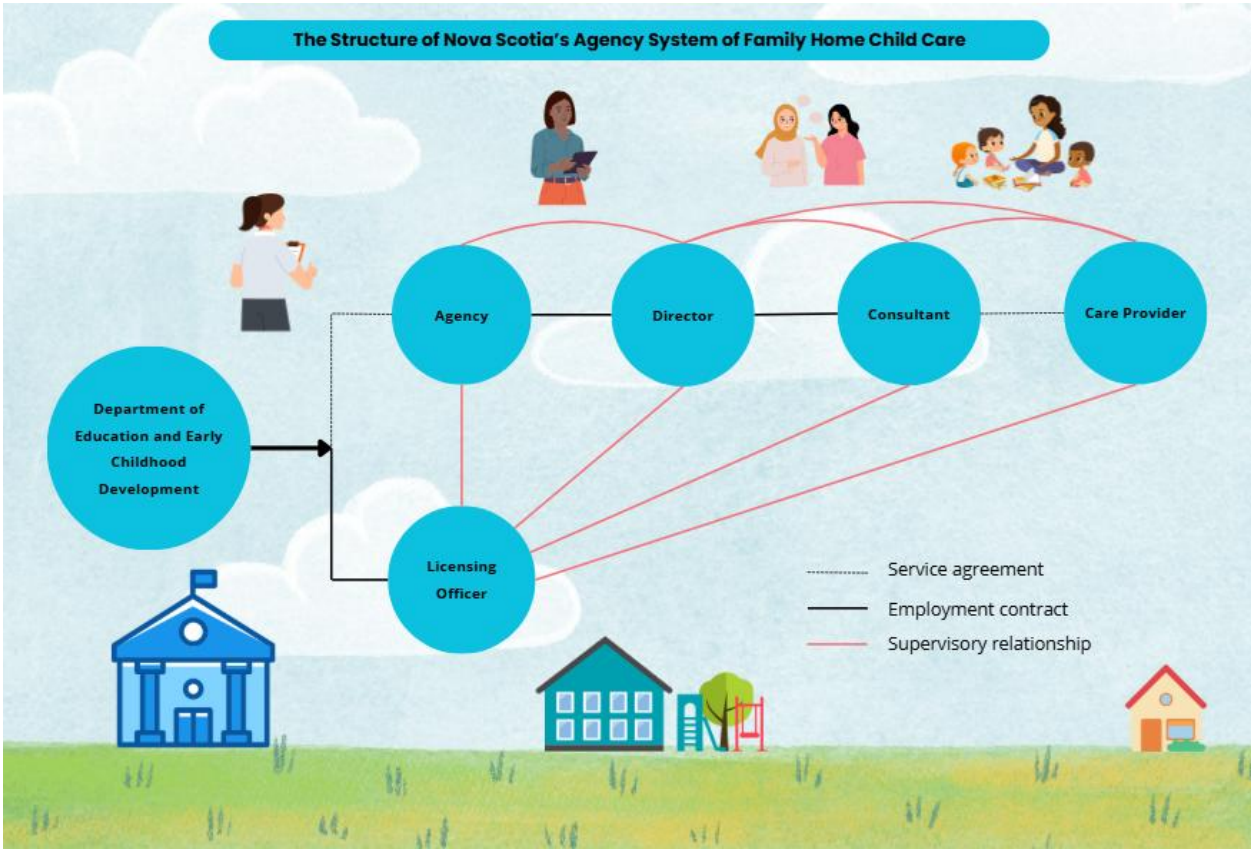
"What's in a name? That which we call a rose / By any other word would smell as sweet" (Shakespeare, *Romeo & Juliet,* 1974, 1.2.43-44).

Family home child care is the Shakespearian rose of global early learning and child care systems. Many different names (family home child care, day homes, family day homes, family day care, family child care, childminding, and babysitter, for example) are used to refer to this type of child care arrangement where an adult provides care in their home for children who are not their own. Called by any other name, family home child care retains its essential character. Melvin et al. (2022) describe family home child care programs as: "... small community-based businesses that have the potential to shape outcomes beyond children and families, including community and economic stability and wellbeing" (p. 5). In addition to the variation in names, there is also considerable variation in the methods that have been developed to regulate family home child care in different jurisdictions around the world. This study will focus on identifying ways that recognizing and supporting the adult educator role of family home child care consultants might influence quality in regulated family home child care in Nova Scotia, Canada.

The Nova Scotia Context

This study is located in Nova Scotia, a Canadian province that follows an agency system for regulating family home child care. Under this system, family home child care providers operate as self-employed small business owners, while agencies hold a license that confers authority to approve family home child care providers. Figure 1 provides a visual representation of the roles and relationships within Nova Scotia's agency system (also see Appendix A and the Glossary of Terms):

Figure 1: A Depiction of the Structure of Nova Scotia's Agency System of Family Home Child Care



(Image credit: Cheryl Crocker)

Family home child care providers must apply and meet the standards described in Nova Scotia's *Early Learning and Child Care Act* (1989) and Regulations (2011) to be approved and operate within the regulated child care system. While early childhood educators (ECEs) can and do work as family home child care providers, having training in early childhood development is not a prerequisite. Family home child care directors and consultants must hold a minimum Level 2 ECE classification and have two years of experience working in an early learning and child care program. While this requirement ensures that family home child care agencies are administered by trained ECEs, it does not ensure that the ECEs working in family home child care have any knowledge of or experience with family home child care. As ECEs,

directors and consultants are familiar with *Capable, Confident, and Curious: Nova Scotia's Early Learning Curriculum Framework* (Nova Scotia, 2025) and have access to training and development opportunities that support their use of the *Framework* to guide their practice. The fact that many family home child care providers are not ECEs can have an exclusionary impact on their access to training and development opportunities, and agency staff are generally not well prepared to bridge the resulting gap by providing training. While this thesis makes note of recent training and development opportunities that have been made available for family home child care providers through funding from the Canada-Nova Scotia Canada-Wide Early Learning and Child Care (CWELCC) agreement, a thorough examination of the training and development requirements for family home child care providers is beyond the scope of the current research.

The Government of Canada's announcement of CWELCC funding as part of Budget 2021 has begun to transform child care in Nova Scotia. Through the Multilateral Early Learning and Child Care Framework, Budget 2021 offered funding to each Canadian province and territory as part of a five-year plan to increase quality, accessibility, affordability, and inclusivity in regulated child care settings (Government of Canada, 2021). On July 13, 2021, the Province of Nova Scotia entered into a funding agreement with the Government of Canada that promised to reduce child care costs for families while expanding access to quality care across the province (Nova Scotia, 2021). In the past four years, children, families, and early childhood educators have seen progress toward achieving the goals outlined in this agreement. This research will provide insights into the impact that the Canada-Nova Scotia CWELCC agreement has had on workforce development and quality enhancements in the context of Nova Scotia's family home child care agencies, Additionally, the discussion of quality will be extended beyond definition

and measurement to include ways that adult education can be leveraged to support quality in family home child care.

Since the CWELCC agreement was signed, the Nova Scotia Department of Education and Early Childhood Development (DEECD) has released a plan titled *Excellence in Early Childhood Education: Nova Scotia's Workforce Strategy for Early Childhood Educators*. This strategy is informed by three pillars: 1) professional recognition of ECEs, 2) pathways to education, and 3) lifelong learning in early childhood education (Nova Scotia Workforce Strategy, n.d.). The Workforce Strategy reports that there were over 900 staff working in regulated child care who did not have any formal training in early childhood development (Nova Scotia Workforce Strategy, n.d.). Agency-approved family home child care providers who did not have formal training in early childhood development would be included in this number. One of the Workforce Strategy's goals was to support untrained staff in pursuing professional learning. This goal is based on research findings showing that training is one factor that can predict quality of care in regulated child care settings (Fukkink & Lont, 2007; Han et al., 2021; Kontos et al., 1996; Tonyan et al, 2017). While the Workforce Strategy outlines measures that will be taken to make professional learning opportunities more accessible for people employed in regulated child care, there is no specific mention of attention having been given to the unique situation of those working in family home child care, including providers and family child care consultants. This study aims to gather data that could inform future policy decisions regarding training and development of family home child care consultants.

Family home child care is an integral part of Nova Scotia's early learning and child care system. There are currently fourteen regulated agencies that oversee the provision of approved family home child care services for children from 0-12 years of age. Some of the agencies are

based in not-for-profit organizations such as family resource centres while others are based in for-profit regulated child care centres. Services range from full day care for infants, toddlers, and preschoolers to after school, in-service, and summer care for school aged children. As of March 31, 2023, regulated family home child care providers were providing care for 1,269 children in Nova Scotia (Nova Scotia Action Plan, n.d.). The Early Learning and Child Care Regulations (2011) set out conditions that must be met by family home child care providers to be granted approval. Oversight by the agency director, monthly home visits from a family home child care consultant, and annual inspections completed by a licensing officer from the Department of Education and Early Childhood Development provide assurance of both regulatory compliance and quality care.

While family home child care providers must complete five hours of professional development annually, there is currently no requirement that they hold or maintain an ECE classification. Agencies are responsible for ensuring that care providers have "personal qualities that promote positive healthy development in children" (Early Learning and Child Care Regulations, 2011, ss. 15(1)(d)). Family home child care consultants provide support for family home child care providers. Their responsibilities, as outlined in ss. 14A of the Early Learning and Child Care Regulations (2011), include maintaining a toy lending library, organizing regular play groups, coordinating professional learning for care providers, and providing or organizing transportation to agency functions. Family home child care consultants are required to maintain a minimum Level 2 ECE classification. Although this role involves supervision, coaching and mentoring, family home child care consultants are not currently required to have any formal training or experience in this area. While there is an expectation that family home child care consultants will act as adult educators in the relationships that they form with family home child

care providers, there is no background or training in adult education required and minimal preparation provided for this role. Research shows that mentoring relationships are particularly beneficial in the context of family child care (Fuligni et al., 2009; Ota & Austin, 2013). In planning for quality improvement, consideration should be given to training and development that targets the unique needs of family home child care consultants in Nova Scotia. This thesis offers a unique contribution to the literature by connecting adult education with early childhood education and recognizing that in addition to having knowledge of early childhood development principles and practices, family home child care consultants must also understand how to teach other adults.

The Broader Context

Each province in Canada has developed a unique regulatory framework for family home child care. While there are similarities between the provinces, there are also significant differences. This means that there is potential for the local context to have a substantial effect on how family home child care is provided. Each Canadian family home child care system could be studied independently to determine whether its unique features result in differences in the overall quality of care provided. Due to these contextual differences, during review of research studies from across Canada and around the world, the author has given thoughtful consideration to the transferability of findings from other jurisdictions.

Many family home child care providers are women who choose to work from home so that they can spend more time with their own children (Mooney & Statham, 2003). Noddings (2002) notes that there is a strong expectation that women provide care work when it is necessary. She states that “Where [this expectation] has given way, the newer expectation is not that men will accept equal responsibility (although, of course, they sometimes do) but that the

public will or should somehow provide so that occupational work will not be interrupted" (p. 28-29). This societal emphasis on the importance of occupational work neglects the fact that providing care is work. Being located within the private sphere of the home seems to contribute to the invisibility of family home child care. Cox (2005) describes family home child care as "a complex job that combines the roles and duties of managing a small business with educating children and communicating with parents" (p. 1). In contrast to child care centres where staff are hired for tasks such as program administration, maintenance, cooking, or cleaning, most family home child care providers work alone and bear the responsibility for completing all tasks associated with operating a program. Isolation is a commonly documented challenge associated with working as a family home child care provider (Blasberg et al., 2019; Cox, 2005; Doherty et al., 2000; OECD, 2022). Additionally, family home child care providers tend to work for lower wages and receive less professional recognition when compared to their centre-based counterparts (Tuominen, 2003).

Although there are challenges, family home child care remains a fundamental part of child care systems around the world. According to Statistics Canada (2023), the most common type of child care in Canada is unregulated home child care (36%) followed by regulated family home child care (33%) and child care centres (31%). Research cited by Cox (2005) in her report on the working conditions of Canadian family home child care providers indicates that home-based caring arrangements have been the most common form of child care in Canada for quite some time. Tonyan et al. (2017) cite statistics to show that roughly equal proportions of children in the U.S. are cared for in home-based and centre-based regulated settings. More children are cared for by unpaid caregivers, such as family and friends, in home-based settings than by paid caregivers in home-based and centre-based settings combined. According to Mooney & Statham

(2003), who completed a cross-national comparison of family home child care in Western Europe, North America, Australia, and New Zealand, family home child care is the major source of child care for children whose parents work. Studies conducted in the Netherlands and Belgium indicate that a significant proportion of children are cared for by family home child care providers in those countries as well (Sluiter et al., 2023; Vandenbroek et al., 2021). A review of literature from Canada and abroad supports that family home child care is an integral part of early learning and child care systems in several countries around the world.

Rationale for research

Despite its prominence, family home child care remains under-studied when compared to regulated child care centres (Bromer & Weaver, 2016; Forry et al., 2013; Han et al., 2021). In an early report on family home child care, Modigliani (1994) noted that family home child care was a new field of study. She stated that: “Though it is also surely one of the oldest occupations, it has been nearly invisible, woven into the fabric of every neighbourhood” (p. 1). The way that family home child care takes place in the private realm of the home and is woven into the fabric of a community makes it less visible and more difficult to study. The unique aspects of family home child care programs warrant further study that could support the development and application of unique standards to guide practice and to manage quality measurement and improvement.

Nova Scotia’s early learning and child care sector has seen many changes since the signing of the CWELCC agreement in 2021. Among these changes are workforce development and quality enhancement programs that have been initiated by the provincial government. For example, Jane Norman College has created an ECE diploma program for family home providers that is made possible by contributions received through the CWELCC agreement (Jane Norman,

n.d.). As these initiatives move forward, it will be essential for the government to consider the professional learning needs of family home child care consultants and the ways in which this role can be developed to better support family home child care providers in their ongoing professional learning. In Nova Scotia's agency model, family home child care providers have contact with family home child care consultants at least once per month during home visits. Care providers can also contact their consultants as needed by phone and/or email and agencies coordinate other events, including playgroups and care provider meetings. The interaction between the role of family home child care providers and consultants has not yet been studied. The focus of this research is to explore how family home child care consultants define quality and understand their role. This will further our understanding of the relationship between professional development for family home child care consultants and enhanced quality in family home child care.

Research Questions

This research will draw upon literature and research from the fields of early learning and child care and adult education to explore the following questions:

1. What does quality mean to family home child care consultants?
2. What is the connection between the role of family home child care consultants and quality in family home child care?
3. How are family home child care consultants prepared for working in a role that provides both supervisory support and regulatory oversight?

Through their participation in this study, family home child care consultants were given the opportunity to make the quality that they witness every day visible to the rest of the early

learning and child care sector. This research contributes to a growing body of literature that explores the concept of quality in family home child care and addresses a gap in studies examining ways that adult education can be leveraged to provide meaningful learning opportunities in the homeplace.

Chapter 2: Literature Review

Many studies have been conducted exploring the concept of quality in child care, resulting in an abundance of literature on this topic. This literature review is broken into four sections. The first provides an overview of different perspectives that can be considered in developing a definition of quality. After considering what quality is, the question of whether quality matters will be addressed. This section will explore literature from studies of regulated child care settings and family home child care with an emphasis on the latter. Factors that make quality in family home child care unique will be described and explored. Having established that quality does indeed matter in child care, the focus will shift to identifying factors that have been found to predict quality. Again, this section will consider studies of regulated child care settings but emphasize literature specific to the family home child care context. Finally, applying a critical feminist perspective that challenges the dominant neoliberal narrative of child care as a commodity, consideration will be given to ways that adult education can contribute to enhancing quality in child care.

Perspectives on Quality in Child Care

The topic of quality in child care has been studied extensively since the 1980s with many academics weighing in on the debate over how to define and measure quality in early learning and child care programs. Several tools have been developed to facilitate measurement of quality for systems like the U.S. Quality Rating and Improvement System (QRIS), which has been in place since the 1990s. The U.S. Department of Health and Human Services (n.d.) states that: "Similar to rating systems for restaurants and hotels, QRIS award quality ratings to early and school-age care and education programs that meet a set of defined program standards" (Para. 3). While these tools can provide a fast and cost-effective measurement of a child care program's quality, some critics question their accuracy. In contrast to the U.S. approach, which attempts to

adopt a universal standard of quality, the Government of Canada (2019) acknowledges that "...there is no single universal definition of ELCC quality" (p. 3). This suggests that regular review of QRIS tools to ensure their reliability and validity is an essential part of the QRIS process.

When considering what constitutes quality in child care, it is important to consider where the power resides to influence knowledge and understanding. Moss (2019) argues that "knowledges that resonate with and support the world view and goals of the powers that be are included, validated and used in policy making, while other knowledges that don't … are excluded" (p. 39). QRIS tools developed with efficiency and cost-effectiveness in mind tend to focus on dominant perspectives and exclude marginalized perspectives. The *Family Child Care Environment Rating Scale* is one such tool (Harms et al., 2015). This rating scale was developed so that observers could rate the quality of family child care programs. It is predicated on the presumption that all the factors that contribute to quality in family home child care can be identified and organized into a checklist that will produce reliable results when administered by "trained and carefully supervised assessors" (Harms et al. 2015, p. 6). In contrast, Moss et al. (2000) argue that quality is much more contextual and "...neither neutral nor objective, but comes from a particular perspective or way of viewing the world. In short, the concept of quality is permeated by values and assumptions and cannot be taken for granted" (p. 104). Interrogating the values and assumptions that underlie existing tools is an important part of the process of defining quality. In addition to acknowledging that quality is based on values and beliefs, the literature also indicates that the process of defining quality is important and should be viewed as continuous and democratic. This suggests that our concept of what constitutes quality in early learning and child care should be considered fluid and open to change that incorporates the

diverse perspectives of multiple stakeholders including policy makers, researchers, the workforce, and families. It is through this process of defining and redefining that diverse perspectives can be recognized and incorporated into the concept of quality (Friendly et al., 2006; Garrity et al., 2021; Moss & Pence, 1994; Moss et al. 2000).

Katz (1994) identifies five different perspectives that can be used to inform a definition of child care quality: 1) the top-down perspective of administrators and regulators, 2) the bottom-up perspective of children, 3) the outside-inside perspective of families, 4) the inside perspective of staff members, and 5) the ultimate perspective of the community at large. According to Katz (1994), a program that is seen as being high quality from one of these perspectives may fall short from another: "For example, a top-down perspective might give a program high marks for space, equipment, or child/staff ratio, while a bottom-up perspective might find the same program lacking in terms of the factors that make a child's subjective experience a positive one" (p. 204). Research studies where quality is defined by the researcher seem to outnumber those where quality is defined by ECEs or family home child care providers, suggesting a preference for the top-down perspective of administrators and regulators. Some qualitative studies specific to family home child care have given family home child care providers the opportunity to voice their opinions about what constitutes high quality care in keeping with the inside perspective (Doherty, 2015; Hooper et al., 2021; Tuominen, 2003).

The top-down perspective described by Katz (1994) seems to align with descriptions of structural quality. Structural quality measures characteristics that can be enforced through regulation, such as group size, adult-to-child ratios, and staff training requirements (Fuligni et al., 2009). Similarly, Katz' (1994) bottom-up perspective seems to align with descriptions of process quality. Measurement of process quality typically relies on observational data and focuses on

interactions between children and adults (Fuligni et al., 2009). Global quality is the term used to refer to quality in the physical and social environments of child care centres and incorporates aspects of both structural and process quality (Hughes-Belding et al., 2012). Discussions of quality that focus on structural, process, and global quality seem to focus on the perspectives of administrators/regulators and children more than parents, staff, and the community. Many of these studies occur within the regulatory context of QRIS.

The Ecocultural Perspective

The ecocultural perspective has developed as an alternative way of describing quality in child care environments. This perspective is informed by the work of Rogoff (2003) and Weisner (1997), who indicate that human development is intricately linked with participation in cultural activities. Tonyan (2017) extends on this work and describes an ecocultural perspective where quality is defined as: "the extent to which children have opportunities to practice what matters in their cultural communities" (p. 727). This definition of quality is in keeping with the contention of Moss et al. (2007) that quality is subjective. Tonyan (2017) notes that the location of family home child care in communities allows family home child care providers to practice social and cultural values that are unique to their neighbourhoods. The ecocultural perspective shows potential for defining and measuring quality in the context of family home child care because it uses a broader lens than QRIS. This broader lens and more subjective approach would necessitate a slower, and therefore more costly, approach to quality measurement that might be worth the investment of time and money because it could provide a more accurate assessment of quality in family home child care

Quality Matters

One aspect of quality that researchers seem to agree on is that it supports optimal child development across all domains (Government of Canada, 2019). The understanding that high

quality is associated with better outcomes for children has led to a plethora of studies focused on determining which specific aspects of a program make it high quality (Akbari et al., 2024; Forry et al., 2013; McLean et al., 2022). A thorough review of all aspects of child care quality that impact children's developmental outcomes is beyond the scope of this review. In keeping with the focus of this project, research studies highlighting quality in family home child care programs are emphasized.

There is a suggestion in some literature that the quality of family home child care is lower than centre-based care (Koh & Neuman, 2009). Other literature indicates that the quality of family home child care varies widely and may even provide better support for children's well-being than centre-based care (Bromer et al., 2024; Han et al., 2021; Sluiter et al., 2023). This apparent conflict in the literature may be a result of researchers who are guided by different conceptions of what quality in child care means and will be explored by considering the advantages and challenges of family home child care.

Commonly referenced advantages of family home child care include having a single consistent caregiver, the potential for long-term relationships, the home-like environment, the mixed-age groupings that allow siblings to stay together, lower cost, convenience, and proximity (Lanigan, 2011; Melvin et al., 2022). Research literature specific to family home child care also describes this form of child care arrangement as being more culturally responsive for families from marginalized communities (Bromer et al., 2024). Family home child care is not without its flaws. Some research raises concerns about family home child care due to inconsistent quality of care, lack of regulation and supervision, and comparatively low qualifications of family home child care providers (Lanigan, 2011). Like any form of out-of-home child care arrangement,

family home child care has benefits and challenges for parents/guardians to consider in determining which type of child care is the best fit for their circumstances.

Emerging research into family home child care suggests that the benefits of family home child care are not adequately captured by measurement tools designed for regulated child care centres, leading to calls to develop quality standards that consider the uniqueness of family home child care (Blasberg et al., 2019; Bromer et al., 2024; Melvin et al., 2022). Given the differences between family home child care programs in different jurisdictions and the differences between family home child care and regulated child care, some researchers question whether applying the same standards of quality across all child care settings is appropriate (Fuligni et al., 2009; Hooper et al, 2021). Doherty (2015) goes as far as to state that: "…attempts to make family child care more like center care in order to improve its quality are neither appropriate nor likely to succeed" (p. 164). Family home child care is a different form of care arrangement that, like centre-based care, has its benefits and challenges. Maintaining both forms of child care has the benefit of offering working parents more options for the care and education of their children. When woven together with awareness and intention, family home child care and centre-based child care can work together to strengthen the fabric of child care systems.

Care Provider Perceptions of Quality

In consideration of the differences between family home child care and centre-based care, this review considers research that explores the meaning that family home child care providers attribute to quality. Hooper et al. (2021) conducted focus groups where family home child care providers were asked to describe quality in their programs. The descriptions provided by family home child care providers focused more on the strength of relationships and building a sense of community than on children's academic outcomes and school-readiness. Garrity et al. (2021) made a similar finding in a study that focused on family home child care providers who were

recent immigrants to the United States and noted that there was an apparent conflict of values between the participants' understanding of quality and the Eurocentric conception being applied in QRIS. Doherty (2015) completed a study with Canadian family home child care providers where the providers described their views on the best ways to support and enhance quality in family home child care. The care providers identified seven elements required for quality family home child care:

> (a) children's physical and emotional safety and well-being are protected,
>
> (b) the provider is affectionate and supportive with each child,
>
> (c) the provider-parent relationship is collaborative and professional,
>
> (d) the setting looks and acts like a family home,
>
> (e) the home and neighborhood are used as learning opportunities,
>
> (f) the presence of a mixed-age group is used as a learning opportunity, and
>
> (g) the provider successfully addresses the challenges inherent in the occupation (p. 158).

Four of these seven elements are specific to the context of family home child care, highlighting the fact that family home child care providers view quality in their context as being similar to but different from quality in child care centres.

Family home child care providers face the common misconception that they are "just babysitters." This means that they are more likely to have to fight for respect and professional recognition than their centre-based counterparts (Bromer et al., 2024; OECD, 2022). Research into family home child care has captured this struggle as researchers have provided family home child care providers with opportunities to tell their stories. Tuominen (2003) recounts the stories of passionate family home child care providers who share examples of professionalism in their

work. Plank (2016) is a former family home child care provider whose book *Discovering the Culture of Childhood* covers a broad range of topics relevant to early childhood practice. She incorporates stories from her family home child care practice into her book to emphasize connections between theory and practice. The fact that this book was written by a family home child care provider challenges some of the common misconceptions about family home child care providers lacking the knowledge or experience required to be recognized as professionals. Plank also challenges the common misconception of family home child care providers as babysitters by contributing to the body of professional literature on early childhood education and care. Additionally, these sources illustrate that narrative storytelling has the power to give readers insight into different perspectives. Storytelling seems to be an effective means through which family home child care providers can share their experiences and receive acknowledgement for the professional services they provide. The perspectives of family home child care consultants appear to be absent from the literature. By sharing stories told by family home child care consultants, this research contributes to literature that challenges dominant discourses about quality in family home child care.

Predictors of Quality in Family Home Child Care

The *You Bet I Care!* project was a landmark study of the Canadian child care workforce that has provided benchmark data on quality in both regulated child care centres and family home child care. The authors of the study, Doherty et al. (2000), identify the following six variables that predict quality in family home child care:

1. The highest level of education attained by the provider in any subject
2. Whether the provider has completed a formal family child care-specific training course

3. Whether the provider networks with other providers through an organized association or provider network
4. The provider's gross income realized from her family child care work in the previous year
5. The age of the youngest child present when the observations were made (the presence of an infant or young toddler was more frequently associated with lower [Family Day Care Rating Scale] *FDCRS* scores)
6. The provider states that she expects to continue providing care for another three years, enjoys the work, and is committed to family child care as a career (p. 94).

The first three variables relate to the care provider's level of education and training. This suggests that adult education has a key role to play in enhancing the quality of family home child care because family home child care consultants who are prepared for working as adult educators would be better positioned to identify and discuss the different kinds of learning that care providers have engaged in. These different forms of learning include formal education in early childhood development (ie completing an ECE certificate or diploma), non-formal education (ie. parenting workshops focused on child development) and informal education (ie. belonging to a play group where information is exchanged with other care providers). This section of the literature review will focus on family home child care providers' education and training as well as their connections to a network of knowledgeable peers and commitment to advancing their careers because these topics intersect with adult education.

Pre-service training and ongoing professional development

It is generally accepted that the training that people who work with young children engage in makes a difference in the way that they understand human development and interact with children, thereby impacting the quality of care that children receive (Akbari et al., 2023;

Bordin et al., 2000; Bryant et al., 2009; Clarke-Stewart et al., 2002; Doherty, 2015; Forry et al., 2003; Friendly et al., 2006; Fuglini et al., 2009; Hughes-Belding et al., 2012). Studies that have focused on the impact that training has in the context of family home child care have found that training is particularly effective for care providers who have less formal education (Fukkink & Lont, 2007; Kontos et al., 1996). Research has also shown that it is important to develop quality professional development opportunities that are relevant to the unique context of family home child care and responsive to the challenges faced by family home child care providers (Han et al., 2021). When determining what training and development opportunities will be most effective in a particular jurisdiction, it is essential to consider the local context.

The evolution of Nova Scotia's child care system has resulted in educators who have less training working with the youngest children. Grade primary teachers are required to complete a B.A. and B.Ed. in elementary education as qualifications for teaching 5-year-olds. ECEs working with 4-year-olds in the school-based pre-primary program (referred to as pre-kindergarten in other jurisdictions) must hold a Level 3 (degree) or Level 2 (diploma) Classification (Akbari et al., 2023). Due to differences in wages and working conditions, many Level 3 educators have left the regulated child care sector to work in the pre-primary program. Nova Scotia's regulated child care centres focus on providing care for children from 1-3 years of age. Two thirds of staff are trained ECEs (Akbari et al., 2023). Statistics for family home child care are not available but would almost certainly show a lower proportion of trained educators because training is not a pre-requisite for working as a family home child care provider. Doherty et al. (2000) found that quality in family home child care was predicted by providers' level of education and whether they had completed specific training in family home child care. These findings support the conclusion that offering family home child care providers affordable and accessible pathways to

pursue training in early childhood development would result in quality enhancement. Family home child care consultants support this quality enhancement through their role as coordinators of professional learning for family home child care providers.

Use of supports and career intentions

Family home child care providers who make use of supports available to them through an agency or other organizations in their communities and who view family home child care as their profession are more likely to provide quality care (Doherty et al., 2000; Doherty et al., 2006). Pence & Goelman's (1991) report on the findings of the Vancouver Day Care Research Project indicates that a sense of professional pride and social contribution are predictors of quality in family home child care. They make the following distinction: "High quality caregivers are far more likely to see their work as their profession and feel socially useful in providing care, while lower quality caregivers are more often motivated by their perceptions of their own child's needs for a playmate and for them (the mother) to be at home with her child" (p. 94). These studies support the conclusion that it is important to consider a family home child care provider's motivation for choosing family home child care as an occupation because this motivation appears to be a reliable predictor of the quality of care that will be provided.

The networking opportunities and support that are available to family home child care providers vary significantly across neighbourhoods. Research indicates that family home child care providers who have supportive social relationships and participate in networking events with other care providers provide higher quality care (Doherty et al., 2000; Forry et al., 2013; Lanigan, 2011). These networking opportunities are beneficial to both family home child care providers and the children in their care because they provide a connection to circles of care (Noddings, 2003).They also offer family home child care providers the opportunity to connect with one another and combat the isolation of working alone and they provide children with

opportunities to interact with a larger group of peers and engage in experiences that would not be available in the context of the family home (Bromer & Korfmacher, 2017; OECD, 2022). There is also an indication in the literature that family home child care providers who belong to a professional association offer higher quality care and enhanced teaching practices (Forry et al., 2013). This literature supports the conclusion that offering family home child care providers opportunities to participate in targeted professional development that is designed with the unique context of their work in mind could be an effective method of enhancing quality. Learning can be described as formal, non-formal, or informal. Formal education typically occurs in schools or other educational institutions and is delivered intentionally by an educator who is guided by a curriculum. Non-formal education also commonly occurs in schools or educational institutions but is less structured and leaves more space for the learner to guide their knowledge acquisition. The locus of control over what is being learned in non-formal education shifts from the educator to the learner. Informal learning is perhaps the most common category of learning. It refers to an individual's learning throughout their lifespan and encompasses knowledge accumulated outside of formal educational settings through daily life experiences (Johnson & Majewska, 2022). Family home child care consultants currently learn how to be effective in their role as adult educators informally, through work-based experience. This research contributes to the adult education literature by highlighting the potential of family home child care consultants to enhance quality in Nova Scotia's family home child care agencies by leveraging their role as adult educators.

Enhancing Quality in Family Home Child Care

The location of family home child care in the homes of care providers presents some unique challenges in terms of aligning professional development opportunities with the needs and availability of participants. Care providers typically work alone or with family and close

friends as assistants and work long, irregular hours (Bromer & Bibbs, 2011; Tonyan et al., 2017). This makes attending traditional professional development workshops and seminars challenging, if not impossible. The overwhelming majority of family home child care providers are women who, in addition to working long, irregular hours, also receive low pay and limited access to benefits. Their work is devalued because it is performed within the home. This leaves family home child care providers in a position of tension due to a lack of acknowledgement of the value of their work and the need for time to participate in ongoing professional development. Telling their stories is a way of empowering these women and addressing that tension. After situating this research within the critical feminist perspective, examples of alternatives to traditional, classroom-based training and development will be presented. Mentorship, coaching, and supervision as well as communities of practice have demonstrated effectiveness in the context of family home child care.

Critical Feminist Perspective

This research is informed by a critical feminist perspective that views caregiving as labour and is conscious of ongoing social inequities that place less value on "women's work" (Gouthro, 2021). Tronto (2015) defines care broadly as "a species activity that includes everything we do to maintain, continue, and repair our world so that we may live in it as well as possible" (p. 3). Caring is often identified as a feminine characteristic even though it is a skill that requires practice and can be mastered by all members of society, regardless of their gender (Tronto, 2015). Although all genders are equally capable of caring, society's emphasis on women as caregivers has resulted in the development of gendered discourse about caring. Noddings (2003) distinguishes between a masculine "will to power" and a feminine "commitment to care" (p. 42). Murray (2021) challenges the dominant discourse that caring is feminine, stating that: "Our view of care not only needs to expand beyond the domain of women's work – but we also

need to consider larger alternatives for care and open beyond a narrow view that certain women, mothers or parents, are naturally endowed as caring and specifically suited to teach young children (p. 121). Although some scholars have challenged the low value ascribed to care work and the notion that women are better suited to care work than men, the fact remains that the early learning and child care field employs significantly more women than men in low-wage jobs.

The critical feminist perspective that informs this research acknowledges the homeplace as having value as a site of significant learning for women (Gouthro 2005; Gouthro 2009). In this case, the homeplace is a site of learning for family home child care providers, who are predominantly women. Family home child care providers open their homes to visits from family home child care consultants who are also learning and practicing skills as adult educators. Although they might not include the homes of the providers in their own definition of a homeplace, these homes also become a significant site of informal learning for family home child care consultants. It is important to distinguish between learning in a home and learning in the homeplace. Gouthro (2005) describes the homeplace as fitting within Habermas' depiction of the lifeworld as a place where human experience is grounded. She notes that the term homeplace resists definition because "It's meaning is different for each person, depending upon his/her unique life circumstances" (p. 9). While some people have positive associations with the homeplace as being a safe and nurturing space, others might associate the homeplace with trauma and abuse. How each individual defines and identifies with the homeplace depends on their own experiences. In the context of Nova Scotia's agency system of family home child care, understanding the homeplace as a site of adult learning is key to challenging the dominant narrative that devalues work and learning done within the home.

The complexity of modern society and a disconnect between the system and the lifeworld have resulted in a breakdown of communication between the system and lifeworld that can lead to an imbalance of power and increased tension. When system forces are not checked by the lifeworld, this can lead to a devaluing of the homeplace, which is demonstrated by the low value assigned to work done in the home. Family home child care consultants are home visitors who transcend the boundaries between the private realm of the home and the public sphere of licensed child care. The relationships they build with family home child care providers give rise to opportunities to share knowledge and practices that will support the children in a particular care provider's home. Family home child care consultants care for the providers and the children they work with. They provide support to care providers that enables them to be "free to care" (Tronto, 2015). The work of a family home child care consultant aligns with Tronto's (2015) vision of democratic caring because it involves creating capacity for family home child care providers to better care for themselves and the children in their programs.

This research is focused on a workforce of women that support a group of care providers who are self-employed in their own homes. Individuals who choose this occupation have traditionally struggled to access ongoing professional development and have had to advocate for acknowledgement of the skills and knowledge acquired through their work experience (Ray et al., 2018). Family home child care providers are caught in a capitalist paradox that is described by Fraser (2016) as being dependent upon "processes of social reproduction whose value [capitalists] disavow" (p. 103). Capitalist societies rely on women to bear and raise children to produce future generations of skilled workers, but women typically do not receive acknowledgement or compensation for providing this essential service to the capitalist establishment. Hart (1997) sardonically states that "good mothers do their work in private,

without pay. They don't bother their employers or the government by asking for special support" (para. 3). hooks (2001) argues that many people fail to act on their beliefs because they are afraid of challenging the status quo. She says that what sets exceptional individuals apart is "not that they were any smarter or kinder than their neighbors but that they were willing to live the truth of their values" (p. 90). While hooks (2001) was writing from a critical race perspective, her work is also informed by a critical feminist perspective that can be applied in this case. This research is about connecting with some exceptional individuals within the Nova Scotian family home child care context to explore whether they view themselves as adult educators and whether they feel empowered to disrupt a status quo that misunderstands and devalues their work and the work of the family home child care providers they support. It is also about challenging the dominant narrative that family home child care is lower quality and less professional than centre-based child care.

Mentorship, Coaching, and Supervision

The on-the-job-learning of family home child care providers tends to be undervalued, perhaps because their work takes place at home. Literature on adult learning in the homeplace suggests that the homeplace is a significant site of adult learning, particularly for women (Gouthro, 2005; Gouthro, 2009). Gender biases that create expectations for women to perform more of the domestic and child-rearing tasks must also be challenged. These factors have the impact of preventing women from pursuing adult education (Vaculikova et al., 2021). Combining mentorship with home visiting breaks down some of the barriers that prevent family home child care providers from participating in ongoing learning. Professional development programs that include home visiting and mentoring have been shown to result in behaviour change and enhanced quality of care among participating family home child care providers (Abell et al., 2014; Bromer & Bibbs, 2011; Bromer & Korfmacher, 2017; McCabe & Cochran, 2008). In

addition to enhancing the quality of care that is provided for children in family home child care settings, a home-visiting approach to mentoring for family home child care providers has the potential to help a workforce with a high proportion of women from marginalized groups overcome persistent barriers to attainment of educational credentials.

Research into the demographic characteristics of family home child care providers and the context of their work have revealed that this group tends to have low education and low monitoring. This combination has been shown to have a positive correlation with lower quality care (Fuligni et al., 2009). Fuligni et al. (2009) reached the conclusion that while pre-service education is important, mentoring, supervision and monitoring also play key roles in enhancing the quality of caregiving. This suggests that family home child care consultants could support workplace learning opportunities for providers by developing their own capabilities as adult educators and offering mentoring and coaching that is intentionally aligned with providers' learning goals. In a study designed to test the effectiveness of coaching, Koh and Neuman (2009) found that combining coursework with coaching resulted in improved quality of child care. Mentoring and coaching both offer opportunities for experienced practitioners to enter supervisory relationships with novice practitioners. Family home child care consultants in Nova Scotia are often more experienced than the family home child care providers they work with and in a position where they are expected to mentor and coach. Providing preparation for the role of mentor and coach would enhance the ability of family home child care consultants to build effective, supportive coaching and mentoring relationships with the family home child care providers they work with. Introducing family home child care consultants to adult education principles and practices as part of this preparation has the potential to increase both their knowledge and effectiveness.

While engaging in mentoring, coaching, and supervisory relationships can be difficult for practitioners who struggle with accepting criticism, they play a key role in planning for professional development (Stuart, 2013). Susman-Stillman et al. (2020) found that reflective supervision is an effective method of building capacity among supervisors in early learning and child care settings because of the positive impact that was observed for both parties in the supervision relationship. They state that: "Professionals found that when they have deeper understanding of others and their experiences, they are better able to regulate their own emotions and build meaningful relationships" (p. 1160). Soni (2019) discusses developing a culture of supervision within organizations and promoting opportunities for peer supervision. Peer supervision could be employed to address barriers around managers finding enough time to supervise staff in early learning and child care settings. Development of some of the resources discussed by Soni (2019), such as forms and agendas for supervision could be developed for family home child care consultants in Nova Scotia to support their work of supervising family home child care providers. Framing these resources in the language of adult education so that they reflect the goals of care providers as adult learners might have the effect of making the connection between lifelong learning and enhanced quality in child care programs more visible. Family home child care consultants are already well-positioned to take on roles as mentors, coaches, and/or supervisors.

Research into the effectiveness of roles similar to Nova Scotia's family home child care consultants has been considered as a comparator for the purposes of the present study. Bromer & Weaver's (2016) study of child care resource and referral (CCR&R) staff provides a description of the duties of CCR&R staff that resembles the role of family home child care consultants in Nova Scotia. Both positions are responsible for completing home visits with family home child

care providers, offering suggestions for training and development, and helping family home child care providers connect with resources that support enhanced quality. Bromer & Weaver (2016) emphasize the need to tailor professional development opportunities for the unique circumstances of family home child care and draw attention to the need for further research into how support staff who work with family home child care providers can contribute to quality enhancement. Family home child care consultants have in-depth knowledge of the challenges faced by family home child care providers and are positioned to provide targeted support to enhance the quality of family home child care. Supporting consultants with training in mentoring, coaching, and supervision has the potential to enhance the quality of care provided in family home child care.

Communities of Practice

Communities of practice originated in the field of adult education and are gaining popularity as an alternative method of professional learning and development in early childhood education and care (Curtis et al., 2013). This concept originated during a study of apprenticeship that was completed by Lavé and Wenger when they noted that apprentices were learning from other people in the workplace and not just the master tradesperson (Wenger-Trayner, 2015). According to this theory, in addition to being experiential, learning also occurs within complex webs of social interactions (Wenger, 1998). Wenger et al. (2002) define communities of practice as: “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis” (p. 4). Communities of practice have also been described as a ‘virtual water cooler’ because they are places where people can gather to exchange information (Research Impact Canada, n.d.). The water cooler is one example of a place where adult learners might enter the periphery of a community of practice. Lave and Wenger (1991) contend that legitimate peripheral participation

is how people enter into communities of practice. Over time and through experience, people become more engaged in their communities of practice and take on roles as experienced members rather than newcomers.

Communities of practice are developing in the early learning and child care field around many different common concerns, including quality. Some research has explored the way that communities of practice can lead to ECEs adopting new approaches to their work (Clark, 2019). To date, little research has considered how communities of practice could be incorporated into professional development offerings for family home child care networks. With a bit of intentional planning, the regular care provider meetings that family home child care agencies in Nova Scotia are required to host could become vibrant communities of practice. These meetings are typically hosted by agency directors and consultants and provide an opportunity for care providers to gather and share stories of their successes and challenges. A new family home child care provider attending one of these meetings might negotiate the process described by Lave and Wenger (1991), beginning as legitimate peripheral participants in these meetings and eventually taking on the role of experienced member. Agencies can also use these gatherings as an opportunity to update care providers on changes in regulations or standards of practice. Providing agency directors and family home child care consultants with background information and some basic training in how to facilitate a community of practice could result in quality enhancement in this part of the early learning and child care sector while also addressing the sense of isolation that many family home child care providers feel due to working long, irregular hours alone.

Adult Learning Theories

Communities of practice and mentoring, coaching, or supervision have proven to be effective methods for offering professional development in the context of family home child

care. Consideration of different adult learning theories can aid in understanding why these methods are effective and offer family home child care consultants insights into some of the common characteristics of adult learners. Family home child care consultants are required to hold an ECE credential and have two years of child care experience. There are currently no requirements that they have training or experience in adult education. Recognizing that people are lifelong learners is essential to understanding the role of family home child care consultants. The quality assurance aspect of this role could be expanded by recognizing family home child care providers as lifelong learners who are educated through the interactions they have with their family home child care consultants. Lovett et al. (2023) contend that learning is about more than "filling empty brains with knowledge" and "also means integrating knowledge and skills into one's worldview" (p. 13). There is a marked difference between the worldview of children versus the worldview of adults. Therefore, teaching adults requires different knowledge and practice. While family home child care consultants might be able to apply some of the principles of children's learning to their work with adults, there are key differences between teaching children and adults that must be acknowledged to enhance the effectiveness of this role.

A slow knowledge approach has been taken to this research, allowing time for consideration of the overlap between the science of early childhood development and adult learning theory (Berg & Seeber, 2016; Gouthro, 2019). Communities of practice and mentoring, coaching, or supervision offer adult learners experiences that will hopefully "live fruitfully and creatively in subsequent experiences" (Dewey, 1938, p. 28). Dewey (1938) notes that the quality of experiential learning makes a difference. Providing learners with experiences is not sufficient to consistently lead to learning. Rather, learners must be provided with experiences that are engaging and promote exploration of an area of study. In addition to being based in experience,

both of these methods also involve the social construction of knowledge through relationships that promote reflection.

Combining reflection with experiential learning in adult education can be an effective way of promoting durable learning. Reflecting on what has been learned and figuring out how new knowledge fits with pre-existing knowledge requires students to retrieve and elaborate on what they have learned (Brown et al., 2014). Brown et al. (2014) suggest that perhaps the difference between those who learn and those who do not learn comes down to whether they have "cultivated the habit of reflection" (p. 66). There is a strong emphasis on reflection in preparation and training programs for ECEs that has transferred to the development of communities of practice. Curtis et al. (2013) have developed a workbook to guide ECEs in establishing reflective communities of practice. They contend that ECEs co-create knowledge by sharing their reflection in the setting of a small community of critical friends. Cranton (2002) suggests that critical self-reflection may be more likely to occur outside of the classroom than inside the classroom. Reflection can also be a powerful learning tool in the context of a mentorship, coaching, or supervision relationship when the mentor, coach or supervisor creates space for the learner to reflect and guides their reflection toward opportunities for advancing skills. One factor that perhaps contributes to the success of communities of practice and mentoring, coaching, or supervising is that they both involve relationships where learners are setting goals and receiving targeted feedback (Lovett et al., 2023). In this sense, the learning that happens in communities of practice or as a result of mentoring, coaching, or supervision relationships relies on communicative action.

Habermas' theory of communicative action functions within the context of day-to-day interactions in the lifeworld (Gouthro, 2002). It distinguishes between the lifeworld, which

includes the homes and local communities where human experience is rooted, and the system, which includes political, economic and social structures that reinforce power relationships (Gouthro, 2005). According to Gouthro (2005), Habermas contends that integration between the system and lifeworld facilitates communication between these two spheres so that people feel less tension in their day to day lives as they negotiate interactions that bridge the divide. Increasing complexity within society has led to a lack of integration between the system and the lifeworld that is contributing to tension when systemic factors such as regulations, policies, and procedures come into conflict with lifeworld values. This theory highlights the importance of balance between the system's power to impose regulations related to social behaviour and the lifeworld's power to challenge regulations that have the effect of devaluing, silencing, or marginalizing segments of the population.

When it is applied, the theory of communicative action allows people to explore different viewpoints and perspectives, potentially leading to perspective transformation. Mezirow (1981) developed Transformative Learning Theory in which he describes perspective transformation as "the learning process by which adults come to recognize their culturally induced dependency roles and relationships and the reasons for them and take action to overcome them" (p. 6-7). Habermas gives us a framework to understand communication as the foundation of learning about the experiences of others (Gouthro, 2005). Influenced by Habermas' theory, Mezirow (1981) focuses on the moment in time when communication initiates a change in perspective, which he calls a disorienting dilemma. The dilemma arises when an individual sees a perspective that does not align with their way of seeing the world. Adult learning occurs when individuals grapple with a disorienting dilemma in the attempt to reconcile it with their worldview. Mezirow

(1981) highlights the importance of critical self-reflection as part of the process of perspective transformation.

Cranton (2002) suggests that it is difficult to design a lesson for the purpose of transforming the perspectives of learners because the transformation happens within the individual learner. Perspective transformation occurs when the instructor happens to say something that "hooks into that person's thoughts or feelings" (p. 66), which is a difficult variable for instructors to predict or plan for. In contexts where adult educators are working with large classes or in online environments, it is increasingly difficult to gauge whether one's teaching is having a transformative effect. Having an understanding of these theories of adult education could support family home child care consultants in creating environments that foster communication and lead to the kind of durable learning where one person is able to 'hook into' the thoughts or feelings of another. For example, monthly care provider meetings facilitated through the lens of lifelong learning could provide family home child care directors and consultants with an opportunity to gain knowledge as to where each of the care providers in their agency is in terms of their lifelong learning trajectory. Then, the director and consultants could work with each care provider to identify learning priorities. In addition to offering targeted professional learning that could enhance the quality of caregiving being provided, getting to know the unique personal and professional experiences that each care provider brings to their work could have the added benefit of better preparing agency staff for their role as advocates for family home child care.

Conclusion

The literature supports the validity of incorporating diverse perspectives into the development of methods for defining and measuring quality in child care. This is consistent with the present study's approach of exploring family home child care providers' perspectives on what

quality means. Previous studies have also consistently reported on a connection between quality in child care and improved outcomes for children, highlighting the importance of understanding what quality is. Several of the factors that have been identified as predictors of quality have the potential to be leveraged through adult education initiatives. This indicates that adult education could be leveraged as a way of enhancing the quality of care that children receive in child care centres and family home child care. The present study continues this conversation by contributing data to further the understanding of the way that family home child care consultants define quality and by exploring ways that family home child care consultants can be offered targeted professional development.

Chapter 3: Research Methods

Methodology

This qualitative study captured the essence of what it means to be a family home child care consultant in Nova Scotia by exploring how family home child care consultants define quality and contribute to quality enhancement. Qualitative methods were chosen to examine the meaning that the participants attribute to the phenomenon of quality in family home child care (Creswell & Creswell, 2023; Merriam & Tisdell 2016). The use of qualitative methods and a constructivist lens allowed the participants and the researcher to make meaning of the experiences that were shared during the study (Leavy, 2023). The constructivist lens and critical feminist perspective aligned with the purpose of this research, which was intended, in part, to empower the participants to develop their own definition of quality and explain how the work they do supports quality in family home child care.

Stories have proven to be an effective means of understanding human experience, so narrative inquiry was used as a method of data collection (Merriam & Tisdell, 2016). Use of narrative inquiry allowed the study to focus on the participants, who were asked to share stories about their role and how they identify and support quality in family home child care. One of the goals of this research was to give voice to family home child care consultants. Accordingly, methods were selected with attention given to maximizing input from participants and reducing the potential for the researcher to impose her own perspective (Thelwall & Nevill, 2021). Stories were collected through multiple methods including interviews, focus groups and photo-elicitation.

Researcher's Positionality

Personal history is an important consideration in the research process. Cole & Knowles (2001) refer to the writing of a personal history account as being "one way to unpack our

researcher baggage" (p. 49). As an early childhood educator and former family home child care provider turned adult educator, my personal history informed the approach that I took to this research. I have experienced the way that family home child care providers are undervalued within society as a whole, and also within the early learning and child care sector. The parents I worked for were often pleasantly surprised by the quality of care that their children received in my home. This left me with the impression that the quality of care I was providing must be high compared to other family homes. When I joined a family home child care agency and got to know other family home childcare providers, I realized that this impression was unfounded. The agency that I worked for supported a passionate group of care providers, most of whom did not have any formal training in early childhood development, who were continuously advancing their knowledge and enhancing the quality of care that they provided. My experience contradicts literature that contends that quality in family home child care is inferior to quality in regulated child care settings (Koh & Neuman, 2009). There are few studies of family home child care that give voice to the consultants, home visitors, or care providers, so I saw an opportunity to fill this void by giving family home child care consultants the opportunity to shine a spotlight on the quality that they see in their day-to-day work.

I recently took on the challenge of working as the Executive Director of the Association of Early Childhood Educators of Nova Scotia (AECENS) and connect with family home child care agencies regularly to share information about training and development opportunities that are available for them. Some of the participants in this research are ECEs who are known to me through my previous and current employment, and it is likely that some ongoing relationships will grow from this study. The research participants commented that the role of family home child care consultants requires that they 'wear many hats.' This research had me wearing many

hats too as I balanced my role of researcher with the role of Executive Director of an organization that supports ECEs. While I made efforts to keep this research separated from my work, by conducting focus groups outside of my office and working hours, some of the consultants are members of the AECENS and might approach me to follow up on ideas that were discussed during the focus groups. Although the participant group was quite small, this research could mark the beginning of an enhanced relationship between the AECENS and family home child care agencies in Nova Scotia.

Procedure

Multiple sources of data collection were used based on a review of literature on research methods indicating that this is common practice in qualitative research (Creswell & Creswell, 2023). This study collected data through a key informant interview with an individual familiar with regulation and policy making for family home child care agencies in Nova Scotia as well as individual intake interviews and a series of three focus groups with family home child care consultant participants. Interviews and focus groups have their own unique benefits and challenges. Merrill & West (2009) indicate that interviews are a favoured method in feminist research approaches because they can invite relationships that challenge the balance of power between the researcher and participant. In the present study, individual intake interviews were used to ensure that participants understood the goals of the research and were empowered to be active storytellers. These interviews were completed prior to the three focus group meetings and provided the researcher with an opportunity to orient the participants to the research study. Lambert & Loiselle (2007) contend that combining interviews and focus groups can generate rich qualitative data and explain that interviews are best used to focus on personal experiences while focus groups provide a forum for exploring a broader range of perspectives. Through individual interviews with the family home child care consultant participants, the present study

collected data on the background of family home child care consultants to explore connections between prior training or experience and quality. This information is personal and could be considered sensitive by some participants, so it was best obtained through individual interviews (Kruger et al., 2019). Another purpose of the study was to examine family home child care consultants' understanding of quality. Having conversations about quality in a focus group setting allowed the participants to share their experiences and co-construct meaning while providing rich qualitative data for analysis.

Facilitation strategies are a key part of effective focus groups. Smithson (2000) describes focus groups as "controlled group discussion" (p. 194). The role of the facilitator involves being attuned to the participants and controlling the discussion without introducing bias (Smithson, 2000). There can be challenges with facilitating online focus groups because it is not always possible to pick up on the nonverbal cues that are more obvious during in-person sessions. For the purposes of this study, online interviews and focus groups were used to enable participation by family home child care consultants from a broader geographic area. Matthews et al. (2018) indicate that this is one of the benefits of using online meeting software to facilitate focus groups. They also note that this method is associated with lower costs than in-person methods and richer data than surveys. Online meeting software was selected for this study because it allowed the researcher to connect with participants from across the province in an accessible and cost-effective manner. Participants were asked to use their video cameras so that the focus group meetings were similar to an in-person conversation. The lead researcher has previous experience conducting interviews and has participated in a workshop on group facilitation in addition to planning and facilitating brief (2-3 hour) professional development sessions for ECEs. This experience was drawn upon during focus group facilitation.

Methods of sparking storytelling among the participants were also considered. It is for this reason that photo elicitation was used as a research method. Harper (2002) distinguishes photo elicitation from other research methods because the fact that it works is mysterious. He argues that: “photo elicitation mines deeper shafts into a different part of human consciousness than do words-alone interviews” (p. 22-23). Zhang & Hennebry-Leung (2023) explored the benefits and limitations of photo elicitation in education research and argue that it is an effective means of capturing the complexity of human experiences. Quality in child care is a complex topic and incorporating photo elicitation in this study was an effective conversation starter that facilitated rich discussions.

In addition to interviews and focus groups with family home child care consultants, a key informant interview was also completed with a participant who had knowledge of family home child care policy development within the Nova Scotia early learning and child care system. In the context of an early learning and child care system that has seen many changes during the past few years, including the key informant interview was a way of determining the extent of alignment between understanding of the role of family home child care consultants from a policy perspective versus from the front-line perspective of the family home child care consultants themselves. Lokot (2021) notes that while key informants are often initially concerned with “impression management”, building trust during an interview can lead to the “inside story” emerging (p. 3). In the context of this study, the inclusion of a key informant interview was intended to gain insight into the ‘inside story’ behind recent changes to the role of family home child care consultants. There was no intent to privilege the information provided by the key informant. Rather, this information was analyzed for the purpose of arriving at a deeper understanding of the relationship between family home child care consultants and their regulator.

Recruitment

Due to the relatively small sample of participants meeting the inclusion criteria for this study, it was possible to identify all potential participants and send them invitations to participate in the study. Invitations were sent by email to the directors of the 14 family home child care agencies in Nova Scotia. Their contact information is listed publicly in the Nova Scotia Directory of Licensed Child Care Facilities. The invitation introduced the study, explained the role expected of participants and provided information about the consent process. It requested that directors share information about the study with the consultants in their agency.

Recruitment took place over a period of approximately 6 weeks prior to the beginning of the focus groups. There were two participants who volunteered early in the recruitment process. This response rate was lower than anticipated, so the invitation was re-sent to directors from agencies that had not yet confirmed receipt of the initial message. Initial interviews with the two early participants were also scheduled, during which the researcher shared that there was space for more participants, resulting in a snowball sampling (Merriam & Tisdell, 2016).

Study participants were from various urban and rural communities across Nova Scotia. All participants had access to a computer and internet connection to access the meetings. During the initial interviews, all participants communicated that they had support from their agencies to participate in the focus groups during their work day. At the request of the participants, focus groups were scheduled around midday.

Participants

The goal of this study was to involve family home child care consultants working with licensed agencies who have different backgrounds and would bring diverse perspectives to the study. The inclusion criteria required that participants hold a minimum Level 2 ECE classification and be employed as a family home child care consultant. The criteria were intended

to be broad enough to include all 29 family home child care consultants working with licensed agencies in Nova Scotia. Seven family home child care consultants responded to the invitation to participate in the study. After receiving and reviewing the description of the project, three of the respondents decided not to participate. This left a focus group of four family home child care consultants. Information about the participants' education, experience, and preparation for their role is summarized in Table 1, below.

Table 1: Participant Information

Classification	All 4 participants held a Level 2 ECE classification
ECE Experience	Ranged from 5 years to 27 years
Family Home Child Care Consultant Experience	Ranged from 2 years to 5 years
Family Home Child Care Provider Experience	One of the participants had experience working as a family home child care provider.
Preparation for Family Home Child Care Consultant Role	Included job shadowing and on the job training
Location of Family Home Child Care Agency	One participant worked in the central region and three worked in the northern region (2 from the same agency).

While most of the participants had lengthy careers in Nova Scotia's early learning and child care sector, they were all relatively new to their role as family home child care consultants.

Data Collection

This study focused on the perspectives of Nova Scotia's family home child care consultants. These early childhood educators who work with family home child care providers were asked about their background and training, their views of the relationships they form with family home child care providers, and their impressions of what quality means in the context of family home child care. As outlined in the discussion of which procedures were chosen for this

research, data was collected through a key informant interview, individual intake interviews and focus groups including all family home child care consultant participants. The rationale for choosing these methods has previously been explained, so this section will focus on how each method was used to gather data in support of answering the research questions.

Key Informant Interview

Information about the tension that exists between mentoring and regulatory functions that family home child care providers perform was collected through an interview with one key informant who holds a relevant management position with the Department of Education and Early Childhood Development. This interview was semi-structured and took approximately 45 minutes to conduct via Teams. Interview questions were designed to elicit information about how the key informant conceptualizes the role of family home child care consultants and their professional learning needs. Data collected through this interview will help to inform policy recommendations that are made in the final reporting.

Semi-Structured Individual Intake Interviews

Family home child care consultants who expressed an interest in participating in the study were sent an information package with consent form and scheduled for a 30-minute semi-structured individual intake interview via Teams. The length of individual intake interviews varied, but they were all completed within 10 minutes of the 30-minute timeframe. This method was selected because it allowed the researcher to obtain informed consent while ensuring that each participant had time to ask questions and have them answered. The intake interviews also allowed for collection of demographic information that it would not be appropriate to request in a group setting. An additional goal of these interviews was to ensure that participants felt comfortable with the research process. The semi-structured interview guide is included below as

Appendix I. The questions asked gave mindful attention to the language used because, as Clark (2019) indicates, word choice can change the direction of research.

Focus groups with photo-elicitation

A total of three virtual focus group meetings were held. All four family home child care consultant participants attended the first focus group meeting. One participant was unable to continue after the first meeting, and three participants attended the second and third focus group meetings. The meetings were held using Microsoft Teams. Meetings were scheduled 2-3 weeks apart and varied in length from 60-90 minutes. Each meeting was recorded and transcribed, verbatim. A guide including the content and structure of each focus group is included below (also see Appendix J).

The first focus group meeting provided an overview of the project, reviewed expectations of the researcher and participants, and allowed some time for participants to get to know each other. The process of requesting consent from family home child care providers to use photographs taken in their homes was reviewed and participants were provided with a consent form and script to use when requesting this consent. Some background information on how researchers define quality in child care was provided to the participants and they were asked to provide their insights on whether they define quality differently. The group collaborated in developing a definition of quality in family home child care, which is included in the results section.

During the second focus group meeting, participants were asked to share photographs illustrating what quality looks like in family home child care. The photographs were used as the basis for sharing stories about the quality that family home child care consultants observe in their daily work. Torre & Murphy (2015) describe photo elicitation interviews as being an effective method of understanding the “less visible dimensions” of a research environment (p. 2). In this

study, photos were used to show a dimension of regulated child care that has been largely invisible. Photo sharing was combined with guided prompts (see Appendix J) to start conversations about what quality looks like in family home child care. The photographs were not analyzed as research data or used in sharing of the research findings. Their purpose was to initiate conversation during the focus group meeting.

At the third focus group meeting, ongoing consent on the part of the participants to use the information shared during the research process was confirmed. Participants were asked to share stories about times when they witnessed a family home child care provider implementing a change in practice or using a resource that the consultant had provided. The questions asked during this focus group were intended to gather information about the impact that family home child care consultants have on the practice of the family home child care providers they work with. This focus group also provided the family home child care consultants with an opportunity to discuss the tension that exists in their role due to acting as a regulator and mentor while sharing strategies for mentoring and supervision with each other.

Data Analysis

Transcripts from the key informant interview and focus groups have been analyzed following Braun & Clarke's (2022) method of reflexive thematic analysis.

***Table 2*: Six Phases of Reflexive Thematic Analysis**

*Adapted from Braun & Clarke (2022)

Phase of reflexive thematic analysis	**Researcher actions during this phase**
Familiarizing yourself with the dataset	• Read and re-read transcripts to gain in-depth familiarity with the dataset • Noted initial ideas and insights
Coding	• Identified and labelled interesting, relevant, or meaningful segments of data. • Developed a code book • Refined codes through repeated review of the data set.

Generating initial themes	• Combined codes that share meaning to generate initial themes. • Focused on research questions.
Developing and reviewing themes	• Checked the alignment of themes with patterns of shared meaning in the data. • Revised clustering of themes accordingly.
Refining, defining and naming themes	• Determined how themes fit into the story the data tells. • Assigned a name to each theme.
Writing up	• Shared the results of the research. • Chose data extracts to illustrate the highlights of the story.

The key informant interview and focus groups were recorded using Microsoft Teams. Individual interviews were not recorded. The researcher used a question sheet where participant responses to the questions were written down. Teams was also used to generate transcripts of the recordings, which were checked by the researcher for accuracy. This step of checking accuracy allowed the researcher to review the data following collection as part of the familiarization phase of reflexive thematic analysis (Braun & Clarke, 2022).

Once the transcripts were checked for accuracy, Phase 2 of data analysis started with the identification of codes (Braun & Clarke, 2022). A simple approach to coding was followed that involved a combination of highlighting and colour coding data segments and using the comments feature in Microsoft Word to add notes about data that appeared interesting, relevant, or meaningful in terms of answering the research questions. Recurring codes were identified and tracked in a code book. For this study, the code book was developed as a listing of codes (words or short phrases) that described pieces of data. Each code was listed with a description of how to use it when coding the data. The first review of the transcripts included listening to the audio recording from the focus groups and developing codes. This was followed by two more reviews of the transcripts to determine whether any codes had been missed. At the conclusion of this

process, 57 codes were identified. Many of these codes relate to different aspects of quality that were discussed by the participants. The changing role of family home child care consultants was also well represented in the coded data.

Generating initial themes is Phase 3 of Braun & Clarke's (2022) reflexive thematic analysis. The research questions were used as a foundation for clustering codes together into themes. Braun & Clarke (2022) suggest this method as a way of finding meaningful answers to research questions. At this stage, the codes were reviewed to determine which ones were present most prominently in the transcripts. The codes that were most prominent in the key informant interview were related to balancing consistency with flexibility, building capacity through training, and the changing roles within family home child care agencies. Family home child care consultants most commonly discussed quality as being supportive/responsive, quality as being accessible, quality environments, and quality in relationships with care providers. The prominence of codes was determined by noting both the frequency and the level of resonance with the participants. Resonance was determined based on the level of importance that participants seemed to attach to an idea and allowed for the inclusion of codes that were significant even though they were not mentioned repeatedly. These codes included competing demands on family home child care consultants' time, quality pedagogy, and quality as a personal experience. It became apparent during the coding process that family home child care consultants were looking at quality in two distinct contexts. They observed quality in the care provided by family home child care providers and they were also aware of delivering quality in the relationships they built with family home child care providers. This distinction alludes to the complexity of quality and the way that enhancing quality in one aspect of a larger system can have a ripple effect.

These initial themes were developed and reviewed in Phase 4 of the reflexive thematic analysis (Braun & Clarke, 2022). During this phase, the original data set was reviewed again to determine whether anything had been missed in the coding phase. The initial themes were clustered together into groupings that seemed to share a common idea and connections to the research questions were noted. Six potential themes were generated that relate to the research questions and weave together the threads of the participants' discussions. In Phase 5, these codes were refined, defined, and named. Excerpts that demonstrate the meaning of each code were compiled for potential use in the writing up phase. In keeping with the advice of Braun & Clarke (2022) each theme was reviewed to ensure that it tells a story that relates to the research questions and is organized around a distinct central idea.

The final phase of reflexive thematic analysis is Phase 6, writing up (Braun & Clarke, 2022). This phase began early in the data analysis process through a reflexive journal, which has been reviewed and referenced in the writing of this summary of the data analysis. The reflexive journal consisted of a combination of handwritten notes in a notebook and typewritten notes in a Word document. These were places where I, the researcher, took time to reflect on the research experience and note questions so that they could be followed up later. Writing these notes and returning to them throughout the research process was part of developing a habit of critical self-awareness in the research process and particularly being aware of how my actions and interactions might influence the results. Throughout data collection and analysis, regular contact with my thesis supervisor was maintained through online meetings.

Ethical Considerations

This study has met the ethical requirements of the Mount Saint Vincent University Research Ethics Board and the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans. At the beginning of the key informant interview and each intake interview,

the researcher reviewed the consent form with the participant and answered their questions about consent and/or the study procedure. A verbal consent process was followed before initiating the data collection portion of the key informant and intake interviews.

As indicated previously, one of the focus group participants unexpectedly ceased participation in the study after the first focus group meeting. The researcher followed up with this participant by email and confirmed their consent to allow data collected during the first focus group to be used in the study.

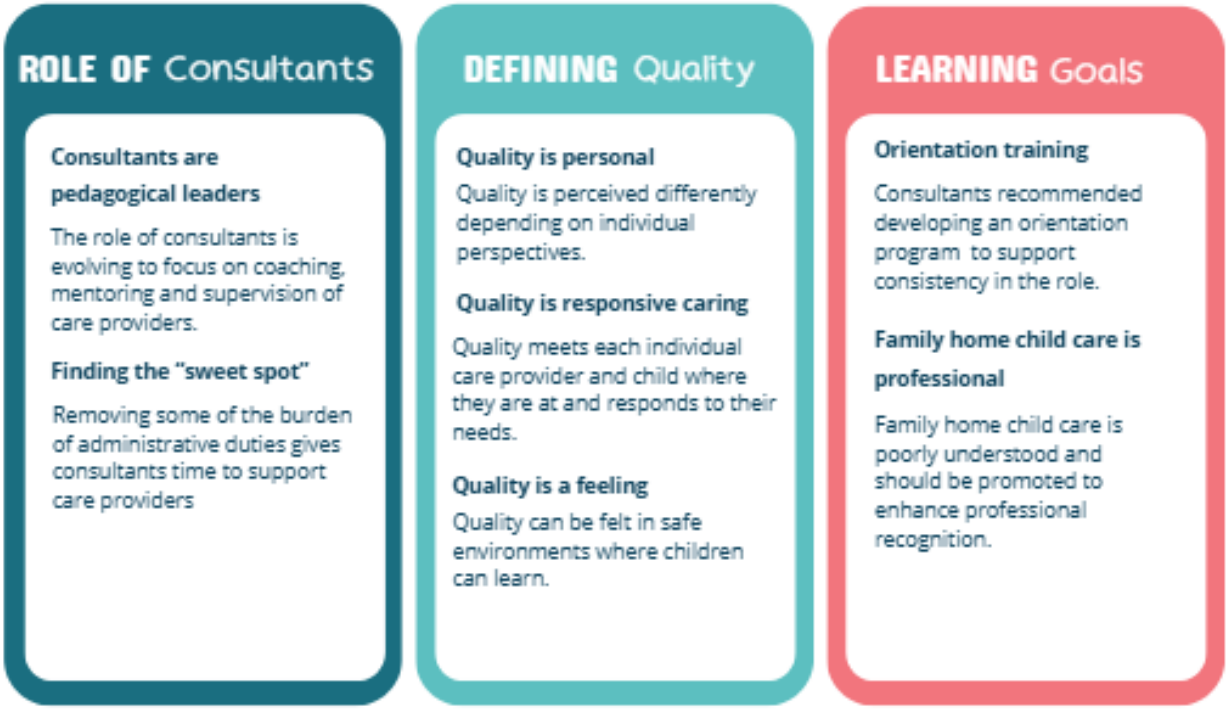
It was anticipated that sharing their ideas in a focus group format could be difficult for some participants if they did not feel confident in their knowledge. Participants were informed verbally and in writing that participation in the study was voluntary and that there would be no repercussions for discontinuing their participation at any point in the process. Consent was obtained at the initial interview and again at each focus group meeting. Initial consent was confirmed at the beginning of each focus group meeting either verbally or by typing a message in the chat box.

The researcher and the participants have ethical obligations around confidentiality. The researcher has ensured that information provided by participants has been de-identified and that pseudonyms have been used in reporting. This assurance was given to participants with the caution that due to the small pool of potential participants, people outside the study could figure out who provided what information. Participants were instructed to do their best to avoid using names, locations, or other information that could be used to personally identify them. During transcription of the interviews and focus groups, all identifying information was removed to maintain the confidentiality of the participants.

Chapter 4: Results

This study has identified seven themes related to how family home child care consultants understand their role and its impact on quality in family home child care. The results have been grouped into three categories that were chosen to align with the research questions. These categories are: 1) The Role of Consultants, 2) Defining Quality, and 3) Learning Goals. Each category and its corresponding themes will be explained fully in the discussion that follows. Figure 2 is a visual representation of the themes nested below their categories:

Figure 2: Categories and Themes



The Role of Consultants

The Key Informant Interview (KII) and Focus Group Conversations (FGCs) identified that there have been substantial changes in the role of family home child care consultants since Nova Scotia signed the Canada-Wide Early Learning and Child Care (CWELCC) Agreement in

2021. Nova Scotia's goal of expanding the availability of child care spaces has included family home child care agencies. As the number of family home child care providers in the province has increased, agencies have received funding to hire additional consultants. CWELCC funds have also enabled the DEECD to fund director positions for each agency. This has taken some of the administrative burden away from consultants, allowing them to act as pedagogical leaders with a focus on coaching and mentoring care providers. One of the outcomes of these changes is that agencies now have a number of new staff (directors and consultants) who are working with a number of new care providers in the context of a regulatory environment that is still changing. These changes have been made in response to the goal of increasing access to affordable child care, and have yet to provide job-specific training to support new and experienced family home child care consultants in their evolving role. The need for consistent training for family home child care consultants was identified by the key informant and focus group participants. One of the family home child care consultants spoke about the importance of having consistent training to ensure that people working in this role are prepared to do the work: "We are walking a tightrope all of the time. It's challenging and it's super complex and it's very demanding and it takes a certain person and personality and ability, strength and leadership and mentoring in order to be able to do it" (Consultant 1, FGC 3).

Consultants are Pedagogical Leaders

During data collection, conversations with the participants focused on the supportive role that family home child care consultants play within Nova Scotia's family home child care agency system. Consultants work closely with family home child care providers to ensure that regulatory standards are met and to provide professional support for each care provider's practice. Most of the key informant and focus group conversation focused on mentorship, coaching, and modeling as the methods used by consultants to support care providers. While training in ECE is a required

qualification for the position of family home child care consultant, the role also requires the development of skills as an adult educator. Having knowledge of child development is essential to the role of family home child care consultants but there is less direct relationship between consultants and children than what might be observed in similar roles (ie. director or inclusion coordinator) at a child care centre. While children at a child care centre see the director or inclusion coordinator most days, children in family home child care only see the consultant about once per month. The consultant's role focuses on enhancing home child care environments by educating the care provider about regulations and standards of practice. Family home child care consultants in Nova Scotia currently learn the adult education skills that are required of their role non-formally through workshops organized by their agencies or informally through work-based experience.

One of the consultants introduced a shift in the language used to describe their role during the third focus group when they stated that "consultants are pedagogical leaders" (Consultant 1, FGC3). *Capable, Confident, and Curious: Nova Scotia's Early Learning Curriculum Framework* defines a pedagogical leader as:

> an educator with a disposition to positively influence children's and colleagues' learning and whose professional behaviour includes, but is not limited to, the promotion of reflective and responsive practice, fostering family engagement and inclusion, supporting curriculum planning and authentic assessment, and using data to evaluate the learning program and environments (Nova Scotia, 2025, p. 97).

Through the conversations about coaching, mentoring and modeling, participants made a connection to the concept of pedagogical leadership that has recently been introduced to Nova Scotia's ECE workforce. One participant introduced this concept, and the others seemed to

identify strongly with the role of pedagogical leaders. One participant argued that family home child care consultants are actually in a better position to act as pedagogical leaders than directors and assistant directors in regulated child care because they get to spend more one-on-one time with care providers and are less "bogged down" (Consultant 1, FGC3) with administrative duties.

The key informant discussed the role of family home child care consultants as being one of mentoring and coaching, stating that: "My ultimate goal at the end of [the change process] is that the consultant will be the coach, the coach will be providing the quality support." (Key Informant Interview). Family home child care consultants similarly used the language of coaching and mentoring to describe their role. During the second focus group conversation, Consultant 4 made the following statement about the importance of consistent modeling of quality standards of practice such as loose parts play: "I think it sometimes takes several times of coming back to the table showing [care providers] that this is important, them seeing that it's important, them seeing the children love it" (FGC2). Later in the same conversation, Consultant 2 observed that "Yeah, it's such a big part of our role, I think is that modeling and you know, trying to educate but not, you know, in an educating kind of way." This comment touches on the importance of coaching and mentoring within the context of a supportive relationship. The evolution of this conversation into a discussion about pedagogical leadership felt natural. The participants were discussing some of the administrative burdens that have been removed from their role and made the connection to being pedagogical leaders because having some of the administrative work removed has given them more time to focus on modeling methods of teaching young children for the care providers they work with. There was good consistency between the way that the key informant described the role of family home child care consultants

and the way that consultants understood their role. The consultants described themselves as coaches, mentors, and pedagogical leaders and the key informant said: “I feel that the role of the consultant is to be the coach, to be the mentor within the organization” (KII). All participants spoke about the role involving mentoring, coaching, and modeling, which align well with the role of a pedagogical leader and adult educator.

Finding the “Sweet Spot”

Participants indicated that the role of family home child care consultants is focused on supporting family home child care providers. Prior to the introduction of the role of agency directors, consultants described that they spent a significant amount of time engaged in administrative tasks, which were felt to take away from the focus of the role. One of the participants described this as consultants essentially trying to fulfil their primary role “off the side of their desks” (Key Informant, KII). The emphasis on paperwork and reporting that was required by the regulator resulted in the consulting part of a consultant’s role being treated as a secondary focus of the role. The key informant indicated that the shift to having a director for each agency has been positive for consultants, stating that: “it opened up the window for home consultants to be doing what they should have been doing all along, but couldn't because they didn't have the time” (KII).

Family home child care consultants described their role as being complex and involving many different responsibilities. Home visiting is not strictly regulated in family home child care. While there is a health and safety checklist that care providers complete during these monthly visits, there is also a high degree of flexibility for them to tailor the use of this time to meet the individual needs of each care provider. The ways that these needs are identified and documented varies between agencies and between consultants within some agencies. In discussing how they prepare for home visits, one of the consultants indicated that they take time at the end of each

day to prepare materials for the next day's visits. This habit allows time to reflect on the needs of different care providers, and the consultant finds that it enhances the quality of relationships because arriving prepared with materials that the children find interesting enables the consultant to focus on the care provider during the visit. This consultant works in an agency with one other consultant, and they divide care providers according to geographic areas. This means that each consultant is usually visiting the same care providers each month. Although the habit of preparing in advance for home visits supports quality and enhances practice, the consultant described feeling like there was not enough time for it: "It does take an hour out of the 300,000 other things I should be doing" (Consultant 4, FGC3). Consultants 1 and 2 work at the same agency with a third consultant, who did not participate in the research, and visit care providers on a rotational basis. This means that the consultants have opportunities to visit different care providers each month and build relationships with all care providers who are approved by the agency. In this agency, the consultants keep a log following their home visits that can be reviewed by the next consultant who will be visiting that care provider. Planning for the next visit was described as starting immediately following the current visit. The participating consultants all described processes that they have developed through experience and in response to the unique characteristics of their workplaces and the homes they visit.

The key informant and consultants seemed to view checklists and other paperwork that is required for regulatory purposes as being a burden that was not enhancing quality in family home child care. The key informant acknowledged that removing administrative work from the role of consultants so that they can focus on curriculum and pedagogy is a priority. The consultants described having time to spend with care providers as being an essential element of their work. Consultant 1 described this as follows: "We kind of get in a sweet spot where we can

dedicate a lot of our time and energy and resources directly to the care providers" (FGC3). Reducing the administrative duties for this position was one way of supporting consultants in finding the "sweet spot". They also discussed how having training for some of the non-ECE aspects of their jobs (computer programs, human resources, coaching/mentoring) could help them work more efficiently and have more time to spend on building and sustaining relationships with care providers.

Defining Quality

The first focus group conversation focused on defining and describing quality in family home child care. Participants were asked to share words that come to mind when they think of quality. One word that came up for all consultant participants was "safety". When asked to elaborate on what safety means and how it relates to quality, participants shared the following thoughts at various points throughout the conversation:

> Consultant 1: for me the basis of providing childcare is providing a child with a safe place to be. Parents depend on that. They rely on us to keep their children safe when they're not the ones in care and control of their child. I think it's a huge responsibility and I think it's probably like the foundational responsibility of our work.
>
> Consultant 3: a lot of times, you know, in child care, people push their ideas of what a child -- who a child should be. But our spaces should be safe for them to be who they are.
>
> Consultant 2: I forget where I heard it from, but children ask themselves, "Am I loved? Am I safe? Now I can learn."

The participants agreed that having safe environments where children can learn is a key component of quality in family home child care.

In addition to safety, the participants also discussed nurturing and responsiveness because these words came up for everyone as well. The discussion touched on several different aspects of

nurturing and responsiveness. Initially, these concepts were discussed as extending from relationships and being made visible by the ways that care providers show their understanding of each child's unique needs. The conversation also touched on the need for cultural responsiveness, so that child care environments reflect the children and families that are part of the program. This was seen as a way that the environment can be responsive to children. Participants discussed the fact that a care provider's culture, language, and customs are part of the environment in family home child care as being one of the strengths of this model of care because it provides children with the opportunity to experience different cultures, languages and traditions from what they are used to. One of the care providers shared the following story about a personal experience with a family home child care environment:

> As an example of [cultural responsiveness], my grandson is almost two and he goes to a day home … and the care provider is Indonesian, and my grandson is pretty much part of their family. He's got some Indonesian language. He's coming home and saying words that we have no idea, so we have to contact the care provider and ask what he's saying. … When they go for walks, he'll only hold the care provider husband's hand and walk with him and the whole family is involved in the care pretty much in that day home … I think it's amazing that my grandson is learning that way because it's not all about our culture when we're here, it's about other people's culture being here as well and exploring that and admiring it because I love it (Consultant 4, FGC 1).

Following a discussion of the different words that come to mind when the participants think about quality, the participants engaged in developing a collaborative definition of quality in family home child care:

Table 3: Focus Group Definition of Quality in Family Home Child Care
"Family homes provide a safe, responsive, nurturing, inclusive environment that is welcoming to all families"

The discussion of quality extended into the second focus group conversation, where participants shared photographs they had taken during their home visits and described the quality that they could see in each photograph. Three prominent themes were identified related to quality based on a combination of their recurrence in the conversations and the depth of conversation that was generated by these ideas. Quality is personal, quality is responsive caring, and quality is a feeling will be explained in more detail with examples provided in the sections that follow.

Quality is Personal

Participants seemed to struggle with reconciling competing conceptions of quality. While there was consensus about the importance of quality and an understanding that defining and measuring quality are a necessary part of developing system-wide quality, participants also resisted the notion that quality would look the same in every home. The key informant and consultants agreed on this point:

> Key Informant: They don't have to look the same as a matter of fact (KII).
>
> Consultant 4: Like I said, it's different in every home. It depends on what they're doing (FGC2).

Participants discussed how the experience of quality can be different depending on unique factors related to the context. The key informant and consultants also agreed that quality can depend on the perspective of the individual observer:

> Key Informant: …so, it's the ability of the observer or the viewer to be able to know what makes quality; what makes good environments for children and how to view that with a different lens (KII).

> Consultant 4: She the quality in this home is really evident by the display … they have a string across the wall that they hang a lot of things on that they make – and if you weren't an educator and you walked in and possibly some of the parents would walk in and say what is that like? That's just a mess. But it's really not. It's beautiful stuff that they hang on the wall. Every now and again they'll just change it out and put new things with clothespins. So, the children really take care of the environment here and they really have respect for it and they spend a lot of time setting up the environment themselves (FGC2).

Discussions with the key informant and consultants indicated that quality is complex and there are many different factors that could contribute to quality in family home child care. Determining whether quality is present is highly personal and depends, to some extent, on how the physical and relational aspects of the environment are experienced by the child.

There were two different levels at which consultants viewed themselves as supporting quality when it comes to providing personalized experiences. One of these levels was in the relationships that they build with care providers and the other was in the way that the consultants modeled a personalized approach for care providers to follow in building relationships with children. The consultants discussed having close relationships with the care providers they work with and trying to provide each care provider with different resources depending on what their needs are. During this discussion, they noted that there is a different level of preparation required for some home visits compared to others. Part of the consultant's role is getting to know each care provider and preparing information, resources and supports that meet their individual needs. There are some home visits where consultants will prepare materials and resources to bring and share with the care providers and other home visits where the consultant's presence is all the support the care provider needs:

> Consultant 2: I could do an impromptu [home visit] right now down the street and be totally unprepared but have everything I completely need. It just really depends on what a provider needs from month to month (FGC3)

In addition to seeing quality in their provision of support for care providers, the consultants also saw a connection to quality in the way that they modeled an individualized and child-led approach to early learning and care. There was a personalized approach to providing quality pedagogical leadership in the consultants' relationships with care providers and they also modeled that personalized approach for the care providers to follow in their relationships with the children in their programs:

> Consultant 2: But everybody's not cookie cutter. Everybody's unique and we want to be able to nurture that in each child individually (FGC1).

Quality is Responsive Caring

In their pre-service training, ECEs are taught the importance of developing responsive caring relationships with the children in their care. The family home child care consultants who participated in this research seemed to apply this same approach to the relationships they developed with family home child care providers. When they described quality in the family homes that they visit, a child-led approach was one of the key features that they focused on. Being able to adapt the environment and activities to align with the children's interests was viewed by the consultants as being a key component of quality:

> Consultant 2: Child A was more so interested in the actual cutter [referring to a cutting tool] than painting, so she in the picture below the snack time you can see that she was helping him figure out how the cutter was used, and he decided to make grass rather than paint (FGC2).

The consultants seemed to apply the same principle to the relationships that they built with care providers. This is evidenced by the way that the consultants developed responsive relationships that were led by their understanding of the care provider's needs. The following examples are drawn from three different parts of the conversation and show each consultant reflecting on the impact of their relationships with family home child care providers:

> Consultant 2: We want to come in, give them the best support, give them the resources and then when we leave they feel adequate, they feel supported and they have the ability to actually do what we just asked them to do (FGC3).
>
> Consultant 1: And we end up just kind of having this, this stockpile of, you know, the second a care provider, you know, says one word about something, we already have a catalog of things in our brain (FGC3).
>
> Consultant 4: I understand how their day works and how long it is. At the end of the day, they don't want to have a bunch of stuff to clean up, so I try to do it in the easiest way I can and model it for them (FGC2).

The consultants discussed different methods they have developed for documenting a care provider's needs so that they can bring resources that are responsive to those needs at their next visit. They also shared some techniques they have developed to spend time with the care providers during visits. One of the consultants was in the habit of bringing art or play invitations to every home visit. She would model how to set up the play invitation for the care provider and then, while the children were engaged with the invitation, she was able to check in with the care provider to ask how they were doing and determine what additional support they might need.

The consultants also talked about how they respond to the needs of the care providers between home visits. It is not unusual for care providers to reach out and contact their consultant

between visits. Much of this contact is via e-mail, but there are also phone calls. The fact that care providers might have children in their care for 10-12 hours/day was identified as a potential barrier to communication. One of the consultants described needing to have boundaries in place around her personal time because sometimes care providers would want to connect with her via phone when there were no children in their care, which was outside of her working hours:

> Consultant 4: I found I had to set some boundaries, and you probably find the same things with care providers. They feel like we work 24/7 and when I first started I kind of would answer the phone whenever and deal with it whenever (FGC3).

Having boundaries and clear expectations in place around communication was identified as a factor that enabled the consultants to build supportive and responsive relationships with care providers.

Quality is a Feeling

The focus group conversations began with a discussion of quality that could be seen or observed by the participants in the family home child care programs that they visited. During the second focus group, when the participants used photographs to show the quality that they had observed in the environments they had visited, the conversation became more descriptive of what quality feels like. The following excerpts are drawn from different sections of the transcript and show each participant's reflections on what quality feels like:

> Consultant 1: This feels safe. This feels calm. This feels like, really something special (FGC2).
>
> Consultant 2: It felt like she was really seeing his needs and meeting them, so just being able to have that was just, I love that you say quality is a feeling (FGC2).
>
> Consultant 4: So those kinds of things, those adjustments that the care providers make on their own that are healthy for the children and good for the children are to me -- that's a

> feeling of quality is knowing that they take care of those children as if they were their own while they're in that home (FGC2).

The feeling of quality was a concept that seemed to resonate with the participants and to connect with many of the indicators of quality that they identified in their definition of quality: “Family homes provide a safe, responsive, nurturing, inclusive environment that is welcoming to all families” (FGC1). It also connects with many of the indicators of quality identified in the key informant’s definition of quality: “To me, it's a safe, supportive, inclusive, fun, caring, emotional environment for children to grow and to be” (KII). The indicators of quality are predominantly tied to emotions that would be felt by children and families through their relationship with a care provider and by care providers through their relationship with a consultant. When the consultants’ focus group conversation shifted to quality as a feeling, they began to resist the notion that quality can be labelled as “high” or “low” and to describe the feelings that accompany the interactions that they described as being quality:

> Consultant 2: But I love … the quality is a feeling because that really kind of wraps everything up together. It makes it just so much more tangible than trying to prove why something is quality. Quality is here because of, for instance, I'll just use my own picture for an example. Quality is, you know, Provider A put the same snacks out for Child A she did for Child B, even though [they’re] not going to eat it. You know, I can prove that that's quality, but the feeling that came with it is: ‘I see you. I see that you don't like this food, but I also want you to be included.’ It felt inclusive. It felt like she was really seeing his needs and meeting them (FGC2).

In this case, the consultant very specifically identified that it was the feeling that went along with the interaction that signalled quality, and not simply the interaction itself. From the researcher’s

perspective, this called into question whether quality is a standard that can be met in the absence of genuine caring. The consultants seemed to agree that there is an emotional aspect that accompanies quality performance, so that quality becomes something that must be both observed and felt.

As indicated above, the key informant's definition of quality was consistent with the consultants' definition of quality. The key informant also provided some interesting insight into the challenges associated with defining quality in family home child care from a regulatory compliance and measurement perspective:

> Key Informant: And so we've run up against this question with licensing officers and we continue to struggle through this. You know, when they're looking at something around fences for family home, what's clearly black and white for a centre is not as clearly black and white for a family home that's on 13 acres, that's two kilometers back from the road. You know, it doesn't need a fence. So that's more regulatory, but around quality it's the same kinds of things for us to look at the fact that those family homes who aren't set up as mini childcare centres are using. Let's take snack for the afternoon. They're using their own dishes. There is – so does it mean they have to have a shelf with baking supplies? They have that in their kitchen, so it's the ability of the observer or the viewer to be able to know what makes quality, what makes good environments for children, and how to view that with a different lens. … It would be like walking into my home as a parent or your home as a parent and somebody saying, well, how do you raise your children? How? What kinds of things do you do with your children? We don't want to make the assumption that people that don't work outside the home just don't do anything with their children. Yeah, you bake with them, they do their laundry. … So, that would be

> quite a serious judgement to say that the natural environment of a home is not good enough (KII).

This quote alludes to tension between the system and lifeworld that can arise when regulatory standards and conceptions of quality are strictly applied in the context of family home child care, which will be explored further in the discussion.

Learning Goals

The participants were asked to share their opinions about the training and development that is currently being offered for family home child care providers. The conversations that flowed from this line of questioning centered around the need for consistent training as preparation for working as an adult educator in the role of a family home child care provider and on the tension that flows from both complexity within the systems where family home child care consultants work (ie. their agencies and the early learning and child care system more broadly).

Orientation Training

The key informant and consultant participants all indicated that there is currently no training being offered that is specifically designed for the adult education role of family home child care consultants. It was recommended by the consultant participants that an orientation training program for family home child care consultants be developed and offered:

> Consultant 1: There should be some kind of like orientation one program for family home consultants to make sure that these people understand what it is they're getting themselves into and how much tact and non-judgment they have to use on a regular basis. Because you can certainly get the wrong person in this role who would alienate all of the care providers who the care providers would feel judged. And that monitoring piece becomes a policing piece and you know it – it's – We are walking a tightrope all of the time. It's challenging and it's super complex and it's very demanding and it's takes a

> certain person and personality and ability, strength and leadership and mentoring in order to be able to do it. So you know it's funny that the requirements are just two years, you know, and that it's not really a piece around adult education, like how much experience do you have mentoring adults and being kind of that mediator in situations and that kind of thing (FGC 3).

The key informant also acknowledged the need for training for family home child care consultants and identified that this training should extend beyond early childhood education:

> Key Informant: As we look at home consultant training, potential home consultant training, to level up, if you will, to bring everybody to the same understanding. I don't believe we're looking at early childhood education. We're looking at coaching. We're looking at adult education. We're looking at facilitation skills and that kind of subject matter and support because they have the early childhood education (KII).

Comments from the consultants and key informant agree that there is a need for consultants to engage in adult education opportunities that are more formal than the inconsistent combination of workshops and work-based experience that are currently available. The consultant's comments, quoted above, seem to indicate that perhaps having some adult education credentials should be a qualification for working in the role of a family home child care consultant.

Family Home Child Care is Professional

There is potential for regulatory tension to exist in the role of family home child care consultants because they bear the responsibility for ensuring that care providers are following provincial regulatory standards for licensed family home child care. The key informant described measures that have been put in place to remove some of the regulatory enforcement from consultants. One of these measures is the annual inspection of family homes by a licensing officer who is employed by the DEECD:

> Key Informant: It does provide a supportive piece so that the licensing officer is the one who will, you know, address if there are issues that are ongoing or pieces that the home provider is not doing (KII).

The consultants described a process for ensuring regulatory compliance that involved clear communication of the regulatory requirements and an objective approach to addressing non-compliance. They were very focused on building supportive relationships with care providers and did not seem to have problems with managing the regulatory tension that is inherent in the dual role of regulator and mentor. Rather, they approached this role as confident professionals who are well supported by the agencies that they work with:

> Consultant 2: You are giving that positive reinforcement and having those positive interactions and showing that you genuinely care about their success and their well-being as a person so that they understand that of you and of your relationship. So that when that other piece comes, when the accountability piece has to come up, they understand that it's from a place of support (FGC3).

Although the consultants described having some structure in place to support them in their role as regulator and mentor, there was still some tension expressed in statements such as, “sometimes you feel like a police officer” (Consultant 4, FGC 3).

While it was expected that consultants might feel significant tension due to acting in the dual role of enforcing regulations and providing supervisory support, the area where consultants actually seemed to feel the most tension in their role was around the lack of professional recognition that family home child care agencies receive within Nova Scotia’s early learning and child care sector. This tension became evident through conversations about the professional

supports, including training and support for their role as adult educators, that could be offered for family home child care consultants.

The participants in this research were passionate about the work they do and described their role as including advocacy for family home child care in Nova Scotia. They regularly encountered parents and other community members who had little or no knowledge of the difference between regulated and unregulated family home child care and actively worked to provide education about the differences. The consultants viewed the lack of promotion or publicity for regulated family home child care as being damaging to their agencies because of erroneous assumptions that agencies were responsible for all home-based child care in their geographic regions. They have responded by trying to educate the public about the role of family home child care agencies and by seeking government support for a marketing campaign. Even though it may not formally be part of their role, some of the consultants described having taken opportunities to educate the public about family home child care through job fairs and social media:

> Consultant 2: So, a lot of the knowledge can also come through us, you know, going to job fairs and explaining what it is. But personally, I think that it really is going to come from the department or from the government to really show that professionalism in this to really be able to put campaigns together. It is getting better, but a little bit more would be great to be able to bring that professionalism back (FGC1).

One of the participants also noted that she monitors several Facebook pages where Nova Scotian families are looking for child care and provides people with information about the agency system of family home child care.

The consultants also talked about a sense of division between family home child care agencies and child care centres. Although both agencies and child care centres must meet regulatory standards that are set by the DEECD, there seems to be a public perception that child care centres are better than agencies. The consultants spoke about wanting to see more done to promote the professionalism of Nova Scotia's family home child care agency system:

> Consultant 4: I think families need to recognize that family home is a professional childcare provider, not a babysitter, not somewhere to take your child for a couple of months until you can get them into something else that you want, which is happening a lot lately (FGC1).

The consultants also discussed the way that family home child care providers are often asked to work extended hours, overnights, and evenings. Some families assume that it is okay for family home child care providers to perform this work, which is overtime, without any additional compensation because they are in their homes. This was a clear example to demonstrate that while the agency system provides some enhancement to professionalism in family home child care, there is still more that could be done to advance professional recognition for early childhood educators who choose this path.

The results of this research reveal that family home child care providers have a strong understanding of their role in Nova Scotia's agency system and were able to clearly articulate their professional learning needs. It appears that the DEECD is also aware of these professional learning needs and is working to support family home child care consultants in pursuing ongoing professional learning. The definitions of quality that were proposed by the consultants and the key informant show good alignment of values. The consultants' focus group conversations emphasized that quality is personal and built through supportive, responsive relationships. There

was also some engaging discussion about how quality can be felt in child care environments where children are safe and supported. Family home child care providers did not seem to have difficulty with managing the tension that exists in their role because of the dual responsibilities for enforcing regulations and mentoring care providers. More tension seemed to stem from divisions between family home child care agencies and child care centres, which are two different forms of regulated child care in Nova Scotia. Child care centres are the main form of regulated child care available for families and tend to be equated with professionalism, while family home child care is seen as being less professional. The consultants who participated in this study described acting as advocates for family home child care. They shared the belief that family home child care providers are professionals who are deserving of greater recognition for their contributions to Nova Scotia's early learning and child care sector.

Chapter 5: Discussion

This study explored three different research questions that investigated the role of family home child care consultants within Nova Scotia's agency model of family home child care. Based on their experience as ECEs and consultants, the participants defined quality in family home child care as being a "safe, responsive, nurturing, inclusive environment that is welcoming to all families." The participants view themselves as pedagogical leaders and value having time to spend building relationships with care providers. There is currently no training specific to the role of family home child care consultants and the participants feel like they would benefit from training to prepare them for the role of pedagogical leader. Although it was not directly mentioned by the participants, some of the work they are doing to build community within and among agencies resembles communities of practice. The participants discussed tension stemming from their dual role providing supervision and regulatory oversight but seemed to feel more tension from the lack of professional recognition that family home child care agencies receive within Nova Scotia's early learning and child care system.

The participants' discussions about quality aligned with literature that questions whether there is a singular definition of quality that can be objectively measured for in child care settings (Moss et al., 2000; Moss, 2019). These discussions also acknowledged various perspectives on quality including the regulator (government), consultants, care providers, children, families, and broader communities. The participants understood that differences in perspective would lead to different opinions about the quality of child care, which is consistent with Katz' (1994) findings about child care quality. When participants were asked to describe the quality that they could see in the family home child care programs that they visited, elements that were identified as contributing to quality included matching a program's offerings to the personal needs of children and families and planning activities and menus that are responsive to children's interests. These

elements of quality are achievable in family home child care due to the lower ratios and home-based environment. The home-based environment was thought to contribute to quality by exposing children to different experiences, including culture and language, than they experience at home. This aligns with Tonyan's (2017) concept of enabling children to practice what matters in their cultural communities. The participants also discussed aspects of quality that can be felt in child care environments and concluded that there is an emotional aspect of quality that cannot be seen. Rather, there is a feeling that comes along with the knowledge that children are in an environment where they are safe, cared for, and ready to learn. The notion that 'quality is a feeling' runs contrary to literature that attempts to define quality objectively as something that is constant and can be quantified through observation (Harms et al., 2015). The participants in this study understood quality to entail a subjective component that can certainly be felt when it is present and that may resist traditional objective measurement.

The key informant identified tension between the system and lifeworld particularly in the role of licensing officers who are now completing annual inspections of family home child care programs. Annual assessments of family homes used to be the responsibility of the agency, but this changed to an annual inspection by a licensing officer within the past 5 years. There was a reluctance to label the homes of care providers, which are more a part of the lifeworld than child care centres, as being "not good enough" (KII). While this seems to indicate a reluctance on the part of the system to interfere in the lifeworld, the inflexible imposition of rules and regulations designed for regulated child care centres to family home child care programs does result in juridification by imposing system rules in the lifeworld in a way that is not appropriate. In order to minimize the extent of colonizing of the lifeworld by the system, it is essential that family home child care providers be heard when they raise reasonable concerns, through communicative

action, about the way that rules are being enforced (Gouthro, 2006). The key informant's comments also point to a potential need for licensing officers to receive consistent training regarding how to apply the separate regulatory standards that are used to measure regulatory compliance and quality in the unique context of family home child care. While the key informant indicated that there is a need on the part of licensing officers to apply the regulations flexibly in the context of family home child care, it seems as though licensing officers who are new to the role of inspecting family homes might benefit from consistent guidance regarding the differences between regulatory standards for family homes and child care centres and how to apply standards flexibly while ensuring that they are being met (Blasberg et al., 2019; Bromer et al., 2024; Doherty, 2015; Fuligni et al., 2009; Hooper et al, 2021; Melvin et al., 2022).

The family home child care consultants who participated in this study described their role as involving mentoring, coaching, and supervision. They used the language of pedagogical leadership to describe their role, and they valued having time to spend building relationships with the care providers they support. According to the participants, a broad base of knowledge and resources is required for family home child care consultants to be successful in their role. Participants in this study described having built up their own libraries of materials and other resources that they used to support the care providers they work with. Participants shared stories about modeling standards of practice equated with quality in early learning and child care (e.g., child-led play, use of loose parts) and indicated that they felt successful in their role when they witnessed changes in the behaviours of the care providers they support. This is consistent with literature indicating that home visiting and mentoring can result in behaviour change among family home child care providers. Studies have shown that family home child care providers who participate in professional development that includes a home visiting and mentoring component

are more likely to demonstrate behaviour changes that are linked to enhanced quality of caregiving (Abell et al., 2014; Bromer & Bibbs, 2011; Bromer & Korfmacher, 2017; McCabe & Cochran, 2008). Recent changes to the role of family home child care consultants have put them in a position where they have more time to focus on building relationships with care providers. In this context, having training to support them in developing their skills as coaches, mentors, and pedagogical leaders could increase the positive impact that consultants have on quality in family home child care.

While the participants did not make a direct connection between their work and communities of practice, the family home child care consultants discussed ways that their agencies function as communities of practice to enhance the practice of the care providers. In addition to introducing care providers to new materials and approaches during home visits, the consultants also provide opportunities for care providers to connect with and learn from one another. Consultants described facilitating connections between care providers who live in the same neighbourhood so that they can connect with one another for group playtime. These connections also allow care providers to talk with one another about their experiences. This practice on the part of the consultants is consistent with the definition of communities of practice (Wenger, 1998; Wenger et al., 2002). The participants also did not use the language of adult learning theory, but the way they described their processes of modeling, coaching, and supervision were aligned with experiential learning theory and perspective transformation (Cranton, 2002; Dewey,1938; Mezirow, 1981). The way that consultants focused on creating an environment where care providers were able to learn from experience and through conversations with their consultants or other care providers aligns with perspective transformation. Conversations with consultants and other care providers provide an opportunity for care

providers to hear about a new idea or way of viewing the world that will result in perspective transformation (Cranton, 2002; Gouthro, 2002; Mezirow, 1981). The participants seemed to have developed a good understanding of how adults learn through their own experiences but did not have formal education or training in adult education theory. While perspective transformation through adult education cannot be guaranteed, the introduction of consistent training for family home child care consultants would provide a foundation for some of the knowledge that consultants have acquired through their experience and could also have the effect of providing consultants with a common language to use when describing their experiences.

The participants were asked to share strategies they have developed to manage the tension that is inherent in their dual role as a mentor to family home child care providers while also being responsible for monitoring regulatory compliance. While participants described having some challenges related to their regulatory role, they also described feeling supported by their agencies to communicate and enforce the rules. The consultants described approaching their work with a high level of professionalism and clear communication that defused much of the tension that would otherwise be present. By building strong relationships with care providers, consultants were able to confidently negotiate difficult conversations when necessary. Soni (2019) describes two distinct views of supervision. One is supervision as a professional support, and the other is a traditional management role. The balance of power is more equal in a relationship where supervision is provided as a professional support versus the traditional management role. Recent changes that were made to monitoring of family home child care in Nova Scotia, with the introduction of annual visits to homes by licensing officers, may have contributed to this somewhat unexpected finding of a low level of tension between the mentoring role and regulatory oversight by allowing family home child care consultants to focus on

supervision as a professional support while licensing officers fulfil the traditional management role.

The discussion about tension in their role led into an interesting conversation about the lack of professional recognition that family home child care agencies in Nova Scotia experience. Participants reported feeling like they weren't recognized as part of the early learning and child care system, that care providers were often unappreciated, and that many families view family home child care as being less than child care centres even though both programs are regulated. These findings align with Tuominen's (2003) research and some of Plank's (2016) reflections on working as a family home child care provider. Both of these authors amplified the voices of family home child care providers and made their work more visible. The participants identified that there is a need for consistent training to prepare family home child care consultants for their role as adult educators. They reported tension stemming from lack of professional recognition and devaluing of family home child care that seems to be due to its location within the homeplace. The location of family home child care programs within the homeplace results in tension from the perspective of the regulator, which is trying to consistently enforce standards for family home child care and child care centres. It would be interesting for future research to further explore connections between the devaluing of the work of family home child care providers and the location of family home child care in the homeplace (Gouthro, 2005; Gouthro, 2009). Future research could also explore the perspectives of licensing officers on the enforcement of regulatory standards in family home child care and child care centres in Nova Scotia.

The critical feminist perspective was a useful tool for framing the research questions and analyzing the research results; however, it is notable that participants did not speak directly to

how gender and power dynamics influence perceptions of quality in family home child care. This may have been because the key informant interview and focus group discussions were focused on the early learning and child care sector and lacked questions to probe gender and power dynamics. The emphasis on making connections between professional learning and quality also took the conversation in the direction of standards of practice rather than the worldviews that inform those standards. While the participants discussed areas where the system has been and could be enhanced to support family home child care consultants and care providers better, there were not connections made between the devaluing of caregiving work and the fact that the family home child care agency workforce is a workforce of women. From the personal perspective of the researcher, there seems to be very little conversation happening about the impact that gender and power have on early learning and child care. Perhaps this connects with a broader societal trend toward questioning what feminism is and whether it is still relevant (Gouthro, 2021). Future research could explore whether family home child care consultants and providers reflect on gender and power and how that influences the way they view their work.

The focus group discussions and key informant interview also highlighted tension within the workforce of women that seems to stem from a hierarchy that has developed within Nova Scotia's early learning and child care system, which places child care centres above family home child care. Including some prompts that were intentionally rooted in the critical feminist perspective in the focus group guide might have led to a different outcome in this respect. Future studies could explore the experiences of family home child care providers from a critical feminist perspective by examining whether their experiences working in the private realm of the homeplace are influenced by systemic inequities or gender, race, and ethnicity.

Strengths and Limitations

The combination of individual interviews and focus groups worked well in this research. Individual interviews were scheduled as participants contacted the researcher and provided the researcher with an opportunity to connect with each participant individually while collecting demographic information and reviewing the expectations and objectives of the study. These individual interviews were a good way of ensuring that each participant understood what to expect as they participated in the study. The focus group conversations provided rich qualitative data that helped to answer the research questions. The participants had support from their employers to participate in the study during their work hours, which enabled more participants to join the study. One of the study's limitations is that the small sample size limits transferability of the research findings. There were four participants for the first focus group and three participants for the remaining two focus groups. Transferability of the research findings is also limited by the context-specific nature of family home child care. This study focused on family home child care in Nova Scotia's agency system and may have limited transferability to other unique family home child care contexts.

While the small group of potential participants was advantageous during the recruitment stage when it was possible to identify and invite all eligible participants, it became a challenge during data collection. With only 29 family home child care consultants working in the province of Nova Scotia, most of whom are white women, asking questions about gender identity, race, and ethnicity would have resulted in participants being easily identifiable. Out of respect for the anonymity of participants, this information was not collected, which resulted in an inability to connect the results to gender, race, or ethnicity.

Implications for ECE Professional Learning & Future Directions

The results of this research indicate that family home child care consultants in Nova Scotia are positioned to impact quality in family home child care. The consultants who participated in this research advocated for the introduction of consistent training for family home child care consultants that would prepare them for their role as a mentor, coach, supervisor, and pedagogical leader for family home child care providers. The consultants who were involved in this research had a strong understanding of their role and their professional learning needs. Involving them in the development of an orientation program for family home child care consultants would provide them with an opportunity to pass along the on-the-job learning they have acquired through working in their roles and would be a powerful way to acknowledge the value of that experience. Since family home child care consultants represent one small segment of the early learning and child care workforce, they would make a good pool of candidates for pedagogical leadership training. Offering this training to family home child care consultants would be cost-effective due to the low numbers and would also provide coverage across the province because there are family home child care agencies in every region. There would be good potential for this training to enhance quality in family home child care because of its specialized nature (Fukkink & Lont, 2007). If offered, this training would also signal to family home child care agencies that they are a valued part of Nova Scotia's early learning and child care system, potentially enhancing quality by giving family home child care providers a stronger sense of pride in their work (Doherty et al., 2006).

Future studies of family home child care in Nova Scotia could attempt to recruit a larger pool of family home child care consultants to enhance the transferability of results. A similar study could also be conducted with family home child care providers as participants to determine whether care providers and consultants have similar views about quality in family home child

care. The tension between family home child care and child care centres was a somewhat unexpected finding in this research because both family home child care and child care centres are part of the same regulated early learning and child care sector. Future research could explore the divisions that exist between different segments of Nova Scotia's early learning and child care sector with the goal of unifying the sector and providing a consistent quality of care across different types of settings.

Conclusion

This study engaged a small group of dedicated professionals in conversations about quality in Nova Scotia's agency system of family home child care. The study participants defined quality as being intricately connected with a child's feeling of being safe and cared for. The descriptions of what quality 'looks like' in family home child care evolved into discussions about what quality 'feels like'. Participants described being able to feel quality in environments where children are safe and cared for. They identified their role as being one of pedagogical leadership for family home child care providers. The consultants had well-developed systems in place and were able to connect family home child care providers with the support and resources necessary to enhance quality of care in their programs. They understood their role to involve providing support for care providers so that care providers could offer the best possible care for the children in their programs. Participants viewed safe and caring environments as being a necessary antecedent for children's learning and modeled this for their care providers by offering them a safe and caring environment to learn ECE skills. While there was some tension in the role of family home child care consultants due to conflict between mentorship and regulatory oversight responsibilities, participants reported more tension related to a lack of professional recognition within the early learning and child care sector. Participants demonstrated a high level of professionalism in their role and managed the tension between acting as mentors while also

being responsible for enforcing rules and regulations quite well. They felt less prepared for the division within the early learning and child care sector that results in ECEs who work in family home child care being seen as unprofessional. Participants suggested that the provincial government could take action to address this tension through a public education campaign that raises awareness about the fact that family home child care is regulated professional child care. With greater professional recognition and continued growth, family home child care has the potential to make remarkable contributions to enhancing high quality affordable and accessible child care in every community across Nova Scotia.

Glossary of Terms

Adult educator: In this thesis, the term adult educator is used to refer to family home child care consultants whose duties include mentoring, coaching and coordinating professional development for family home child care providers. In the context of family home child care, consultants typically provide non-formal and informal adult education.

Adult learner: In this thesis, the term adult learner is used to refer to both family home child care providers and consultants. Providers and consultants are all 18 years of age or older. Family home child care providers are viewed as adult learners because they are required to engage in at least 5 hours of professional development, annually, to enhance their knowledge and skills. They are also mentored and coached by their family home child care consultants. Family home child care consultants are viewed as adult learners because in addition to completing the ECE professional development required to maintain their classification, they also have training and development needs to prepare them for their role as mentor and coach.

Care provider meetings: Monthly meetings for family home child care providers coordinated by their agency director and consultant(s). These meetings are typically held on the agency's premises and all care providers are invited to attend. The meetings occur outside of the care providers' usual working hours, but due to long hours and irregular schedules, care providers are not required to attend. These meetings are a common practice, not a regulatory requirement, in Nova Scotia's agency system. Their purpose is to provide opportunities for care providers to socialize, network, and engage in professional learning within their agency community.

Department of Education and Early Childhood Development: The Nova Scotia Provincial Government department responsible for administering the *Early Learning and Child Care Act* (1989) and *Regulations* (2011).

Family home child care: The term used to refer to the Nova Scotian agency system that administers the delivery of regulated home-based child care by adults who operate as small business owners.

Family home child care agency: A private organization (for profit or non-profit) recognized by the Province of Nova Scotia as having a license to operate a family home child care program in accordance with the *Early Learning and Child Care Act* (1989) and *Regulations* (2011).

Family home child care consultant: An employee of a family home child care agency who works under the supervision of the director to ensure the agency operates in accordance with the *Early Learning and Child Care Act* (1989) and *Regulations* (2011). According to the *Regulations* (2011). The duties of consultants include all of the following:

- Providing support to match parents' requirements with care providers' services.
- Administrative support and record keeping.
- Organizing parent committee meetings.
- Providing a lending library.
- Providing regular play groups.
- Coordinating the delivery of professional development related to management of family home child care for care providers and agency staff.
- Providing or organizing transportation so that the agency's care providers and children in their care can attend agency functions.

Family home child care director: The principal administrator of a family home child care agency. The director's duties are to ensure that each care provider and child care home under the agency's management operates in accordance with the *Early Learning and Child Care Act* (1989) and *Regulations* (2011), and includes ensuring that:

- funding agreements between the agency and the Minister are followed.
- records of service agreements between care providers and the agency are maintained.
- Provincial policies and procedures are followed by the agency and its care providers.
- Family homes under the agency's management are regularly assessed.
- Operations are conducted in accordance with the agency's license proposal.
- Family home consultants make regular visits to family child care homes.

Family home child care providers: Individuals who operate as small business owners and offer home-based child care services. Family home child care providers in Nova Scotia can apply for approval from family home child care agencies to operate as regulated care providers under the agency's license. Operating as a regulated care provider offers family home child care providers access to professional development and networking opportunities, resources and materials for their program, and funding that flows through their agency from the DEECD. In order to operate as a regulated family home child care provider, individuals must meet the following requirements of the *Early Learning and Child Care Act* (1989) and *Regulations* (2011):

- Be at least 18 years of age.
- Complete a family home child care training course approved by the Minister within one year of approval as a provider.
- Complete 5 hours of professional development, annually.
- Permit family home child care consultants to visit.
- Cooperate with their agency's annual assessment process.

Home visits: Visits conducted on a monthly basis by family home child care consultants to the homes of family home child care providers. Home visits have multiple purposes including but not limited to:

- Ensuring the care provider's home is operating in accordance with the service agreement between the agency and the care provider.
- Verifying that the care provider's home meets health and safety standards.
- Providing support for the care provider's practice by mentoring or coaching the care provider.
- Delivering materials and supplies for the care provider's program from the agency's library and picking up materials and supplies to return to the agency's library.

Licensing officer: An employee of the DEECD who is responsible for ensuring that the requirements of the *Early Learning and Child Care Act* (1989) and *Regulations* (2011) are being met by license holders. In the case of Nova Scotia's family home child care agencies, licensing officers schedule an annual inspection, including visual inspection and review of records, for each family home. These inspections are typically attended by a representative from the agency. They also conduct inspections of agency facilities that are used by care providers and children.

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Appendix A: How to Become an Approved Child Care Provider

Source: Kings County Family Resource Centre (https://kcfrc.ca/family-home-childcare/)

(Used with permission)

Appendix B: Recruitment E-mail to Family Home Child Care Agency Directors

Hello there,

Many of you subscribe to the mailing list for family home child care agencies that I recently created in my role as the Executive Director of the AECENS, so my name will be familiar to you. For those who don't know me, I am a former family home child care provider and current graduate student at MSVU. I am writing to let you know about an opportunity for the family home child care consultants in your agency and kindly ask that you forward this information to them.

As part of my M.A.Ed. (lifelong learning) thesis, I am conducting a research study intended to understand how family home child care consultants define quality. This study will also explore how family home child care consultants are prepared for their role and their ongoing professional learning needs.

This is an invitation to participate in an individual interview and series of three focus groups where participants will discuss their definitions of quality and identify professional learning that would enable them to enhance the support offered to family home child care providers. Family home child care providers from every agency across the province will be invited to participate and the first 8 volunteers will be selected for the study.

An information letter outlining the research, focus of the workshops, and the benefits and risks of the study is attached. This research study is being conducted in my capacity as a graduate student and participants' involvement in the study will not have any impact on their relationship with AECENS.

Please contact me at cheryl.crocker1@msvu.ca if you are interested in participating or have any questions.

Thank you,

Cheryl Crocker

Appendix C: Recruitment E-mail to Key Informant

Hello there,

I am writing to invite you to be a key informant for my M.A.Ed. (lifelong learning) thesis, I am conducting a research study intended to understand how family home child care consultants define quality. This study will also explore how family home child care consultants are prepared for their role and their ongoing professional learning needs. Understanding the tension that exists within the role of a family home child care consultant as they mentor/coach family home child care providers while also providing regulatory oversight is an important consideration in this research and I am interested in learning how you manage this tension in your role.

If you agree to participate in the study, the key informant interview will be conducted via Teams at a time that is convenient for you and is expected to take approximately 45 minutes.

An information letter outlining the research and the benefits and risks of the study is attached. This research study is being conducted in my capacity as a graduate student and participants' involvement in the study will not have any impact on their relationship with AECENS.

Please contact me at cheryl.crocker1@msvu.ca if you are interested in participating or have any questions.

Thank you,

Cheryl Crocker

Appendix D: Information Letter to Family Home Child Care Consultants

You are invited to participate in the research study "Unlocking quality enhancement in Nova Scotia's family home child care programs by understanding the key role of family home child care consultants"

Study Purpose

This study will help to understand how family home child care consultants in Nova Scotia define child care quality. In this project, you and other family home child care consultants will use photographs of moments from your home visits to spark conversations about what quality means in family home child care. This is a chance for you to bring greater awareness to the quality in family home child care while connecting with other family home child care consultants.

This study will also examine how you and other family home child care consultants were prepared for working in your unique role. This is a chance for you to identify professional learning that would enable you to meet the needs of the family home child care providers you work with.

Researcher

Cheryl Crocker is a former family home child care provider and current graduate student in the M.A.Ed. (lifelong learning) program at Mount Saint Vincent University. She is completing this research under the supervision of Dr. Jessie-Lee McIsaac. This research has been approved by the Mount Saint Vincent University Research Ethics Board.

In her professional life, Cheryl works as the Executive Director of the Association of Early Childhood Educators of Nova Scotia (AECENS). This research study is being conducted in her capacity as a graduate student and participants' involvement in the study will not have any impact on their relationship with AECENS.

Research Method

The project will include an individual interview and series of three focus groups that will take place over a period of approximately two months. During the individual interview, you will be asked to provide some demographic information that will help to better understand the educational and work background of family home child care providers. The individual interview will be completed online or over the phone and will take about 30 minutes. Focus groups will be held online and will take 2 hours, each. The focus group will be limited to 8 family home child care providers. The first session will focus on what quality means, the second session will involve sharing photographs of quality in family home child care, and the third session will include story sharing about your experiences as a supervisor/mentor.

Benefits and Risks

You will become part of a community of family home child care consultants working together to better understand what quality means in your unique context. You will have the opportunity to become more familiar with your role as an family home child care consultant and adult educator and to collectively identify professional learning that would enable family home child care consultants to meet the needs of the family home child care providers you work with. The main

risk of participating in this study is that you might find the conversations about quality uncomfortable.

You may withdraw from the project at any time, for any reason, and there will be no negative consequences. If you withdraw, you can decide whether we can still use your individual interview and/or photograph(s) or delete them from the project. It will not be possible to delete your narrative from the focus group transcripts because this would impact the researcher's ability to understand statements made by other participants. You do have the option of requesting that your narrative be excluded from any publication of research findings.

Privacy

Every effort will be made to maintain privacy of your information. Your first name will be used during group discussions; however, names and identifying information will not be revealed with photographs and/or narratives included in presentations or publications. The importance of keeping shared information private will be emphasized during focus group meetings.

You will have full ownership of the photographs you take as part of the study, and you will have the right to give permission for which photos may be used outside of the focus groups.

Information collected during the focus groups will be stored in a password protected MSVU account. Access will be limited to the researcher and her thesis supervisor.

Contact Information

If you have any additional questions about this project, please feel free to contact Cheryl Crocker at cheryl.crocker1@msvu.ca. This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions about how this study is being conducted, you can contact Dr. Jessie-Lee McIsaac (902-457-6508; jessie-lee.mcisaac@msvu.ca). If you wish to speak to someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board c/o Research and International Office at (902) 457-6350 or by emailing research@msvu.ca.

Appendix E: Information Letter to Key Informant

You are invited to participate in the research study "Unlocking quality enhancement in Nova Scotia's family home child care programs by understanding the key role of family home child care consultants**"**

Study Purpose

This study will help to understand how family home child care consultants in Nova Scotia define child care quality. In this project, you are invited to participate as a key informant. You will be asked to share your knowledge of the training and development opportunities available for family home child care consultants and your insights into the conflict that exists in the role of family home child care consultants who are expected to mentor/coach family home child care providers while also providing regulatory oversight.

Researcher

Cheryl Crocker is a former family home child care provider and current graduate student in the M.A.Ed. (lifelong learning) program at Mount Saint Vincent University. She is completing this research under the supervision of Dr. Jessie-Lee McIsaac. This research has been approved by the Mount Saint Vincent University Research Ethics Board.

Research Method

The project will include key informant interviews with individuals who have knowledge of policies impacting family home child care consultants. During the key informant interview, you will be asked a series of questions about the role of family home child care consultants, training available to support this role, and the tension that exists between acting as a mentor/coach while simultaneously providing regulatory oversight. The key informant interview will be completed online or over the phone and will take about 45 minutes.

Benefits and Risks

By participating in this study, you will have an opportunity to contribute to the data being collected and you will also have the option of receiving a summary report of the research findings. The main risk of participating in this study is that making time in your schedule for the interview might be inconvenient.

You may withdraw from the project at any time, for any reason, and there will be no negative consequences. If you withdraw, you can decide whether we can still use your data or delete it from the project.

Privacy

Every effort will be made to maintain privacy of your information. Due to the small number of people working in positions similar to yours, it may be possible for others reading the research findings to identify you.

Information collected during the interview will be stored in a password protected MSVU account. Access will be limited to the researcher and her thesis supervisor.

Contact Information

If you have any additional questions about this project, please feel free to contact Cheryl Crocker at cheryl.crocker1@msvu.ca. This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions about how this study is being conducted, you can contact Dr. Jessie-Lee McIsaac (902-457-6508; jessie-lee.mcisaac@msvu.ca).). If you wish to speak to someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board c/o Research and International Office at (902) 457-6350 or by emailing research@msvu.ca.

Appendix F: Family Home Child Care Consultant Verbal Consent Script

**A copy of this script was emailed to participants following the interviews

Introduction

Hello, my name is Cheryl Crocker, and I am a graduate student working on a thesis project called: "Unlocking quality enhancement in Nova Scotia's family home child care programs by understanding the key role of family home child care consultants". I also work as the Executive Director of the Association of Early Childhood Educators of Nova Scotia and want to inform you that this research is being conducted in my role as a graduate student. This means that your participation will not impact on your current or future relationship with AECENS. Thank you for your interest in participating in this research.

This project will help to understand how family home child care consultants in Nova Scotia define child care quality. In this project, you and other family home child care consultants will use photographs of moments from your home visits to spark conversations about what quality means in family home child care. This is a chance for you to bring greater awareness to the quality in family home child care while connecting with other family home child care consultants.

This study will also examine how you and other family home child care consultants were prepared for working in your unique role. This is a chance for you to identify professional learning that would enable you to meet the needs of the family home child care providers you work with.

It is your choice whether you want to take part in this study or not. The information I am about to read tells you about what is involved in the research, what you will be asked to do, and about any benefit, risk, inconvenience, or discomfort that you might experience. If you decide you want to take part in this study or have questions about the study, you can contact me at cheryl.crocker1@msvu.ca or my thesis supervisor, Dr. Jessie-Lee McIsaac at 902-457-6508, jessielee.mcisaac@msvu.ca.

Who can take part in the research study?

ECEs who hold a minimum Level 2 classification and are currently employed as family home child care consultants in Nova Scotia. Family home child care consultants from across Nova Scotia were invited to participate in this study and the first 8 volunteers were selected.

What is your role?
You will participate in an individual interview and three focus groups over a period of approximately two months. During the individual interview, you will be asked to provide some demographic information that will help to better understand the educational and work background of family home child care providers. The individual interview will be completed online or over the phone and will take about 30 minutes. Focus groups will be held online and will take 2 hours, each. The focus group will be limited to 14 family home child care providers. The first session will focus on what quality means, the second session will involve sharing photographs of quality in family home child care, and the third session will include story sharing about your experiences as a supervisor/mentor.

What is the purpose of the interviews and focus groups?
The interviews are designed to gather some demographic information about your education and experience as a family home child care consultant. During focus groups, you will share information about your understanding of what quality means and how you can influence quality. Photographs and story sharing will be used to spark conversation about what quality means in family home child care. You have the option of requesting that your photographs and narrative not be included in the research findings.

How will your name or identifying information be used?
Your name will be used during group discussions; however, names and identifying information will not be revealed with photographs and narratives included in presentations or publications unless you request the use of your first name. The meetings will have live transcription to aid with transcription and to improve accessibility. You will have the option to hide the live transcript from your view should you wish to do so. After the meeting, these transcripts will be downloaded and then deleted from the chat history. In the Microsoft Teams platform, your name and the chat will be visible to those involved with this meeting. In the focus groups, I will emphasize how important it is for all participants to keep the information shared private, including the information available after the meeting in the chat history.

How long will the project last?
The project will include an individual interview that will take about 30 minutes and a series of three focus groups that will take about 2 hours, each. These will be scheduled over a period of about two months.

What are the benefits and risks of participating in this project?
You will become part of a community of family home child care consultants working together to better understand what quality means in your unique context. You will have the opportunity to become more familiar with your role as a family home child care consultant and adult educator and to collectively identify professional learning that would enable family home child care consultants to meet the needs of the family home child care providers you work with. The risks

of participating in this study are that you might find the conversations about quality uncomfortable and that the scheduling of the interview and focus group may be inconvenient.

How will the information be stored?
Information collected during the interview and focus groups will be stored in a password-protected OneDrive folder. Following transcription of the second focus group, photographs that were shared will be deleted. Access to data will be limited to myself and my thesis supervisor.

What if I change my mind and do not want to share photographs or participate in group discussion?
You may withdraw from the study, for any reason, and there will be no negative consequences. If you withdraw, you will be asked to provide directions regarding how to proceed with data that has already been collected. The researcher will collect the following data:

- Your individual interview will be transcribed
- You will share a photograph that shows what quality looks like in family home child care
- You will contribute during focus group discussions that will be transcribed

You will be asked whether we can still use the transcript from your individual interview and/or photograph or delete them from the project. It will not be possible to delete your contributions to the focus group discussions because this would impact the researcher's ability to understand statements made by other participants. You do have the option of requesting that your contributions be excluded from any publication of research findings.

How do you provide consent for your participation?
If you are interested in participating in this project, you can provide your verbal consent, and I will document your consent for future reference.

****

Agreement Statement

By providing your verbal consent, you agree to participate in the study. You also understand and agree that, unless otherwise notified, you are giving the researcher permission to use your photograph and narrative for presentations, publications and/or other educational purposes.

By providing your verbal consent, you agree to fully participate in the research project by doing the following activities:

- Attend an interview that is about 30 minutes long
- Attend three focus groups that are about 2 hours long, each
- Take a photograph that shows quality in family home child care
- Obtain the permission necessary to share the photograph you select
- Discuss your photograph with other focus group participants
- Share a mentoring or supervision story with other focus group participants

- Keep confidential any information discussed by other focus group participants
- Have your thoughts and ideas audio- and video-recorded for the project
- Follow agreed-upon group project guidelines

Remember, your participation is completely voluntary. Providing your verbal consent means that you have understood this information and that you want to be in the research project. Do you provide verbal consent to participate in this study?" (*Wait for reply and document answer on tracking sheet*)

Provision of Results

If you wish, you can also receive a copy of a summary of this study's results. I can also keep you updated regarding publications or presentations with this study. Are you interested in receiving these updates?" (*If so, ask for email or other contact information suitable to deliver updates*).

Appendix G: Key Informant Verbal Consent Script

**A copy of this script was emailed to the key informant following the interview

Introduction
"Hello, my name is Cheryl Crocker, and I am a graduate student working on a thesis project called: "Unlocking quality enhancement in Nova Scotia's family home child care programs by understanding the key role of family home child care consultants". Thank you for your interest in participating in this research.

This project will help to understand how family home child care consultants in Nova Scotia define child care quality. In this project, family home child care consultants will use photographs of moments from their home visits to spark conversations about what quality means in family home child care. This is a chance for them to bring greater awareness to the quality in family home child care while connecting with other family home child care consultants. You have been asked to participate as a key informant and to share information about training and development opportunities available to family home child care consultants as well as your understanding of the tension that exists between the mentoring/coaching function of this role and the responsibility for regulatory oversight.

It is your choice whether you want to take part in this study or not. The information I am about to read tells you about what is involved in the research, what you will be asked to do, and about any benefit, risk, inconvenience, or discomfort that you might experience. If you decide you want to take part in this study or have questions about the study, you can contact me at cheryl.crocker1@msvu.ca or my thesis supervisor, Dr. Jessie-Lee McIsaac at 902-457-6508, jessielee.mcisaac@msvu.ca.

Who can take part in the research study?
Key informants who have knowledge of the tension that exists between mentoring/coaching and supervisory oversight in the role of family home child care consultants have been invited to share their insights.

What is your role?
You will participate in one key informant interview that will take approximately 45 minutes to complete. During the key informant interview you will be asked questions about training and development opportunities that are available to family home child care consultants. You will also be asked for your insights about the tension that exists between the mentoring/coaching function and responsibility for regulatory oversight in the role of family home child care consultants.

What is the purpose of the key informant interview?
This key informant interview is designed to gather information to answer a research question about how family home child care consultants are prepared to handle working in a role where they must balance competing demands to mentor/coach family home child care providers while providing regulatory oversight that ensures licensing requirements are met.

How will your name or identifying information be used?
Your identity will be kept confidential; however, because there are so few people working in roles similar to yours it is possible that community members reading the research findings will be able to identify you. The online meeting will have live transcription to aid with transcription and to improve accessibility. You will have the option to hide the live transcript from your view should you wish to do so. After the meeting, this transcript will be downloaded and then deleted from the chat history.

How long will the project last?
Key informant interviews will be scheduled early in the study and will take approximately 45 minutes to complete. Additionally, family home child care consultants will participate in interviews and a series of focus groups. It is anticipated that data collection will take approximately two months to complete and research findings will be communicated in Spring 2025.

What are the benefits and risks of participating in this project?
By participating in this study, you will have an opportunity to contribute to the data being collected and you will also have the option of receiving a summary report of the research findings. This study intends to collect information about the training and development needs of family home child care consultants. By participating, you will be contributing to the research findings and resulting recommendations. The risks of participating in this study are that making time in your schedule for the interview might be inconvenient and you may feel uncomfortable answering some of the questions.

You may withdraw from the project at any time, for any reason, and there will be no negative consequences. If you withdraw, you can decide whether we can still use your data or delete it from the project.

How will the information be stored?
Information collected during the interview will be stored in a password-protected OneDrive folder. Access will be limited to myself and my thesis supervisor.

What if I change my mind and do not want to participate in the study?
You may withdraw from the project, for any reason, and there will be no negative consequences. The contact information to notify me of your decision to withdraw is provided above. You can choose to withdraw for up to one week following your interview. Beyond that time, withdrawal will no longer be an option because coding and analysis of data will be in progress. If you withdraw, you will be asked whether I can still use your information or if I should delete your information from the project.

How do you provide consent for your participation?
If you are interested in participating in this project, you can provide your verbal consent, and I will document your consent for future reference.

****

Agreement Statement

By providing your verbal consent, you agree to participate in the study. You also understand and agree that, unless otherwise notified, you are giving the research team permission to use your narrative(s) for presentations, publications and/or other educational purposes.

By providing your verbal consent, you agree to fully participate in the research project by doing the following activities:

- Attend an interview that is about 45 minutes long
- Keep confidential any information discussed during the interview
- Have your thoughts and ideas audio- and video-recorded for the project

Remember, your participation is completely voluntary. Providing your verbal consent means that you have understood this information and that you want to be in the research project. Do you provide verbal consent to participate in this study?" (*Wait for reply and document answer on tracking sheet*)

Provision of Results

If you wish, you can also receive a copy of a summary of this study's results. I can also keep you updated regarding publications or presentations with this study. Are you interested in receiving these updates?" (*If so, ask for email or other contact information suitable to deliver updates*).

Appendix H: Key Informant Interview Guide

**Verbal consent was obtained at the beginning of this interview.

Welcome & Informed Consent

Hello. Thank you for joining me for this interview today and for consenting to participate in the study. First, we will review the information about the study. Did you receive the information letter? Do you have any questions about this?

Data Collection

One of the objectives of this research is to develop a stronger understanding of how family home child care consultants are prepared for working in a role that provides both supervisory support and regulatory oversight. Balancing these two roles can lead to tension in relationships and I am exploring the ways that family home child care consultants manage that tension. Information gathered during this interview will help to inform recommendations that are made about training and development opportunities for family home child care consultants. Training that is designed for the unique role of family home child care consultants could enable them to better support family home child care providers and ultimately create higher quality family home child care environments.

You are not required to provide an answer to every question. If we come to a question that you would prefer to skip, state that you want to skip the question, and we will move on. Are you ready to start?

1. Please describe the role of a family home child care provider. In your opinion, what are the key functions that this role performs in the context of a family home child care agency?
2. What are the key relationships that family home child care consultants develop?
3. What qualifications and experience are family home child care consultants required to possess?
4. What are the requirements for ongoing training and development?
5. Please describe any training and development opportunities that support family home child care consultants in navigating the tension that exists between their role as a supportive supervisor and the role as an enforcer of regulations.
6. What does quality in family home child care look like to you?
7. How is quality in family home child care different from other child care settings?
8. Is there anything else you think I should know about family home child care consultants?

Conclusion

Thank you for joining me today to participate in this interview. Your responses will be kept confidential. We will meet again soon for the first focus group session. If you have any questions in the meantime, please don’t hesitate to contact me.

Appendix I: Semi-Structured Individual Interview Script

Part 1: Welcome & Informed Consent

The researcher will welcome the participant to the interview and thank them for their interest in participating in the study. They will be asked whether they had any questions about the consent form, which will be delivered via email prior to this interview. Once any questions have been asked and answered to the satisfaction of the participant, the researcher will request that the participant take a photograph of the signed consent form and send it to the researcher via email.

Part 2: Demographic Data Collection

Demographic data is being collected to develop a more thorough understanding of the skills and experience that family home child care consultants bring to their work. This data can be used to identify the strengths of family home child care consultants and potential areas for improvement. One of the goals of this study is to identify training and development needs of family home child care consultants so that people working in this role can receive training that will enable them to better support family home child care providers and ultimately create higher quality family home child care environments.

You are not required to provide an answer to every question. If we come to a question that you would prefer to skip, state that you want to skip the question, and we will move on. Are you ready to start?

1. What post-secondary education have you completed? Please include all post-secondary education and not just programs related to early childhood.
2. Have you completed any additional diplomas or certificates? If so, please tell me about them.

3. Please tell me how long you worked as an Early Childhood Educator prior to becoming a family home child care consultant and briefly describe the different settings where you worked?
4. How long have you been working as a family home child care consultant?
5. What preparation or training did you receive for working in this role?
6. Have you looked for or completed any additional training specific to the role of family home child care consultant?
7. What kind of preparation or training do you think family home child care consultants should receive?
8. Is there any additional information that you would like to share?

Part 3: Conclusion

Thank you for joining me today to participate in this interview. Your responses will be kept confidential. We will meet again soon for the first focus group session. If you have any questions in the meantime, please don't hesitate to contact me.

Appendix J: Focus Group Guide

Focus Group Meeting 1

Participants will be welcomed to their first focus group meeting. The meeting will commence with introductions and an icebreaker question. The researcher will review informed consent and obtain consent from participants to participate in the focus group.

During this meeting, the role of the researcher and participants will be reviewed, and expectations clarified. The process of requesting consent from family home child care providers for photographs taken in their homes will be reviewed in preparation for photo sharing during the next meeting. The power dynamics between children and ECEs taking their photographs for documentation will also be discussed. Participants will be instructed to ask children for permission before taking their photographs.

The main discussion during this meeting will be around what quality means. Some background information on how researchers define quality in child care will be provided to the participants and they will be asked to provide their insights on whether they define quality differently. They will be asked to provide their own insights on what quality means to them with guiding questions like:

- What words come to mind when you think of quality?
- What does quality look like in family home child care?
- What makes quality in family home child care unique?

The objective of this discussion will be to come away with a definition of quality developed by the group through consensus. This working definition will be revisited and revised in subsequent meetings.

Focus Group Meeting 2

Participants will be welcomed to the focus group and informed consent will be reviewed. The researcher will obtain consent form the participants at the beginning of the focus group. Participants will be asked to share photographs illustrating what quality looks like in family home child care using the screen sharing function in Teams. The photographs will be used as a platform for sharing stories about the quality that family home child care consultants witness in their daily work. Discussion will be guided with the following questions:

- Can you tell us why you chose this photo?
- What does this photo say about quality?
- What does this photo say about family home child care?

The first question will be addressed by the participant who shared the photograph while the second and third questions could be addressed by any participant in the group. Before concluding the meeting, we will revisit our working definition of quality and determine whether any revisions are necessary based on the stories of quality that were shared. The objective of this session is to provide the participants with an opportunity to describe what quality means to them.

Focus Group Meeting 3

This will be the final focus group meeting. We will review the information shared in the previous two focus group meetings, including the working definition of quality, and discuss ways that family home child care consultants support quality in family home child care. Each consultant will be asked to arrive at the meeting prepared to tell the story of a time when they witnessed a care provider implementing a change in practice that they recommended or using a resource that they provided.

- Why did you choose that advice or resource for that care provider?

- Do you think the advice or resources you offer care providers influence the quality of care they provide?
- Are there any supports that would help you be more effective in providing advice and resources to care providers?
- Can you describe how you manage the tension that exists between your role of providing supportive advice and your role of enforcing regulations?
- Have you developed any strategies for managing this tension?

The objective of this discussion will be to examine the connection between the role of the family home child care consultant and quality in family home child care. Before concluding this meeting, the researcher will confirm assent on the part of the participants to use the photographs and information shared during the research process. Participants will be thanked for sharing their knowledge and time throughout the research process and information about the next steps in the research process, including possible publication of the research findings will be shared.