Getting to Impact in Home-Based Child Care Networks: Evaluating Implementation, Outcomes, and Long-Term Effects

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Introduction

Research suggests home-based child care (HBCC) networks (Box 1) offer a promising strategy for supporting HBCC providers—regulated family child care (FCC) and family, friend, and neighbor (FFN) providers (Bromer & Porter, 2019; Bromer, Ragonese-Barnes, & Porter, 2020; Porter & Bromer, 2020; Ragonese-Barnes, Bromer, & Porter, 2022). Studies have documented network characteristics, describing their mission, structure, and auspices as well as the services they offer. Yet there is little evidence of their effectiveness. Few studies have examined whether networks make a difference for HBCC providers and the children and families they serve.

This paper presents a broad overview of evaluation and its application to HBCC networks. It is intended to help networks consider the types of evaluations they may want to conduct and the ways in which these evaluations can be used to strengthen network operations. This resource focuses on network operations, services, and supports that are hypothesized to lead to positive outcomes for the HBCC providers, children, families, and

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communities that networks aim to serve. It describes the short-term and intermediate outcomes that networks may seek to influence as well as the long-term outcomes and impacts that they may produce over time.

The report draws on a historical body of research that focuses on strengthening HBCC providers and networks, including a conceptual model for high-quality support for HBCC providers (Bromer & Korfmacher, 2017); two reviews of the literature on HBCC (Porter et al., 2010; Bromer et al., 2021); a paper on options for HBCC initiative design and evaluation (Paulsell et al., 2010); and three evaluations of networks (Bromer et al., 2009; Melvin et al., 2025; Porter & Reiman, 2015).

The report also builds on a more recent, emerging body of research on the network practices that are most likely to lead to positive outcomes for providers, families, children, and communities. In 2022, Erikson Institute and Home Grown created *Strengthening Home-Based Child Care Networks: An Evidence-Based Framework for High-Quality* (referred to throughout this report as "the benchmarks"). The framework consists of 11 benchmarks and related indicators that articulate standards networks can aim to meet that are based in research and practice-based evidence (Ragonese-Barnes et al., 2022). They address foundational network elements such as a commitment to HBCC as a distinct and valued early care and education (ECE) setting; network services that promote positive outcomes for providers, children, and families; and approaches for implementing network operations (Erikson Institute & Home Grown, 2022).

Several reports describe how networks across the United States are implementing practices described in the benchmarks (Bromer, Miguel, et al., 2024; Bromer, Porter, & Zhang, 2024; Porter et al., 2024; Miguel et al., 2024). This research can offer networks and evaluators examples of challenges and successes in network implementation across diverse communities and localities.

Why should networks evaluate their initiatives?

Evaluation may help network leaders better understand the importance and effectiveness of specific activities for providers, children, families, and communities. Evaluation can also inform networks about aspects of service delivery and efficiency, such as cost and reach of certain network activities. In scarce-resource environments, evaluation can help networks decide where to focus resources for the biggest impact.

How can networks use evaluation results?

Networks can use the results of evaluations for a variety of purposes. Findings about *implementation* of basic network components can identify needs for improvements or adjustments to network operations. For example, data about the number of providers who join the network can indicate the effectiveness of recruitment and outreach strategies. Similarly, data about the number of providers who participate in network activities can provide insights into provider engagement in the network. Findings about how services are delivered can also help network leaders determine if the initiative is delivered as planned and can lay the groundwork for understanding associated outcomes and long term impacts.

Evidence about *short-term and intermediate outcomes* from network participation can suggest needed refinements or revisions to services and supports. For example, findings that indicate providers are not gaining new knowledge might help guide a network to rethink the types of services offered. In contrast, findings that indicate providers who receive coaching from a

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network increase their responsiveness to children (an intermediate outcome) can justify continued network investment in coaching. Evaluations may also focus on *long-term impacts* of networks. For example, findings that indicate that a statewide network initiative has an influence on the supply of high-quality HBCC can help make the case for increased public support of networks as an effective strategy for enhancing quality and sustainability in the HBCC sector.

Roadmap

The following sections of this report are organized into three different stages of evaluation: implementation (formative or process) evaluation; short and intermediate outcomes (summative) evaluation; and long-term outcomes and impact evaluation (Figure 1). Each section includes the purpose of the evaluation, the focus, and the potential uses of findings.
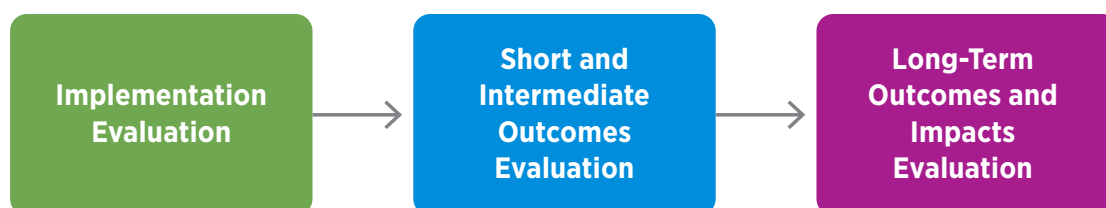
These sections are presented sequentially. Implementation evaluation is discussed first because findings about *how* a network operates are crucial for understanding its results. Data about inputs such as staffing and the kinds of services that a network offers, outputs such as the number of staff members, the frequency with which services are offered, and provider use of these services are essential precursors for evaluating the short-term and intermediate outcomes

that the network initiative produces. This understanding of initial and subsequent provider outcomes is a necessary precedent for evaluation of long-term outcomes and impacts—a network's enduring effect on providers, children and families (University of Wisconsin, n.d.).

However, this sequence may not always be held in practice. Evaluations may want to consider implementation and short-term outcomes simultaneously to determine early effects. For example, it is possible to measure short-term outcomes for providers (e.g., increased knowledge about program budgeting) while documenting the services that include this content (e.g., business management workshops). In fact, short-term outcomes can inform whether implementation is on the right track. Moreover, implementation evaluations can be conducted on an ongoing basis, especially if operations, services, and supports are part of a cycle of continuous quality improvement (CQI) (El Mallah et al., 2022).

The Appendix includes examples of methods and research designs commonly used in evaluation as well as a resource list with links to toolkits to guide implementation and evaluation of networks. Selected examples of relevant tools are cited at the end of each section in the report.

Figure 1 | Phases of Evaluation

Implementation Evaluation → Short and Intermediate Outcomes Evaluation → Long-Term Outcomes and Impacts Evaluation

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Implementation Evaluation of Networks

Implementation or process evaluation of networks examines how network components are delivered. Components may include recruitment, services and supports, and resources that are hypothesized to lead to positive outcomes for providers, children, families, and communities (Metz et al., 2015; Paulsell et al., 2010). The connections between these components and the initiative's desired outcomes are often articulated in a theory of change (TOC) model that guides the initiative (Annie E. Casey Foundation, 2022).

Implementation evaluation is typically conducted in the initial stages of a network initiative to determine if a network is operating as expected. For example, an implementation evaluation can gather evidence about whether an initiative is meeting its target for the number and type of providers served or the extent to which intended services are offered. This phase of evaluation may also assess providers' and families' experiences, and depending on the reach of a network, children's experiences.

Purpose

Implementation evaluation serves two primary purposes. First, it enables a network to determine if it has delivered the components that are articulated in the network's TOC. For example, an implementation evaluation can examine whether the anticipated inputs for training workshops (e.g., staffing, curricula, materials) are available and whether these inputs produce anticipated outputs (e.g., number, frequency, and duration of training workshops, the number and types of materials distributed). Reports from HBCC providers about their experiences with the workshops can indicate whether the content was received as intended.

Second, implementation evaluation enables a network to identify its strengths and weaknesses. Low participation in training workshops, for example, may reveal that the content or approach does not meet providers' or families' interests or needs. Networks can use implementation data for CQI aimed at adjusting or revising the network initiative in its early stages.

Focus

Implementation evaluation focuses on *inputs* and *outputs* of a network initiative. A network's inputs may include operations such as staffing and funding as well as services offered. A network's outputs may include observable indicators of network operations, such as provider participation in the network as well as provider reports of satisfaction with network services. Outputs may also include the number of families and children who receive referrals for community resources from the network. Implementation evaluations rarely include child-level data, although inclusion of descriptive data about children's characteristics could be useful for understanding the potential reach of a network or potential areas for future network services. For example, an implementation evaluation could learn if providers are caring for children with disabilities, which may become an area for development of network resources.

The following sections describe elements of network operations that could be considered in an implementation evaluation.

Network inputs: Operations and services

This section describes aspects of network operations and services that may be examined in an implementation evaluation. They include organizational characteristics and culture, network services, recruitment, and network staffing.

Organizational characteristics and culture

Organizational characteristics may influence the implementation of a network initiative (Erikson & Home Grown, 2022). Evaluators can consider the type of organization in which the network is housed, its geographic location, the mission statement, inclusion of provider voice and leadership, budget, funding sources, and community partnerships and collaborations. There is some evidence, for example, that a commitment to HBCC which is articulated in the organization's mission and goals may contribute to increased engagement of providers (Porter et al., 2010). Evaluators may also consider the inclusion of provider voice (Erikson & Home Grown, 2022), such as provider leadership in the

network's infrastructure (e.g., the number of providers who participate on an advisory board). National data on HBCC networks found that networks run by providers were more likely to include providers as partners in decision-making than those that were not provider-run (Ragonese-Barnes et al., 2024).

A network's connection to public ECE systems, such as state or local licensing and subsidy programs or the federal Child and Adult Care Food Program (CACFP), could be another consideration. For example, national data suggest that networks with public funding from federal, state, or local sources were more likely to offer services to support providers' economic well-being than those that did not receive public funding (Ragonese-Barnes et al., 2024). An implementation evaluation might examine a network's inputs such as the types of supports a network offers to providers about systems requirements or application processes.

Network services
Evaluation of the implementation of network services can provide essential data for understanding whether the initiative can achieve anticipated outcomes for providers, setting or program, children, families, and communities. Basic considerations are whether the network is providing services that research suggests are relevant and important for supporting HBCC quality and sustainability and whether these services are delivered in ways that are responsive and intentional (Erikson Institute & Home Grown, 2022; Ragonese-Barnes et al., 2022). The benchmarks articulate several areas of services that research suggests are important and relevant for providers. These include provider well-being and workforce attachment, economic well-being and sustainability, quality practices, and delivery of comprehensive support for families (Ragonese-Barnes et al., 2022).

Box 2

Network Inputs to Examine in an Implementation Evaluation, and Why They Are Important

Linguistic responsiveness, such as offering services in providers' preferred languages and offering services that are responsive to providers' cultural values and experiences, may result in increased network engagement (Paulsell et al., 2010; Miguel et al., 2024).

Logistical supports, such as scheduling events at times and in locations that are convenient for providers, offering transportation and on-site child care, and enabling access to technology, may increase provider participation in networks (Bromer & Korfmacher, 2017; Del Grosso et al., 2011; Paulsell et al., 2006; Paulsell et al., 2010; Shivers et al., 2016).

Content of services is an essential component regardless of whether services are delivered as group activities, such as training or peer support, or individual activities, such as home visits, coaching, or mentoring. Several studies of HBCC initiatives found links between specific content and positive outcomes for providers (Bromer et al., 2009; Buell et al., 2002; Shivers et al., 2016). An evaluation of a network's technical assistance offerings found increases in provider network engagement (Lloyd et al., 2024). Evaluation of content can assess if the services are offering the expected content and if the content is relevant for providers.

Dosage of services, such as frequency and duration, are important to understanding if a network is delivering low- or high-touch supports to providers, which may be related to a network's outcomes. Research indicates that higher dosage of services is correlated with quality outcomes such as sensitive provider–child interactions (Bromer et al., 2009).

Relationship-based practices are grounded in positive strengths-based interactions between providers and staff (Bromer, Ragonese-Barnes, Korfmacher, & Kim, 2020) and may be correlated with provider engagement (Bromer & Korfmacher, 2017).

Evaluation of a network's services implementation includes aspects such as documentation and tracking of linguistic and cultural responsiveness in service delivery; logistical considerations in service delivery; content that is relevant for HBCC; dosage of services; and relationship-based practices (Box 2). These inputs may all contribute vital information for understanding whether the initiative succeeds in influencing its anticipated outcomes (Erikson Institute & Home Grown, 2022). Other aspects of services delivery, such as how supports are combined, may also be part of an implementation evaluation. Prior research, for example, found that training workshops combined with home visiting or coaching may enhance provider knowledge and practice compared with workshops alone (Bromer & Korfmacher, 2017).

Recruitment

Recruitment is a fundamental component of network operations (Erikson Institute & Home Grown, 2022). Evaluation of this aspect of implementation typically focuses on the strategies a network uses to recruit providers, including word of mouth, community events, and formal outreach. Tracking the results of different recruitment strategies is essential for determining those that are successful in attracting providers and those that are not. In addition, it is important to assess whether offering incentives such as materials or cash for joining the network makes a difference in successful provider recruitment.

Staffing

Network staffing is a crucial component of network operations because the individuals who deliver services and engage directly with providers are likely to shape the ways that services are delivered and received (Bromer & Korfmacher, 2017; Watson et al., 2014; Erikson Institute & Home Grown, 2022). Implementation evaluation may document a network's processes for hiring new staff as well as ongoing professional development offerings for staff. For example, if relationship-based services are a goal of a network, staff training in adult learning styles and reflective supervision may be needed.

In addition, an implementation evaluation could consider staff caseloads, which may be a factor in staff capacity to offer services that respond to provider needs. Some research suggests that smaller caseloads may enable staff to engage in more responsive service delivery, especially in one-on-one home visits (Bromer & Korfmacher, 2017; Bromer et al., 2009; Paulsell et al., 2010).

Network outputs: Characteristics and experiences of HBCC providers and settings

To understand if inputs are working as intended, an implementation evaluation may focus on observable outputs that may be expected from network operations and services. Implementation evaluation may examine the number of providers and families who express initial interest in network participation and those who follow through by joining the network. It can reveal whether the network has met its targets. Relatedly, evaluators can consider if the network is reaching the intended population of providers. For example, some networks intend to serve both FCC and FFN providers but engage many more FCC providers (Porter & Bromer, 2019).

Other provider characteristics to be considered may include providers' cultural backgrounds, age, family structure, and economic circumstances as well as features of their care (e.g., whether they offer traditional or nontraditional hours or whether they have an assistant). Studies suggest that services that are tailored to provider needs may be more successful at sustaining provider participation than those that do not take these factors into account (Bromer & Korfmacher, 2017; Paulsell et al., 2010).

Evaluators can also examine providers' participation in specific services and their completion rates. They may also consider providers' reports about their satisfaction with services and whether network services address their interests and needs for information and resources. These data can inform network decision-making about whether services should be modified, eliminated, or maintained.

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Network outputs: Characteristics and experiences of children and families in network-affiliated HBCC

For implementation evaluations that are focused on how networks support HBCC providers and settings, a focus on children and families may be limited. However, understanding the characteristics of children and families served by HBCC providers in a network may be useful for alignment of services that support providers' work with these children and families. For example, understanding the ages and abilities of children in care, including disabilities, and the cultural and linguistic practices and values of families could inform network efforts to offer professional development for providers around caring for mixed-age groups of children, children with disabilities, and children who speak languages other than English or are multi-language learners.

Some networks may seek to support children and families directly and may articulate child- and family-focused goals in a network TOC. For example, networks may provide comprehensive services such as developmental screenings that are intended to assess children's physical, cognitive, and social development.

Networks may also have a goal of supporting families' self-sufficiency through social workers, family support specialists, or more commonly, referrals to outside agencies in the community (Ragonese-Barnes et al., 2024). Melvin et al. (2023) note that families connected to networks that offer comprehensive services could be more likely to receive referrals than families connected to networks that do not focus on connecting families to comprehensive services. In networks that offer comprehensive services, an implementation evaluation could seek to track the number of developmental screenings that are conducted with children enrolled in HBCC homes or the number of organizations to which the network makes referrals for families. Evaluators could also consider family satisfaction with services received.

Networks may also offer activities such as workshops or parent–child events that aim to enhance parenting knowledge and skills, including their engagement in children's learning (Ragonese-Barnes et al., 2024). Implementation evaluation could include data about the number of these workshops and events and characteristics of families who participate in these activities.

Network outputs: Community connections and engagement

Network TOCs may specify the communities in which they aim to serve providers. For example, networks may seek to recruit providers from communities that have limited resources (such as parks or libraries for children), those who live in rural areas, those whose preferred language is not English, or those who live and work in neighborhoods with high concentrations of immigrants. Implementation evaluation can consider the extent to which networks reach providers in these communities. It can also examine the fit between network services and available community resources, that is, whether network services add to or duplicate existing community resources.

In their efforts to support HBCC, networks may engage in advocacy to enhance awareness of the role that HBCC providers play in ECE and the need for policies and programs to improve HBCC quality and sustainability. To assess implementation of this aspect of network operations, evaluators can measure the number of providers and families who participate in advocacy activities, such as demonstrations or visits to elected officials. They can also collect data on the number and types of community organizations and public agencies with whom the network collaborates or coordinates in these efforts (Bromer, Ragonese-Barnes, & Porter, 2020).

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How findings from an implementation evaluation are used

Implementation evaluation can provide practice-based evidence about how a network operates and delivers services that can be used to support a network's CQI efforts. For example, data on characteristics and recruitment of providers into a network can inform development of services that meet the needs of specific populations of providers. Implementation data can also be used to assess whether the intended services and supports specified in the TOC are being delivered.

Data on aspects of network operations such as staffing and staff–provider relationships may help a network understand whether there is a good fit between network and provider expectations (Bromer & Korfmacher, 2017). Data on provider characteristics as well as their participation in, and satisfaction with, network services can point to components of the initiative that worked or did not and whether or not network services are responsive to the needs of providers.

Descriptive data on the characteristics of children and families served by participating providers as well as families' satisfaction with direct network supports can be used to enhance network operations (e.g., hiring bilingual staff), expand certain services (e.g., offer trainings on working with children with disabilities), or increase geographic reach.

Summary and Resources

Box 3 provides an overview of implementation evaluations and Box 4 provides examples of resources for conducting this type of evaluation.

Box 3. Implementation Evaluation Overview

Purpose of evaluation	Focus of evaluation	What is evaluated?	How evaluation is used	Timeline
• Identify strengths and weaknesses of network services and approaches • Assess fidelity of service delivery • Inform CQI goals and activities	**Network inputs** • Operations and services **Network outputs** • Provider characteristics, satisfaction, and engagement with the network • Family and child characteristics, satisfaction, and engagement with the network • Community characteristics and engagement	• Network organizational characteristics and culture • Network recruitment strategies • Network reach to communities and populations of providers who need support • Network approaches to service delivery (e.g., staffing, dosage, relationship-based practice)	• Identify alignment with intended model of services (TOC) • Describe strengths and weaknesses to inform CQI efforts at the network • Inform future replication of a model	• This is the first stage of an evaluation • Typically conducted in the initial stages of a network initiative or after significant changes have been made

Box 4

Examples of Resources for Conducting an Implementation Evaluation (See Appendix)

The Delaware Evaluation Toolkits include some sample TOCs that could guide evaluation efforts.

The Relationship-Based Support for Home-Based Child Care Assessment Tool may be used to assess inputs such as provider-network staff relationships.

The Provider Data Question Bank in the Delaware Evaluation toolkit may be used to collect data on network outputs, provider characteristics, and provider participation.

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Evaluation of Short and Intermediate Outcomes

An outcomes or summative evaluation is grounded in a network's TOC that hypothesizes a link between a network's inputs and outputs and short-term and intermediate provider, child, family, or community outcomes. This type of evaluation usually takes place after an implementation evaluation.

Purpose

The purpose of an outcome evaluation is to understand whether a network is contributing to positive experiences for providers, children, families, and communities, depending on the network's goals. By identifying and measuring short-term and intermediate outcomes, evaluators can assess the success of a network as well as inform decisions about changes in the initiative (e.g., whether specific services should be continued, modified, eliminated, or expanded).

Focus

An outcomes evaluation focuses on short-term and intermediate outcomes that are closely aligned with the services that the network delivers. An outcomes evaluation focuses primarily on HBCC providers and settings, although it could include children, families, or communities, depending on the network's goals and intended outcomes. For example, an evaluation of a network that aims to support quality practices might consider whether network training on safe sleep practices for infants increases providers' understanding of the reasons for putting children to sleep on their backs (short-term outcome) and whether providers engage in safe sleep practices (intermediate outcome). A network that seeks to support families and children with comprehensive services might use an outcomes evaluation to understand families' awareness of community resources (short-term outcome) as well as their uptake and experiences of services for themselves and their children (intermediate outcome). A network that focuses on advocacy around HBCC recognition may seek to understand community awareness and support for HBCC (short-term outcomes) as well as numbers of new providers who receive support in the community (intermediate outcome) in its outcomes evaluation.

The following sections describe the types of provider, child and family, and community-level outcomes that could be considered in an outcomes evaluation.

Network outcomes: HBCC providers and settings

Short-term and intermediate outcomes for HBCC providers who participate in networks can vary widely, depending on the goals, design, and scope of a network initiative. Short-term outcomes that networks commonly aim to influence may include provider knowledge, peer connections, and participation in systems such as state or local licensing and subsidy programs, or quality rating and improvement systems (QRIS). Intermediate outcomes might include self-efficacy, competency, improved well-being, and better business practices.

The following sections describe the types of short-term and intermediate provider and setting outcomes that an evaluation may examine. These outcomes are aligned with the benchmarks for high-quality network services that promote provider well-being, attachment to HBCC, economic sustainability, practices with children, and support for families (Erikson Institute & Home Grown, 2022).

Provider health and well-being

Short-term outcomes for providers in networks that focus on provider well-being may include engagement in peer supports and connections with other providers, which are hypothesized to contribute to social support and reduced isolation (National Center on Early Childhood Quality Assurance, 2023). Intermediate outcomes might include improvements in providers' self-reported emotional well-being and reduced stress levels. For example, an evaluation of a wellness initiative for HBCC providers found that peer-to-peer supports and wellness activities were associated with increases in providers' self-reported mental and physical health (Lessard et al., 2022).

Provider engagement and tenure in HBCC

Networks also support providers' professional and personal growth, which has the potential to enhance long-term attachment to the field. Short-term outcomes

might include increases in providers' feelings of professionalism from engaging with others around quality-improvement activities. For example, Larner and Chaudry (1993) found that providers affiliated with a network reported that their participation enhanced both their own professional status and the standing of the profession.

Changes in how providers view their roles may also be examined for providers who serve in leadership positions, such as an advisory committee or a board of directors, or engage in paid work at the network as trainers, mentors, or support group facilitators. Intermediate outcomes might examine the types of leadership roles that providers take on in their community and beyond. For example, in networks that prepare and engage providers in advocacy, providers may shift their perception of their roles, expanding their views of themselves as change agents for the children and families within their programs to agents of change for the broader HBCC sector and community. Some providers may take on new roles within their communities or in national advocacy efforts.

Many publicly funded networks seek to support the sustainability of the HBCC workforce by helping providers learn about and navigate publicly funded programs that can enhance their financial stability and professionalism. Evaluations could measure short-term outcomes such as providers' increased awareness of the benefits of child care subsidies or CACFP, while intermediate outcomes could include providers' increased participation in these programs after receiving support from the network. For example, an outcomes-focused network evaluation found that network-affiliated providers were less likely to have health and safety licensing violations compared with their unaffiliated peers, likely due to the network supports around navigating licensing regulations (Rosenthal et al., 2020).

Provider economic well-being
Some networks focus on support for HBCC financial and business stability and offer a range of activities to help providers run successful businesses. Evaluations could measure short-term outcomes such as providers' knowledge about aspects of child care business and financial management strategies as well as intermediate outcomes such as improvements in providers' business

skills and practices, including record-keeping, fee collection, and budgeting. In an outcomes evaluation of a shared services network focused on economic sustainability of HBCC businesses, Etter and Cappizano (2018) found that providers who received business coaching adopted stronger business practices.

Provider practices with children
Many networks have a goal of improving HBCC providers' quality caregiving practices. Short-term outcomes in an evaluation might focus on changes in providers' knowledge related to child development, curriculum implementation, or family engagement strategies. For example, evaluation of a training and peer support group initiative for FFN providers documented providers' increases in child development knowledge (Shivers et al., 2016). Intermediate outcomes might include providers' acquisition of new skills, and feelings of professionalism and efficacy. Findings about positive changes in self-efficacy (confidence in the ability to respond to caregiving challenges) suggest that networks may see early outcomes in the form of improved provider perceptions of their competence and confidence that may influence longer-term outcomes of attachment to the field. For example, an outcomes evaluation of an attachment-based group professional development program found that participants reported greater confidence in managing children's challenging behaviors than nonparticipants (Gray, 2015).

Provider support for families
Evaluations of networks that aim to help providers support families may focus on short-term outcomes such as increased knowledge about family engagement strategies and development of strong provider–family relationships. Intermediate outcomes may include providers' increased interactions with families focused on their needs, strengths, and goals for children in care.

Network outcomes: Children and families in HBCC
The extent to which an outcomes evaluation focuses on children and families will depend on the network's TOC and related activities. For example, in a network that focuses on serving HBCC providers, child and family outcomes could be hypothesized as more distal because the pathway to them is primarily through providers. On the other hand, some networks

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may have a goal of directly supporting children and families as well as providers. As indicated earlier, these networks may offer comprehensive services directly to children and families or may seek to enhance family engagement in their children's learning through focusing on providers' practices with families. For these networks, child and family outcomes may be more proximal and included in an outcomes evaluation.

Families' awareness of and access to community resources

Short-term outcomes for families participating in networks may include families' increased awareness and access to community resources. Networks that provide holistic supports or referrals to families may have expectations that child and family participation will help support a range of health, employment, and educational needs. For example, evaluators could assess family reports of being able to access these supports (short-term outcome) and their initial early effects (e.g., reduced child behavioral issues, recovery from substance abuse) as intermediate outcomes.

Engagement in children's learning and development

For networks that offer activities to promote family engagement in their children's learning, short-term outcomes may include families' increased knowledge about fostering children's language and cognitive development or whether families talk to their providers about their child's learning activities, volunteer in the HBCC setting, or learn about books and other resources for their children from their HBCC provider. Intermediate outcomes might include how families use the information about family engagement that they receive from networks. For example, evaluators may document how often families report reading to their children or visiting the library and other community resources that they learn about from the network.

Network outcomes: Community-level

In addition to outcomes for providers, families, and children, some HBCC networks may have a goal of influencing the broader community or community-level factors such as availability and recognition of high-quality HBCC. While many community-level changes,

such as shifts in the child care supply or policy reform, are long-term in nature, there are outcomes that may be observable earlier in the life of a network initiative. To understand how a network initiative influences a community's awareness of HBCC, evaluators may measure a short-term outcome such as the extent to which community members are aware of the role of HBCC for families in the community. An outcomes evaluation of a statewide network initiative might assess policymakers' awareness of HBCC as an indicator of the network's impact on advocacy for HBCC-related policy and systems change. Intermediate outcomes might be the proposal of new community initiatives or legislation that supports the HBCC sector. It should be noted that no formal research to date has examined network outcomes related to increased community awareness or advocacy around HBCC.

Community connections and awareness

Networks may host public-facing events, such as HBCC appreciation days, to foster increased connection among community members and stakeholders. These kinds of activities have the potential of raising awareness of the role and value of HBCC in the local early childhood ecosystem. In the short term, evaluators might measure media coverage over time as a way to understand how a network increases public visibility of HBCC. Intermediate outcomes might include the extent to which HBCC is included in ECE system-wide coalitions.

Availability and access to HBCC

Networks may have a long-term goal of increasing the supply of and access to HBCC in a specific locality. Outcomes evaluation may focus on short-term outcomes such as increases in the types of community supports and funding that are available for HBCC in a community. Intermediate outcomes might include the numbers of HBCC providers that become licensed or start an HBCC business over a specific period. While long-term systems change is the ultimate goal for many networks, these early community-level indicators may provide valuable insights into a network's broader influence and reach that could be evaluated in later years of an initiative (see Evaluation of Long-Term Outcomes and Impacts section).

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How findings from outcomes evaluations are used

Outcomes evaluation can offer evidence of associated short-term and intermediate outcomes with network operations and services. These findings can play a critical role in guiding the strategic development of HBCC networks. Evaluation results can be used to refine and strengthen the network's TOC, helping ensure that the network's outputs and intended outcomes remain aligned with its goals. If the evaluation reveals gaps between expected and actual outcomes, this insight can inform revisions to the TOC model, highlighting areas where assumptions may need to be re-examined or where strategies may need to be adjusted.

Evaluation findings can also guide CQI efforts. If anticipated outcomes are not achieved, the evaluation can help pinpoint where changes in implementation, such as inputs and resources allocation or service delivery, may be needed. These insights allow network leaders to make data-informed decisions that improve the success and efficiency of their work.

Moreover, evaluation findings that indicate positive outcomes can be used to support the expansion or scaling-up of a network initiative. By providing evidence of the intended short-term and intermediate outcomes, such as improvements in provider knowledge, families' receipt of supports, or strengthening of community ties, outcomes data can make a compelling case for additional funding, broader implementation, or deeper integration into local or state early childhood systems.

Ultimately, outcomes evaluation findings not only validate the relationships of network activities to intended outcomes but also provide a roadmap for learning, adaptation, and growth—ensuring that HBCC networks are responsive to provider needs and positioned to deliver lasting benefits for providers, children, families, and communities.

Summary and Resources

Box 5 provides an overview of outcomes evaluations and Box 6 provides examples of resources for conducting this type of evaluation.

Box 5. Outcomes Evaluation Overview

Purpose of evaluation	Focus of evaluation	What is evaluated?	How evaluation is used	Timeline
• Understand the links between network outputs and provider, family, child, and community outcomes	• Short-term and intermediate outcomes for providers, families, children, and communities	• HBCC provider experiences • Child and family experiences • Community-level experiences	• Refine the TOC • Make the case for continued investment in networks • CQI	• After the program has been implemented • After enough time has passed to reasonably expect measurable short-term and intermediate outcomes

Box 6

Examples of Resources for Conducting an Outcomes Evaluation (See Appendix)

The toolkits in the Appendix include instruments that evaluators can use to assess short-term and intermediate outcomes.

The Building Comprehensive Home-Based Child Care Networks (BCN) and Delaware Evaluation toolkits in the Appendix include a variety of instruments that networks can use to assess provider outcomes.

The Family-Provider Teacher Relationship Quality questionnaires may provide a useful tool for documenting intermediate outcomes related to provider–family relationships.

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Evaluation of Long-Term Outcomes and Impacts

The final type of evaluation explores the relationship between the network and its long-term goals and related impacts. It relies on earlier phases of evaluation that offer evidence of fidelity around program implementation as well as short-term and intermediate outcomes that are associated with network operations and services.

Purpose

The purpose of evaluating long-term outcomes and eventual impacts is to understand the enduring influences of a network over time as well as the broader, more distal impacts of a network initiative. Long-term evaluation efforts may focus on the extent to which network goals, such as delivery of high-quality child care in HBCC settings, reach populations across a community and over time. Impact evaluations often aim to establish a causal link between network activities and intended outcomes (Box 7). Because these impacts may be further removed from direct network actions than associated outcomes, they typically require causal or longitudinal evaluation designs to be able to attribute the effects to the network intervention (El Mallah et al., 2022).

Long-term outcomes and impact evaluation efforts may determine funding and future investments. These types of evaluation require significant financial and personnel resources as well as time and strong research–practice partnerships built on trust (Abenavoli et al., 2021).

Focus

Long-term or impact evaluations may focus on more distal aspects of network operations and services, such as HBCC quality, sustainability and supply of HBCC, and family access to HBCC. Few studies to date have examined long-term impacts of HBCC networks.

HBCC providers and settings

The following sections describe potential long-term outcomes that impact evaluation designs may focus on, including provider health, economic sustainability, professional identity and attachment to HBCC work, and high-quality caregiving.

Box 7

Causal Evaluation Design

Many impact evaluation efforts seek to test a causal relationship between a network initiative and anticipated results for children, families, and communities (Paulsell et al., 2010). This type of evaluation (e.g., a randomized control trial study, or RCT) compares a group of participants who did not participate in the initiative with those who did. The difference in the results can then be attributed to the initiative because the characteristics of the comparison or control group are similar to those who participated, often called the treatment group. While RCT designs are useful in homing in on specific outcomes, they are resource intensive, may not capture more nuanced aspects of a network initiative, and may not result in actionable findings (Marwell & Mosley, 2025).

Provider health and well-being

Evaluation that seeks to understand the long-term impacts of a network on providers over time may look at the relationship between network affiliation and provider health and well-being. Research suggests that the FCC workforce has a high prevalence of obesity, diagnoses of chronic disease, depression, and high levels of stress (Lessard et al., 2020). Networks that focus on wellness activities and peer support connections for providers may seek to combat these health challenges and may anticipate improvements in provider physical and emotional health over time.

Professional identity and attachment to HBCC

Participation in networks may also contribute to providers' increased professionalism and commitment to HBCC work. Evaluations could measure this outcome through changes over time in how providers perceive their value of their work in the broader early childhood system. Impact evaluation may examine the causal relationships among network affiliation, systems participation, and longevity in HBCC work.

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Economic sustainability

Participation in networks may contribute to greater economic stability over time as a result of systems participation, better business practices and access to financial supports. For example, an evaluation of a network that helps providers become licensed found that providers reported increased income after completing the program (Waite et al., 2011).

Impact evaluation may seek to understand the long-term effects of a network initiative on HBCC providers' economic sustainability. Access to benefits such as paid time off, vacation, and health benefits can contribute to providers' capacity to continue to offer child care by mitigating the burden of long work hours (Porter et al., 2024). Providing support for financial management may help providers achieve long-term financial outcomes such as homeownership and retirement savings.

High-quality caregiving

A handful of studies suggest that network participation is associated with higher observed quality in HBCC settings, making it an essential area for evaluation (Shivers et al., 2016; Porter & Reiman, 2015; Bromer et al., 2009). Improving quality practices for children and families is a critical long-term outcome that may serve as a foundation for impacts on children's development and learning over time as well as on family well-being and parenting.

Children in HBCC

Trying to measure the long-term influences and impacts of networks on children's outcomes is difficult because these outcomes are removed from a network's primary work to support the HBCC workforce and address the quality of care that providers offer. Moreover, research on the links between quality child care practices and children's outcomes is weak. Most studies of long-term impacts of child care quality on children are based on evaluations with small samples or single sites such as city or states (Elicker et al., 2022; Carr et al., 2022; Robert et al., 2022).

There is little research on the long-term outcomes for children in ECE quality-improvement efforts and none on long-term effects for children in care with HBCC network-affiliated providers. A national survey of networks found that only 39% of 61 networks collected data on provider, child, or family outcomes compared with 76% that collected implementation data, such as provider participation and satisfaction (Ragonese-Barnes et al., 2024). Of the 18 networks that engaged in external evaluation, nine included an examination of child and/or family outcomes. An earlier review of studies on HBCC support initiatives found that four initiatives that examined child outcomes found little to no associations between the HBCC initiative and children's positive outcomes (Paulsell et al., 2010).

If evaluators seek to examine children's outcomes, they must consider measuring domain-specific areas of development, such as literacy, numeracy, or bilingualism, where the network hypothesizes it will produce long-term child effects. Below are some examples of how impact evaluations might include child outcomes.

Cognitive, language, and literacy development

Prior research indicates that curricular resources and training for HBCC providers are associated with children's reading and math skills (Iruka & Forry, 2018). Networks that prioritize offering providers resources around literacy and numeracy learning may have a positive impact on the cognitive development of children in these network-affiliated HBCC settings. For example, a network that offers providers training, coaching, and resources on language development may expect children in affiliated HBCC settings to demonstrate higher language skills compared with children in HBCC settings that are not affiliated with a network focused on language support.

Social and emotional outcomes

Previous research in center-based ECE settings finds that supports and resources for teachers around well-being, competence, and efficacy may affect children's social–emotional outcomes by improving the quality of provider–child interactions (Moreland et al., 2025; Jennings, 2015). A network that focuses on increasing provider competence and reducing provider stress may have an impact on children's positive social–emotional outcomes. Impact evaluations that focus on child outcomes might include measures of provider–child interactions and measures of children's emotional regulation.

Physical health and well-being

Research clearly indicates a link between nutritional and health practices in child care and children's healthy development (Benjamin-Neelon et al., 2018). A network that focuses on offering providers resources around child health and nutrition may have a positive impact on children's physical health outcomes, such as lower levels of obesity and other long-term health outcomes (Van Stan et al., 2013).

Families

Networks may have an impact on family well-being, depending on how the network engages families. If a network provides comprehensive services such as mental health, parenting, and job and income support to families, then networks may have a direct impact on families over time. However, if a network offers support to providers about their work with families, then family impacts from networks may be mediated by providers' support for families.

Networks may also support increased access for families seeking to use HBCC, although this has not been examined in previous research. When networks help FCC providers stay in business and successfully participate in mixed-delivery ECE systems such as local or state subsidy programs, Head Start, or PreK systems, families may have more choices and access to care that meet their needs. Increased access to high-quality HBCC in a community may also help families with long-term impacts such as employment stability and reduced work–family stress.

Community

Networks may produce lasting impacts on communities. These long-term outcomes could be related to changes in the supply of HBCC broadly or, more narrowly, to increases in the supply of licensed FCC. In addition, networks have the potential to strengthen connections among providers and families, making the community a more supportive place for children. Little research to date has examined these aspects of HBCC network initiatives.

Sustainability and supply of HBCC

An impact evaluation may seek to understand how the development or expansion of networks is linked to increases in new HBCC provision as well as increased

sustainability of existing HBCC in a community. For example, it could examine the relationship between networks and the number of newly licensed HBCC providers. One study of a network's licensing initiative for HBCC providers found increases in licensed HBCC supply within the community as well as increased income and sustainability for participating providers (Hill, 2011; Waite et al., 2011). An impact evaluation might also address questions about the ways networks contribute to aligned and coordinated mixed-delivery ECE systems that increase access to high-quality child care for families.

Policy change

Statewide network initiatives may seek to result in positive regulatory and policy changes for the HBCC sector (Caldwell et al., 2024). If networks have a goal of supporting advocacy efforts by providers around policy change, an impact evaluation may examine whether these local efforts result in statewide policy changes, such as subsidy reimbursement rates, QRIS requirements, or eligibility rules for CACFP.

Family-friendly communities

An impact evaluation may examine how networks contribute to communities that are family friendly and supportive of children. Networks that bring HBCC providers, families, and other community members together through community events and resource fairs may enhance positive identification with, and pride in, the community. These connections among community members can lead to improvements, such as refurbished parks, and new community resources for children and families, such as safer pedestrian crossings.

Social cohesion and collective efficacy

Networks that focus on supporting children and families may also help increase neighborhood social cohesion and collective efficacy where residents trust and rely on one another for care of children in the community. Research suggests that these types of neighborhood characteristics may be related to children's developmental outcomes (Cuellar et al., 2015), although the presence of HBCC and HBCC networks as mediators of this relationship have not been examined (Bromer et al., 2021).

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How long-term outcomes and impact evaluation findings are used

Impact evaluation can provide evidence of network long-term effectiveness that the ECE field lacks. The findings can be used to make the case for network replication or expansion within a state or locality. Impact evaluation can also influence public investment, if the findings demonstrate that networks can produce the intended results for providers, children, and families as well as communities. Relatedly, findings can demonstrate the cost-effectiveness of networks— that public funding is a worthwhile return on investment.

Summary and Resources

Box 8 provides an overview of long-term outcomes and impact evaluations and Box 9 provides examples of resources for conducting this type of evaluation.

Box 8. Long-Term Outcomes and Impact Evaluation Overview				
Purpose of evaluation	**Focus of evaluation**	**What is evaluated?**	**How evaluation is used**	**Timeline**
• Demonstrate effectiveness of a network initiative	• Outcomes and effects that endure over time • Causal relationships between network actions and provider, family, child, and community outcomes	• Changes in supply and sustainability of high-quality HBCC • Child and family outcomes • Changes in policies that support HBCC	• Case for expansion, replication, and scaling	• After the program has been imple-mented and short-term or intermediate outcomes have been achieved • After enough time has passed to reasonably expect measurable long-term outcomes and impacts

Box 9

Examples of Resources for Conducting a Long-Term Outcomes and Impact Evaluation (See Appendix)

The BCN Evaluation Toolkit and selected citations below include instruments that evaluators can use for this type of evaluation.

The BCN Evaluation Toolkit includes a variety of measures for observing changes in long-term outcomes, such as HBCC quality.

Measures of provider–child interactions may include the Child Behavior Checklist and the related Caregiver-Teacher Report Form (CBCL and CTRF: Achenbach & Rescorla, 2000) and the Battelle Developmental Inventory (BDI -3: Newborg, 2020).

Measures such as Environment and Policy Assessment and Observation (EPAO: Vaughn et al., 2017) might be useful for evaluating these long-term health impacts.

Evaluators can find a wide range of child outcome measures in the Compendium of Current Infant Toddler Measures included in the BCN Evaluation Toolkit.

Child measures related to language development such as the Peabody Picture Vocabulary Test (PPVT V: Dunn, 2019), the Preschool Language Scale (PLS-5: Zimmerman, Steiner, & Pond, 2011), and the MacArthur Communicative Development Inventories (CDI: Fenson et al.,1993) may be useful in this type of evaluation.

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Conclusion

Evaluation can be a valuable tool for improving HBCC networks. Evaluation can help networks confirm if the TOC model that they have developed to guide their initiative works as expected and whether services, support, and approaches lead to hypothesized goals. Implementation evaluation can indicate initiative strengths and weaknesses, pointing to areas for improvement. Outcome evaluation can identify changes for providers, children, families, and communities that are associated with network initiatives. Impact evaluation can demonstrate long-term effects as well as more distal impacts for children, families, and communities.

Planning and conducting relevant, meaningful evaluation of networks requires time and commitment. Involvement of staff, providers, and families is essential in all phases, including a TOC development process, decisions about the type of evaluation to undertake, the design, and the measures. Evaluation findings can support network expansion and replication and provide evidence of positive results that policymakers and elected officials need, and often demand, to fund network initiatives.

In addition, evaluation of networks can enhance the knowledge base about HBCC providers' strengths, the challenges they face, and strategies that help them thrive. Such efforts can make an enormous contribution to awareness and recognition of the crucial role that HBCC providers play in the lives of families, children, and the community.

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Glossary

Continuous quality improvement: An ongoing and data-driven approach to inform changes and improvements in practices, processes, operations, or services over time.

HBCC providers: HBCC providers are the individuals who offer home-based child care to children and families. Sometimes providers are referred to as educators, caregivers, business operators, or child care owners.

HBCC settings: HBCC settings are the physical homes where HBCC takes place.

Impacts: Impacts are the big-picture, long-term changes that happen as a result of the network. They reflect the broader goals the network is working toward, like improving child and family well-being or increasing supply of and access to home-based child care in a community.

Inputs: Inputs are the resources a network uses to deliver support. They include the staff, funding, materials, time, and partnerships that make the network possible.

Network operations: Network operations are the aspects of network organizations that keep the network going, including funding, staffing, governance, and policies.

Network services: Network services are the specific supports that networks offer providers, such as training, coaching, materials, and technical assistance.

Outcomes: Outcomes are the changes or benefits for network participants that may be associated with or related to affiliation with the network.

Outputs: Outputs are the immediate products of network activities, such as the number of services or supports delivered or the number of providers reached.

Appendix: Additional Resources

Resources for Evaluating Networks

Strengthening Home-Based Child Care Networks: An Evidence-Based Framework for High-Quality HBCC Networks

Building Comprehensive Home-Based Child Care Networks (BCN) Evaluation Toolkit

Benchmarks and Indicators Toolkit

Delaware Evaluation Toolkit

Comprehensive Services Toolkit

Compendium of Measures and Indicators of Home-Based Child Care Quality

Quality in Early Childhood Care and Education Settings: A Compendium of Measures

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Potential Indicators and Outcomes Measured in HBCC Network Evaluations

	Process and Implementation Evaluation →	Short-Term and Intermediate Outcomes →	Long-Term Outcomes/Impact Evaluation
Network Operations ↓	• Organizational characteristics and culture • Fidelity of network operations and services • Staffing practices • Recruitment success	*Not typically evaluated here*	*Not typically evaluated here*
Provider and Setting ↓	• Characteristics of providers and settings affiliated with the network • Participation in network activities • Satisfaction/perceived value of the network • Alignment with provider interests and needs	• Increased peer connection and reduced isolation • Increased self-efficacy and attachment to HBCC • Improved business knowledge and practices • Increased knowledge and improved practices with children • Improved provider–family relationships	• Improved health and well-being • Longevity in HBCC work • Long-term economic sustainability, including homeownership and access to retirement savings • Sustained improvement in quality practices
Child ↓	• Characteristics of children in network-affiliated HBCC • Number of developmental screenings conducted with children • Number of children who have received referrals	• Increased access to community resources • Improved child nutrition	• Cognitive, language, and literacy development • Social and emotional outcomes • Physical health and well-being
Family ↓	• Characteristics of families in network-affiliated HBCC • Number of families who have received referrals • Number and types of resources that families receive • Participation in network-wide events	• Increased awareness of and access to community resources • Increased family engagement in children's learning	• Employment stability • Reduced work–family stress
Community ↓	• Characteristics of communities served by the network • Fit between network services and available community resources • Number of providers and families who participate in advocacy events • Number and types of organizations or agencies that the network collaborates with	• Increased community connection and awareness • Increased availability of HBCC in the community	• Increased supply and sustainability of high-quality HBCC • Policy changes • Family-friendly communities • Social cohesion and collective efficacy

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About Us

Home Grown

homegrownchildcare.org

Home Grown is a national collaborative of funders, caregivers, and providers working together to advance an inclusive child care system where home-based child care is visible, valued, and well-resourced. We work in partnership with the diverse array of family child care providers and family, friend and neighbor caregivers who comprise the home-based child care sector.

Home-Based Child Care Research Initiative at Erikson Institute

www.erikson.edu/hbcc

Since 2008, the Home-Based Child Care (HBCC) Research Initiative at Erikson Institute has conducted rigorous and actionable research to inform early care and education policy and program design and decision-making. Through national, multistate, and local projects and participatory approaches, the HBCC Research Initiative partners with professionals and communities to highlight promising strategies for supporting equity for the home-based child care workforce and quality for children and families who use home-based child care.

Acknowledgements

Learn More

For more information and related resources, please see: www.erikson.edu/research/building-home-based-child-care-networks-research-resources-for-the-field

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