Final Evaluation Report

Findings from the Vermont Strengthening Families Child Care Grants Evaluation, 2015 – 2018

Submitted under Contract with Vermont Child Development Division, Department for Children and Families, Agency of Human Services

Education Development Center, Inc.
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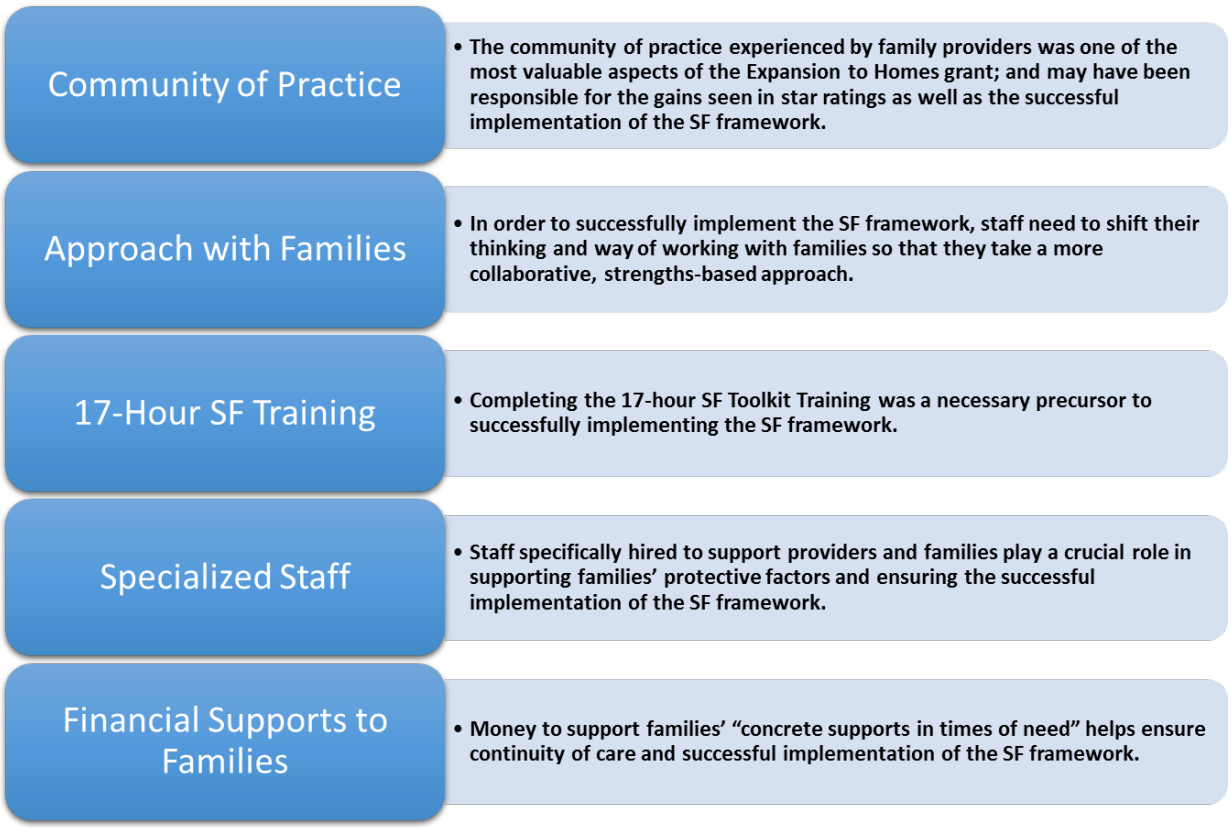
Contents

Summary

Over the course of 3 years, Education Development Center, Inc. (EDC) conducted a mixed-methods evaluation of Vermont Strengthening Families (SF) Child Care Grant programs. During this time, EDC collected data via reporting forms submitted by grantees, interviews, surveys, and document reviews. In collaboration with the Vermont Agency of Human Services, Department for Children and Families, Child Development Division (CDD), Vermont Birth to Five (VB5), and other stakeholders, EDC also developed a logic model. Results were also interpreted collaboratively with this group. A summary of the evaluation and findings are provided in this report, with further details provided in quarterly, biannual, and annual reports submitted to CDD throughout the course of the evaluation. Importantly, the current report highlights ***five key takeaways***:



Background

Strengthening Families (SF) is an approach to working with children and their families that focuses on improving families' five protective factors. The SF approach has been developed and studied by the Center for the Study of Social Policy (CSSP), with evidence pointing to the ability of this approach to promote the protective factors of families, which in turn have been shown to be associated with improved outcomes for children and families1. The five protective factors include: (1) Parental Resilience; (2) Social Connections; (3) Knowledge of Parenting and Child Development; (4) Social and Emotional Competence of Children; and, (5) Concrete Support in Times of Need.

> "The Strengthening Families protective factors are attributes and conditions that help to keep all families strong and on a pathway of healthy development and well-being."
>
> ~ Harper Browne, 2014

Recognizing the value of the SF approach, the Vermont Agency of Human Services, Department for Children and Families, Child Development Division (CDD) developed a grant program for early childhood providers that required them to implement practices aligned with the SF Approach and Protective Factors Framework. In order to understand the landscape of programs involved in the SF grant program, unpack positive aspects and areas for growth of the grant program, and to inform the next iteration of SF grants, Education Development Center, Inc. (EDC) was contracted by CDD to conduct an evaluation of the SF grant program. The evaluation was conducted from 2015 to 2018.

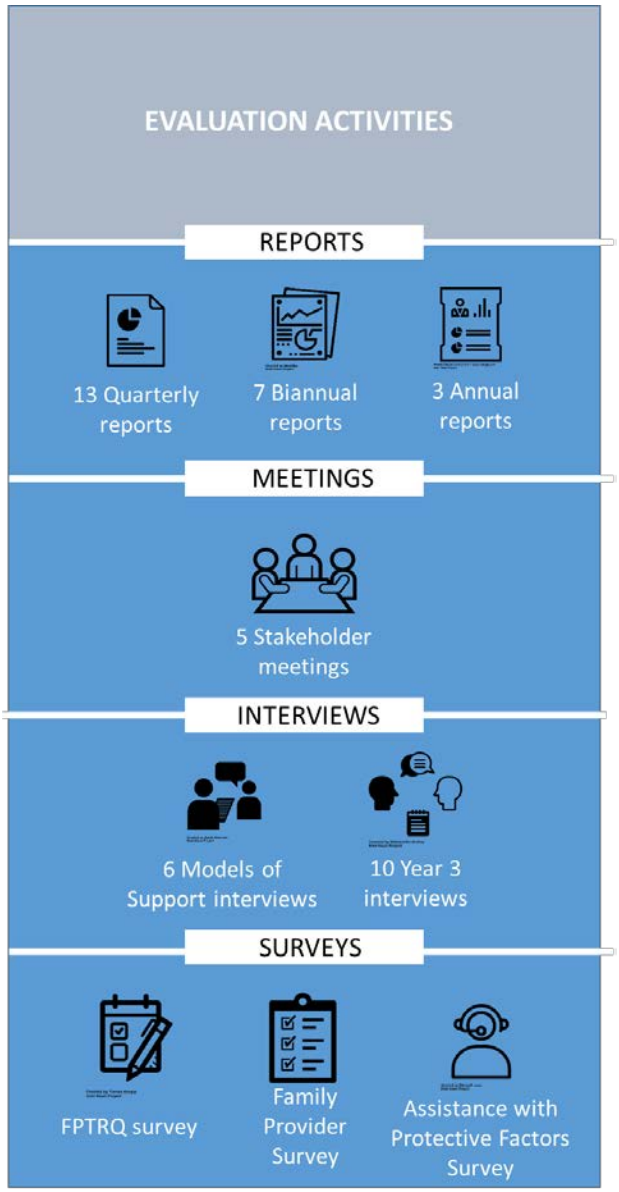
EDC has worked very closely with CDD and other stakeholders over the course of the SF evaluation, providing findings periodically and discussing outcomes. This final report serves as a compendium of the most pertinent findings uncovered over the three years of the evaluation. The following three sections of this final report include details regarding the evaluation activities, results of qualitative and quantitative analyses, and concluding thoughts.

1 Harper Browne, C. (2014, September). The Strengthening Families Approach and Protective Factors Framework: Branching out and reaching deeper. Washington, DC: Center for the Study of Social Policy

Evaluation Activities

Meetings

Since the outset of the project, the EDC evaluation team held regular check-ins both internally and with CDD to ensure the project moved forward as planned. Additionally, EDC facilitated five stakeholder meetings that included representatives from CDD, VB5, host agencies, and center-based providers and occurred between September 2015 and October 2017. Stakeholder meetings served a variety of purposes. Below is a list of the goals of each meeting:



September 2015: Review evaluation activities and evaluation questions, review draft evaluation road map, and discuss possible changes to the evaluation road map and plan, including setting benchmarks for measureable results.

March 2016: Review the evaluation activities conducted since the last stakeholder meeting, review the yearly report, review the revised evaluation road map, and engage in a discussion around what the group would like to know about the Strengthening Families program and this work.

November 2016: Update the Strengthening Families Evaluation Stakeholder Group on the activities of the evaluation team since the March stakeholder meeting, review a draft evaluation plan for the remaining year of the evaluation, and elicit feedback regarding the new evaluation plan.

June 2017: Set the stage for deeper conversations about how the evaluation would inform a redesign of the grants, share initial findings, and preview of knowledge that would be gained during the final months of data collection, analysis, and synthesis.

October 2017: Review and interpret evaluation data, engage in small- and large-group discussions about the data and what it meant, and discuss implications of the evaluation data/findings for the redesign of the SF grant program.

EDC also supported CDD and VB5 in other meetings throughout the course of the evaluation. Dr. Irwin attended several of VB5's host agency meetings to provide an overview of the evaluation and to discuss the administration process for the Protective Factors Survey. In November 2017, Dr. Irwin led an overview of the findings via webinar for stakeholders interested in attending a feedback meeting with

CDD regarding the next iteration of the SF grant program. In addition, she attended both the first and second feedback sessions in November 2017 and January 2018, providing assistance during the first of the two feedback sessions.

Logic model development

As a component of the first stakeholder meeting held in September 2015, EDC along with CDD, VB5, and other stakeholders, collaborated on the development of a logic model/evaluation road map. The logic model delineated the goals of the SFCC grant and indictors for grantees meeting those goals (see Appendix A). These indicators were tracked throughout the project by the evaluation team through review of reports submitted by grantees. The evaluation logic model was revisited throughout the life of the project and served as a touch point for tracking grantee activities and progress.

Report Submission to CDD and VB5

Over the course of three and a half years, EDC submitted a total of 22 reports (this report included), to CDD, with copies provided to VB5. These reports are as follows: Quarterly reports: 13; Biannual reports: 6; Annual reports: 2; and, Final report: 1.

Data Collection Activities

EDC implemented a variety of data collection activities ranging from interviews to survey administration. Evaluation activities, which were implemented to collect data in order to answer specific evaluation questions, are listed below and are organized by evaluation question. The following graphic briefly outlines all evaluation activities completed.

Original Contractual Evaluation Questions: The following activities were conducted in order to address the evaluation questions present in the original contract between CDD and EDC.

To address the initial evaluation questions, EDC conducted document reviews of previous grantee applications and reports, analyzed biannual center-based grantee reports, analyzed quarterly reports submitted to VB5 by host agencies, and analyzed data from interviews conducted with host agencies and surveys administered to family providers. As a result of EDC's document review, we suggested recommendations to streamline the report file naming structure, simplification of required reporting forms, and creating an electronic version of the grantee reports. Table 1 provides an overview of the data sources and analysis approach for each of the contractual evaluation questions.

Table 1. Contractual evaluation questions, the data used to address the questions, and analysis approach.

Evaluation Question	Data Sources	Analysis Approach
(1) What is the current context of Vermont Strengthening Families Child Care (SFCC) center-based programs?	Information from applications and reports regarding program characteristics.	Data from applications and past reports were extracted and entered into new data base for analysis. Reports were reviewed to ensure all

Evaluation Question	Data Sources	Analysis Approach
		relevant information was received from each program. Descriptive analyses such as frequency tables were created for quantitative data and qualitative data were summarized.
(2) What is the status of current SFCC center-based programs compliance with the grant's stated outcomes?	Information from biannual reports from center-based programs.	Information regarding CCFAP participation, continuity of care, strategies used to strengthen families, the health of children enrolled in programs, and program ties to community resources were extracted from reports. Descriptive analyses such as frequency tables were created for quantitative data and qualitative data were summarized.
(3) What strategies and practices have helped current SFCC center-based programs progress towards or reach the grant's stated outcomes?	Information from reports (including self-assessments) regarding the activities each center-based program was implementing related to strengthening families.	Qualitative data were pulled from biannual reports. The data were summarized. As part of the additional evaluation activities EDC conducted in year 3 of the evaluation, interviews were also conducted and the information gathered there synthesized to help further answer this question.
(4) Are children attending SFCC programs ready for kindergarten? (A) Over the course of the grant period work with DCF/CDD and AOE and a significant portion of Strengthening Families Child Care (center based) Programs to determine what percentage of children who attend	Data from the Kindergarten Readiness Survey (KRS) linked to children's preschool or prekindergarten program.	Because there are no unique identifiers that allow the linkage of children from preschool into kindergarten and because, at times, KRS scores cannot be linked to individual children, the data were not available to

Evaluation Question	Data Sources	Analysis Approach
SFCC programs are deemed "ready" on one or more of the 5 domains of the state's Kindergarten Readiness Survey. (4) (B) Work with DCF/CDD and AOE to determine how the school readiness of children attending current SFCC programs compare to children who did not attend SFCC programs.		address this question. This information was obtained when talking to Heather Mattison at CDD. ***This question was not addressed***.
(5) Do children who have attended SFCC programs have illness, hunger and/or fatigue influencing their readiness for Kindergarten? (A) If it is determined to be feasible, determine the percentage of children who attended current SFCC programs were considered to have illness, hunger, and/or fatigue inhibit their learning "often," as measured by the state's Kindergarten Readiness Survey and (B) determine how this compares with percentage of children attending current SFCC programs inhibited by illness, hunger, and/or fatigue compare to children who did not attend SFCC programs.	Data from the Kindergarten Readiness Survey (KRS) linked to children's preschool or prekindergarten program.	Because there are no unique identifiers that allow the linkage of children from preschool into kindergarten and because, at times, KRS scores cannot be linked to individual children, the data are not available to address this question. This information was obtained when talking to Heather Mattison at CDD. There were also concerns about using this teacher-report data to address this question. ***This question was not addressed***.
(6) For SFCC programs that have been identified as new "Hubs" and "Spokes," (A) What do they look like at baseline? (B) What is the landscape across all "Hubs" and "Spokes"?	Data from quarterly reports regarding program characteristics.	Descriptive analyses such as frequency tables were created for quantitative data and qualitative data were summarized.
(7) (A) How many "Hubs" have been identified and are actively participating in the SFCC "Hub-and-Spoke" model of support? (B) How many "Spokes" have been identified for each "Hub" that are actively	VB5 records of the host agencies and their associated family providers. Information gained during the host agency interviews.	A summary of the number of host agencies and their family providers was provided; information regarding criteria for becoming a home provider

Evaluation Question	Data Sources	Analysis Approach
participating in the SFCC "Hub-and-Spoke" model of support? (C) What were the criteria for becoming an SFCC "Hub" or "Spoke," and how did the chosen "Hubs" and "Spokes" score on each criteria?		was summarized from interview data with host agencies.
(8) (A) What is each "Hub's" approach to working with and supporting "Spokes"? (B) How has each "Hub" adapted their model of support in response to the needs of each of their assigned "Spokes"?	Data from interviews with representatives from each of the 6 host agencies.	Interview data were summarized and a general model of support was identified based on host agency representatives' responses to interview prompts.
(9) (A) How many "Hubs" believe the "Hub-and-Spoke" model of support is an effective model of support to accomplish the grant's desired outcomes? (B) How many "Spokes" believe the "Hub-and-Spoke" model of support is an effective model of support to accomplish the grant's desired outcomes?	Host agency interviews and surveys of home providers.	Descriptive analyses such as frequency tables were created for quantitative data and qualitative data (from surveys and interviews) were summarized.
(10) How many "Spokes" have attained 4 or 5 stars by the end of the 3-year evaluation?	Data from quarterly reports that indicates the STARS level for each family home provider.	Quantitative data were summarized using frequency distributions and bar graphs.
(11) Do Strengthening Families Child Care homes and centers have a positive influence on families and what is it?	Data from the Vermont-creating 6-item Family Survey (center-based programs). Data from the FRIENDS Protective Factors Survey (home-based providers). Data from the Family and Provider/Teacher Relationship Quality (FPTRQ) Survey (added as part of the	Data from the 6-item family surveys were available in summary form. EDC provided tables showing the summary scores before and summary scores after for each of the six items. This was for center-based providers. EDC summarized findings from VB5's implementation

Evaluation Question	Data Sources	Analysis Approach
	additional evaluation activities for year 3).	of the FRIENDS Protective Factors Survey and looked at change over the two years of administration. EDC implemented and analyzed data from the FPTRQ. Descriptive statistics and t tests were conducted.

Year 3 Evaluation Questions: The following activities were conducted in order to address the evaluation questions developed halfway through the evaluation as a result of new leadership at CDD.

Following a key leadership change at CDD, additional evaluation questions were developed through collaboration with CDD and VB5. These "Year 3" evaluation questions were geared towards more thoroughly understanding how the Strengthening Families framework was being implemented in Vermont's licensed centers and family providers, the sustainability of implementing the SF framework, and the SF framework's effectiveness in the context of the grants administered by CDD. Additional evaluation activities were added to gather the information necessary to address the added questions. Specifically, a series of open-ended questions were added to the biannual reporting forms; 12 interviews with center-based grantees, family providers, and grant decision-makers were conducted; and the Family and Provider/Teacher Relationship Quality (FPTRQ2) survey was implemented. Table 2 provides an overview of the data sources and analysis approach for each of the Year 3 evaluation questions.

Table 2. Year 3 evaluation questions, the data used to address the questions, and analysis approach.

Evaluation Question	Data Sources	Analysis Approach
(1) What does it take to implement the Strengthening Families (SF) framework? a) **What are the steps licensed centers and family providers need to take to implement the SF framework and get their staff thinking in this mindset?** b) **How have licensed centers and family providers customized or**	Biannual reporting forms, interviews.	Qualitative report and interview data were summarized.

2 Kim, K., Porter, T., Atkinson, V., Rui, N., Ramos, M., Brown, E., Guzman, L., Forry, N., and Nord, C. (2015). Family and Provider/Teacher Relationship Quality Measures: Updated User's Manual. OPRE Report 2014-65. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Evaluation Question	Data Sources	Analysis Approach
adapted their programs to reflect the SF framework in the context of their center/home care? c) **What are the foundational aspects of the SF framework for licensed centers and family providers?** a. **What are the three main ways licensed centers and family providers have gone about implementing SF?** b. **Is this different from what was being done before receiving SFCC grant funds?** c. **What, if any, changes has participation in this grant necessitated?** d) **What activities are licensed centers and family providers unable to do due to implementation of the SF framework?**		
(2) What does it take to sustain the SF framework? a) **What non-financial supports do licensed centers and family providers need to continue implementing the SF framework beyond the scope of the grant?**	Biannual reporting forms, interviews.	Qualitative report and interview data were summarized.
(3) How are providers balancing other initiatives in the state? a) **Are there other grants that licensed centers and family providers are working to meet the requirements of?** b) **How does the SFCC grant complement the current work happening at licensed centers and family providers?** c) **How does the SFCC grant take away from the current work happening at licensed centers and family providers?**	Biannual reporting forms, interviews.	Qualitative report and interview data were summarized.

Evaluation Question	Data Sources	Analysis Approach
(4) What is the "effectiveness" of the SFCC grant program? a) **Is the family-provider relationship different among SFCC centers and non-SFCC centers? (i.e., are there differences between FPTRQ scores between SFCC and non-SFCC centers?)** b) **Is the family-provider relationship different among SFCC family providers and non-SFCC family providers? (i.e., are there differences between FTPRQ scores between SFCC and non-SFCC family providers?)** c) **On average, do families and providers/teachers have similar opinions about their relationship as measured by the FPTRQ short form measures?**	Provider/Teacher and Parent measures (full versions) of the Family and Provider/Teacher Relationship Quality (FPTRQ) survey. • Measures developed by Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. • Previously used with other centers using the Strengthening Families framework. • Evidence of reliability and validity with similar populations.	Quantitative analysis • For sub-questions A & B, descriptive statistics for items and overall scales, differences between grantees and non-grantees analyzed using independent samples t-tests. • For sub-question C, compare the results of parent surveys vs. provider/teacher surveys using descriptive statistics and where possible, independent samples t-tests.

The FPTRQ survey was administered to all center-based and family provider grantees as well as a comparison group of 4- and 5-star rated centers and family providers. The STARS office provided a list of 4- and 5-star rated center-based and family child care programs to EDC. Programs that were open all year round and were rated at 4 or 5 stars were included in the survey effort. First, an email was sent from Melissa Riegel-Garrett to all participants letting them know about the survey effort and why it was important. This was followed-up by an email from EDC asking for their participation in the survey and asking how many paper copies of the surveys they thought they would need; phone calls were also made to increase participation. Second, an email was sent to each center director and family provider who agreed to participate in the study (non-grantees) and all grantee center directors and grantee family providers. The emails contained the survey links (one for teachers/providers and one for families) with instructions for center directors to have their teachers complete the survey, family providers to complete the teacher survey themselves, and for all email recipients to have their families complete the survey. We asked that they encourage online participation, but also sent paper copies to the centers and providers that they could make available to their families. The survey window was May 1st through the May 26th, 2017.

Results

The following section summarizes the results of our exploration of the data collected for each contractual and year three evaluation question. Below, the results are described under the appropriate evaluation question. These findings had been presented to CDD periodically during the project, as supporting data were analyzed. More detail regarding the findings discussed below can be found in quarterly, biannual, and annual reports previously submitted to CDD by EDC. The following information is intended to provide a summary of information from those reports.

> "The most essential components of the Strengthening Families work at the center is rooted in intentional communication, quality professional development, and meaningful opportunities for parents to learn and interact with their children."
>
> ~ SF grantee

(Q1) What is the current context of Vermont Strengthening Families Child Care (SFCC) center-based programs?

EDC analyzed reports which were collected by CDD during the first year of the SFCC grant and prior to the start of EDC's contract. Complete analyses are presented in the report submitted by EDC called Baseline Analysis of Strengthening Families Child Care (SFCC) Center Applications: Biannual Report November 2015. The context of the VT SFCC center-based programs is summarized below according to variables that were used in analysis to organize the diverse services offered by centers.

Specialized Child Care. Eleven out of 32 applicants listed the number of children in their program(s) who are enrolled as Specialized Child Care status. Across these 11 centers, an average of 15 children were under Specialized Child Care status. Nine returning grantees included this statistic and two new grantees. The new grantees had seven children enrolled (16 percent of total enrollment) and another had 42 enrolled (39 percent of total enrollment).

Partnerships and networks. All 32 applicants included relevant partnerships and networks with which they were involved. The partnerships most referenced were Children's Integrated Services (CIS; 29 programs explicitly stated CIS) and the Department of Children and Families (DCF; 21 programs explicitly referenced DCF).

Protective Factors activities. All 32 applicants described various activities they were employing to support their families' protective factors. Centers described a wide range of protective factors-related activities they used with families. It is important to note that since centers were able to choose what types of protective factors activities they wanted to highlight in their application, centers might not have included a comprehensive list of all activities available to families.

Strengthening Families training. In total, 13 centers discussed their involvement with Strengthening Families training. Five of these centers were new applicants.

Nutrition. Most programs reported that they served breakfast, snack, and lunch to children. In total, 24 programs reported serving breakfast, 26 served snack, and 24 served lunch. Centers that did not

indicated they served meals or snacks offered reasons such as limited kitchen space or staff. Other centers might not have included it on their application, even if they do offer these services.

Grant status. Out of 32 grantees, 24 were returning applicants and 8 centers were applying for the first time as new grantees. In later sections of this report, comparisons between new and returning grantees will highlight differences in activities mentioned in the application.

STARS level. All 32 grantees reported they were rated at either 4 or 5 STARS. Twelve grantees (37.5 percent) were rated 4 and 20 grantees (62.5 percent) were 5 on the STARS rating scale.

Child enrollment. Across all programs, there were 2,183 children enrolled. The overall licensed capacity for grantees was 2,608—83.7 percent of grantee's spots were filled; only 16.3 percent of spots were vacant. Preschoolers filled the most enrolled spots. Altogether, there were 307 infants, 364 toddlers, 1,007 preschoolers, and 493 afterschool program children enrolled.

(Q2) What is the status of current SFCC center-based programs compliance with the grant's stated outcomes?

EDC submitted annual reports to CDD outlining center-based and host agency progress towards meeting the grant's stated outcomes. The grant's stated outcomes were determined through the development of a logic model (see Appendix A); the process for determining the measureable results for the grant's stated outcomes included discussion with the evaluation stakeholder group and consulting the SF grant request for proposals. Each annual report includes a description of why grantees were or were not considered to be meeting outcomes. For each annual report, EDC analyzed semi-annual reports submitted by center-based grantees and quarterly reports submitted by host agencies. Below is a snapshot of center-based grantee compliance. By the third year of the grant, all center-based grantees were meeting two of the grant's expected outcomes. These outcomes were: 100% of programs are either enrolled in CACFP or talk with families about providing nutritious meals and at least one or more staff member participates in a professional network (Table 3).

Table 3. Status of grantees meeting measurable outcomes across all three evaluation years.

Outcome	July 2015	July 2016	July 2017	Jan. 2018
100% of programs are either enrolled in CACFP or talk with families about providing nutritious meals.				
At least one or more staff member participates in a professional network.				
75% of children maintained enrollment status for the grant period.				
25% of children enrolled are receiving funds from CDD FAP.				
50% of families completed the SF Protective Factors survey; Majority of respondents indicate an increase in protective factors since starting the program.				
90% of children have a medical home and 90% of children have medical insurance.				
100% of programs completed the annual self- assessment.				
90% of program staff have been trained in SF 17-hour training.				

Note: In annual reports, the status of measurable outcomes was based on July data. The last semi-annual reports were submitted to EDC for January 2018, which is why January 2018 data are included as the final data point.

(Q3) What strategies and practices have helped current SFCC center-based programs progress towards or reach the grant's stated outcomes?

Throughout the course of the evaluation, EDC reviewed activities and strategies described by center-based grantees in semi-annual reports documenting how they were supporting children and families in three areas:

- Types of additional support related to the health and nourishment of children;
- Activities which led to the continued participation of a child; and,
- Follow-up with families of children who are regularly absent.

Regarding types of additional support related to **health and nourishment of children**, programs often wrote about the following activities:

- Provided meals and snacks for children;
- Hosted holiday food-focused events like an annual Thanksgiving dinner;
- Held special day-long events dedicated to health like *Healthy Kids Day*;
- Brought in specialty employees like chefs to cook for children;
- Held nutrition-focused workshops and trainings for families;
- Provided family take-home resources like recipes; and,
- Coordinated with community organizations around programming.

In terms of activities that led to **continued participation of a child** who might have otherwise discontinued care, grantees outlined a variety of activities over three years including:

- Arranged transportation for families;
- Connected families to resources like the *New Car Program*;
- Hosted events so families could feel connected to each other and the center;
- Offered families flexible schedules to make morning or afternoon routines easier;
- Offered guidance around seeking medical treatment; and,
- Supported families in finding housing.

Grantees provided examples of how they **follow-up with families of children who are regularly absent**. Over three years, these examples included:

- Arranged transportation for families and working with families to develop transportation plans;
- Provided home visits for families;
- Spoke with families about chronic absenteeism;
- Connected families to programs like *Reach Up*;
- Connected families to expert staff like CCFAP Eligibility Specialist;
- Offered supports such as loans that allowed them to pay rent; and,
- Supported families in finding housing.

(Q4) For SFCC programs that have been identified as new "Hubs" and "Spokes," (A) What do they look like at baseline? (B) What is the landscape across all "Hubs" and "Spokes"?

Table 4, from the *November 2016 Biannual Mid-grant Findings* report provides a snapshot of whether host agencies and family child care home providers were meeting the grant's measurable outcomes mid-way through their 3-year grant. While we had anticipated examining family provider proposals to uncover baseline characteristics of these providers, we became aware that family providers did not submit proposals and were selected in other ways after beginning the evaluation.

Table 4. Family childcare home outcomes mid-way through the six-year grant

Currently meeting expected outcome	
25% of children enrolled are receiving funds from CDD FAP	*Ranges from 26.8% to 66.7% of children at each Host agency receiving CDD FAP, as reported in June 2016.*
50% of families completed the SF Protective Factors survey; By the end of the grant, families show growth on the survey	*58% of families completed the SF Protective Factors survey in fall 2015. Currently unable to determine if there is growth in protective factors because only one administration; mean scores on the four measured protective factors are all high.*
90% of children have a medical home and 90% of children have medical insurance	*As of June 2016, 95.6% to 100% of children have a medical home (across Host agencies). As of June 2016, 99% to 100% of children have medical insurance (across Host agencies).*
100% of programs completed the annual self-assessment	*All providers completed a self-assessment and program improvement plan.*
100% of family providers have been trained in SF 17-hour training	*All six Host agencies ensured that all of their family providers received the 17-hour training during the first year of the grant.*
100% of family providers have committed to using the SF framework	*All family providers have committed to using the SF framework.*
Not yet meeting expected outcome	
75% of children maintained enrollment status for the grant period	*Ranges from 56.2% to 74.1% across Host agencies across all six reporting periods; however, within each reporting period, well above 75% of children maintain their enrollment status.*
95% of family providers have reached a STARS rating of 4 or 5	*Overall, 49% of providers have reached 4 or 5 stars; all of the providers associated with one of the Host agencies have reached 4 or 5 stars.*
Unknown	
100% of programs are either enrolled in CACFP or talk with families about providing nutritious meals	*Data are not collected as part of quarterly reporting forms, consider adding for year 3.*
At least one or more staff member participates in a professional network	*While the learning communities family providers are required to participate in as part of this grant may be considered a professional network, this data is not collected as part of the quarterly reporting forms, consider adding for year 3.*

Family providers report satisfaction with their Host agency's model of support	*Interviews with Host agencies currently underway, surveys of family providers to take place during year 3.*

(Q5) (A) How many "Hubs" have been identified and are actively participating in the SFCC "Hub-and-Spoke" model of support? (B) How many "Spokes" have been identified for each "Hub" that are actively participating in the SFCC "Hub-and-Spoke" model of support? (C) What were the criteria for becoming an SFCC "Hub" or "Spoke," and how did the chosen "Hubs" and "Spokes" score on each criteria?

In year three of the evaluation, there were 6 host agencies and 52 family providers. The number of family providers was calculated from the 2017 second quarter Aggregate Quarterly Reporting Form. The following table displays the number of family providers supported by each host agency.

Table 5. Number of family child care providers supported by host agencies as of June 2017

Host agency	Number of family providers
Umbrella/ St. Johnsbury	11
NCSS/ St. Albans	9
Sunrise Family Resource Center/ Bennington	9
CCR/Burlington	8
Suzy's Little Peanuts/Springfield	8
Lamoille Family Center/ Morrisville	7

A summary of how providers were chosen by agencies was provided in the *Models of Support between Host Agencies and Family Home Providers Biannual Report* submitted in May 2017. The May 2017 report summarized interviews with six host agency representatives. Highlights from that report are included below.

Providers were chosen by agencies through a variety of strategies that were unique to each agency. Some agencies sought providers who met certain criteria while other agencies cast their net wide, asking a general group of providers if they were interested in participating. Other agencies focused on gaining a geographically representative group of providers. Once providers were selected, agencies reached out to them and provided information pertaining to the SF Expansion to Homes grant program

in order to gage interest and commitment. On average, agencies support between 8 and 12 providers that are part of the SF grant program. These numbers reflect a slight decline in number of providers since the start of the grant as a result of attrition. There are between 4 and 14 families served by each provider. These topics are explored below.
Quotes from agency staff have been edited for readability.
On the whole, providers were chosen through the following strategies:

> "This project has been incredibly helpful in creating opportunities to ensure high quality early learning experiences across a child's experience, at both home and school. While every family may not be ready to receive the fullest benefit of each experience, they all walk away feeling valued and validated in their experiences and perhaps struggles. Being able to relieve some of the additional economic burden through tuition support is critical in ensuring continuity of care in the earliest years of a child's life."
>
> ~ SF grantee

- *Referrals from agency staff*: Agency staff described conferring with their internal team to get a sense of whether they knew providers who would be a good fit for the program and would respond well to the framework. Another agency staffer sat down with their child support services team to review who they knew as providers.

- *"Spread the word"*: An individual talked about casting the net wide, "We put it out there and said, we've got this exciting pilot. We'd love to have anyone that's interested. We took everyone that said that they were interested."

- *Geographically diverse representation*: An agency staffer described seeking out providers that represented their entire region.

- *Targeting providers in need:* Some agencies talked about identifying providers who they thought could benefit from being part of the SF grant program. In one case, a provider received special permission to join, " . . . and we kind of got special permission for her to join because at that point she didn't have STARS or her specialized status yet, but she was working on it. She's been a consistent attendee and participant, so she was a good addition."

(Q6) (A) What is each "Hub's" approach to working with and supporting "Spokes"? (B) How has each "Hub" adapted their model of support in response to the needs of each of their assigned "Spokes"?

The *Models of Support between Host Agencies and Family Home Providers Biannual Report* submitted in May 2017 provided information on the models of support utilized by host agencies in supporting family child care home providers. The following is a summary of that approach.

A thorough analysis of the interviews revealed one model of support across all agencies that varied slightly based on the need for a "soft touch" vs. a more involved approach by agencies. Level of involvement by agencies and the family resource coach was entirely determined by the immediate and

predicted needs of providers. Figure 1 below shows the four key components of the Expansion to Homes Model of Support and examples of what those components entail.

Figure 1. Key components of the Strengthening Families Expansion to Homes Model of Support.

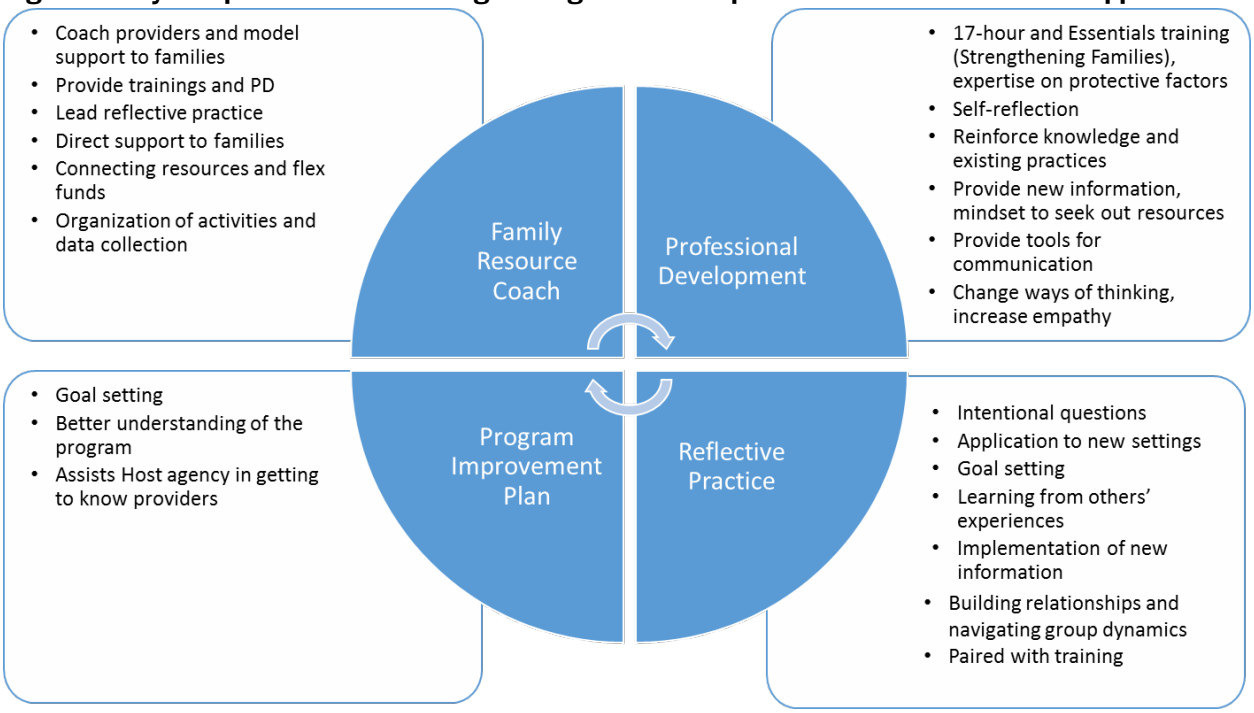


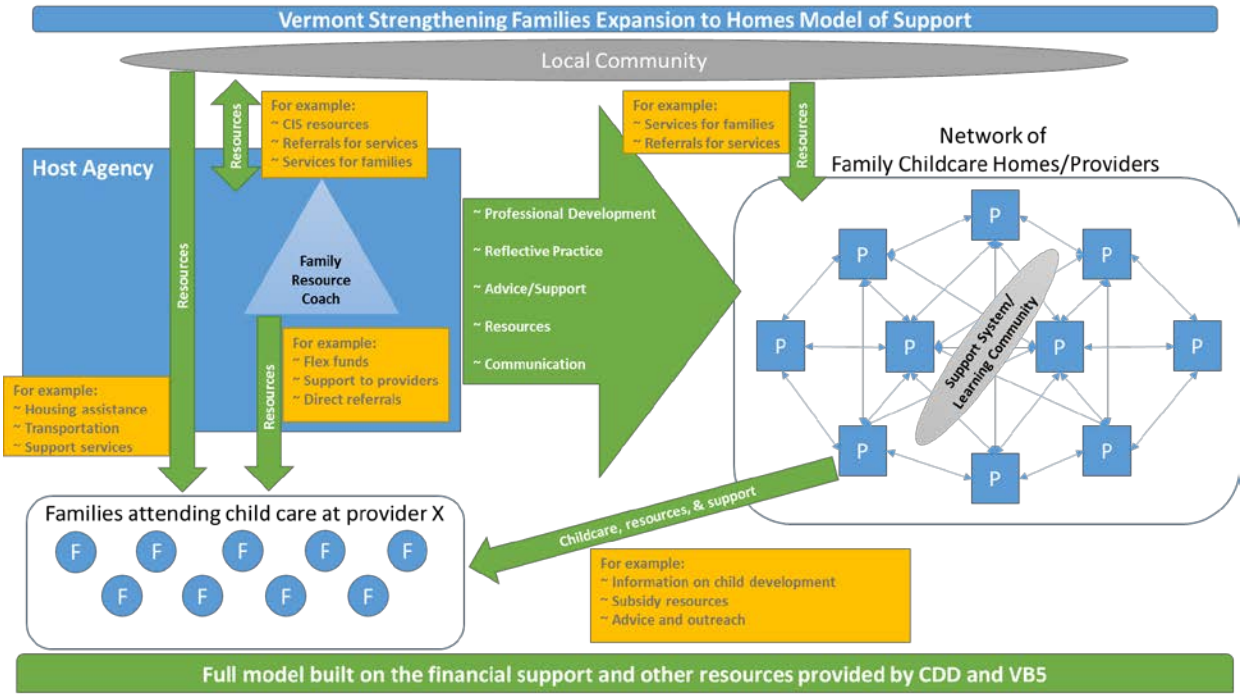
Figure 2 below is a diagram of the Expansion to Homes Model of Support (this is also provided in Appendix B for ease of reading). The model is comprised of four key participants: the host agency (including the family resource coach), providers, families, and the local community. Between and amongst these groups flow resources, advice/support, and communication. The knob that controls the level of involvement of the host agency and consequentially the flow and types of resources, communication, etc., is determined by the level of need of providers and their families. Family need can dictate the level of provider need, as agencies and family resource coaches are tuned-in simultaneously to the needs of families and providers.

Providers. Providers share resources and support amongst each other to create communities that are often enhanced by reflective practice sessions and professional development trainings. Providers share what they learn from each other, the host agency, and the family resource coach with individual and groups of families.

Family resource coach. Family resource coaches share resources and communicate directly with providers and families as well as with the local community. Family resource coaches will often communicate directly with partners in the community. Partners will help coaches learn about different services that fit referral needs and partners that are willing to donate goods or services.

Host agency. The agency acts as a conduit, which supports and houses the family resource coach and facilitates the flow of resources and knowledge.

Figure 2. Expansion to Homes Model of Support



(Q7) (A) How many "Hubs" believe the "Hub-and-Spoke" model of support is an effective model of support to accomplish the grant's desired outcomes? (B) How many "Spokes" believe the "Hub-and-Spoke" model of support is an effective model of support to accomplish the grant's desired outcomes?

In the *Models of Support between Host Agencies and Family Home Providers Biannual Report*, host agencies described successes and challenges regarding the model of support provided to the family providers. Staff responses did not confirm a "right" or "wrong" models of support. Instead, individuals described challenges and successes experienced with elements of the model of support. Below is a summary of the successes and challenges described.

Family resource coach: Challenges experienced

Family resource coaches experience challenges in their work. This includes issues such as difficulty determining the best way to work with families, blurred roles, and turnover.

- *Determining the best way to work with families*: Some coaches are still determining the best way to work with families. For example, "You know, some of those places where families feel vulnerable. I think we're still seeking the best role for us to play in that, but in both cases we do communicate to them via letter. Like we will write up a letter to families letting them know about the project, the flex money."
- *Blurred role*: Some coaches establish very close relationships with providers and families. Because of the multiple role coaches play outside of being a family resource coach, those lines

can become blurred as well. For example, “Our roles kind of get blurred between grant coordinator, project coordinator, and family resource coach and trainer . . .”

- *Turnover*: In some agencies, there has been turnover in family resource coaches.

Family resource coach: Successes experienced

Successes of family resource coaches include being knowledgeable about resources, having multiple roles, and the benefits of turnover.

- *Knowledgeable*: Family resource coaches are knowledgeable and are able to talk to families directly without having to refer families to another person. Instead of acting as a middleman, the coach is able to be a direct line of connection to the necessary resource.
- *Multiple roles*: In some cases, the coach serving multiple roles benefits providers and agencies because they’re more skilled. For example, “So, our family outreach coach is a licensed social worker, who has her own office as a counselor. So, she’s amazing, and she specializes in displaced children, foster care, and crisis intervention. And so, she’s leading that study with a workbook and assignments and stuff. So, that’s been great.”
- *Benefits of turnover*: Providers are able to experience different types of support from family resource coaches who work with them. For example, “So, she’s very motivated. The providers responded to that very well. They were excited by that. Because they’re really eager to continue to learn and, even though it’s been a hardship to switch out these family outreach coaches and it’s disappointing that the one we have right now is not going to be able to stay with us, it’s also been interesting to see the perspective of how different people can approach it that are professionals in the field that we need to reach out to."

The description of the relationship between the family resource coach and providers has been described as very close, formal, clear, and collaborative.

- *Close*: Multiple agencies described the relationship between the providers and the coaches as very close and “a great relationship.”
- *Formalized*: In some cases, the coach has had to formalize the relationship with providers to keep people on track and focused on action steps they hope to take. For example, “I needed to be more formal. . . . So then it felt appropriate to like structure it so, all right, now we mean business. Let's do this. And so then I wouldn't say that my relationship is less friendly, but it is more, I'm holding them more accountable this year with varying degrees of success.”
- *Clear*: One agency described the relationship as clear.
- *Collaborative*: Coaches emphasize that they try to work with providers in helping them support families, rather than acting in lieu of the provider. For example, “One of the providers said to me after I left – or after the parent left, I was hoping you would talk to her about that. I've been trying to get her to look at those strategies and look at that for months if that could help her family. So it's just kind of trying to work together too really.”

Professional development: Challenges experienced

Agency members discussed challenges that related to professional development. Agencies found there were too many training options and some discussions that happened during trainings were uncomfortable.

- *Options*: One provider was determined to complete all the trainings identified in the self-assessment tool. This was discussed as a challenge by an agency member. For example, “And for our one provider especially who is really about just checking them off and wanting to have everything accomplished, she's hung up on the fact that she hasn't received these trainings. And it was that part of the self-assessment tool that we used to head us into this year's professional development training.”
- *Uncomfortable discussions*: Disagreement between providers lead to difficult conversations. One agency member explained, “Because I think as childcare providers and independent business people, we tend to align ourselves with those who agree with us, right. Political. And so here they were in this group where they really had to sort of grapple with and work through their differences and, you know, be patient with each other and listen.”

Professional development: Successes experienced

There were a number of benefits agencies talked about in regards to implementing various professional development trainings. Providers were able to have deeper conversations with families, providers changed the way they supported families, providers have deeper conversations with each other, and providers have a sense of community.

- *Deeper conversations with families*: Providers in some cases were able to have deeper conversations with families around child development because of the Ages and Stages—Social Emotional training.
- *Providers supporting families*: Providers have said that it changed the way they work with families. For example, “and I feel like with every provider at one time in these two years, they have said how it has changed the way that they look at families and how they support families. So I think it's been great.”
- *Deeper provider conversations*: Some providers had deeper and different conversations with each other because providers from different background were brought together during professional development trainings. Other providers internalized the content they learned and applied it to their experiences. For example, “Like one of the trainings a couple months ago there was one activity that just really resonated with the group. And even when I was visiting them the next month at their house, they were looking at it and how does it even tie into like personal relationships they have in their lives. It was quite fascinating.”
- *Sense of community*: Professional development provides a community for providers. For example, “More than professional development the fact that it's tied into the hard work they're doing and provides them a community, I think that's what they like. They really come to depend on each other with regards to support and community.”

> “By living it. We embrace the SF framework and philosophy and embed it into classroom curriculum, home visits, and the work that we do with families every day.”
>
> ~ SF grantee

Reflective practice: Challenges experienced

Agencies talked about challenges around implementing reflective practice sessions. These included group dynamics, reaching the right people, encouraging productive conversation, lack of experience around these types of conversation, scheduling, and lack of context within the larger picture.

- *Group dynamics*: One staff member described difficulty managing provider's "airtime." For example, "Certainly sometimes it's managing the airtime that people need, and that's going to happen in any training that you do. So to me it's part of group dynamics . . ."
- *Reaching the right people*: Some agency staff described not reaching the right people through reflective practice sessions. They found that the providers less in need of support would attend the sessions whereas people who could have benefited from reflective discussions did not attend. For example, "So that's my new challenge is like, all right, we really need to do some outreach in terms of, you know, the people who are feeling marginalized and then not coming. It's been tricky because do you say, do you tell them it's required or you're out? Well, we're not in a position to be playing that game. We don't want to lose people at this point. And we want to be respectful to them."
- *Encouraging productive conversation*: Agencies described some difficulty in managing conversations and steering them towards productive talk. One provider group became stuck in an unconstructive conversation and it was difficult for the facilitator to move the group along.
- *Lack of experience with conversation style*: Some providers had not engaged in reflective discussion before and some providers were initially uncomfortable with the style. For example, "At first it was difficult because they'd never done anything like that. We'd have conversations and we implement reflective practices of supervision strategy here at [agency name], so we have been on the other side of reflective supervision. . ."
- *Scheduling*: Providers can be difficult to get all in the same room at the same time due to their own schedules.
- *Lack of perspective*: One agency member described providers being dissatisfied with a particular discussion and unable to see the bigger picture to how that discussion applied to their SF work. For example, "I think the biggest challenge, again, is because it is not scripted. Sometimes they feel that – if they weren't in favor of what we chose for that month, they'll give us feedback of, 'I wish we had done something else. I could have benefited more from this'. . . So, I think because there's no true scripts, that they're following A, B, C, D, it's hard for them to always realize why those pieces are beneficial; how they do connect in that."

Reflective practice: Successes experienced

Agencies described a variety of ways in which the reflective practice sessions were successful. Providers benefited from the relationship-building that happened during the reflective practice sessions and the safe group that was created. In addition, providers benefited from the spreading of ideas and knowledge, agencies saw benefits when pairing the reflective practice with trainings (as mentioned previously in the Professional Development section), providers were able to think more deeply about their practice, providers were able to set goals and plan, and agencies used the reflective practice sessions to guide their work with providers.

- *Relationship building*: Providers are able to form positive relationships with each other and think of each other as a support system, all through a safe space that is created during these sessions.
- *Ideas and learning*: Providers, in the reflective practice sessions, are provided the opportunity to exchange ideas and knowledge. They discuss trainings they completed and share recommended trainings from which other providers might benefit. For example, “So, it’s a great opportunity for the providers to come together once a month, and sometimes, we do come together more than that, if we have to look at a training piece or we just feel like we’re getting behind in our project and we need to do that. So, that’s been really good, to come together, share what’s working, what’s not working, ask questions, get feedback, receive updates.”
- *Pairing reflective practice group with training*: Some agency staff talked about the benefits of pairing the reflective practice with the toolbox training and that they’re both necessary components. For example, “The training alone isn't enough. This toolbox alone is not enough. It’s that reflection because that's what brings it to life. INTERVIEWER: So you think that both are necessary, both the training and the reflective practice? INTERVIEWEE: Without a doubt.”
- *Thinking more deeply*: Some agencies talked about reflective practice sessions allowing providers to slow down and think about their work. For example, “It's the slowing down too that child providers as a profession don't have time to do. It's the slowing down and talking with others and really thinking more deeply, having the time to think more deeply about things.”
- *Goal setting*: Reflective practice provides a constructive place for providers to make a plan about how they’re going to deal with concerns they might have.
- *Guiding agency work*: The reflective practice sessions help support the plan for how agencies work with providers. For example, “It really guides our work and what we’re accomplishing with these providers. It gives us framework of, ‘We talked about these strategies in our module, now we’re going to come back together and talk about whatever we need to at that point whether it's a conversation with a family or your improvement plan, but we’re going to be doing this.’”

Program Improvement Plan: Challenges experienced

Challenges associated with completing the program improvement plan included time commitment, needing to learn about the provider first, what it needed to look like, being unsure of how other provider’s plans matched up, ensuring implementation, and resistance to making the plan.

- *Time commitment*: Some providers struggled with finding the time to complete the plan.
- *Learning about the provider*: Some agencies needed to learn about each provider before being able to help them complete an improvement plan.
- *Learning what it should look like*: Since agencies were not familiar with what the plan had to look like, some were challenged by pulling it together.
- *On track:* Some agencies wanted to know if their plan was on track with plans developed by other providers.
- *Implementation:* Sometimes the challenge came with helping providers implement the plan and ensuring it didn’t sit on a shelf.
- *Resistance:* Some providers were resistant to writing the plan on paper since it was a new task.

Program Improvement Plan: Successes experienced

Successes were also experienced with the program improvement plan. Specifically, providers were able to dig deep into better understanding their program, goal setting, and agencies got to know their providers.

- *Better understand program*: Providers evaluated their program through the lens of the Protective Factors.
- *Goal setting*: Providers benefited from setting concrete plans. For example, "Some of the goals they set were simple. We shall bake muffins for the parents and have coffee once a month. The parents loved it. You know just simple strategies to help them. And just kind of showing where to, you know, help them see where they might want more training or any of those pieces. So I think that was helpful."
- *Getting to know providers*: The program improvement plan process gave agencies a deeper chance to get to know their providers. For example, "The most valuable was getting to know the providers and listening to what they felt needed to be improved upon. And seeing the outcome of the program plan!"

Supporting continuity of care: Challenges experienced

The challenges agencies discussed focused on managing payment with families. One agency in particular talked about helping a provider when a family wanted to hold a spot for a baby on the way, "I had a provider the other day, this was the first time it had happened to her, but as a provider it had happened to me, so I felt like I had good resource for her, but she had a mom that was pregnant that wanted to hold the spot. She was like, 'I can't charge her. What am I going to do?' I was like, 'you can charge because technically she is holding this slot.' 'I can't do that, that's wrong.' So I made sure to tell her like, 'You have to do what you feel comfortable with. This is your program,' but I said, 'This same thing happened to me.' I stopped and was like, 'This parent really feels comfortable with me and really wants this spot, where other providers, other parents could be paying for this slot,' and it's just that self-esteem part. We left the conversation with I think she is going to do that. I don't think she's going to charge the full rate but it's like with the two weeks' notice, a lot of the providers feel like they're being wrong by doing it."

> "Accessibility is key, so being able to provide financial assistance makes accessing this type of care possible for families in need. We find that our family's needs go beyond what is recognized as need by the state subsidy which is based on gross income. . . . Having a program director and teacher who can offer these supports while also holding they're teaching responsibilities."
>
> ~ SF grantee

STARS: Challenges experienced

Challenges around helping providers move up in STARS include education, resistance, time, and overwhelm with initiatives.

- *Education*: In some cases, higher education like bachelor's degrees is a barrier for providers who have done a lot of training.
- *Resistance:* In one case, an agency had a difficult time engaging a provider in moving up in STARS because she seemed to be resistant. For example, "So for as long as I've been working with her we've been attempting to move her to that third star. And for, like this is where I feel like she sort of creates obstacles for herself. But over several, over these last couple years the support that I've offered her is, one, I've continually invited her to meet with one of our, one of the members of the cohort that is a VB5 mentor. Thinking that maybe she knows this person and is comfortable with and we might be able to get this sort of hand hold her through the process. We've had two meetings set up so that she could sit down and get her questions answered, but she canceled both of those meetings."
- *Time:* Some providers do not want to commit the time to completing the STARS application. In contrast, some providers feel held back by time and want to move up more quickly.
- *Overwhelmed:* Some providers are overwhelmed by the requirements needed to move up in STARS rating. In contrast, some feel resentment to having to prove their worth as a provider.

STARS: Successes experienced

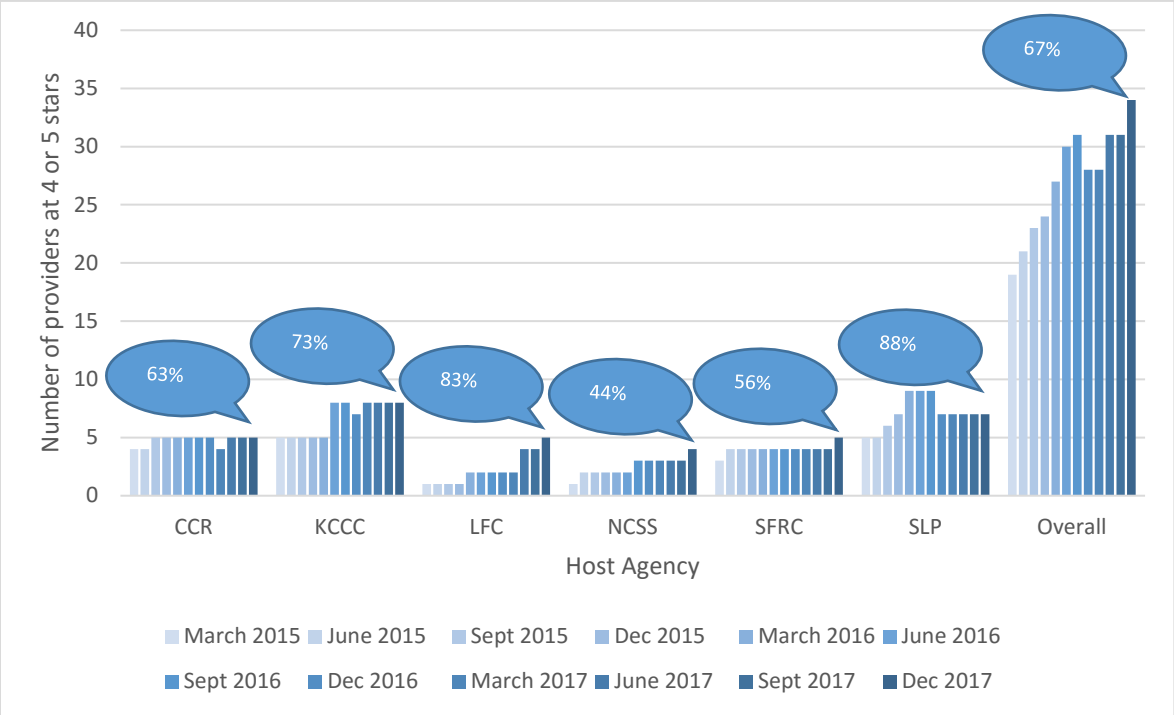
Success agencies have experienced around STARS include increase of number of providers enrolled, new ways to connect to families, families understanding what goes on behind the scenes, and providers succeeding and reaching higher STARS levels.

- *Increase in number enrolled:* Agencies experience an increase in the percentage of providers enrolled in STARS regionally. For example, "I think the success level has been huge. I've been a VB5 mentor for four years, and I think that the [regional] area was taking 20 percent, I think it's up to 78 percent since there hasn't been a VB5 mentor in that area."
- *Connecting to families:* Families would complete the self-assessment tool as part of the STARS requirements, which would open up fruitful conversations between providers and families. For example, "Because what ended up happening that we didn't expect was that her families committed to going through that 30 plus page assessment tool and filling it out through their lens about how [provider] is in relation. And then we took the tool that she had filled out, her self-assessment, and where she was and this beautiful conversation happened between like what I feel like I have yet to address and what they feel like is being addressed. And so I feel like the provider got a lot of validation and understanding. And they also interpreted it in ways that we hadn't considered which I thought was interesting."
- *Families understand what happens "behind the scenes":* Through the STARS process, families learned what providers need to do to provide high quality care. For example, "families had this new found understanding of the complexity of the thinking that goes on behind the scenes, you know. And if you want to do something that increases the perspective of the value, the perception of the value, of what this provider does; those families were in awe. They were like, 'oh, my gosh. I can't even believe you think about all these things in your everyday in addition to wiping the noses and changing the diapers.' So, you know, I think that they had a higher level of understanding about what it takes to run a high quality business."
- *Reaching higher STARS:* Several agencies talked about providers simply reaching higher STARS.

(Q8) How many "Spokes" have attained 4 or 5 stars by the end of the 3-year evaluation?

By the end of the grant, a total of 34 (out of 51) family providers attained 4 or 5 STARS. Below, Figure 3 displays the number of family providers rated as 4 or 5 STARS over the three year project.

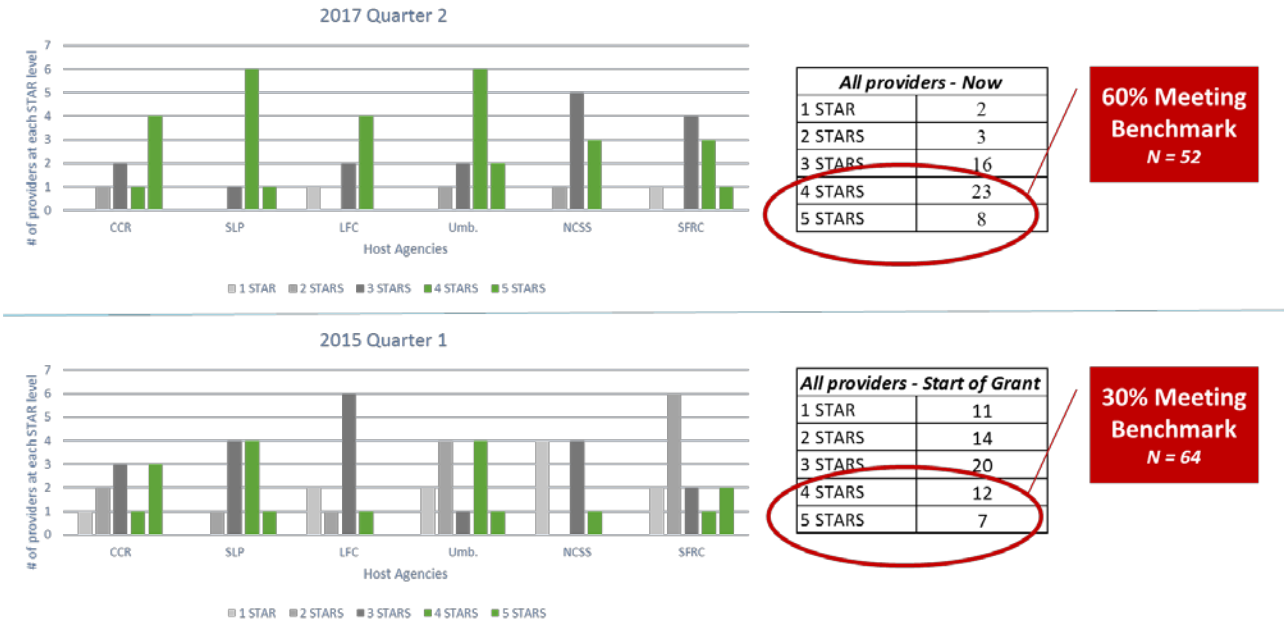
Figure 3. Increase in number of family providers rated as 4 or 5 stars across 3-year grant, by Host agency



Note. The total number of family providers, as of December 2017, is 51. The values provided in the bubbles indicate the percentage of providers who are rated as 4 or 5 stars. The number of providers at 4 or 5 stars has decreased in some situations, most likely due to providers leaving the grant.

Figure 4 below unpacks the family providers' growth in STARS in more detail, by showing the breakdown of the number of 1-, 2-, 3-, 4-, and 5-star providers supported by each host agency at the first quarter in the first year of the grant (March 2015) and at the second quarter in the final year of the grant (June 2017). This graphic clearly displays the movement of providers up the STARS rating scale.

Figure 4. Family provider growth in STARS



(Q9) Do Strengthening Families Child Care homes and centers have a positive influence on families and what is it?

To address this question, data presented in annual reports are summarized below. Table 6 tracks mean center-based 6-item protective factor survey scores from July 2015 through July 2017. The 2016 annual report by EDC provided data on differences in mean scores for the 6-item survey. Average "after" scores did not change between July 2016 and July 2017 for July reporting period.

Table 6. Center-based programs over three years: 6-item protective factors survey

Item	July 2015		July 2016		July 2017		January 2018	
	Min. difference	Max. difference	Mean before	Mean after	Mean before	Mean after	Mean before	Mean after
1. I have relationships with people who provide me with support when I need it.	-1	3	4.9	6.1	4.9	6.1	4.9	6.3
2. I know where to go in the community when I need help.	0	3	4.9	6.1	4.9	6.1	5.1	6.3
3. I feel stronger and more confident as a parent.	-1	3	4.9	6.1	4.9	6.1	5.1	6.2
4. I feel better able to handle stressful events.	0	2	4.8	5.9	4.8	5.9	4.9	6.0

5. When I am worried about my child, I have someone to talk with.	-1	3	5.1	6.4	5.1	6.4	5.1	6.4
6. Usually, my child expresses his or her feelings appropriately.	0	3	4.9	5.9	4.9	5.9	4.9	6.1

Family providers were asked to administer the FRIENDS Protective Factors survey in fall 2015 and fall 2016. At each survey administration, the scores on the protective factors were high (see Table 7). It was not possible to conduct a baseline assessment of families' protective factors.

Table 7. Family home providers: FRIENDS Protective Factors Survey over two years

Subscale	2016	2015	Both years
	Mean	Mean	Interpretation / Mean Score Described
Family Functioning/Resiliency (FFR)	6.0	5.9	Frequently/Very frequently
Social Support (SS)	6.3	6.3	Mostly agree
Concrete Support (CS)	5.9	5.7	Slightly agree/Mostly agree
Nurturing and Attachment (NA)	6.4	6.5	Very frequently/Always

Note. There are 4 subscales of the Protective Factors Survey that have evidence of reliability and validity and reflect four of the protective factors. Respondents were asked to rate items on either a scale of never (1) to always (7) or strongly disagree (1) to strongly agree (7). For both scales, higher numbers equal higher protective factors. Analyses were conducted across all Host agencies to protect anonymity of survey respondents and providers.

(Y3 Q1) What does it take to implement the Strengthening Families (SF) framework?

The following information was presented to CDD, VB5, and other stakeholders during the June 2017 Stakeholder meeting in Vermont. Under this evaluation question, there are several sub questions which are addressed:

- Established relationships between host agencies and family providers;
- Support from staff outside of day to day operations;
- Connection with families; and,
- Staff and buy-in.

What are the steps licensed centers and family providers need to take to implement the SF framework and get their staff thinking in this mindset?

From the information collected, center-based grantees or family home providers did not talk about a clear set of steps taken to ensure implementation of the SF framework. However, results regarding

center-based grantees and family providers indicate specific supports that enabled them to implement the SF framework.

Regarding host agencies and family providers, most providers had previous relationships with their host agencies, providing a foundation where family providers had received resources from host agencies prior to the grant such as trainings, referrals, and workshops. Family providers talked about the importance of communicating and learning with families and developing trusting relationships.

In terms of center-based grantees, essential components of the SF framework include focusing on health and nutrition, helping families learn about resources, the self-assessment, and thinking about what biases one might come with when talking with families.

How have licensed centers and family providers customized or adapted their programs to reflect the SF framework in the context of their center/home care?

Center staff talked about changing policies and procedures to align with the SF framework. Most center-based grantees talked about ways they've increased communication with their families or changed communication strategies. For example, teachers work in cooperation with families to promote an encouraging and supportive environment that actively seeks to support diversity and to promote respectful relationships with all families that are a part of this program. Center-based grantees also talked about having a common language to use now with communicating to families that other grantees are also using.

What are the three main ways licensed centers and family providers have gone about implementing SF?

Family providers talked about connecting families to resources and utilizing the family resources coach. Other main ways centers and family providers implemented the SF framework was by building relationships with families and implementing the SF 17 hour training. Other trainings mentioned as important were the tool box training. Another key component was funding.

Is this different from what was being done before receiving SFCC grant funds?

Generally, centers and family providers did not implement radical changes to their programming, rather, they strengthened components such as family communication and changed policies. For example, providers have learned how to communicate and work with families how to partner and build relationships with them. Centers helped teachers reflect on the values parents bring and the SF trainings solidified teachers´ social emotional trainings. Furthermore, centers talked about the usefulness of the SF framework in setting the precedent for a common language in assessing family functioning strengths and weaknesses.

What, if any, changes has participation in this grant necessitated?

Staff have had to set aside more time for implementing training and completing paperwork.

What activities are licensed centers and family providers unable to do due to implementation of the SF framework?

While there were not specific activities indicated that licensed centers and family providers were unable to do, a challenge indicated by host agencies was the length of the project and the challenge around implementing the framework alongside revamping of specialized child care.

(Y3 Q2) What does it take to sustain the SF framework?

Three primary responses were provided to this question:

- A go-to person (like the Family Resource Coach);
- Ongoing professional development; and,
- Funding.

What non-financial supports do licensed centers and family providers need to continue implementing the SF framework beyond the scope of the grant?

Regarding family providers, the family resource coach was a value-added for family providers, offering one-on-one support. Providers most often indicated that the family resource coach was instrumental in providing resources like having knowledge as a long time provider and offering professional development trainings. Providers highlighted the importance of the family resource coach as a listening ear. For example, some providers wrote the family resource coach took notes and was able to help organize a provider's thoughts and was a great sounding board. The family resource coach also helped providers reflect on their practice, though that was less frequently mentioned outright.

Additional supports discussed by family home providers included requests for resources like professional development trainings that are relevant. Also, direct communication from state meetings in the form of an update or handouts. Some people also asked for continued leadership, "the ability to be able to pick up the phone and get assistance for a family." And "Someone available to contact - that knows the program and families."

For center-based grantees, additional supports requested to ensure implementation of the SF framework were additional funding and staff. Funding requests included funding to support more staff positions and continued and funding for staff positions. Other funding requests were to support resources like transportation for families. Centers also requested additional staff such as enough substitutes so they could be available to hold meetings with families as well as team meetings during the day. Other additional staff included a permanent center float teacher to help enable more one-on-one meetings with families as so teachers were not rushing to get back to families, allowing more time for conversation.

(Y3 Q3) How are providers balancing other initiatives in the state?

In general, some overlap of the SF grant initiative and other initiatives was mentioned. Overall, the SF implementation does not impeded the implementation of other initiatives. However, centers noted there were overlapping SF and STARS requirements. Some host agencies noted how SF compliments other initiatives, such as mitigating adverse childhood experiences (ACEs) and how SF runs parallel to

the Youth Thrive program, which is intended to improve the protective factors of older children and teens.

(Y3 Q4) What is the "effectiveness" of the SF grant program?

The following information is also found in the Findings related to the *Family and Provider/Teacher Relationship Quality (FPTRQ) Survey Biannual Report* submitted in November 2017.

Is the family-provider relationship different among SFCC centers and non-SFCC centers? (i.e., are there differences between FPTRQ scores between SFCC and non-SFCC centers?)

Results are mixed, but largely indicate that there are not statistically significant differences on the FPTRQ constructs or subscales between SF grantee centers and non-SF grantee centers on either the provider/teacher or parent surveys. On the provider/teacher survey, 1 analysis out of 10 produced significant results; on the parent survey 2 analyses out of 11 produced significant results.

The 'Total Score' for SF grantee centers is statistically significantly higher than the total score for non-SF grantee centers on the *provider/teacher* survey. In other words, teachers in SF grantee centers overall relationship with families was more positively rated than teachers' relationship with families in non-SF grantee centers.

There was a small, but statistically significant difference on the 'Collaboration' construct. Scores for non-SF grantee centers are statistically significantly higher than SF grantee centers on the *parent* survey. In other words, parents in non-SFCC grantee centers observed slightly more frequent engagement with teachers than parents in SFCC grantee centers observed on topics such as child's behavior, abilities, development, goals, and the future

Responses on the 'Understanding Context' subscale also showed a small, yet statistically significant difference. Scores for non-SF grantee centers is statistically significantly higher than SF grantee centers on the *parent* survey. In other words, on average, parents in non-SF grantee centers rated their children's teachers slightly more favorably than parents in SFCC grantee centers, in terms of the teachers' understanding of the families' beliefs, values, and background.

Is the family-provider relationship different among SF grantee family providers and non-SF grantee family providers? (i.e., are there differences between FTPRQ scores between SF grantee and non-SF grantee family providers?)

With one exception, there are not statistically significant differences among SF grantee family providers and non-SF grantee family providers on either the FTPRQ provider or parent surveys. That is, the mean scores on the total scale, constructs, and subscales for SF grantee family providers and non- SF grantee family providers were similar for both providers and parents. On the *provider* survey there were no significant results out of the 10 analyses conducted. On the *parent* survey there was one significant result out of the 11 analyses conducted, which was that non-SF grantee family providers' 'Responsiveness' scores were higher than SF grantee family providers' scores on the *parent* survey. In other words, parents in non-SF grantee family home providers rated their providers more favorably than parents in SF grantee family home providers in terms of providers' responsiveness (e.g., respectfulness, use of information, and feedback).

On average, do families and providers/teachers have similar opinions about their relationship as measured by the FPTRQ short form measures?

Among SF grantees, both parents/families and providers/teachers had similar opinions about their relationship, as measured by the FPTRQ. That is, most of the constructs and subscale scores were not statistically significantly different between parents/families and providers/teachers (among centers 1 out of 9 analyses produced significant results; among family home providers 2 analyses out of 9 produced significant results). The few significant findings include the following results.

'Commitment' subscale: SF grantee *center providers/teachers'* scores were statistically significantly higher than SF grantee center parents' scores. In other words, center providers/teachers' ratings of their commitment to their role was higher than parents' ratings of the providers/teachers' commitment.

'Family-specific Knowledge' subscale: SF grantee family home providers' scores were statistically significantly higher than scores for parents of children in family home providers. In other words, family home providers rated themselves as having substantial knowledge of children's family information, while parents felt mostly comfortable providing their family information[3].

'Communication' subscale: Scores were statistically significantly higher for parents of children in SF grantee family home providers than scores of family home providers. In other words, parents rated their communication with family home providers more positively than family home providers rated their own communication with parents.

Similarly, among non-SF grantees, both parents/families and providers/teachers had similar opinions about their relationship, as measured by the FPTRQ. There were a few constructs or subscales where statistically significant differences between the two groups were found, including:

- 'Respect' subscale: *center teachers'* scores were statistically significantly higher than center parents' scores.
- 'Collaboration' subscale: Scores were statistically significantly higher for parents of children in family home providers than providers' scores.
- 'Attitudes' Construct: Scores were statistically significantly higher for parents of children in family home providers than providers' scores.

3 The response options for providers/teachers referred to their knowledge level of the child's family, while the response options for parents referred to their comfort level providing information about their family. However, these items are intended to measure the same construct for both groups.

Conclusion

In October 2017, with most of the above analyses completed, the EDC team met with the evaluation stakeholder group to review findings and discuss implications. Following the meeting with the smaller evaluation stakeholder group, EDC provided a webinar for a wider range of stakeholders including current SF grantees, during which the results of the analyses were highlighted. CDD then conducted two stakeholder feedback sessions to gather additional feedback from stakeholders in the field that could be used to inform their new request for proposals to be released in winter/spring 2018; EDC participated in those meetings.

While the story told by the above findings did not point to a direct path forward or a "silver bullet" that would ensure the most positive effects from the next iteration of the SF grant program, several key takeaways are evident regarding what it takes to successfully implement the SF framework:

1. ***The community of practice experienced by family providers was one of the most valuable aspects of the Expansion to Homes grant; and may have been responsible for the gains seen in star ratings as well as the successful implementation of the SF framework.***

2. ***In order to successfully implement the SF framework, staff need to shift their thinking and way of working with families so that they take a more collaborative, strengths-based approach.***

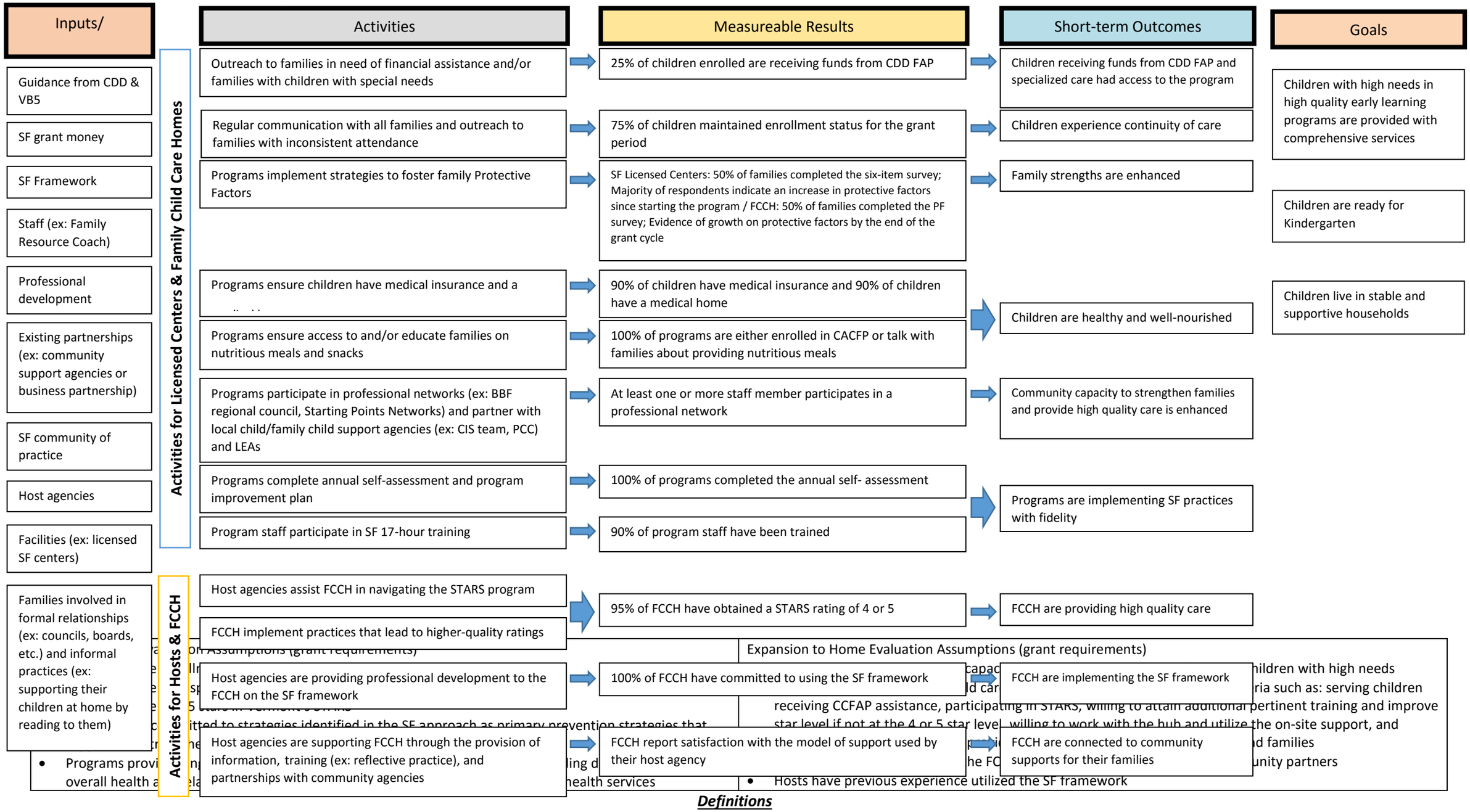
3. ***Completing the 17-hour SF Toolkit Training was a necessary precursor to successfully implementing the SF framework.***

4. ***Staff specifically hired to support providers and families play a crucial role in supporting families' protective factors and ensuring the successful implementation of the SF framework.***

5. ***Money to support families' "concrete supports in times of need" helps ensure continuity of care and successful implementation of the SF framework.***

Vermont continues to invest in the SF grant program and other early childhood initiatives with similar foci. As the SF framework becomes infused into multiple initiatives across the state, CDD and others should consider the findings from this evaluation. In addition, the detailed qualitative findings may prove useful in discussions with practitioners as they may struggle for ideas regarding activities to implement to support their families' protective factors. In all, while the quantitative data produced mixed or null findings, the qualitative information collected as part of this evaluation shows that by requiring these programs to implement activities related to the SF framework, educators, families, and children have been positively influenced by Vermont's SF grant program.

Appendix A: Evaluation Logic Model



Definitions

BBF: Building Bright Futures

CACFP: Child and Adult Care Food Program

CDD: Child Development Division

CDD FAP: Child Development Division Financial Assistance Program

Children with special needs: Children include those with protective services, family support child care need, and/or children who have been approved to receive child care subsidy on basis of documented health, development, or cultural needs

CIS: Children's Integrated Services

Comprehensive Services: Child care enhanced by services to specifically support: children's health; a developmentally beneficial early education experience; children's social and emotional competence and wellness; meaningful inclusions and early education for children with disabilities; healthy nutrition and food security for children and families; family education and empowerment; and linkages and partnerships between service providers, local schools and other organizations in the community

FCCH: Family Child Care Homes

Host: Agencies, organizations or licensed child care programs within Vermont that have the knowledge and capacity to support registered Family Child Care Homes serving children with high needs in meeting the standards of quality and practice put forth in the Strengthening Families Framework

LEA: Local Education Agency

Medical Home: A medical practice that a child attends for regular medical care

PCC: Parent Child Centers

Protective Factors (PF): Parental resilience, Social connections, Knowledge of parenting and child development, Concrete support in times of need, and Social and emotional competence of children

SF: Strengthening Families

STARS: STep Ahead Recognition System

VB5: Vermont Birth to Five

Appendix B: Host agency model of support