



BEST STARTS FOR KIDS
CHILD CARE HEALTH CONSULTATION EVALUATION
PRELIMINARY FINDINGS, 2019–2021



Best Starts for
KIDS



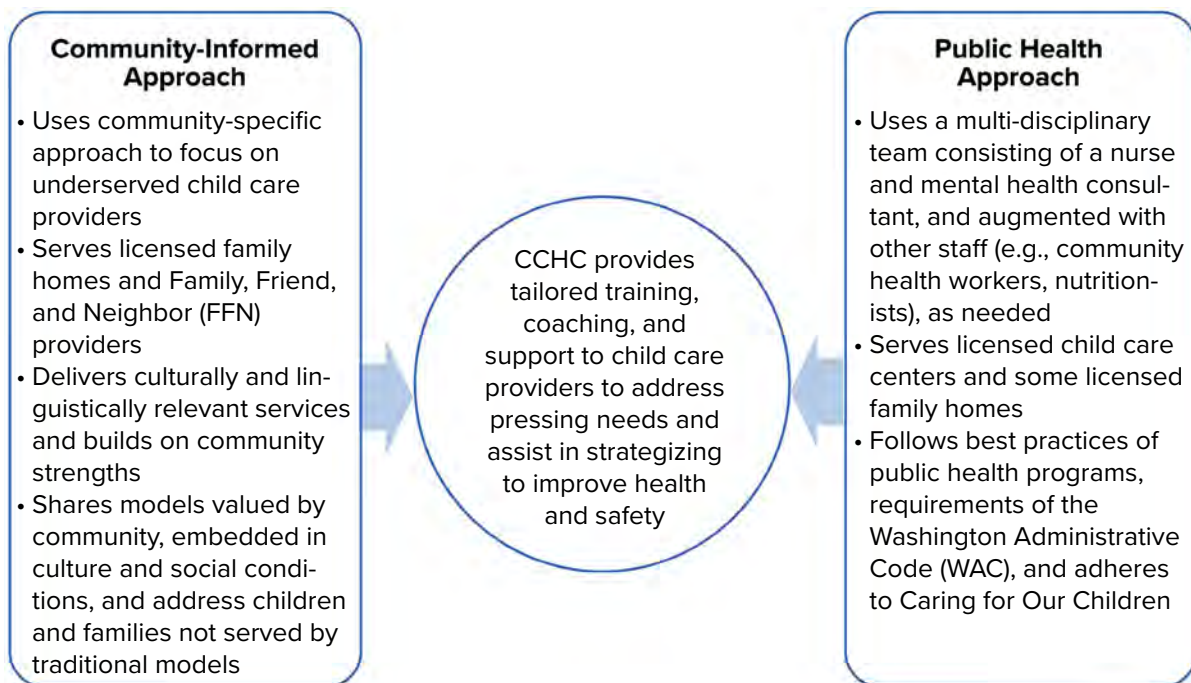
EXECUTIVE SUMMARY

INTRODUCTION



Best Starts for Kids (Best Starts) builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Child care health consultation (CCHC) is a strategy that promotes

the health and development of children, families, and child care providers by ensuring healthy and safe child care environments. In 2018, Best Starts invested in two CCHC approaches — public health model and community-informed pilots — to leverage communities' strengths and meet the wide range of needs in King County.



GOALS AND OBJECTIVES

The purpose of the CCHC evaluation is to describe: 1) CCHC services, 2) how CCHC services and unique approaches contribute to child care provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time. In addition, this evaluation describes the ways in which CCHC services support child care provider needs in King County across

diverse geographic, cultural, and provider communities as well as supports delivered throughout the COVID-19 pandemic. Cardea used a mixed methods prospective design and participatory approach for this evaluation, including significant input and feedback from the seven CCHC grantees and CCHC Evaluation Committee (CEC).

King County Child Care Health Consultation Theory of Change



Long Term Impact

- Child care and preschools are of high quality
- Child care providers are knowledgeable of community resources
- Children are healthy
- Children are ready for kindergarten
- Children are flourishing, demonstrated by a curiosity for learning, resilience, secure attachments with parent or caregivers, and contentedness

Adapted from Best Starts for Kids headline and secondary indicators

Assumptions

- CCHC consultants are well-trained in delivering high quality, culturally and linguistically appropriate CCHC services
- CCHC services meet the needs of child care providers in King County
- There are adequate resources available for child care providers to implement CCHC recommendations
- There are culturally and linguistically appropriate referral agencies in place for children identified as having developmental delays or special needs

SUMMARY OF SERVICES PROVIDED

On average between April 2019 and September 2021, over 1,000 consultations were completed quarterly. The number of individual consultations decreased slightly in 2020, in light of the COVID-19 pandemic and the transition to new

modes of consultation (e.g., virtual consultation). The number of individual consultations rose again in 2021. On average, about two (2) providers per child care location received consultation services.

Between April 2019 and September 2021* there were:



* Refer to the Results section starting on page 24 for full data analysis and data considerations over the 2019 to 2021 time period.

KEY FINDINGS



CCHC services support a wide range of child care providers, children, and families, particularly those who have been consistently and historically underserved through multiple approaches and program models



Cultural and linguistic match between consultants and providers is central to quality consultation



Public health and community-informed approach consultations remained stable throughout 2019, 2020, and 2021 despite the COVID-19 pandemic, highlighting consultants' abilities to pivot to meet providers', children's, and families' needs



Consultation is delivered in a way that is responsive to providers' strengths, circumstances, and needs using modalities and skill sharing strategies that support provider learning and engagement



Consultants meaningfully engaged providers, facilitating their ability to provide emotional and crisis support



CCHC grantees and consultants had the infrastructure and relationships established to shift from in-person to virtual consultation during the COVID-19 pandemic



Consultants used a developmental approach to best meet providers where they were by covering a range of topics to first meet providers' basic and emerging needs, moving into deeper consultation with supplemented additional services



Consultation is provider-centered, with team-based services and supports that ensure the continuity of relationship between the consultant and the provider



Providers were very satisfied with the consultation services they received and most providers improved their knowledge in at least one topic area each year



As a result of consultation, providers applied new skills that improved health and safety, growth and development, and behavioral support for children in child care

DISCUSSION

From the multi-year results, the two (2) approaches under the shared Best Starts child care health consultation strategy have reached a range of licensed, unlicensed, and/or family, friends, and neighbor (FFN) care from diverse communities spread across King County. In this updated report, the evaluation focused on describing: 1) CCHC services, 2) how CCHC services and unique approaches contribute to child care provider outcomes, and 3) how CCHC services have been developed, implemented, and revised over time.

I want to communicate [with my consultant] and ensure everyone [at the agency and in my community] is ok. [This communication] is a big deal for me, [it is] a lifeline and therapeutic.

—FFN Provider, Community-Informed Approach

The consultants come from a place of empathy and not wanting to create an additional burden by being there, an extra pressure.... They come to help. There's no judgement. It has felt like a partnership where their suggestions really honor the values and realities of our program.

—License-exempt Administrator,
Public Health Approach

WHAT DESCRIBES CCHC SERVICES?

Over time, consultants transform the consultative relationship in their work with providers to move through a range of consultation topics at varying depths and based on emergent and non-emergent needs.

The spread of topics covered during consultation is evenly distributed (about a third) across the three categories of growth and development, health and safety, and other additional consultation topics. Nutrition is less frequently covered (5% of all consultations), but is a topic that is more frequently discussed by providers during interviews. Across all topics, types of providers, and both the community-informed and public health consultation approaches, providers tend to progress through consultation by starting with immediate basic needs, asking their most pressing questions, and learning about the services available through consultation. Providers then move through foundational topics and go into greater depth with additional topics or return to a foundational topic. CCHC grantees also supplement consultation with additional services such as group trainings and learning communities, direct consultation with parents and caregivers with children in child care, and community resources and referrals.

EXECUTIVE SUMMARY

To transform the consultation relationship and support providers in engaging deeply with topics that may be sensitive, consultants use several strategies

Consultants create meaningful engagement with providers. They take the time to develop trust, respect, and understanding.



Providers shared that their strong relationships with consultants supported them in times of crisis. Consultants facilitated mental health and stress management group training and individual consultation to support isolation, stress, and burnout among providers during the COVID-19 pandemic. Consultants reported that they also supported building relationships between providers, children in their care, and with families. Providers noted that consultants built positive relationships through active communication and regular meetings.

Consultants use community-driven, strengths-based approaches to work with providers.



Providers felt consultants learned about and built on their strengths when covering new concepts and skills. Consultants worked to ensure the topics covered were driven by provider needs, even when the discussions went beyond the typical consultation topics covered. Consultants used a list of services to meet basic needs and emerging issues, discuss foundational topics and specific issues, and offer additional services.

Consultants are intentionally hired from within the community to create a cultural and linguistic match between consultants, providers, and families



Providers shared in interviews that this cultural and linguistic match helped them feel understood without having to explain themselves or their culture. Consultants explained complex consultation topics (e.g., child development, special needs) in a culturally accessible manner and providers shared that skill sharing was built around a provider's culture to make new skills more accessible and strengths-based.



HOW DO CCHC SERVICES AND UNIQUE APPROACHES CONTRIBUTE TO CHILD CARE PROVIDER OUTCOMES?

CCHC services have a positive impact on child care providers across consultation approaches and topics covered. Best Starts' investment in bringing seven CCHC grantees with different models and approaches under a common definition of CCHC services aligns with the Best Starts Equity and Social Justice framework and appears to have advantages in strong service delivery to a wide range of child care providers. The following areas of impact emerged across child care providers:



Providers learned to communicate with children at a developmentally appropriate level and had developmentally appropriate expectations of children. Providers gained confidence in and increased use of developmental screening tools.



With support from consultants, providers were able to respond to health and safety concerns for children in their care. Consultants shared information about the COVID-19 vaccine and helped providers get vaccinated, provided mental health support, helped develop policies for childcare sites, and shared COVID-19 appropriate activities to do with children throughout the day.



Providers were able to enroll more children with special needs, and see success with children who have special needs. Providers appreciated consultant support in developing inclusion strategies for children with special needs.



Providers increased their ability to support challenging child behaviors. Providers used information gathered about challenging behaviors to work with their consultants on developing tools and strategies to manage those behaviors.



Providers improved their relationship with families and children. The strong relationship between providers and families was especially supportive during the COVID-19 pandemic. Providers were able to share pandemic-related resources with families and support families going through difficult times.



Providers connected families and children to referrals and resources. Across consultation approaches, providers indicated that consultants connected families with specialists to address developmental concerns. Consultants also supported with basic needs.



Providers implemented new nutrition practices to provide healthier foods for children in care. Consultants shared ways to improve nutrition in ways that integrated a culturally strengths-based approach to preparing and making food for children.

HOW HAVE CCHC SERVICES BEEN DEVELOPED, IMPLEMENTED, AND REVISED OVER TIME?



Consultation and training are tailored and provided through seven different service delivery models. Each

grantee developed a unique program to deliver consultation to child care providers. Some grantees focused on the full picture of the providers' social determinants of health to first meet providers' basic needs, and then move into additional foundational topic areas. Others focused primarily on a specific set of foundational topics, such as inclusion of children with special needs, or built learning and peer communities among providers who typically worked in isolated settings such as family homes.



Grantees developed their service delivery models to best meet their provider communities' needs including a focus on building consultation teams

that would have a language, culture, or geographic match with child care providers receiving consultation. By tailoring service delivery models to best support provider communities, grantees had designed program infrastructure to easily adapt when provider needs change.



The ability to quickly adapt and revise without interruption was especially clear in the continuity of service delivery throughout the onset of the COVID-19 pandemic. The impact consultation has had in providing resources, information, tools, and general mental and wellness support to child care providers throughout the COVID-19 pandemic is also clear. In addition to having program adaptability, grantees attributed their focus on building strong relationships as central to their success in continuing to engage providers in consultation services after pivoting programs in response to the COVID-19 pandemic.

NEXT STEPS

In 2022, a deeper dive into the multi-year data will be taken to draft a final report that more globally summarizes and connects the services data, qualitative interview, and survey outcome data across the three-year evaluation.

