Evaluation Guide for the Child Care Health Consultation System in King County

King County

Best Starts for KIDS

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Acknowledgements

The Evaluation Guide for the Child Care Health Consultation System in King County was developed through a collaborative process that included partners across a diverse group of organizations and communities. Along with expressing gratitude for the partnership with Best Starts for Kids, we thank all who joined as partners in the Evaluation Advisory Group to shape the perspectives and framing of this evaluation planning guide.

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We would also like to thank those who made time and space to review, discuss, and share feedback through:

- The Best Starts Child Care Health Consultation Strategy Partnership Meetings
- The King County Child Care Connections Meetings
- WestEd: CCHC Systems Implementation Partner

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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 one of 11 Best Starts prenatal to five investment strategies. The prenatal to five investment area aims to reach children and families where they are — in their homes, child care settings, and communities — to support healthy child development and family well-being.

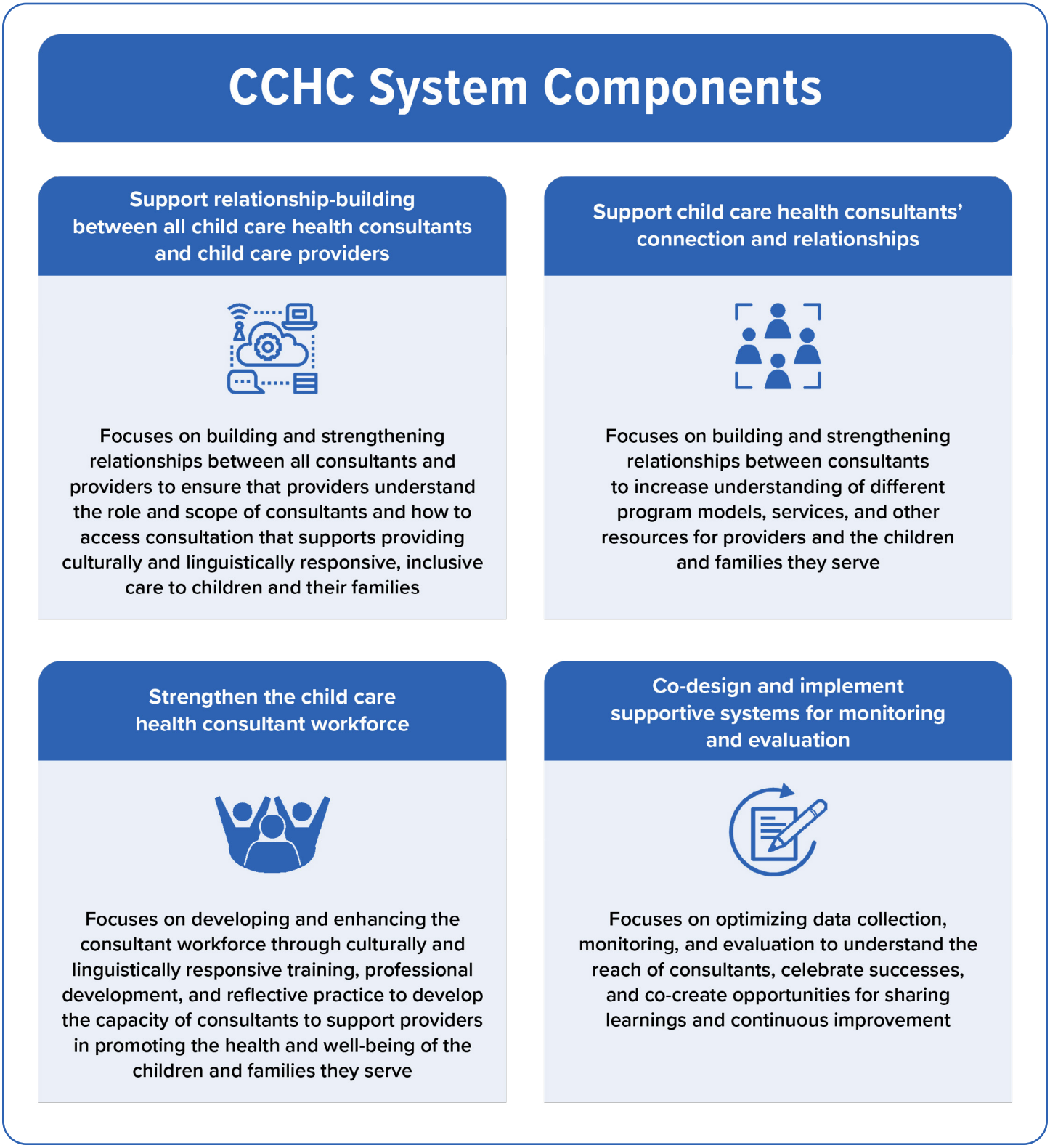
CCHC is a strategy that promotes the health, safety, and development of children, families, and child care providers in child care settings. Child care health consultants provide tailored training, coaching, and support to assist child care providers in identifying and implementing strategies to improve children's health and safety. Best Starts has invested in multiple CCHC program models to leverage communities' strengths, develop culturally relevant services for providers who have not previously accessed child care health consultation, and meet the wide range of needs in King County.

In 2023, child care health advocates and partners convened to develop a strategic vision and goals for the CCHC system in King County. This work is built on Kindering's comprehensive 2018–2020 CCHC Systems Development Project. The CCHC System Strategic Vision includes immediately actionable recommendations and foundational investments needed to build the CCHC system in King County. Included in the strategic vision are four CCHC system components **(see Figure 1, next page)** including monitoring and evaluation.

To begin meeting the goal, objectives, and strategies in the strategic vision, this guide provides a planned approach to evaluating the CCHC system building components.

The evaluation guide includes the CCHC system theory of change; a systems framework to guide the evaluation; and evaluation objectives, questions, measures, methods, and dissemination strategies.

Figure 1. Child Care Health Consultation System Components



Activities to Build the CCHC System Components

System Component: Strengthen the child care health consultant workforce

Community of Practice for CCHCs and Child Care Providers

The community of practice titled *The World Around Me: Grounding Infant and Early Childhood Mental Health and Social Justice in Child Care Settings* is a nine-month program with two main components: 1) Deepening infant and early childhood mental health knowledge in five different areas, 2) Reflective Practice in small groups to explore implementation of learnings.

This community of practice presents and examine foundational concepts in the context of supporting child care providers and children in child care:

- Infant and early childhood mental health
- Global child development
- Working with children with different abilities
- Nutrition and health
- Community care and sustainability

The World Around Me is a partnership between Best Starts Infant and Early Childhood Mental Health (IECMH) strategy and the Child Care Health Consultation strategy with administrative support from WestEd, and leverages the skills of partners in both strategies as trainers and mentors for participating CCHCs and child care providers.

Best Starts will explore additional ongoing consultant peer learning opportunities including facilitated connection opportunities, affinity groups, and in-person networking opportunities.

System Component: Support child care health consultants' connection and relationships

King County CCHC Registry

The King County CCHC registry is an online platform where child care providers can search for and connect with child care health consultants and health, safety, and child development resources. The registry is inclusive of a broad definition of consultations and a wide audience of providers, including family, friend, and neighbors, non-licensed providers, and licensed providers. It is hosted in partnership with the CCHC Systems Implementation Partner WestEd with support from Best Starts Workforce Development on CCHC Registry. Best Starts is coordinating with the Washington State Department of Children, Youth, and Families which intends to build a statewide CCHC registry.

System Component: Support relationship-building between all child care health consultants and child care providers

CCHC Resource Hub

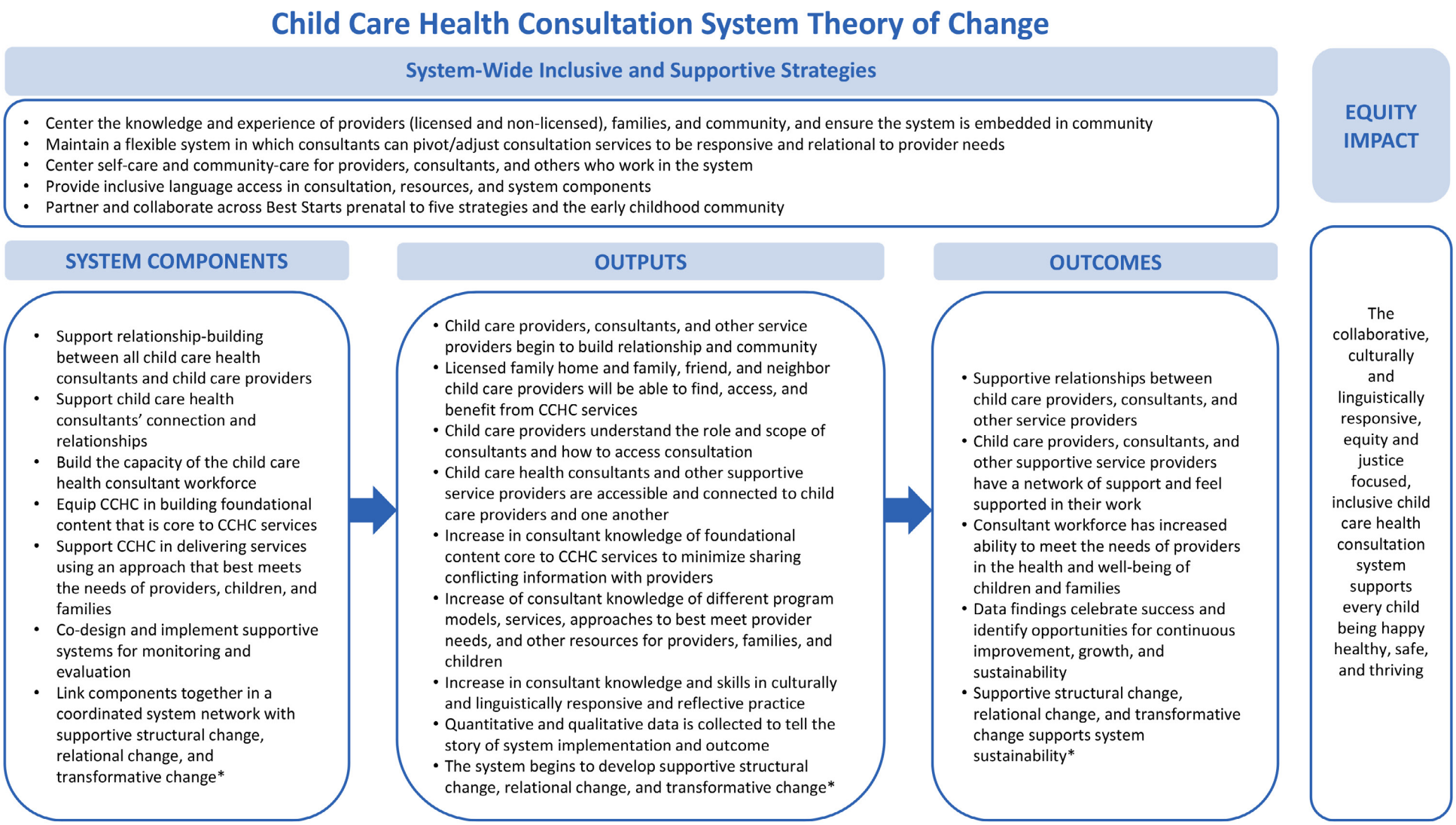
The CCHC resource hub is an online platform built out in 2025 for child care health consultants to access foundational information; resources; and opportunities for individual learning and professional development, connection, and partnership. Developed in partnership between the CCHC Systems Implementation Partner, WestEd with support from Best Starts Workforce Development, the resource hub is hosted alongside the CCHC registry.

CCHC System Theory of Change

The CCHC system theory of change outlines how system activities contribute to changes among people and the environment as a result of the outputs. The CCHC system is grounded in system-wide inclusive and supportive strategies that present assumptions, guide program activities, and support achieving desired system outputs and outcomes. The theory of change equity impact statement outlines the equity goal for the CCHC system in King County and beyond. The content of the theory of change was informed by the CCHC System Strategic Vision report.

The CCHC theory of change **(see Figure 2, next page)** grounds the system evaluation guide. The evaluation questions and measures reflect the system theory of change.

Figure 2. Child Care Health Consultation System Theory of Change



*References the Water of Systems Change Framework

CCHC System Frameworks

A system change framework is a graphic depiction of a way to use a system-approach to shift existing conditions to support change in a society or environment. The CCHC systems evaluation is grounded in two frameworks: Results-Based Accountability™[1] and The Water of Systems Change[2].

RBA, developed by Mark Friedman, is a data-driven decision-making process that helps communities act to solve problems. RBA includes three performance measure questions to assess the quality and efficacy of a program or system. Those questions are 1) How much did we do? 2) How well did we do it? 3) Is anyone better off? The RBA framework is used across all Best Starts strategies. The CCHC system evaluation includes these questions as central evaluation questions and to inform measures.

The Water of Systems Change is a system change framework developed by FSG, a mission-driven consulting firm supporting leaders in creating large-scale, lasting social change. The framework includes six conditions that support a sustainable system. The conditions included in the framework have been discussed in the literature as central to systems change. The paper defines the conditions as follows:

Policies: Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.

Practices: Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Resource Flows: How money, people, knowledge, information, and other assets such as infrastructure is allocated and distributed.

Relationships & Connections: Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.

Power Dynamics: The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.

Mental Models: Habits of thought — deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

The CCHC system evaluation uses this framework (with an adapted visual on Page 16) to build understanding of how these conditions change over time and to what extent that change supports building a sustainable CCHC system.

[1] Clear Impact. (n.d.). Results-Based Accountability™ (RBA). Retrieved January 22, 2025, from https://clearimpact.com/results-based-accountability/

[2] Kania, J., Kramer, M., & Senge, P. (2018). The water of systems change. FSG. Retrieved from http://www.fsg.org

Evaluation Objectives and Questions

Objectives

- Understand how systems components and activities impact child care providers, consultants, and system outputs and outcomes, using the CCHC system theory of change
- Understand the strength and sustainability of the system, using the Six Conditions of System Change framework

Evaluation Questions

Starred (*) questions focus on equity within the system.

CCHC System Theory of Change Evaluation Questions

- How much is happening within the system?
  - How many activities?
  - How many people?
  - *Who is participating and who is not? Why?
- How well did system activities support providers and consultants?
  - To what extent and how are the system-wide inclusive and supportive strategies practiced in the CCHC system?
  - *For whom is the system working well and for whom is the system not working well? Why?
- Is anyone better off?
  - To what extent do system components and activities impact child care providers, consultants, children, and families?
  - *Who is being left out or underrepresented in outputs and outcomes? Why?

Systems Change Framework Evaluation Questions

- To what extent have the six conditions of system change supported the CCHC system development and sustainability?
- What are the strengths and opportunities for improvement of the CCHC system?
- *How are the six conditions of system change supporting or not supporting equity?

Evaluation Methods, Measures, and Analysis

Evaluation Methods

The CCHC system evaluation includes both quantitative and qualitative measures.

Quantitative Methods

Quantitative data will be collected by CCHC system activity program managers (activity leads) and implementation partners. CCHC system activity leads will collect quantitative how much, how well, and better off data using the data collection strategies listed in Table 1.

Table 1. Quantitative data collection strategies

CCHC System Activity	Led by	Data Description
Community of Practice	Best Starts and Best Starts Implementation Partners	Data collected by community of practice leads: Number of participants and activities and any potential surveys pushed to participants
CCHC Registry	CCHC System Implementation Partner	Data collected by CCHC System Implementation Partner: Registry profiles, website user statistics, and any potential surveys pushed to consultants and providers through the registry
CCHC Resource Hub	CCHC System Implementation Partner	Data collected by CCHC System Implementation Partner: Resource hub profiles, website user statistics, and any potential surveys pushed to consultations and providers through the resource hub

Qualitative Methods

Qualitative data will be collected through interviews and/or focus group discussions with child care providers, CCHCs, and CCHC system leadership. Qualitative methods will support gaining an understanding of the CCHC system implementation, areas of success, and areas for growth.

Conversations with each participant group can include the following themes:

Child care providers

- How the system is increasing providers' understanding of the role and scope of consultants and how to access consultation
- Perceptions of the strength of their relationship with consultants and with other child care providers
- Ways consultation is supportive to child care provider's work
- Ways consultant(s) are supporting with improving providers' ability to care for children and families and the impact a consultant has with children and families
- Barriers and facilitators to participating in CCHC system activities and suggestions for improvements to the CCHC system

Consultants

- Ways the system-wide inclusive and supportive strategies are practiced in the CCHC system
- Ways the CCHC system helps consultants feel supported in consultation work
- Ways consultants apply learnings from CCHC system offerings into consultation work with child care providers
- Perceptions of the strength of consultants' relationship with other consultants and with child care providers
- Barriers and facilitators to participating in the CCHC system and suggestions for improvements to the CCHC system
- Reflecting on themes within the system change framework including distribution of system decision-making power and influence, overall beliefs and attitudes, perceptions about the CCHC workforce and ability to serve providers, and perceptions of CCHC system strengths and opportunities

CCHC system leadership (focused on systems change framework)

- Government, institutional, and organizational rules, regulations, and priorities that guide the CCHC system
- How well money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed
- Quality of connections and communication occurring among actors in the system
- Distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations
- Beliefs, attitudes, and assumptions about the CCHC workforce and the ability to serve providers
- Strengths and facilitators along with opportunities and barriers of the CCHC system, including who is participating, who is not, and why

Evaluation Measures

The CCHC system evaluation uses mixed methods to answer the CCHC theory of change evaluation questions **(Figure 3)** and the systems change framework evaluation questions at each level of change **(Figure 4)**. Each figure also includes high-level example approaches to measurement.

Figure 3. Theory of Change Evaluation Questions with High-Level Example Measures

How much is happening within the system?

How many activities? How many people? Who is participating, and who is not? Why?

- Qualitative discussion on barriers and facilitators to participating in the CCHC system activities
- Number of unique participants, trainings/activities, and/or resources shared
- Disaggregation of the number of unique individuals by: CCHC services offered, CCHC regions served, CCHC providers served, CCHC fees (y/n), type of provider, gender, language spoken, race/ethnicity, number of years in the field

How well did systems activities support providers and consultants?

For whom is the system working well, and for whom is the system not working well? Why?

- Qualitative discussion on how the system is working for all people and why
- Percent of participants who report satisfaction with the CCHC system activity component and/or that the activity component met their needs
- Disaggregation of the number of unique individuals by: CCHC services offered, CCHC regions served, CCHC providers served, CCHC fees (y/n), type of provider, gender, language spoken, race/ethnicity, number of years in the field

To what extent and how are the system-wide inclusive and supportive strategies exemplified in the CCHC system?

Where and how are providers and consultants experiencing inclusion and support the increases their ability to access system activities?

- Qualitative discussion on the ways in which providers and consultants felt that CCHC system activities:
  - Centered the knowledge and expertise of providers, families, and community
  - Maintained a flexible system that allows for adaptability
  - Centered self- and community-care
  - Provided inclusive language-access
  - Centered partnership and collaboration

Is anyone participating in system activities better off?

To what extent do systems components and activities impact child care providers, consultants, and system outputs and outcomes? Who is being left out or underrepresented in outputs and outcomes? Why?

- Percent of participants who report increased knowledge, capacity, connection, and or quality of relationships due to participation in CCHC system activities
- Disaggregation of the number of unique individuals by: CCHC services offered, CCHC regions served, CCHC providers served, CCHC fees (y/n), type of provider, gender, language spoken, race/ethnicity, number of years in the field
- Qualitative description of how consultation has impacted provider's work and the children and families in their care

Six Conditions of Systems Change

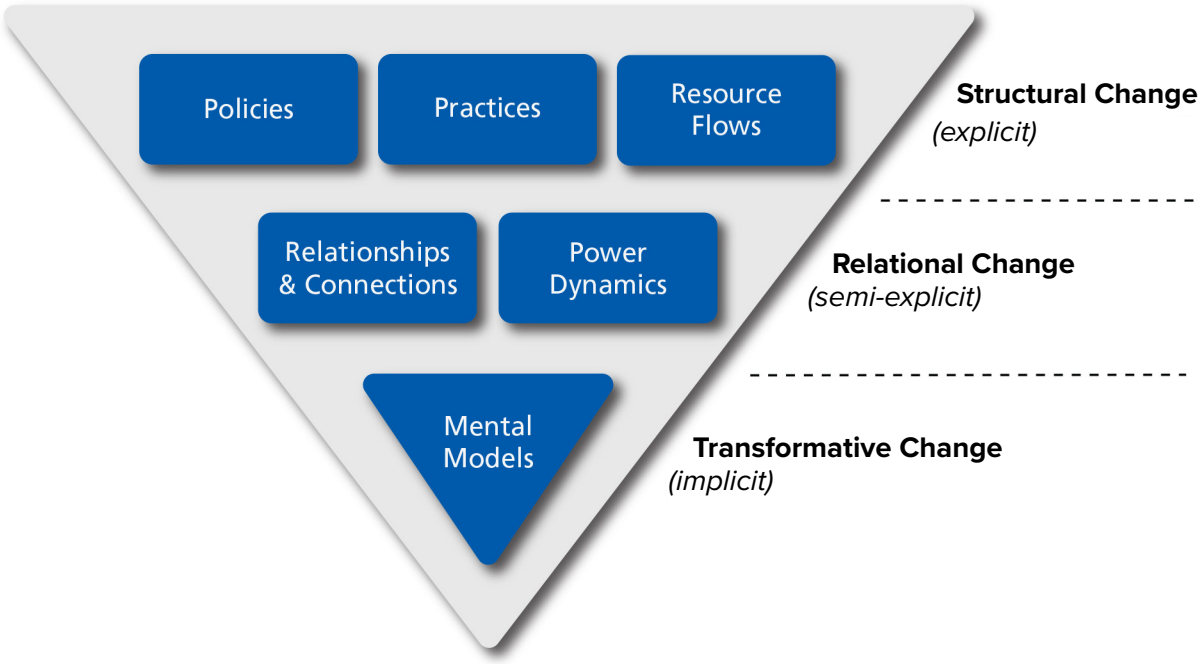


Figure 4. Systems Change Framework Evaluation Questions and High-Level Example Measures

To what extent have the six conditions of system change supported the CCHC system development and sustainability?

Structural Change *explicit*	**Relational Change** *semi-explicit*	**Transformative Change** *implicit*	**Overall**
Policies: To what extent do government, institutional, and organizational rules, regulations, and priorities center all CCHCs and all child care providers, families, and children who are supported through CCHC services?	**Relationships & Connections:** To what extent are relationships and connections being fostered equitably across the system? Are relationships improving among all people and groups? Are relationships forming in silos?	**Mental Models:** To what extent do the attitudes and beliefs held by actors in the CCHC system support equity, inclusion, and justice?	Descriptions of strengths and opportunities of the CCHC system within the six conditions of system change
Practices: To what extent is the system exemplifying the system-wide inclusive and supportive strategies: 1) centering the knowledge and expertise of providers, families, and community; 2) maintaining a flexible system that allows for adaptability; 3) centering self- and community-care; 4) providing inclusive language-access; and 5) centering partnership and collaboration?	**Power Dynamics:** To what extent is power shared in equitable ways across the system? To what extent is the system co-led/co-created with providers, consultants, and families?		
Resource Flow: To what extent have resources been flowing equitably? Who is receiving more resources, who is receiving less resources, and why?			

Data Analysis and Reporting

Evaluators can use descriptive statistics, qualitative descriptive coding methods, and multivariate analysis, where applicable. Descriptive and multivariate analyses can be used to explore the quality of CCHC system implementation, the impact and effectiveness of the CCHC system activities and the system overall, along with the equity, sustainability, and adaptiveness of the system over time. Key informant interviews and/or focus group discussions with child care providers, consultants, and CCHC system leadership provide an additional layer of context for understanding the process and impact of CCHC system activities and the extent to which the system supports positive structural, relational, and transformative change in the child care landscape in King County.

Data Dashboard

Cardea and CCHC system evaluators are co-creating, developing, and implementing a data dashboard with Best Starts, the Evaluation Advisory Group, and the CCHC system activity leads. The data dashboard will present evaluation findings from both Figures 2 and 3. Cardea will guide partners in exploring data visualization options that effectively tell the story of the CCHC system. Cardea plans to use a tool that is compatible for web hosting such as Microsoft Excel or Tableau. To ensure the data dashboard can be updated annually, Cardea is developing accompanying documentation for the dashboard.

Qualitative Data Report

To evaluate the CCHC system, Cardea completed qualitative data collection and analysis in the first year of systems building. For ongoing evaluation of the system, evaluation can continue to utilize thematic analysis and as appropriate, coded analysis to generate findings from interviews and/or focus group discussions with child care providers, consultants, and CCHC system leadership aligned to qualitative framework measures. Qualitative summaries in a slidedoc format should include a section of actionable recommendations for continued system-building work. Annual qualitative data collection and a brief qualitative data summary should be developed and completed at least every two years to ensure fidelity to the overall CCHC System Strategic Vision for King County.

Data Reflection and Dissemination of Findings

In the first year Cardea supports findings reflection and dissemination with the data available. As evaluation continues, system evaluators should plan to continue supporting findings reflection and dissemination activities with opportunities for providers, CCHCs, and system activity leads to reflect and discuss evaluation data and develop next steps for CCHC system implementation. Data reflection and dissemination may include sharing brief qualitative reports, the data dashboard, and data walk or interactive presentations with Best Starts and CCHC system partners and the King County community.

Evaluation Participants and Partners

The evaluation process will continue to be defined as CCHC System Implementation Activities continue. The following individuals and groups provide ongoing feedback and inform the iterative development of the CCHC System Evaluation process.

- **CCHC Evaluation Advisory Group:** This group is convened by Cardea and meets on average monthly to guide evaluation planning activities, provide feedback on analysis and evaluation summaries, and support broader evaluation meaning making and recommendations for the CCHC system
- **King County Child Care Connections:** The group meets monthly and includes anyone involved in funding related to any area of childcare within King County (program managers, evaluators, strategic advisors, communications staff, etc.)
- **CCHC Systems Implementation Partners:** Contracted agencies, such as WestEd, funded by Best Starts to implement the CCHC System Activities outlined in the CCHC System Strategic Vision for King County including developing and hosting the CCHC registry, resource hub, and other systems implementation projects
- **Best Starts CCHC Service Delivery partners:** Contracted to deliver CCHC services to child care providers in a range of settings
- **Public Health—Seattle & King County (PHSKC) Child Care Health Program (CCHP):** Consultation program services for the City of Seattle with a primary focus on child care centers
- **Private Consultants and Partners:** Those who provide CCHC services to child care providers as independent contractors or private consultants, often as fee-for-service

High-level Annual Timeline

30-60 days after close of any finite system activity	January 15 of each year	Quarter 1 of each year	Fall of each year	Within 90 days of updating the dashboard	Annually
CCHC system activity leads of finite projects (cohort-based, one time project, etc.) submit data to evaluators	CCHC system activity leads of ongoing projects (community of practice, registry, resource hub, service delivery, etc.) submit data to evaluators	Evaluators analyze data for inclusion in the Best Starts for Kids Annual Report	Evaluators update CCHC system data dashboard	Evaluators host data reflection session with input feedback groups	Qualitative data collection with child care providers, consultants, and/or system leadership Evaluators create a brief summary and update qualitative findings in data dashboard

This evaluation guide provides a planned approach to evaluating the CCHC system building components resulting from the strategic vision. By utilizing the outlined CCHC system theory of change; the systems framework to guide the evaluation; and evaluation objectives, questions, measures, methods, and dissemination strategies, CCHC system building activities can be monitored for alignment with the CCHC System Strategic Vision.