

# Unpacking Comprehensive Services & Supports in Family Child Care: A Participatory Approach to Understanding Educator & Network Capacity

**Erikson  
Institute**

Home-Based  
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## OVERVIEW

**Children and families who use family child care (FCC) may have less access to formal comprehensive services and supports compared with children in center-based child care.<sup>i</sup>**

Many FCC educators take on family support roles as part of their work caring for children.<sup>ii</sup> These educators work in their own homes, often alone, and perform multiple roles.<sup>iii</sup> Yet they may need support around providing and facilitating access to comprehensive services and supports (CSS) that help families thrive.

Home-based child care (HBCC) or family child care networks are well-positioned to help facilitate CSS access for families who use FCC.<sup>iv</sup> Some networks already provide or refer families to CSS, particularly when they are also Head Start or Early Head Start grantees.<sup>v</sup> [The first brief in this series](#) analyzed data from a national study of networks and found that many networks provide information about or referrals to child-focused services or provide training or support related to CSS to affiliated educators (i.e., indirect services and supports), but fewer have the capacity to provide direct services or support families more holistically.<sup>vi</sup>

This second brief reports on findings from a participatory research project with networks, educators, and parents<sup>1</sup> focused on CSS in FCC settings.

<sup>1</sup> Throughout we use 'parent' to refer to any adult who is a primary caregiver for children. This may include biological parent, stepparent, foster parent, grandparent, aunt/uncle, sibling, another relative or close friend.

# DEFINITIONS

## **Comprehensive Services and Supports:**

Comprehensive services and supports (CSS) are formal and informal services that support whole-child and whole family outcomes, including but not limited to:<sup>1</sup>

### **CSS FOR YOUNG CHILDREN (PRENATAL TO AGE 5)**

- Health and developmental screenings
- Preventative health care and nutrition support
- Access to diapers, wipes, and formula at home
- Early intervention services for children with disabilities and developmental delays
- Parenting education to support child development and well-being

### **CSS FOR FAMILIES**

- Family member health and mental health
- Economic stability, including employment and education supports, food, housing, and social safety net programs
- Social-emotional well-being

## **Home-Based Child Care (HBCC):**

Home-based child care is care provided by regulated (licensed, certified, or registered) family child care (FCC) educators and legally exempt family, friend, and neighbor caregivers.

## **HBCC or Family Child Care Networks:**

HBCC or FCC networks are organizations that typically offer a menu of centralized supports tailored for HBCC educators at all career stages, including visits to educators' homes, coaching, training, and peer support. Networks may be independently operated entities or affiliated with an early childhood organization, such as a Child Care Resource and Referral (CCR&R) agency or an Early Head Start–Child Care (EHS-CC) Partnership.<sup>4</sup> In addition to supporting HBCC educators, networks can work directly with parents, for example by helping them with child care subsidy eligibility determination and payments, finding child care programs, and accessing comprehensive services and supports.

# APPROACH

In this participatory project, we identified four networks with a demonstrated commitment to supporting children and families who use FCC through access to CSS. The networks were located in communities that spanned different regions of the United States, demographic characteristics, and funding sources. All four networks exclusively worked with licensed FCC educators. We partnered with each network to create a Community Advisory Board (CAB) of FCC educators and parents to help us design a research project, analyze data, and develop action steps that the network could take to increase families' access to CSS and achieve other locally defined goals.

CABs engaged in three phases during meetings that were held between six and 10 times over the yearlong process: (1) creating and planning, (2) learning, and (3) action. During the creating and planning phase, we developed shared goals and agreements for our work together, defined and mapped services and supports for children and families in the community, and designed a community data collection strategy (including developing and revising research questions, methods, and protocols) to guide the learning phase. This was followed by articulation and, in some cases, implementation of an action agenda or set of steps based on findings from the learning phase.

**FIGURE 1 THE THREE PHASES OF COMMUNITY RESEARCH PROJECTS**



In this brief, we share cross-site highlights from the study, followed by short stories of this process from three of the four network communities<sup>2</sup>. We then conclude with additional action steps and recommendations that networks may find helpful in their own work to increase access to CSS for families and children through FCC programs. A tool kit with relevant resources for networks interested in undertaking similar work — to assemble CABs to guide social change in network communities and to understand networks’ and educators’ holistic supports for children and families — is also [available on our website](#).

## METHODS

This brief presents quantitative and qualitative data from an array of sources, including monthly CAB discussions, FCC educator surveys and focus groups, parent surveys, network staff surveys, and network director interviews. Twenty-eight FCC educators across the three communities participated in a CAB (N=7), a survey (N=19), and/or a focus group (N=15), and 38 parents who use network-affiliated family child care across the three sites completed a survey; two parents participated in CABs. Ten network staff members across two of the three sites completed a survey, and three network directors participated in an interview.

Data collection was largely conducted by the Erikson research team, although six CAB members across communities participated in a co-facilitation and research ethics training and two CAB members were able to co-facilitate focus groups with FCC educators in their communities. CAB members also participated in some co-analysis of focus group and survey data, in which Erikson researchers conducted initial analyses of quantitative and qualitative data, shared it with CAB members for their reactions and interpretations, and re-analyzed as needed to answer additional questions that arose.

Most educators and parents in this study identified as women of color, including those who identified as Black, African American, or African and Hispanic, Latina, or Spanish origin. Educators reported many years of experience in FCC with a mean of 22 years (range=32). Parents had two children on average, including at least one child under age 6, and an average of two children who had attended an FCC program. Almost all parents spoke English, while a quarter of them also spoke Spanish. Half of network staff and directors identified as women of color, and half identified as white. Network staff had a range of years of experience from 1 year to 40 years in the early childhood field. See Appendix A for a full description of participant characteristics.

This study is exploratory and has limited generalizability within and outside of each community. Educator and parent participants are not necessarily representative of the network communities as a whole. Nonetheless, findings from this project are useful in beginning to understand the underexplored areas that are the strengths and barriers in FCC educator and network supports of young children and families from racially, ethnically, and linguistically marginalized communities.

<sup>2</sup> The three communities highlighted in this brief focused their projects on the initially proposed topic of how FCC educators and networks support families’ access to CSS. The fourth CAB, located in the Southeastern United States and comprising only educators, chose to focus on a different local goal of increasing public awareness about FCC — including its benefits and supports for families— to encourage changes to the licensing system; its data are therefore not included here.

# CROSS-SITE HIGHLIGHTS

Multiple data sources in this study suggest that FCC educators are a primary source of support for families of children in their care. Networks also offer support to families, though primarily appear to do so indirectly via capacity building for FCC educators.

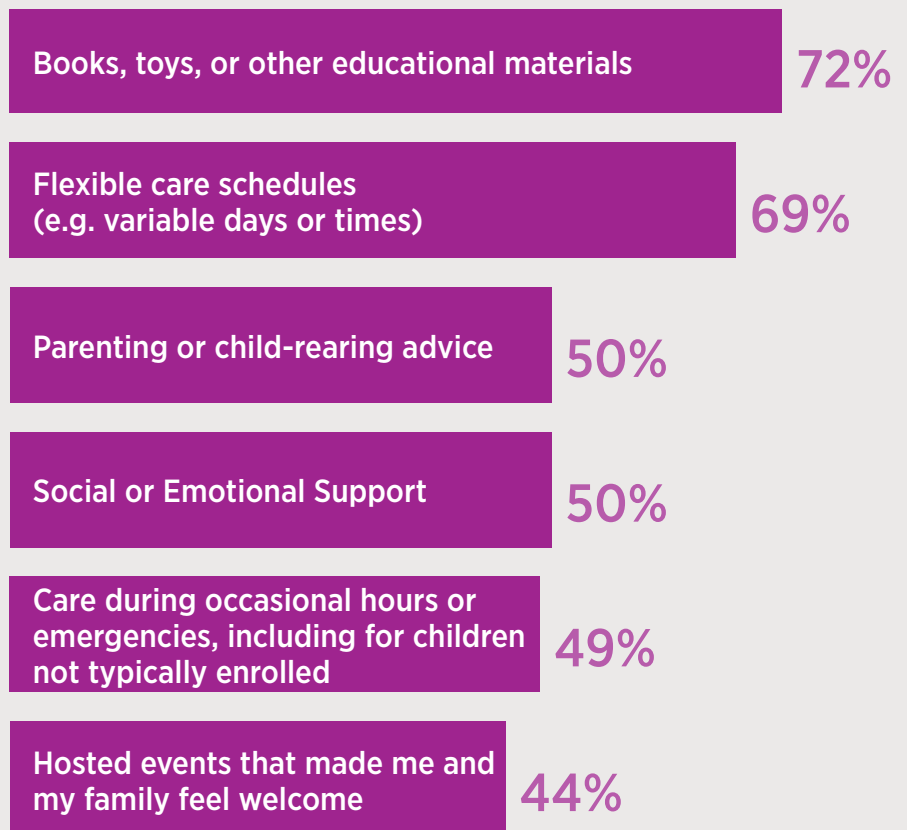
**Families receive a variety of CSS from their FCC educators.** Across sites, the most common supports reported by parents were providing educational materials, flexible care options, and social, emotional, and parenting supports (Figure 2). At least 1 in 4 parents reported receiving various connections to community services (e.g., referrals for children and families, help completing paperwork for social programs) and material supports (e.g., food, clothes, and other essentials) from their FCC educators. A small number of parents reported receiving diapering supplies, transportation, or direct financial supports (e.g., sign-on bonuses, informal loans, or small cash gifts such as for bus fare or lunch money). Appendix Table 2 summarizes parent survey data.

While this was not a comparative study, descriptive analyses of educator survey data indicate that there are some differences in the kinds of supports provided by FCC educators across the three network communities (see Appendix Table 6). This suggests that FCC educators in each network community bring distinct strengths and resources to families in their care, likely aligned with the specific needs and challenges within their communities.

FCC educators reported providing similar supports as families reported receiving from their educators but often educators reported higher rates of support (see Appendix Tables 2 and 6). This is likely due to the provision of different resources and supports to different families depending on their unique needs. Notably, there was not a one-to-one match between educators and parents of children in FCC in the survey data, so we cannot infer whether any mismatches between educator and parent reports of supports are meaningful.

**FIGURE 2**

## **MOST COMMON SUPPORTS FAMILIES REPORT RECEIVING FROM FCC EDUCATORS (N=38)**





**FIGURE 3**  
**TOPICS FAMILIES FEEL COMFORTABLE TALKING ABOUT WITH THEIR FCC EDUCATORS (N=38)**

**Families feel comfortable discussing their family lives, needs, and identities with FCC educators.** Most parents and educators reported talking with each other about a variety of important topics from health issues to help or resources that families might need (Figure 3; Appendix Tables 3 and 7). These indicators of trusting parent-educator relationships may make families more likely to seek out resources or supports from educators when they are needed. There is also some exploratory evidence that linguistic alignment between educators and parents might facilitate families' comfort talking about health issues, but further work is needed to explore these trends in a larger sample.





**Networks primarily support FCC educators' capacity to identify and refer to resources for children and families in the community, rather than offering direct supports to families.** Data from network staff, parents, and FCC educators indicated that HBCC networks are generally better positioned to offer supports for educators than they are to offer direct supports for families. For example, network directors emphasized that FCC educators serve as the primary point of contact for meeting families' needs and that the network's role is to help educators succeed:

**“Your ability [as FCC educators] to support families really hinges on how deeply we’re supporting all of you.”**

—Network Director

Data from a small number of staff members who work with FCC educators and families affiliated with networks reinforced that there is limited direct contact between network staff and families. Of the 10 network staff members surveyed at two of the three networks, only four staff members reported directly working with families and children enrolled in FCC as part of their role. Instead, staff members predominantly relied on other internal staff (e.g., mental health or early intervention specialists within their larger organization) or external resources (e.g., referrals to other organizations in the community) to provide CSS to children and families. Staff members also reported regularly talking to FCC educators about the resources, supports, or referrals that children and families may need. For their part, FCC educators across the networks agreed that their HBCC networks were helpful when they needed to find resources for children and families in the community.

Similarly, among the 38 surveyed parents, about half (N=18) reported interacting with staff members from their affiliated HBCC network. The most common supports were educational materials (56%) and information about parenting or child development (50%), though responses varied considerably among network communities (Appendix Table 4). Many parents also reported feeling very comfortable talking with network staff about important family topics (Appendix Table 5). Both supports received and comfort with network staff varied considerably by network community.

# COMMUNITY RESEARCH PROJECT SNAPSHOTS

In this section, we provide snapshots about each HBCC network community’s participatory research project. We acknowledge that network characteristics—such as their mission; service area; size; funding source(s); sociohistorical contexts; demographic, linguistic, and cultural alignment among staff, educators, and families; and relationships—may influence the ways they provide direct or indirect CSS to children and families in the network community. Both our design and our findings reflected this; network communities varied widely in goals, approaches to learning, and strengths in the provision of CSS by FCC educators and networks.



## Carole Robertson Center for Learning (CRCL): Family Child Care Network

Location	South and West Side neighborhoods of Chicago, Illinois
Type of Network	Part of a larger community-based organization that serves children and families in city of Chicago neighborhoods
Network Size (2022)	23 licensed FCC educators (70% Black/African American, 30% Hispanic/Latine), 143 children (37% 3- to 5-year-olds, 63% 0- to 3-year-olds; primarily Black/African American or Hispanic/Latine)
Staffing Capacity	1 network director, 2 network staff members dedicated to FCC
Network Funding Source(s)	Early Head Start-Child Care Partnership, Early Head Start Expansion, and Head Start
CSS Provided by Network	Conduct child developmental and health screenings; conduct home visits; facilitate referrals to services and follow-up with families about referrals; assist families in filling out applications for social services; provide books, toys, and other educational materials; provide diapers, wipes, formula, clothes, shoes, and other essential materials; provide transportation assistance; offer financial assistance for family health care needs; share information about parenting and child development, employment, adult education, housing energy, fuel assistance, food banks and pantries, child care subsidies, vouchers, and social programs; provide direct help or referrals to childhood or infant mental health consultations, health and nutritional services for children, counseling services for children and families, and legal services, substance abuse, crisis assistance, and domestic violence programs; parent engagement activities; provide gift cards to families to compensate for their time participating in events
CAB Structure	2 FCC educators, 1 parent* 9 CAB meetings (average attendance rates: 81%)

**Notes:** Data in this table come from meeting notes, interviews, surveys, and focus groups with network staff and directors. Numbers here are from the launch of our study in 2022.

\*An additional parent attended two early CAB meetings but then stopped attending.

The CAB from CRCL included two FCC educators and one parent who used FCC for her children. Two of the CAB members identified as African American, and one as Latina; they lived in different neighborhoods on Chicago’s South and West Sides. The two FCC educators had been in business for 22–23 years. The parent co-facilitated an educator focus group.

**Creating and planning phase.** CAB members identified the dual goals of promoting healthy child development as well as families' mental health and well-being, along with broader goals of advocating for and bringing together children, families, and child care educators for change. CAB members described significant strengths in their communities, such as the ways that FCC educators help children and families and are often a critical support for families. However, CAB members also identified many challenges that families living in their communities face, including barriers navigating the early intervention process; difficulty accessing health and mental health services, particularly for single parents, parents struggling with addiction and other difficulties, and immigrant families who might not have access to insurance; and broader concerns in their communities related to gun violence that make it difficult to find safe spaces for outdoor play.

**Learning phase.** One of the biggest challenges reported in this community was finding necessary resources. In focus group discussions, six FCC educators shared that although resources are available in their communities, they are not widely known or accessible to families. Educators shared examples of how they do their own research about resources available in their communities and develop partnerships with nonprofits and community organizations to get that information out to families. They also echoed CAB members, saying that services were particularly hard to find for single mothers and those with long commutes, and shared challenges related to helping families successfully seek out and enroll in early intervention services. Surveys from 13 parents from CRCL revealed similar themes of scarcity and inaccessibility of resources, with one-third of parents saying it was somewhat difficult to find help or resources for themselves or their children in their communities, the highest proportion of difficulty ratings across the networks.

When asked about the supports they received from FCC educators, parents at CRCL reported the highest rates across the networks of receiving referrals to resources and services for children (50%) and help completing paperwork for social programs (e.g., child care subsidies, TANF, SNAP, and Head Start; 50%). They also reported higher rates than parents in other networks of receiving books, toys, or educational materials to use at home (83%); diapers, wipes, or formula to use at home (25%); clothes, shoes, or other essentials (42%); help with child transportation (17%); and money for child transit fare or lunch (8%). Parents also reported that their FCC educators hosted events that made them feel welcome (54%). In focus groups and surveys, educators provided similar examples of the holistic ways they support children and families.

Half of parents reported interacting with staff at the CRCL network. The most common supports reported by these seven parents were clothes, shoes, or other essentials (71%); parenting or child development resources (57%); books, toys, and other educational materials (57%); diapers, wipes, or formula (43%); and housing, energy, or fuel assistance (29%). The CRCL network was the only site in our study where parents reported receiving help or referrals from the network for developmental or health screenings for children (43%) and counseling services (14%).

**“I think it’s gonna take a lot, not just for us, but I think the community as a whole ... representatives, advocates, you know, that’s what’s gonna help as far as making it safe for children.”**

—FCC educator

**“I just partner with this non-for-profit organization, and they offer different resources. Like she’s partnered with a food bank, and they give her food, and so she calls me, she gives me food, and I give it to people and the families. And then books, and she has a lot of resources. ... So now it’s like she lets me know; she just recently sent me something about the museum, parents being able to go to the museum for free. So just different things like that.”**

—FCC educator

**“I think my parents can rely on me to be there to support them in different ways. So maybe if someone has an emergency, and I have to stay open later and wait for them, or the co-payment might be late. Or if there’s a problem ... then they might call me for advice or recommendations ... school supplies, clothes for the kids.”**

—FCC educator



In general, it appears that CRCL's status as an Early/Head Start funded network, as well as its embeddedness in the local community, afforded particularly strong supports for families and FCC educators to access CSS.

Another challenge that continued to arise was related to neighborhood safety. Educators spoke about safety being a problem. Thirty-three percent of parents reported being concerned about neighborhood safety and had the lowest rates of agreement across the networks with the statement: "There is a safe place nearby where I am comfortable letting my children play outside." Other concerns expressed by parents, educators, and network staff were related to neighborhood poverty (38%) and food access (31%). Although these challenges were not a focus of the CAB's action steps, these systemic factors are important in understanding the barriers that communities face in raising their children and helping them thrive.

**"Son innumerables las cosas que [CRCL] nos da a nosotros. Nos da materiales. Cuando necesitamos apoyo ellos están ahí. Muchas cosas. ... Me siento como, que alguien está apoyando lo que estoy haciendo."**

—Educador/a de cuidado infantil familiar

**"[CRCL] gives us innumerable things. They give us materials. When we need support, they're there. A lot of things. ... I feel as if somebody is supporting what I'm doing."**

—FCC educator

**Action phase.** CAB members identified several action steps that they shared with CRCL network staff in a collective brainstorming session:

**1. Increase parent communication and awareness about CRCL's parent meetings and other supports available for families.**

This includes development of a system for ensuring family contact information is updated regularly and there are authentic strategies for reaching out to family members, including reminders sent directly to families and indirectly via FCC educators.

**2. Help educators and families find community resources they may need.**

This includes intentional communication channels between CRCL staff and FCC educators to communicate family needs for resources and information; development of a curated community resource list that is updated regularly; and workshops for educators on how to identify and access resources in the community for families and children. Increasing FCC educators' access to network resource databases as well as to specialists at the network (e.g., family engagement specialists) may also help them connect families to needed services.

**3. Ensure that health and dental screenings for children are available on the South and West sides of Chicago.**

The CRCL network should collaborate with FCC educators to identify additional convenient locations and partners for child health and dental screenings.

**4. Provide more support for educators around the early intervention process.**

This could include offering additional trainings for educators at the network and offering information to educators and families about the importance of developmental screenings for children within the first 45 days of enrollment in a FCC program. Actively engage with families around the importance of early intervention to reduce stigma and discomfort.

During the brainstorming session, several ideas for specific steps were discussed to address each of these recommendations. At a follow-up nearly a year later, CRCL had implemented several of these strategies, including updating its parent communication systems, partnering with local health clinics to support access to physicals and family physicians, and developing individualized technical assistance for FCC educators about the early intervention process. However, staffing turnover among FCC specialists and family specialists at the organization presents ongoing challenges for supporting FCC educators and the families they care for.

Location	Northeast neighborhoods in Springfield, Massachusetts
Type of Network	Stand-alone organization that exclusively serves the FCC industry (one of five CEES locations in Massachusetts)
Network Size (2022)	19 licensed FCC educators (32% Black/African American, 58% Hispanic/Latine, 5% White, 5% Middle Eastern), 57 children (primarily Black/African American or Hispanic/Latine)
Staffing Capacity	1 network director, 1 network staff member
Network Funding Source(s)	State contract; subsidy system vouchers for some families
CSS Provided by Network	Support FCC educators in conducting child developmental screenings; facilitate referrals to services and follow-up with families about referrals; advocate on behalf of families to ensure that outside services and resources are responsive; assist educators in creating behavior plans; provide books; offer child development training for families; share information about employment, housing assistance, child care subsidies, vouchers, and social programs
CAB Structure	2 FCC educators, 1 parent* 9 CAB meetings (average attendance rate: 96%)

**Note:** Data in this table come from meeting notes, interviews, surveys, and focus groups with network staff and directors. Numbers here are from the launch of our study in 2022.

\*Another parent joined the first CAB meeting but then did not attend subsequent meetings.

The CAB members from CEES were two FCC educators and one parent who used FCC for her children. All three were women from Hispanic/Latina ethnic backgrounds who lived in the same neighborhood in Springfield, Massachusetts. The two FCC educators had been in business for 14–25 years, and the parent had three children currently enrolled in FCC. The CEES CAB was run exclusively in Spanish.

**Creating and planning phase.** CAB members identified goals aimed at enhancing CSS for children and families, especially in fostering greater awareness related to child development and education for FCC educators and families, offering additional resources and training related to these topics, and effectively referring children to early intervention and mental health supports. The CAB members discussed challenges they faced in navigating early intervention processes; communicating concerns about behavioral, developmental, and mental health issues with families; potential communication barriers that may exist between FCC educators and families; and stigma-related challenges faced by families. CAB members also identified challenges communicating concerns about children’s developmental needs to families and pediatricians. Some CAB members reported that pediatricians do not respect or trust information that is shared by FCC educators with families, which could result in barriers to the identification of developmental delays or disabilities.

**“El primer mes que el niño está con nosotros, le hacemos la evaluación de Ages and Stages. ... Además de esa, cada tres meses hacemos los progress reports con Teaching Strategies. ... Ese [reporte] le entregamos copias a los padres. ... Ese reporte los padres lo pueden llevar a los pediatras de los niños y enseñarles que es lo que está sucediendo con su niño. ... A tu enviarles esos records [de la evaluación y observaciones del niño] a un pediatra, ellos se sienten que como nosotros nos estamos metiendo en lo que ellos tienen que hacer. Por eso, yo digo que ellos a veces no lo aceptan.”**

—Educador/a de cuidado infantil familiar

**“The first month that the child is with us, we do the Ages and Stages evaluation. ... In addition to that, every three months we do progress reports with Teaching Strategies. ... We give copies of that [report] to the parents. ... Parents can take that report to the children’s pediatricians and show them what is happening with their child. ... By you sending those [child assessment and observation] records to a pediatrician, they feel that we are getting involved in what they’re supposed to be doing. That’s why I think they sometimes don’t accept it.”**

—FCC educator

**“Well for WIC and stuff like that, we look it up online, and I tell them, they can Google it or look it up online. It’s also in the doctors’ offices; they can direct them into the place to go get their stuff. I did have a family that needed clothing. And so, I asked if we were able to donate stuff to them or if they were willing to accept it or whatever, and they accepted clothing I got for them. So that was a cool thing.”**

—FCC educator

**Learning phase.** Across data sources, access to formal CSS was a challenge in the CEES community. In focus group discussions, educators shared that they were sometimes not aware of all the available resources for children and parents within their communities or how to best facilitate these referrals for families. This was especially true for a newly licensed educator in the group. Similarly, only 20% of parents reported receiving a referral from their FCC educator to resources for children, and none received a referral for themselves or another family member. Parents also did not receive support with paperwork for social programs. However, parents reported receiving informal supports from FCC educators, including the highest reports across the networks for receiving child care during nontraditional hours (before 7 a.m.; after 6 p.m.; weekends; 20%), as well as receiving educational materials (80%) and snacks or meals (40%) from FCC educators.

Educators and parents shared challenges related to language and communication barriers. Educators shared that many resources are not available in Spanish, the preferred language of FCC educators and the families they serve at CEES. Language was generally a barrier in the CEES community, with only 40% of parents reporting that their FCC educator spoke the same language as their family. FCC educators also brought up that families sometimes experienced hesitancy in sharing concerns about their children or expressing their family’s needs. Surveys from 10 parents who use FCC through CEES echoed these themes, revealing that few families are comfortable discussing important family life topics with their FCC educators (30–40%), particularly relative to other networks. Parents also reported low rates of comfort talking to their network staff about important topics.

Parents at CEES had the highest rates of interactions with staff at their network (60%), perhaps because the network supported their access to child care subsidies. Of the six parents who had interactions with CEES staff, 83% of them received material supports from staff, such as books, toys, and other educational materials, and 50% received help or referral to health or nutrition services for children, reflecting the centrality of the health care system as a source of support in this community. Additionally, 33% of parents received information from CEES about adult employment and education as well as child care subsidies, vouchers, and social programs.

**Action phase.** CAB members outlined action steps that were shared with the CEES network, including:

**1. Organize family events and informative flyers.**

Host or attend events for parents and distribute informational materials to provide a platform for accessing resources without the need to directly request support. This includes getting involved in existing community events, such as hosting a table with information and engaging in conversations with parents.

**2. Build social networks for educators and families.**

Form groups on social media platforms to enhance the sharing of information and ultimately broaden the reach of resources for families. Recruiting volunteers such as parent advocates or educators as rotating ambassadors to engage through social media and share their stories or information helps distribute the responsibility more evenly and effectively.

**3. Establish strategic alliances and event promotion.**

Build connections with small businesses and political figures who can provide additional support or resource suggestions, whether through in-person events or digital outreach and materials. Through these alliances, aim to promote events and meetings that facilitate parent connections, learning opportunities, and resource access.

Location	Quad Cities, Peoria, and Galesburg/Knoxville, including rural and urban counties in western and central Illinois
Type of Network	CCR&R
Network Size (2022)	57 licensed FCC educators (44% Black or African American, 40% White, 12% Latina), 274 children (primarily Black/African American or White; some Hispanic/Latine)
Staffing Capacity	1 network director, 1 mental health therapist, 9 network staff members (1 technical assistance, 2 eligibility)
Network Funding Source(s)	Illinois Department of Human Services, United Way
CSS Provided by Network	Conduct child vision screenings; provide books, toys, and other educational materials; provide direct help or referral to health and nutrition services for children; developmental or health screening for children; counseling services for children, parents, and family members; legal services, substance abuse, crisis assistance, and domestic violence programs; share information about employment and adult education; housing, energy, and fuel assistance; food banks and pantries; child care subsidies, vouchers, and social programs; share monthly newsletter with resources and local events; assist families in finding services they need; support educators in facilitating arrangements for families to get the services they need; advocate on behalf of families to ensure that outside services and resources are responsive; offer financial assistance for family emergencies and healthcare needs
CAB Structure	3 FCC educators* 11 CAB meetings (average attendance rate: 91%)

**Notes:** Data in this table come from meeting notes, interviews, surveys, and focus groups with network staff and directors. Numbers here are from the launch of our study in 2022.

\*An additional educator attended the first six meetings and then left the CAB because she closed her business.

The CAB from SAL included four FCC educators. Two educators identified as Black or African American women, one as Latina, and one as white. The four educators held 9–23 years of experience in FCC. All four resided in central and western Illinois, three in small cities and one from a very rural county where she was the only licensed FCC program.

**Creating and planning phase.** CAB members identified goals to support children and families through increased knowledge of relevant resources and services in the community. CAB members told many stories about how they support families without external or formal resources: “Our job has many different titles. We do a lot.” CAB members shared that in the past the network had offered resources and referrals for families but that currently this type of information was difficult to access.

The CAB members wanted to identify relevant resources and services in their respective communities that could be shared with families in their programs. They felt that the network could play a key role in increasing access to information and in supporting and recognizing the important work that FCC educators carry out with families beyond care and education of children. CAB members focused on needing additional information about supports for children with behavioral and social-emotional challenges as well as those with diagnosed developmental disabilities such as autism. CAB members also noted the need for free mental health and counseling resources for families and parents who experience stress, anxiety, and depression.

**“I would like to see more community support as far as kids with autism or behavior issues. In-home day care, there’s not a lot of help for those children. And sometimes they just get lost. ... I had a homeless parent. ... She needed some place to live. And there was nobody. ... They couldn’t find her shelter. ... And I really felt bad about that because I just don’t know what to tell a parent with a child where they can go and actually sleep.”**

—FCC educator

**FIGURE 4**

**SAL CAB EDUCATOR’S PAPER SURVEY FOR FAMILIES**

**Parent Survey About Community Help for Families and Children**

1. What types of help from your community have you received?  
Please tell us the name of any organization that you have found helpful.

\_\_\_\_\_

\_\_\_\_\_

2. What help or support do you need that you do not currently have in your community?

\_\_\_\_\_

\_\_\_\_\_

3. What is hard about finding the help and support you need in your community for yourself and your children?

\_\_\_\_\_

\_\_\_\_\_

4. Which of the following do you think would be the best way to get information from parents about what types of help they want?

- A survey
- A Zoom focus group / group discussion
- A one-to-one telephone interview
- A small group telephone interview

**Learning phase.** The CAB decided to begin data collection by asking families in their own FCC programs about their needs for and sources of support. They developed and distributed a short questionnaire to families (see Figure 4). Responses from 13 parents suggest significant gaps in available resources for and community commitment to families and children. One parent reported that it was hard to find “dedicated and committed members of the community,” and another noted that “no one seems interested or sincere about the well-being of our children.” Others mentioned the lack of affordable child care and summer programs for school-age children. The questionnaire also asked families how to best collect additional information from the broader community.

Based on responses, the CAB decided to expand the survey to the broader community of families who use FCC through the SAL HCCN. FCC educators in focus groups also reported that families in their communities need a lot of support, especially with school-age child care and economic assistance, and especially those families who live in the “gap” between public assistance eligibility and income levels just above these thresholds.

Educators and parents who participated revealed the strength of their relationships. In focus group conversations and surveys, FCC educators shared how they offered a range of supports to families of children in their programs and are often a trusted source of support for families who may feel ashamed or uncomfortable accessing more formal sources of support. Parents identified FCC educators as reliable sources of support and reported turning to them (33%) nearly as frequently as they turn to their spouses (40%) for support in a typical week. SAL also had the highest ratings across the networks from parents on their comfort talking with FCC educators about important topics like family life (80%), changes happening at home (73%), financial situation (53%), culture and values (73%), health issues (93%), and help or resources their family might need (73%). Parents also reported that FCC educators were an important source of information about resources (73%), social-emotional support (71%), spiritual guidance (50%), and parenting advice (50%). They were also the network with the highest reported flexible care schedules (79%) and occasional/emergency care (67%).

The HCCN helps FCC educators find resources for families when needed and offers trainings on a range of topics related to working with families. Some educators reported that HCCN historically supported families with mental health consultation and developmental screenings but that recent budget cuts reduced some of these family supports. Educators noted that HCCN is an organization trusted by both families and educators, given its longtime presence in the community, and that it is viewed by both groups as an organization that “goes above and beyond” for families in the community. Yet, as pointed out by CAB members, the SAL community had the lowest incidence of parent reports of direct interactions with network staff (40%), and while parents shared some positive ratings of their comfort and relationships with network staff, as well as receiving useful information and resources on such topics as food banks and parenting, no parents reported receiving referrals from SAL for either children or adults.

**Action phase.** The most successful part of the action phase was the development of a Community Resource Guide (see Figure 5). CAB members also outlined additional action steps that were shared with the SAL HCCN director, including:

1. **Provide financial supports and incentives** such as gift cards or debit cards for educators to help families with basic necessities.
2. **Host an anonymous warm line for educators** to call when they need support in cases of family and child trauma.
3. **Ensure consistency in network staff** who get to know educators and their families and children.
4. **Convene an FCC educator committee** to advise the HCCN.
5. **Help raise awareness about available resources**, supports, and activities within specific communities.

“These are things that we do, we all do, go above and beyond to help our families.”

—FCC educator

“Just letting them know that I’m an open door ... just being open and honest with families and letting them know that I’m here for support all around.”

—FCC educator

“I’ve helped cross bridges. ... I’m a resource person.”

—FCC educator

## SAL’S TRAINING TOPICS FOR FAMILY CHILD CARE EDUCATORS

- Child abuse and neglect
- Connecting families to resources
- Developmental delays in children
- Infant and early childhood mental health
- Family hunger and food insecurity

## FIGURE 5 SAL ACTION STEP: COMMUNITY RESOURCE GUIDE

In response to a proposal from CAB members and with information about community resources gathered through data collection by the CAB, SAL developed an online community resource guide as well as magnets that educators could have with a QR code linking to the guide that they could share with families.



COMMUNITY RESOURCES FOR FAMILY NEEDS	
Table of Contents:	
🧠 Mental Health.....	
🏥 Physical Health.....	
🆘 Crisis Assistance.....	
🍷 Food, 🏠 Clothing, 🏠 Housing.....	
💰 Employment, Financial Support.....	
🎓 Education, 👶 Child Care.....	
🏫 After-School and/or Summer Camp Programs.....	
👶 Parenting and Prenatal Programs.....	
👤 Other.....	

# RECOMMENDATIONS FOR HBCC NETWORKS

Based on the cross-site findings from this community-based research study, HBCC networks should consider the following steps to increase families' access to CSS:

- Partner with FCC educators to identify families' strengths and needs.
- Create advisory boards or committees that include both FCC educators and families to guide the network in identifying barriers and increasing access to community resources and supports.
- Learn what FCC educators are already doing to support families and develop strategies for enhancing their capacity to support families.
- Organize events for families to distribute information and community resources.
- Offer FCC educators monetary assistance to support their work with families, such as emergency funds that families may access, transportation vouchers, and mileage reimbursements when educators provide transportation.
- Offer FCC educators incentives, such as bonuses or gift cards, to support their work with families.
- Seek input from educators about supports families need and want, and use this information to design network supports and resources.
- Partner with local community organizations that serve families around specific topics, such as refugee rights organizations, immigrant and legal services, and mental health counseling.
- Include mental health consultants as part of network supports to FCC programs.
- Conduct all developmental and health screenings for children enrolled in affiliated FCC programs.

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## ENDNOTES

- i Del Grosso, P., Thomas, J., Makowsky, L., Levere, M., Fung, N., & Paulsell, D. (2019). *Working together for children and families: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships*, OPRE Report # 2019-16, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. [https://www.acf.hhs.gov/sites/default/files/documents/opre/ehs\\_ccpfinalreport508.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/ehs_ccpfinalreport508.pdf);
- Reid, J. L., Melvin, S. A., Kagan, L., & Brooks-Gunn, J. (2020). *Enhancing the quality of infant and toddler care in New York City: Variation across EarlyLearn settings*. National Center for Children and Families. <https://policyforchildren.org/wp-content/uploads/2020/10/Enhancing-the-Quality-of-Infant-Toddler-Care-2020.-Version-3.-pdf.pdf>
- ii Bromer, J., & Henly, J. (2009). The work–family support roles of child care providers across settings. *Early Childhood Research Quarterly*, 24(3), 271–288. <https://doi.org/10.1016/j.ecresq.2009.04.002>; Shivers, E. M., Farago, F., & Goubeaux, P. (2016). *The Arizona Kith and Kin Evaluation, Brief #1: Improving quality in family, friend, and neighbor (FFN) child care settings*. <https://www.indigoculturalcenter.org/post/the-arizona-kith-and-kin-project-evaluation-brief-1-2016-1>
- iii Bromer, J., Melvin, S., Porter, T., & Ragonese-Barnes, M. (2021). *The shifting supply of regulated family child care in the U.S.: A literature review and conceptual model*. Herr Research Center, Erikson Institute. [https://www.erikson.edu/wp-content/uploads/2021/03/The\\_shifting\\_supply\\_of\\_regulated\\_FCC\\_in\\_the\\_US\\_2021\\_LITREVIEW.pdf](https://www.erikson.edu/wp-content/uploads/2021/03/The_shifting_supply_of_regulated_FCC_in_the_US_2021_LITREVIEW.pdf); Hooper, A. (2019). “I’m a teacher, unofficially”: How home-based providers perceive and navigate their roles. *Journal of Research in Childhood Education*, 34(2), 223–237. <https://doi.org/10.1080/02568543.2019.1676847>
- iv Home Grown. (2020). *Comprehensive services in home-based child care networks: Meeting the diverse needs of children and families*. <https://homegrownchildcare.org/wp-content/uploads/2020/08/Comprehensive-Services-in-Home-Based-Child-Care.pdf>
- v Bromer, J. & Porter, T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks*. Erikson Institute. [https://www.erikson.edu/wp-content/uploads/2019/01/FCC-Network-Landscape\\_Technical-Report\\_Erikson-Institute\\_Jan2019.pdf](https://www.erikson.edu/wp-content/uploads/2019/01/FCC-Network-Landscape_Technical-Report_Erikson-Institute_Jan2019.pdf)
- vi Melvin, S. A., Reinoso, L., Bromer, J. & Porter, T. (2023). *Unpacking comprehensive services and supports in family child care: The role of networks*. Erikson Institute. <https://www.erikson.edu/research/facilitating-comprehensive-services-and-supports-in-family-child-care-project-css/>

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- Melvin, S.A., Reinoso, L., Bromer, J. & Porter, T. (2023). *Unpacking comprehensive services and supports in family child care: The role of networks*. Erikson Institute.
- Erikson Institute. (2024). *Facilitating comprehensive services in family child care: Toolkit for home-based child care (HBCC) networks*.



# APPENDICES - DATA TABLES

Table 1. Survey participant demographics	Parents (N=38)		FCC educators (N=19)		Staff members (N=10)	
	%	N	%	N	%	N
<b>Network affiliation</b>						
CRCL	34%	13	26%	5	30%	3
CEES	26%	10	21%	4	0%	0
SAL	39%	15	53%	10	70%	7
<b>Gender</b>						<b>N=9</b>
Woman	84%	32	100%	19	89%	8
Man	11%	4	0%	0	11%	1
Non-binary	3%	1	0%	0	0%	0
Prefer not to answer	3%	1	0%	0	0%	0
<b>Ethnicity</b>						<b>N=9</b>
Black, African American, African	34%	13	42%	8	22%	2
Hispanic, Latino/a/x/e, or Spanish origin	37%	14	42%	8	22%	2
White, Caucasian	24%	9	21%	4	56%	5
Prefer not to answer	0%	0	5%	1	0%	0
Another identity: Jewish	3%	1	2%	1	-	-
<b>Age</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Age in years	31.00	7.25	50.89	11.87	42.86	11.45
<b>Years working as an FCC educator</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Number of years working as an FCC professional	-	-	22.20	12.03	-	-
<b>Years network staff worked in early childhood field</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Number of years network staff worked in early childhood field	-	-	-	-	14.90	10.13
<b>Years working with FCC network</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Number of years working with FCC network	-	-	8.22	6.55	1.90	1.45
<b>Children in FCC programs [FCC educator report]</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Number of children in FCC programs	-	-	8.26	4.15	-	-
<b>Children in FCC programs [parent report; N=24]</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>	<b>M</b>	<b>SD</b>
Number of children that have ever attended an FCC program	2.04	1.37	-	-	-	-
<b>Children's age groups [FCC educator report]</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>
Infants	-	-	95%	18	-	-
Toddlers	-	-	100%	19	-	-
Preschoolers	-	-	79%	15	-	-
School-aged	-	-	74%	14	-	-
<b>Children's age groups [parent report]</b>	<b>%</b>	<b>N=14</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>
1–2 years old	50%	7	-	-	-	-
3–5 years old	21%	3	-	-	-	-
6–12 years old	29%	4	-	-	-	-
<b>Languages spoken</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N=9</b>
English	92%	35	100%	19	100%	9
Spanish	26%	10	26%	5	22%	2
Sign language	-	-	5%	1	-	-

<b>Linguistic/cultural match between families and FCC educator</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>
Speak the same language(s)	76%	29	-	-	-	-
Same racial, ethnic, or cultural identity	61%	23	-	-	-	-
Live in the same neighborhood or community	53%	20	-	-	-	-
None	11%	4	-	-	-	-
<b>Social welfare</b>	<b>%</b>	<b>N=36</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>
Food stamps/SNAP/EBT	47%	17	-	-	-	-
Medicaid	42%	15	-	-	-	-
WIC	28%	10	-	-	-	-
Medicare	14%	5	-	-	-	-
Housing assistance/Section 8	6%	2	-	-	-	-
Cash assistance/TANF	3%	1	-	-	-	-
None	11%	4	-	-	-	-
Prefer not to answer	8%	3	-	-	-	-

*Note: Ns are included only when the total number of responses was lower than the total sample.*

Table 2. Supports parents report receiving from FCC educators	Total (N=38)		CRCL (N=13)		CEES (N=10)		SAL (N=15)	
	%	N	%	N	%	N	%	N
<b>Connections to community services</b>								
Referral to resources or services for children [N=37]	35%	13	50%	6	20%	2	33%	5
Referral to resources or services for family members [N=37]	24%	9	25%	3	0%	0	40%	6
Help completing paperwork required to access social programs (e.g., child care subsidies, TANF, SNAP, Head Start) [N=37]	30%	11	50%	6	0%	0	33%	5
<b>Material supports</b>								
Books, toys, or other educational materials [N=36]	72%	26	83%	10	80%	8	57%	8
Snacks, meals, or groceries [N=36]	33%	12	25%	3	40%	4	36%	5
Clothes, shoes, or other essentials [N=36]	31%	11	42%	5	20%	2	29%	4
Diapers, wipes, or formula [N=36]	11%	4	25%	3	10%	1	0%	0
Transportation to/from school/work [N=37]	11%	4	17%	2	0%	0	13%	2
Bus fare or lunch money [N=37]	3%	1	8%	1	0%	0	0%	0
Sign-on bonuses or discounts to child care prices [N=37]	3%	1	0%	0	0%	0	7%	1
Informal loans [N=37]	0%	0	0%	0	0%	0	0%	0
<b>Social, emotional, and parenting support</b>								
Parenting or childrearing advice [N=36]	50%	18	54%	7	44%	4	50%	7
Social or emotional support [N=36]	50%	18	31%	4	44%	4	71%	10
Hosted events that made me and my family feel welcome [N=36]	44%	16	54%	7	33%	3	43%	6
Connected me to other parents and caregivers [N=36]	39%	14	31%	4	44%	4	43%	6
Offer spiritual support or guidance [N=36]	36%	13	31%	4	22%	2	50%	7
<b>Logistical support related to child care</b>								
Flexible care schedules (e.g., variable days or times) [N=36]	69%	25	77%	10	44%	4	79%	11
Care during occasional hours or emergencies, including for children not typically enrolled [N=37]	49%	18	38%	5	33%	3	67%	10
Child ever attends outside 7 a.m. to 6 p.m., Monday through Friday [N=37]	8%	3	8%	1	20%	2	0%	0

Note: Ns are included only when the total number of responses was lower than the total sample.

Table 3. Topics parents feel comfortable talking with their FCC educators about	Total (N=38)		CRCL (N=13)		CEES (N=10)		SAL (N=15)	
	%	N	%	N	%	N	%	N
Health issues you or your child are experiencing	71%	27	77%	10	30%	3	93%	14
Your family life	58%	22	46%	6	40%	4	80%	12
Changes happening at home	58%	22	62%	8	30%	3	73%	11
Help or resources that your family might need	55%	21	46%	6	40%	4	73%	11
Your family's culture and values	50%	19	38%	5	30%	3	73%	11
Your financial situation	39%	15	38%	5	20%	2	53%	8
None of these	18%	7	15%	2	40%	4	7%	1

Note: Ns are included only when the total number of responses was lower than the total sample.

Table 4. Supports parents report receiving from networks	Total (N=18)		CRCL (N=6)		CEES (N=6)		SAL (N=6)	
	%	N	%	N	%	N	%	N
<b>Material supports</b>								
Books, toys or other educational materials	56%	10	57%	4	83%	5	20%	1
Clothes, shoes, or other essentials	28%	5	71%	5	0%	0	0%	0
Diapers, wipes or formula	17%	3	43%	3	0%	0	0%	0
Emergency funds or supplies	0%	0	0%	0	0%	0	0%	0
<b>Connection to community services</b>								
Help or referral to health and nutrition services for children	25%	4	29%	2	50%	2	0%	0
Help or referral to developmental or health screening for children	19%	3	43%	3	0%	0	0%	0
Help or referral to counseling services for children or parents	6%	1	14%	1	0%	0	0%	0
Help or referral to legal services, substance abuse, crisis assistance, or domestic violence programs	0%	0	0%	0	0%	0	0%	0
<b>Information about community services and resources</b>								
Information about employment, adult education	22%	4	29%	2	33%	2	0%	0
Information about housing, energy, fuel assistance	22%	4	29%	2	17%	1	20%	1
Information about food banks, pantries	22%	4	14%	1	17%	1	40%	2
Information about child care subsidies, vouchers, or social programs	22%	4	14%	1	33%	2	20%	1
Information about parenting or child development	50%	9	57%	4	33%	2	60%	3

Note: Ns are included only when the total number of responses was lower than the total sample.

Table 5. Topics parents feel comfortable talking with their network staff about	Total (N=18)		CRCL (N=6)		CEES (N=6)		SAL (N=15)	
	%	N	%	N	%	N	%	N
Your family life	39%	7	71%	5	17%	1	20%	1
Changes happening at home	33%	6	29%	2	17%	1	60%	3
Your financial situation	39%	7	43%	3	17%	1	60%	3
Your family's culture and values	33%	6	57%	4	17%	1	20%	1
Health issues you or your child are experiencing	28%	5	43%	3	0%	0	40%	2
Help or resources that your family might need	39%	7	43%	3	17%	1	60%	3
None of these	28%	5	29%	2	50%	3	0%	0

Note: Ns are included only when the total number of responses was lower than the total sample.

Table 6. Supports FCC educators report providing families	Total (N=19)		CRCL (N=5)		CEES (N=4)		SAL (N=10)	
	%	N	%	N	%	N	%	N
<b>Developmental and health screenings</b>								
Administer developmental screenings	68%	13	100%	5	75%	3	50%	5
Administer health screenings	26%	5	20%	1	25%	1	30%	3
<b>Connections to community services</b>								
Help families access services available in the community (agreement scale)	95%	18	100%	5	100%	4	90%	9
Offer parents/families information about community events	95%	18	100%	5	100%	4	90%	9
Refer families to resources or services for children	63%	12	100%	5	25%	1	60%	6
Refer families to resources or services for family members	47%	9	60%	3	25%	1	50%	5
Help families complete paperwork required to access social programs	63%	12	100%	5	25%	1	60%	6
<b>Material supports</b>								
Lend/give books, toys, or other educational materials	74%	14	100%	5	50%	2	70%	7
Provide snacks, meals, or groceries	53%	10	80%	4	25%	1	50%	5
Give clothes, shoes, or other essentials	63%	12	100%	5	50%	2	50%	5
Provide diapers, wipes, or formula	47%	9	80%	4	25%	1	40%	4
Offer families transportation to/from school/work	42%	8	60%	3	25%	1	40%	4
Give families bus fare or lunch money	26%	5	40%	2	25%	1	20%	2
Give families informal loans	16%	3	40%	2	0%	0	10%	1
<b>Parenting and personal advice</b>								
Offer parenting or childrearing advice	90%	17	100%	5	75%	3	90%	9
Offer social or emotional support	90%	17	100%	5	50%	2	100%	10
Offer spiritual support or guidance	63%	12	80%	4	25%	1	70%	7
<b>Logistical support around child care</b>								
Offer flexible child care payment schedules; allow late payment	63%	12	100%	5	25%	1	60%	6
Offer flexible care schedules	42%	8	60%	3	25%	1	40%	4
Offer child care during occasional hours or emergencies, including for children not typically enrolled	32%	6	0%	0	25%	1	50%	5
Give families sign-on bonuses or discounts related to child care prices	11%	2	0%	0	50%	2	0%	0

Note: Ns are included only when the total number of responses was lower than the total sample.

Table 7. Topics FCC educators typically talk to families about	Total (N=19)		CRCL (N=5)		CEES (N=4)		SAL (N=10)	
	%	N	%	N	%	N	%	N
Their family life	79%	15	80%	4	50%	2	90%	9
Changes happening at home	74%	14	80%	4	50%	2	80%	8
Their financial situation	32%	6	40%	2	25%	1	30%	3
Their culture and values	37%	7	60%	3	50%	2	2%	2
Health issues children or families might be experiencing	79%	15	100%	5	50%	2	80%	8
Help or resources that their family might need	58%	11	80%	4	50%	2	50%	5
None of these	16%	3	0%	0	50%	2	10%	1

*Note: Ns are included only when the total number of responses was lower than the total sample.*