

Research-to-Practice Brief

Building A Coordinated System of Support for Family Child Care: Lessons Learned from Philadelphia

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Home-based child care—care provided by regulated family child care providers and family, friend and neighbor caregivers who are legally exempt from regulation is the most prevalent child care arrangement for children age five and younger who are not in kindergarten (NSECE, 2013). The National Study of Early Care and Education estimates that there are close to four million home-based caregivers in the United States caring for more than seven million children (NSECE, 2016). Home-based child care is increasingly recognized as a vital segment of the early care and education work force: family child care is a component of Quality Rating and Improvement Systems (QRIS), Early Head Start-Child Care Partnerships, and universal pre-kindergarten initiatives.

The quality of family child care, however, is often reported to be low, especially for providers serving children from low-income families as well as dual-language learners (Gordon et al., 2013; Helburn, Morris, & Modigliani, 2002; Kontos, Howes, Shinn, & Galinsky, 1995; Raikes, Raikes, & Wilcox, 2005). Although the research on efforts to improve quality in family child care is limited in comparison to research on center-based child care (Porter et al., 2010), studies point to the potential effectiveness of several approaches for improving child care quality in these settings. These strategies include training workshops, consultation and/or coaching, training combined with coaching, and, to a lesser extent, opportunities for peer networking (Doherty, Lero, Goelman, Tougas, & LaGrange, 2000; Lanigan, 2011). Memberships in professional child care organizations and access to community resources have also been associated with quality (Forry et al., 2013; Raikes et al., 2013).

One promising strategy for improving family child care quality is family child care networks. Networks are community-based organizations with paid staff who provide a menu of services to providers on a continuing basis (Hershfield, Moeller, Cohen, & The Mills Consulting Group, 2005; Bromer, vanHaitsma, Daley, & Modigliani, 2009). Network services typically include some combination of visits to providers' homes to offer technical assistance, coaching or consultation; training workshops and peer networking opportunities; warm lines through which providers can obtain answers to their questions; business and administrative support; and materials and equipment.

Networks offer providers an opportunity to develop an ongoing, long-term professional relationship with a family child care coordinator or specialist. They can also serve as a vehicle for low-income community development and infrastructure building (Gilman, 2001; Meyer, Smith, Porter, & Cardenas, 2003). In addition, networks can increase community awareness and recognition of family child care as an important neighborhood service for families with young children (Gilman, 2001).

This brief describes how an evaluation of a family child care network in Philadelphia led to consensus around the need to build a system-wide coordinated strategy for supporting family child care. Part of the two-year evaluation entailed bringing early childhood stakeholders, including the network, together to understand the current landscape of services for family child care providers in Philadelphia. With this goal in mind, two meetings were organized to identify gaps in services both within and across organizations, to identify their collective organizational strengths and weaknesses, and to brainstorm potential strategies for collaboration around the development of new initiatives.

Collectively, the stakeholders developed the concept of a *Referral Continuum*, a pipeline of supports that takes providers from initial licensing through accreditation, the highest level of quality in Pennsylvania's STARS, its QRIS. Operationalizing the *Continuum* has the potential to enhance coordination of the early childhood system because it places provider needs rather than individual organizations' services at the center.

The brief begins with a discussion of the family child care network evaluation and the impetus for the collaborative stakeholder work. The sections that follow describe the process and activities used to engage stakeholders. The brief includes tools from the project which may be helpful for other communities that seek to better coordinate their services through a similar process.

Examining Support for Family Child Care in Philadelphia

In 2014, the William Penn Foundation invited the Erikson Institute to conduct an evaluation of a family child care network which had been providing a variety of services to family child care providers in Philadelphia for nearly two decades. A long-standing presence in the African-American community, the network aimed to help providers become licensed and to improve the quality of their programs. Staff had offered telephone support as well as home visits and materials to help unlicensed providers meet licensing requirements. To support providers' professional development, it offered a low-cost Child Development Associate (CDA) credential program. Other network services included home visits to help providers improve their practices, peer support groups to offer opportunities for providers to network, and links to a series of workshops offered by a business development center that provided information on managing a child care business. The network had a trusted relationship with providers: personal contacts with providers through churches and other organizations were often a source of recruitment and the network staff were regarded by many providers as a consistent source of support.

Over the years, however, the network experienced significant reductions in funding and staffing. By the mid-2000s, the staff had decreased from five full-time staff members to one full-time staff person and a part-time director who was also responsible for managing the early childhood programs offered by the agency in which the network was housed. By 2015, it was only offering three primary services—telephone support and home visits for providers who sought to become licensed and the CDA program.

The child care landscape had also changed. In 2004, the state had established a QRIS with regional hubs, one of which served Philadelphia, to help licensed providers improve the quality of their programs. A union had begun to offer the CDA credential and other training for family child care providers. A citywide pre-kindergarten program was in its early stages.

Moreover, in 2014 the Child Care and Development Fund (CCDF) Block Grant was re-authorized for the first time since its inception. Although the final regulations had not yet been promulgated, it was clear that the re-authorization would have implications for family child care and family, friend and neighbor care. With the exception of providers who were caring only for children related to them, all providers would have to be certified. That meant that friends and neighbors who cared for CCDF-subsidized children would have to comply with the new regulations and that family child care providers would have to become certified, irrespective of their previous licensing status. In addition, all certified providers who cared for subsidized children would be required to have training on ten health and safety topics, background checks for all household members over the age of 18, and a home inspection visit.

There was a real concern about how the new regulations would affect the child care supply in Philadelphia. The City had already seen serious declines in regulated family child care providers: between 2015 and 2016, the number of licensed providers had dropped by 16% to a total of 752 (OCDEL, 2016). Family child care participation in the QRIS was low, at only 27%. Estimates placed the number of unregulated providers (including church-run programs) who cared for subsidized children at 13,000.

How could the supply be maintained? Would currently licensed providers drop out of the regulatory system? Would the number of family, friend and neighbor caregivers caring for subsidized children decrease in the face of the new requirements? How would the child care community reach out to and recruit friend and neighbor caregivers? These were driving questions when the network evaluation began.

Methods

The primary goal of the two-year evaluation was to understand how the family child care network implemented its services and how, if at all, participation in the network affected the quality of care that family child care providers offered. To address these questions, we reviewed network documents and administrative data, conducted semi-structured in-person interviews with the network director and coordinator, conducted a survey of the 133 network members and conducted phone interviews with a sample of providers. We received survey responses from a total of 47 providers and conducted in-depth interviews with 20 providers.¹

We also conducted semi-structured interviews with 12 stakeholders including agency directors, staff, and consultants across five agencies that deliver services to home-based providers in Philadelphia.

The provider interviews and surveys gathered information about provider experiences receiving support and perceptions of available supports in Philadelphia. The stakeholder interviews were intended to serve three purposes: 1) to better understand the services offered to family child care providers and family, friend and neighbor caregivers by their organizations; 2) to gain insights into perceptions of other work that was being conducted in Philadelphia to support home-based

¹ For the evaluation report, please contact the Erikson Institute.

providers and collaboration or interactions among these agencies; and 3) to elicit perceptions about potential strategies for and barriers to improving family child care in Philadelphia.

Provider reports of the help they had received suggested that there were limited supports for family child care in Philadelphia. This theme was echoed in stakeholder reports about the need for improving agency engagement of family child care providers. These themes pointed to the potential value of bringing stakeholders together to address the 2014 CCDF challenges and to develop a collective effort to improve services for family child care. As a result, Erikson Institute convened two stakeholder meetings: one in May, 2016 six months before the regulations were going into effect, and one in September, 2016 when Pennsylvania's directions for implementing the regulations were clearly articulated. Both meetings were strategically scheduled around a statewide early childhood meeting, securing greater participation by state and local agency representatives.

Building Coordination Around Family Child Care Service Delivery: The Stakeholder Meetings

This section describes the activities used at the stakeholder meetings to work towards a coordinated effort to improve support for home-based providers. At each meeting, interactive exercises were used to help the participants achieve this goal. The exercises included 1) mapping services; 2) identifying agency strengths, weaknesses and potential for collaboration; and 3) developing theory of change models. The appendices include the action tools that were developed for this process.

"This is the opportune time to jump on this. There's all this work that's there but that, in five years, could easily not be there. In this room, there is a lot of Philadelphia brainpower and expertise so we need to take advantage of that."

Identifying Services and Gaps in Service Delivery: The First Stakeholder Meeting

The purpose of the first stakeholder meeting in May, 2016, was four-fold. We sought to: 1) identify gaps in services and strengthen alignment across existing services; 2) identify the potential for new initiatives; 3) improve shared data collection; and 4) identify opportunities for collaboration through sharing of promising strategies. Participants included representatives from the state regulatory and subsidy system, Philadelphia service delivery providers including the Regional Stars Key and one of its partners, the union training fund, and the family child care network as well as two family child care providers.

Exercise One: Mapping Services

To identify gaps in services and alignment across agencies, participants engaged in a collective mapping exercise. Participants indicated the target populations for which they provided services, the communities they served, and the types of services they offered (Tools: Services Matrix).²

The completed matrix illustrated some clear gaps in service delivery across agencies (Figure 1). There was a lack of pre-inspection visits to prepare providers for licensing as well as a lack of business supports for providers who were starting out. There were also gaps in workshop content as well as a lack of coaching and home visiting. Opportunities for support groups whether provider-led, peer-led or agency-led were limited. And, across the board, there was a lack of supports for providers whose first language was not English.

² In preparation for the meeting, participants completed the exercise beforehand.

The gap in business supports had been foreshadowed in the stakeholder interviews, when respondents had talked about training workshops and supports that no longer existed in Philadelphia. Stakeholders had cited the particular problem faced by immigrant providers, who may want to care for children in their homes but who do not see themselves as business people.

“[I know] how hard it is to provide home-based services in neighborhoods where people are really struggling just to keep their houses functional... I mean they’re not making enough money in this field to be able to put a new roof on or have the heater fixed.”

Exercise Two: Identifying Strengths, Challenges and Opportunities for Collaboration

Participants also engaged in a second exercise - small group discussions to help them identify their individual agency strengths, weaknesses and potential for collaboration. Collectively, the agencies described a strong track record of working with family child care providers, qualified staff with deep content expertise, stable fiscal management with efficient use of funding, and development of innovative strategies to support providers. Individually, the agencies identified many of the same challenges, some of which had been articulated in the stakeholder interviews.

One of the primary challenges was limited staff capacity, which meant larger staff caseloads as well as the need for additional staff who had the requisite experience to work with family child care: “I believe that family child care is distinct enough that it warrants specialized support.” Staff burnout was another challenge. Working with home-based child care providers, the respondents had reported, is time- intensive and often requires staff to work evening and weekends when providers are more likely to be available and not actively caring for children. Providers are not always able to attend meetings, workshops, or even make visits to agencies around required regulatory paperwork.

“There are probably three or four people in the entire region who have the appropriate skill set and expertise to do family child care TA and they are all totally overextended.”

Other challenges included identifying initiative goals, especially in terms of how to improve quality and funding the investment required to retrofit providers’ homes to comply with licensing requirements. One staff member cited some of the needs. “We’ve changed dead bolt locks in people’s homes because it is a health issue. A lot of homes have radiator issues, and we will help with getting radiator covers.”

The stakeholders strongly endorsed continued work together, reiterating the frustration about lack of coordination that had been expressed in the interviews. In addition to cross-training and referrals across agencies, the stakeholders proposed the need for a continuum of services to support family child care providers.

“Family child care providers really bear the burden... they bear the burden of financial and food insecurity, housing and it really messes with their business. You know they have to operate at a loss. They’re not getting paid but they’re not going to turn away a child.”

Putting a Collaborative Approach into Action: The Second Stakeholder Meeting

In response to the stakeholders' strong consensus about the value of continued work together, a second meeting was convened in September, 2016. Most of the participants from the first meeting attended the September meeting. Other participants included a representative of one of the four child care resource and referral (CCR&R) agencies that provide some services for family child care providers as well as managing the child care subsidy program and providing referrals to families, and another representative from the City's licensing office.

"Let's try to figure out who's doing what and coordinate our services so that there's a really nice continuum of services for family child care providers so that we're not competing or duplicating and everybody agrees every time.... We need to stop sending different people in to tell providers lots of different contradicting things... so there's a lot of work to do around collaboration."

One of the primary objectives of the meeting was to help the stakeholders begin to operationalize their concept of a collaboration. The agenda consisted of two primary activities that were intended to achieve this objective: reaching consensus on the notion of a continuum of services and developing a theory of change logic model to help individual agencies identify anticipated outcomes for their target population.

Exercise Three: Reaching Consensus on the Referral Continuum

A model of what a continuum of service for family child care providers in Philadelphia would look like was developed based on the May meeting discussions. The *Referral Continuum* articulates a "pipeline" of support for providers, that consists of four stages (Tools: *The Referral Continuum*):

- Stage 1) Pre-Licensing/Certification
- Stage 2) Licensing/ Certification Start-up;
- Stage 3) Licensing/Certification Sustainability; and
- Stage 4) Quality Improvement through QRIS.

In each stage, the results of the mapping exercise were incorporated to show the agency services as well as the identified gaps in services (Figure 2) In Stage 1: Pre-Licensing/Certification, for example, existing services included telephone pre-assessments, materials and equipment, and pre-inspection visits for providers who seek to become licensed. The gap in Stage 1 pre-licensing supports had been foreshadowed in the interviews. In Stage 2: Licensing/Certification Start-up, existing services included health and fire safety inspections by government agencies; not-for-profit agency home visits, technical assistance and start-up equipment, and training provided by both the union training fund and the independent consultant. The gap in business supports for Stage 2 had also been identified in the interviews. Both government and the CCR&Rs provided supports such as customized home visits for Stage 3: Licensing/Certification Sustainability, and STARS provided home visiting, peer mentoring and technical assistance cohorts for Stage 4.

"The idea is that they're [the agencies] recruiting new providers, giving them the training and the skill set, and then as they get to a certain level of quality and understanding and professionalism they could, in essence, sort of hand them off to the Regional KEY [of Keystone STARS], who would then take it and help them through STAR 1 and 2 level and then hand them off to [Agency that offers accreditation support] whose expertise is really around some of those higher-level practices. Coaches who could help them move to a STAR 3 or 4."

One of the common gaps across the *Continuum* was the lack of services and supports for providers who did not speak English as a first language. This was acknowledged as a serious issue, given the growing communities of Somali, Hmong and Haitian family, friend and neighbor caregivers across the city. Another common gap was the lack of support groups, although this applied primarily to Stages 2 and 3.

Exercise Four: Using a Theory of Change Logic Model to Guide Work with Family Child Care Providers

To help clarify the goals of their work with home-based providers, stakeholders engaged in an exercise to identify their specific long-term and intermediate outcomes for their anticipated target population. Using a template that was developed for the *Supporting Quality in Home-Based Child Care Project* (Paulsell et al., 2010), stakeholders reviewed the basics of constructing a logic model (Tools: Logic Model), beginning with long-term provider outcomes and impacts in the right-hand column of the model and moving backwards to the target population in the left-hand column. To spark thinking about the kinds of outcomes that could be achieved, stakeholders were also given a list of potential provider outcomes from the *Supporting Quality in Home-Based Child Care Project* (Tools: Logic Model).

Implications

This brief demonstrates a process of bringing stakeholders together around improving support for home-based child care providers in a large urban area. The approaches and activities described here represent a promising approach for building collaboration and coordination in early care and education that could be used in other communities. Using the lens of provider needs and interests combined with what research tells us are effective strategies, the *Referral Continuum* has the potential to achieve the twin goals of increasing the supply of family child care and improving its quality.

The systematic approach described here also represents an alternative to the single-agency model or network model for quality improvement. It may be more sustainable because it spreads services across agencies, which may be better able to weather fluctuations in funding. In addition, it has the potential for improving system-wide capacity through cross-training of staff to provide high-quality supports to providers or through shared data systems.

An important implication of this work is the value of understanding the policy and services landscape in efforts to improve quality. Gathering perspectives from multiple stakeholders provided valuable insights into provider, agency and system needs. The joint articulation of those perspectives in meetings with stakeholders contributed to the acknowledgment of the need for coordination and a consensus about how to approach it. The result was a commitment to moving forward to build the *Referral Continuum* and a strategy for funding its implementation.

References

- Bromer, J., Van Haitsma, M., Daley, K., & Modigliani, K. (2009). *Staffed support networks and quality in family child care: Findings from the family child care network impact study*. Retrieved from Erikson Institute website: http://www.erikson.edu/wp-content/uploads/fccnetwork_execsummary1.pdf
- Bromer, J. & Korfmacher, J. (2016). Providing high-quality support services to home-based child care: A conceptual model and literature review. *Early Education and Development* DOI: 10.1080/10409289.2016.1256720.
- Doherty, G., Forer, B., Lero, D.S., Goelman, H., & LaGrange, A. (2006). Predictors of quality in family child care. *Early Childhood Research Quarterly*, 21, 296-312.
- Forry, N. D., Iruka, I., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., & Daneri, M. P. (2013). Predictors of quality and child outcomes in family child care settings. *Early Childhood Research Quarterly*, 28(4), 893-904.
- Gilman, A. R. (2001). Strengthening family child care in low-income communities. New York: Surdna Foundation.
- Gordon, R.A., Colaner, A. C., Usdansky, M. L., & Melgar, C. (2013). Beyond an “either-or” approach to home- and center-based child care: Comparing children and families who combine care types with those who use just one. *Early Childhood Research Quarterly*, 28(4), 918-935.
- Hamm, K., Gault, B., & Jones-DeWeever, A. (2005). *In our own backyards: Local and state strategies to improve quality in family child care*. Washington, DC: Institute for Women’s Policy Research.
- Helburn, S. W., Morris, J. R., & Modigliani, K. (2002). Family child care finances and their effect on quality and incentives. *Early Childhood Research Quarterly*, 17(4), 512-538.
- Hershfield, B., Moeller, A., Cohen, A. J., & the Mills Consulting Group. (2005). *Family child care networks/systems: A model for expanding community resources*. New York: Child Welfare League of America.
- Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York, NY: Teachers College Press.
- Lanigan, J.D. (2011). Family child care providers’ perspectives regarding effective professional development and their role in the child care system: A qualitative study. *Early Care and Education Journal*, 38, 399-409.
- Meyer, D. A., Smith, E. C., Porter, T. B., & Cardenas, S. (2003). *When housing and child care meet: Lessons learned from seven child care and community development partnerships*. Columbia, MD: The Enterprise Foundation.

- National Survey of Early Care and Education Project Team. (2013). Number and characteristics of early care and education (ECE) teachers and caregivers: Initial findings from the National Survey of Early Care and Education (NSECE). OPRE Report #2013-38. Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/nsece_wf_brief_102913_0.pdf
- National Survey of Early Care and Education Project Team. (2016). *Characteristics of home-based early care and education providers: Initial findings from the National Survey of Early Care and Education*. OPRE Report #2016-13. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf
- Paulsell, D., Porter, T., Kirby, G., Boller, K., Martin, E. S., Burwick, A., Ross, C., & Begnoche, C. (2010). *Supporting quality in home-based child care: Initiative design and evaluation options*. Princeton, NJ: Mathematica Policy Research, Inc. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/supporting_options.pdf
- Porter, T., Paulsell, D., Del Grosso, P., Avellar, S., Hass, R., & Vuong, L. (2010). *A review of the literature on home-based child care: Implications for future directions*. Princeton, NJ: Mathematica Policy Research. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/lit_review.pdf
- Raikes, H. A., Raikes, H. H., & Wilcox, B. (2005). Regulation, subsidy receipt and provider characteristics: What predicts quality in child care homes? *Early Childhood Research Quarterly*, 20(2), 164-184.
- Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., & Messner, L. (2013). Family child care in four Midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy program participation. *Early Childhood Research Quarterly*, 28(4), 879-892.

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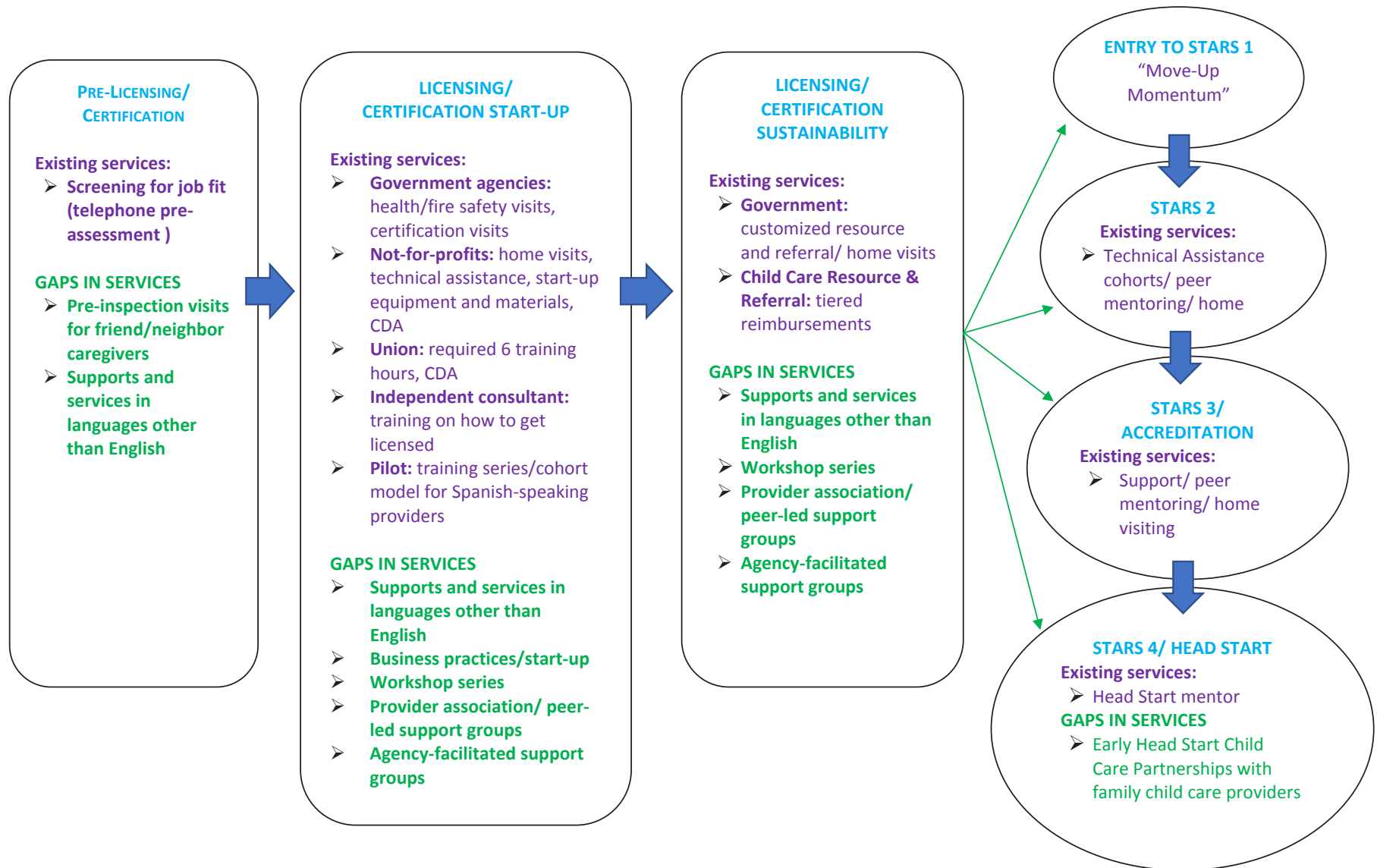
Figure 1: Philadelphia’s Completed Services Matrix: Results from First Stakeholder Meeting 2016

	Agency A (QRIS)	Agency B (Head Start)	Agency C (FFN Training program)	Agency D (QRIS)	Agency E (Child Care Resource & Referral)	Agency F (Network)	Agency G (consultant)	Agency I (State)	Agency J (Union Training Fund)	Agency K (Provider Groups)
Target Population										
Licensed family child care	X	X		X	X	X	X	X	X	
Family, friend, & neighbor care	X		X		X	X	X	X	X	X
STARS providers	X	X		X	X	X	X		X	
Non-English speakers	X		X	X		X		X	X	
Target Communities										
City of Philadelphia	X	X	X	X	X	X	X	X	X	X
Outside Philadelphia	X		X	X	X	X		X		
Individual Supports										
Licensing/Certification/ Inspection visits						X		X		
QRIS coaching, specialist visits	X	X		X						
Early Head Start/ Head Start visits		X		X						
Child & Adult Care Food Program visits		X								
Other mentoring/coaching/ consultation visits	X	X		X		X		X		X
Group Supports										
Provider cohorts				X		X				X
Peer support groups		X			X	X				
CDA for Family Child Care						X			X	
One-time workshops	X			X		X	X		X	
Workshop / training series	X	X								
Sustainability Supports										
Health and safety equipment/materials	X	X		X		X				
Learning materials and equipment	X	X	X	X		X				
Mini-grants	X		X		X					
Connections to Resources										
Help with college degree attainment	X			X					X	
Scholarships, financial aid for training/education	X		X	X		X		X		
Accreditation support	X			X		X				
Referrals to other organizations	X	X		X		X	X		X	
Telephone assistance/ warm line	X	X				X				
Administrative help with regulatory systems and procedures	X		X	X		X				
Help with business practices and start up	X		X			X	X			
Mailings	X	X	X		X	X				
Website	X			X		X			X	

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Figure 2. Operationalizing Collaboration: The Referral Continuum for Family Child Care Support in Philadelphia



Action Tools

1. **Services Matrix:** Use this chart to map services in your community or state.
2. **Referral Continuum:** Use this template to brainstorm ways to increase collaboration across programs and initiatives that support home-based child care in your community or state.
3. **Logic Model Tools:** Use these tools to develop a theory of change model for your community or state's home-based child care initiative.
 - a. **Illustrative Theory of Change Model for A Home-Based Child Care Initiative**
 - b. **Potential Outcomes for a Home-Based Child Care Initiative**
 - c. **Theory of Change Worksheet for a Home-Based Child Care Initiative**

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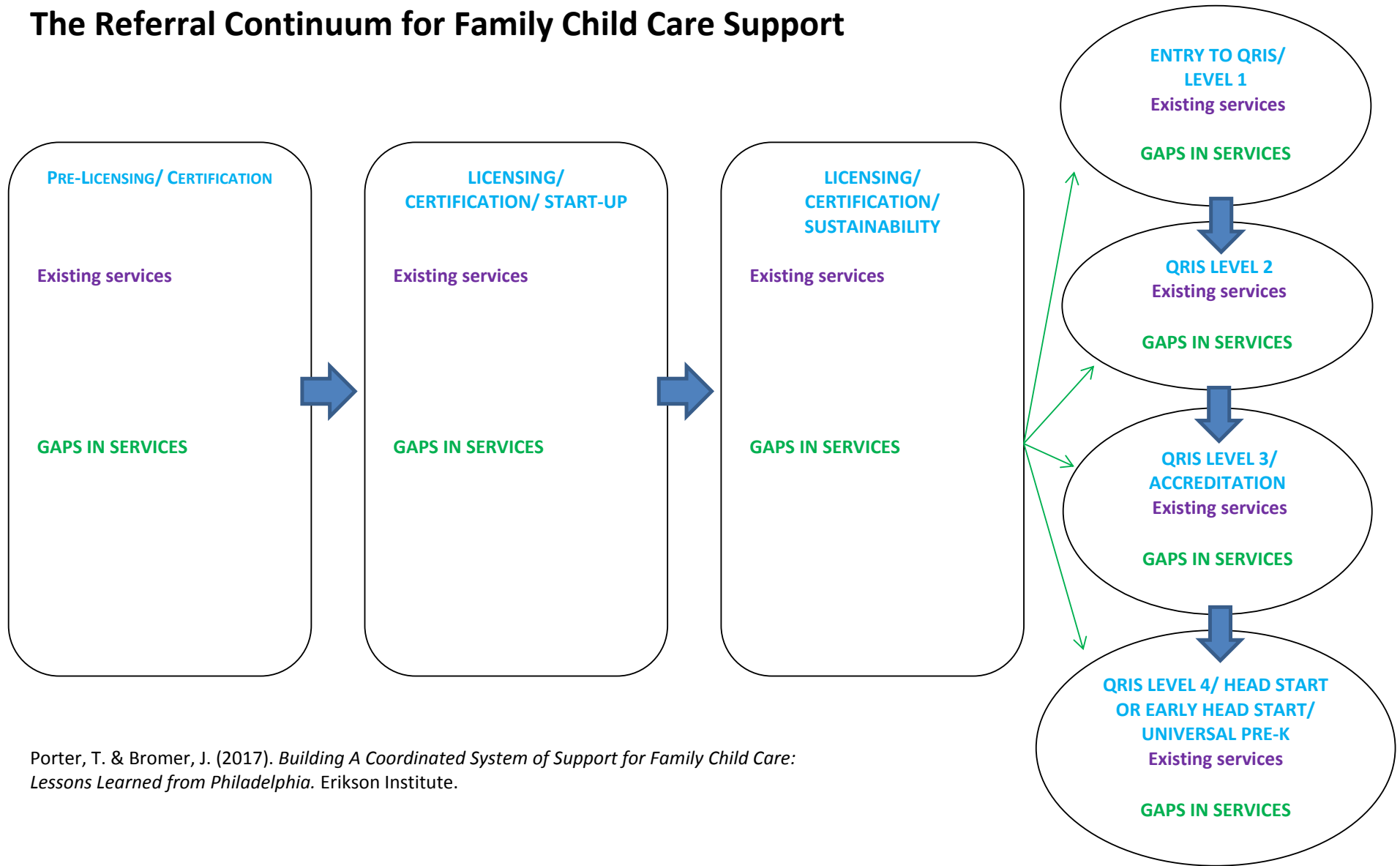
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Services Matrix for Identifying Services for Family Child Care Support

	Agency A	Agency B	Agency C	Agency D
Target Population				
Family child care				
Family, friend, & neighbor care				
Non-English speakers				
Individual Supports				
Licensing/Certification/ Inspection visits to provider homes				
QRIS coaching/ specialist visits				
Early Head Start/ Head Start visits				
Child & Adult Care Food Program visits				
Other mentoring/coaching/ consultation visits				
Group Supports				
Provider cohorts				
Peer support groups				
CDA for Family Child Care				
One-time workshops				
Workshop / training series				
Sustainability Supports				
Health and safety equipment/materials				
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Help with college degree attainment				
Scholarships, financial aid for training/education				
Accreditation support				
Referrals to other organizations				
Telephone assistance/ warm line				
Administrative help with regulatory systems and procedures				
Help with business practices and start up				
Mailings/Website				
Supports/ Services/ Resources offered in languages other than English				

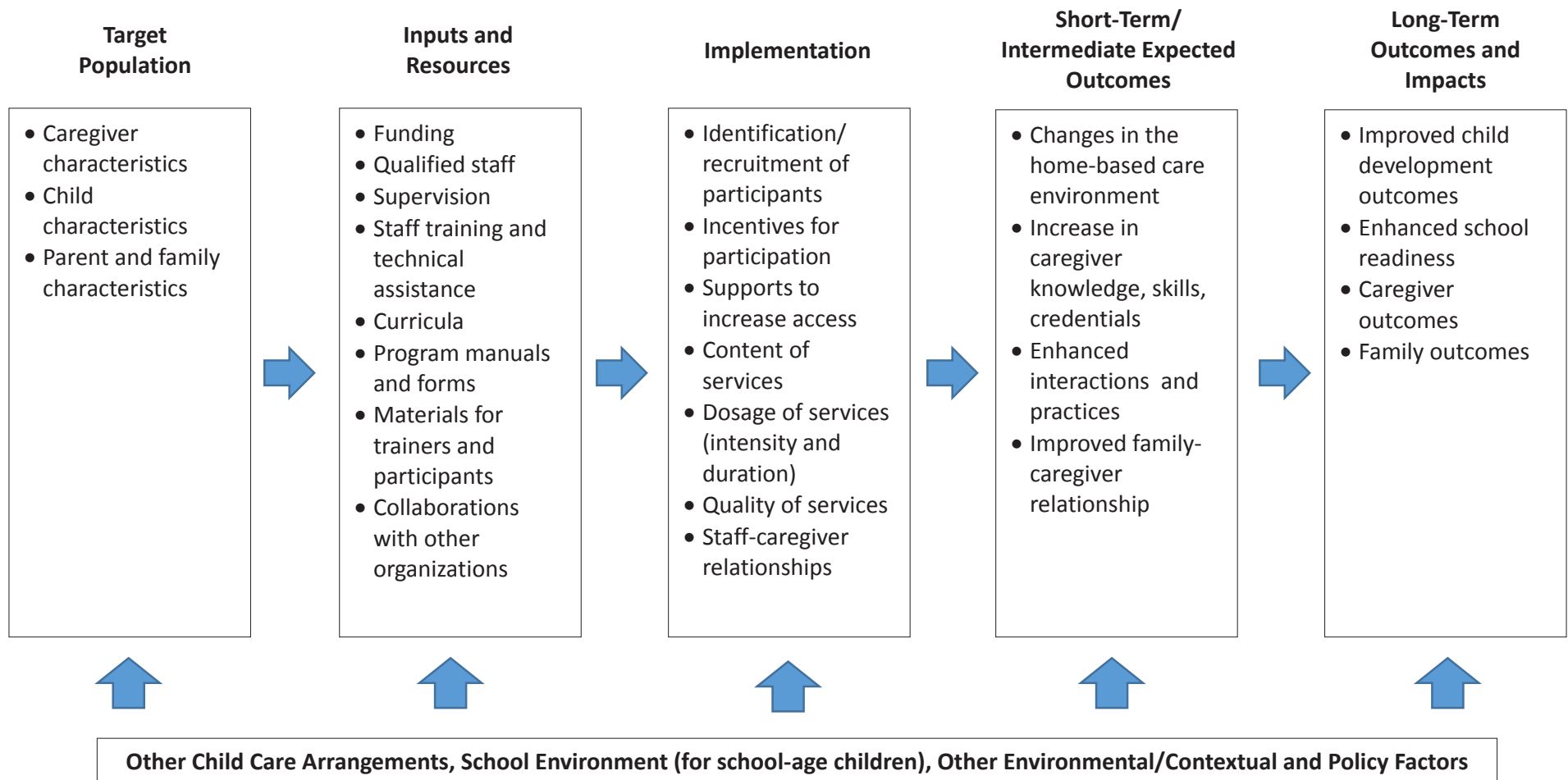
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The Referral Continuum for Family Child Care Support



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Illustrative Theory of Change Model for a Home-Based Child Care Initiative



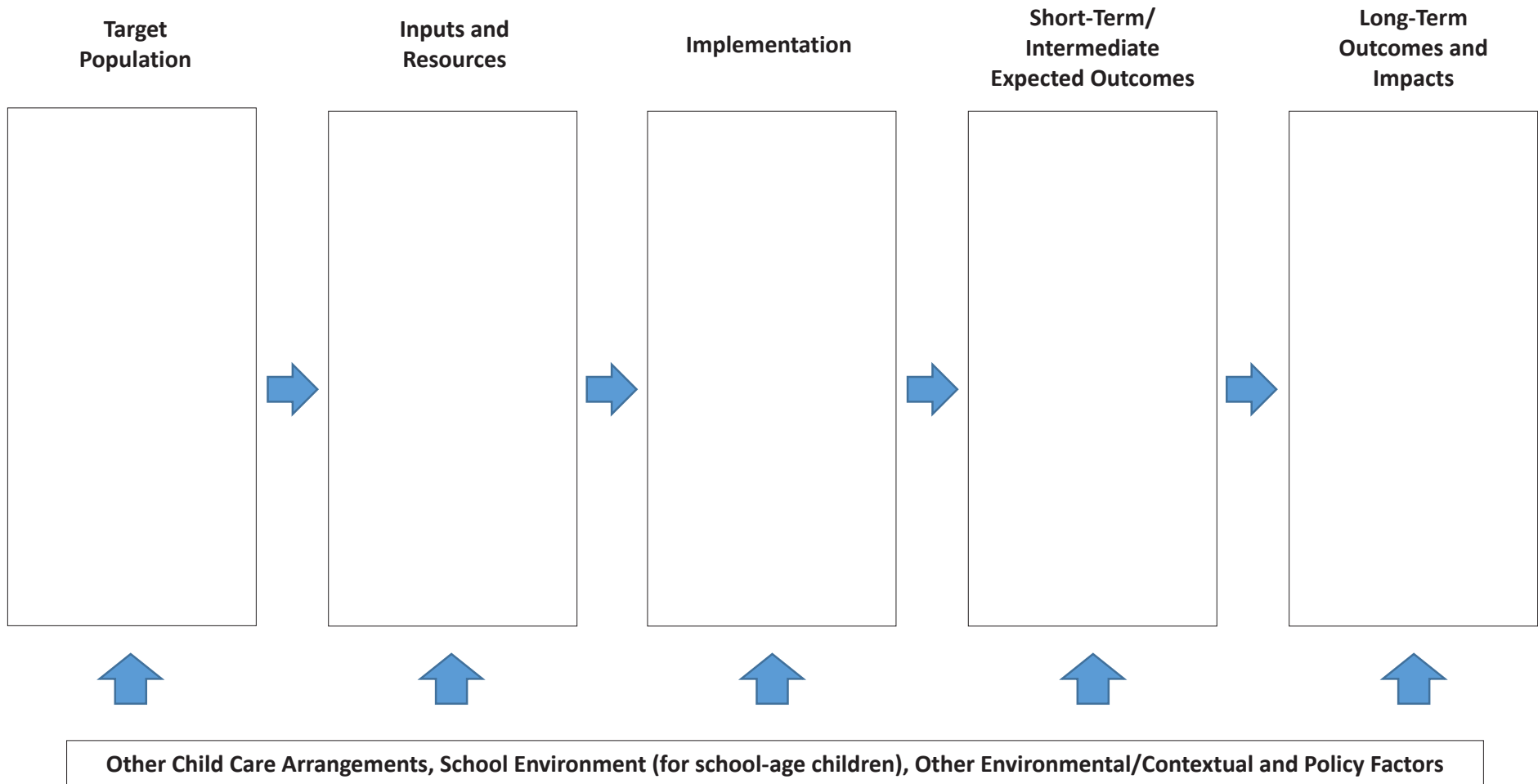
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Potential Outcomes for a Home-Based Child Care Initiative

Caregiver Outcomes	Family Outcomes	Child Outcomes
<ul style="list-style-type: none"> • Improved health and safety of the home • Improved environment for supporting children’s cognitive, language, social-emotional, and physical development • Increased knowledge of child development • Improved caregiving skills/practices • Enhanced regulatory/quality rating status • Improved access to community resources/government supports • Increased income/business sustainability • Increased professionalism • Increased formal educational status • Improved relationships with families • Improved satisfaction in caregiver/provider role • Enhanced self-efficacy • Improved access to social supports • Reduced isolation • Improved psychological well-being 	<ul style="list-style-type: none"> • Increased satisfaction with child care arrangements • Improved continuity of care • Greater ability to balance work and family • Reduced work absenteeism • Improved relationship with caregiver • Improved knowledge of child development • Improved parenting/caregiving skills • Improved parent/family-child relationship • Improved psychological well-being 	<ul style="list-style-type: none"> • Reduced injuries and accidents in child care • Improved health status • Improved social-emotional development (social skills, self-regulation) • Reduced behavior problems • Improved language and literacy development • Improved cognitive development • Positive racial/ethnic socialization and identity

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Theory of Change Worksheet for a Home-Based Child Care Initiative



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