CHILD CARE REGISTRATION:
LICENCE-NOT-REQUIRED SECTOR

CANADA/BRITISH COLUMBIA STRATEGIC INITIATIVE:
IMPROVED ACCESS TO CHILD CARE

SUMMATIVE EVALUATION REPORT

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Rivers & Associates

CONTENTS

EXECUTIVE SUMMARY

- The LNR Child Care Registration Project was established to develop and test a model for registration of licence-not-required caregivers. Generally, this refers to caregivers who provide child care for one or two children in addition to their own, and who are not required to be licensed under the *Community Care Facility Act.* Although exact numbers are not available, it is apparent that use of unregulated child care is very widespread. For those who provide, and those who use this form of child care, there are no formal requirements or processes for assessment, inspection, or quality control.

- Child Care Resource and Referral services across the province have adopted varying criteria and procedures related to the registration of LNR care providers. In the absence of province-wide standards and other forms of direction, each CCRR has established its own policies and standards for registering LNRs, with the result that requirements for LNR registration in one community will differ from requirements in the neighbouring community.

- The intent of the LNR Child Care Registration Project was to improve child care in the LNR sector by developing a voluntary registration process, with consistent LNR-appropriate standards, and provisions for assessment and training. In addition to the anticipated impact on the quality of child care, it was expected that the pilot project would also benefit CCRRs who had expressed some concern and frustration with the inconsistency of practice which had evolved.

- The LNR Child Care Registration Project was sponsored by Chilliwack Community Services Society, and implemented within the context of the Chilliwack CCRR. The pilot project coordinator is also the CCRR coordinator for the district. An advisory committee was established to guide development and implementation of the project. The agency subcontracted with project consultants for assistance in proposal preparation, and aspects of project implementation and assessment. There has been relatively little turnover among key persons involved in the pilot project, and the various parties appear to have a clear and cooperative understanding of their roles and responsibilities.

- To develop standards for LNR care, the pilot project surveyed CCRRs to obtain information on current practice, issues and barriers related to LNR registration. This information was supplemented with key informant interviews and a literature review focusing on the essential elements of quality family child care, and on the components of an effective registration model.

- Using this combination of theoretical and practical information as a base, the pilot project developed two sets of standards for LNR child care. The first set are standards which a caregiver is required to meet in order to be registered with the CCRR. The second set of standards are recommended; they represent a more advanced level of child care, and caregivers meeting these standards achieve accreditation through the CCRR as providing child care beyond the minimum level of quality required for registration.

- The pilot project developed assessment tools for use by the caregiver on a self assessment basis, and for use by an observer or parents. The assessment tools focus on six aspects of child care, and serve two purposes: to indicate the quality of care provided by the LNR, and to identify individual strength and weaknesses for training purposes.

- Individual training plans were developed on the basis of assessment results obtained by the caregiver and an observer. In consultation with the caregiver, aspects of her child care needing improvement were identified. An individualized training plan was developed for each caregiver to address her specific training needs. Resources used for training purposes included the 'Good Beginnings' manual, videos, workshops, visits to child care settings, and other materials. The project coordinator monitored compliance with training requirements and reported little or no difficulty.

- Improvement in the quality of LNR child care associated with the pilot project was demonstrated by both internal and external measures. The pilot project used repeated administrations of caregiver surveys, and observer assessments of caregivers, with results indicating an increase in the provision of standard, and above standard child care. The University of Victoria's Unit for Child Care Research used the Harms-Clifford Family Day Care Rating Scale on a pre-test/post-test basis with pilot project LNRs, and with LNRs from neighbouring CCRRs; their results also showed a significant improvement in quality of child care overall, and in four of six specific aspects of child care.

- The project employed both financial and learning incentives. The proposal had anticipated using the Infant/Toddler Incentive Grant; however this was determined to be inappropriate for the pilot project, since it focuses on child care spaces rather than quality. The project instead established a Quality Incentive Grant with payments linked to completion of requirements related to registration, training, and accreditation. Pilot project LNRs proved to be highly motivated, and also responded well to the learning incentives offered in the form of assessment and training opportunities.

PROJECT OVERVIEW

CHILD CARE STRATEGIC INITIATIVE

On April 1 1995, the Governments of Canada and British Columbia launched *Improved Access to Child Care*, a four year, $32 million, cost-shared agreement. This agreement forms part of the federal Strategic Initiatives Program, which was established to pilot test new and innovative ways to reform Canada's social security system.

British Columbia is the only province in Canada to develop a child care initiative through Strategic Initiatives. The *Improved Access to Child Care* Strategic Initiative is designed to pilot and evaluate innovative child care delivery models which will help to inform federal and provincial governments about the role of child care in the social security system.

British Columbia developed the *Improved Access to Child Care* Strategic Initiative in the belief that by addressing the child care needs of working and student parents, job and educational opportunities will be more accessible for parents. To effectively work or study outside the home, parents require high quality, affordable and accessible child care. From this perspective, child care is a critical means of strengthening the economy and reform the social security system.

Since 1992, British Columbia has been working with families, caregivers and communities to develop a strategy that encourages more quality, affordable, accessible child care. Projects funded through *Improved Access to Child Care* support this overall provincial direction, as well as the principles and objectives of the federal/provincial agreement. Services developed and programs enhanced through the *Improved Access to Child Care* Strategic Initiative were designed to be consistent with the overall direction for child care services in British Columbia. Each project funded through the Strategic Initiative was intended to address at least one of the following core objectives:

- to improve the stability and quality of facilities and services;
- to increase the affordability for parents;
- to increase the availability of services and promote parental choice in the selection of the most appropriate child care arrangements for their families.

LNR CHILD CARE REGISTRATION PROJECT

The LNR Child Care Registration Project was established to test a model for registration of caregivers who are not required to be licensed under the *Community Care Facility Act*. This community demonstration pilot project focuses primarily on quality of child care; its general intent is to improve the quality of child care by developing standards, assessment tools, training, and a registration process for licence-not-required (LNR) care providers. Located in Chilliwack, the LNR Child Care Registration Project was proposed by Chilliwack Community Services, which also provides Child Care Resource and Referral (formerly Child Care Support Program) services for the District of Chilliwack.

The use of unregulated child care is believed to be fairly common across British Columbia. Although there is no accurate source of information on this matter, the combination of employment statistics and data on licensed child care spaces leads to the conclusion that the majority of working parents are using some form of unregulated child care. This means that a very large number of children are receiving child care in arrangements for which there are no formal requirements or processes for assessment, inspection, or quality control.

While LNR care falls within the general category of unregulated child care, it refers specifically to situations in which a caregiver is providing child care for up to two children, or sibling groups, other than the caregiver's own children. These caregivers are not required to be licensed under the *Community Care Facility Act*. However, since they are not licensed, they are also not eligible for the province's Infant/Toddler Incentive Grant -- a financial incentive available to licensed caregivers providing care for children under the age of three years.

LNR caregivers are eligible to register with their local Child Care Resource and Referral (CCRR), subject to their meeting registration requirements. Registration with a CCRR is a means of encouraging delivery of quality child care, since it provides access to workshops, caregiver training, and other forms of resources and quality control. CCRRs usually undertake a screening process to ensure the caregiver meets requirements relating to Crminial record checks, health and personal references, etc.; also, they usually conduct home visits, and require caregivers to participate in a certain number of workshops as a condition for registration.

However, in the absence of provincial standards for registration of LNR caregivers, each CCRR has either developed its own criteria, or has adopted criteria established by other CCRRs. This practice has resulted in inconsistency in terms of registration requirements for LNR caregivers across the province. It has also been a source of some concern and uncertainty for CCRR coordinators with respect to the basis on which registration requirements have been established.

The Chilliwack LNR Child Care Registration Project was designed to address these issues. Its general task was to develop and test a process for registration of LNR care providers; specific activities included . . .

- developing standards for LNR registration, based on a survey of CCRRs, a literature review, and key informant interviews;
- developing assessment tools to enable LNR caregivers to assess the quality of care they provide;
- identifying LNR caregivers' training needs, and establishing a procedure to enable them to meet established standards;
- establishing an incentive (similar to the Infant/Toddler Incentive Grant) to encourage LNR caregivers to participate in assessment, registration, and training processes;
- establishing a means of evaluating the quality of LNR child care, and of determining the impact of the LNR registration model on the quality of care.

Chilliwack Community Services submitted its proposal for the LNR Child Care Registration Project in October 1995, received approval from the Ministry of Women's Equality (then responsible for child care issues) the following spring, and started work on the project in April 1996. Much of the initial year focused on developmental work -- the literature review and key informant interviews, developing standards, designing assessment tools, and establishing policies and procedures for the registration process. With these key pieces in place, the project then focused on implementation – recruiting LNR caregivers for the pilot project, arranging a comparison group, preparing informational materials and undertaking caregiver assessments. The assessments provide a basis for identifying training needs and developing individual training plans. Workshops and other resources were arranged to meet training needs.

The pilot project has also conducted caregiver and parent surveys on two occasions -- early in 1997 and again early in 1998. These surveys focus on caregiver practices and knowledge, and were administered to non-participating LNRs and licensed care providers as well as participating LNRs and parents.

In addition to these measures, an independent assessment of the quality of LNR care was undertaken by the Unit for Child Care Research at the University of Victoria. This assessment utilized the Harms and Clifford Family Day Care Rating Scale; assessments were conducted on two occasions (prior to introduction of the

pilot project training, and a year later) and for both the pilot project participants and a control group of LNR care providers registered with neighbouring CCRRs.

Both this independent assessment, and the project's caregiver surveys and caregiver assessments, showed an improvement in the quality of child care provided by pilot project LNRs.

The pilot project has developed and revised policies and procedures for LNR registration, along with assessment tools, informational materials, and checklists to facilitate registration. These are of potential benefit to caregivers, CCRRs, and parents throughout the province.

There has been very little turnover among those responsible for work on the pilot project since preparation of the proposal. The agency hired a consultant to assist in proposal preparation and project start-up; and subsequently expanded her role to assist with various phases of project development, implementation and evaluation. The CCRR coordinator and (during initial phases) her manager have provided input and assumed responsibility for agency and CCRR tasks, and the project's advisory committee has been available for input and advice.

METHODOLOGY

The proposal for the LNR Child Care Registration Project included plans for evaluation of various aspects of the project. Among the activities proposed for the pilot project were development of various instruments intended to assess progress toward achievement of goals. In order to accommodate both the agency's plans for evaluation, and the need of Child Care Branch staff to ensure that Strategic Initiative evaluation expectations were met, slight changes were made in project timing and implementation. These changes enabled the University of Victoria's Unit for Child Care Research to undertake quality assessments before other aspects of the project were introduced. As well, the formative evaluation was conducted externally.

This summative evaluation is based on information obtained through the following sources and activities:

- *Examination of Project Documentation:* This includes a review of background documentation such as the project proposal, the project's summary report of the start-up phase (which includes a summary of results from the CCRR survey and the key informant interviews, as well as the literature review), the standards and policy manual, the self-assessment tools, survey instruments for the parent and caregiver surveys, registration/accreditation checklists, the interim project report (October 1997), the report of the formative evaluation (April 1997), the agency's quarterly project reports, etc.

- *Review of Reports by University of Victoria:* This includes a review of the Unit for Child Care Research's interim report (July 1997) summarizing results of the initial administration of the Harms - Clifford Family Day Care Rating Scale, as well as the final report (July 1998) combining information from both pretest and posttest administrations of the scale.

- *Examination of Data from Caregiver and Parent Surveys:* The project consultant provided copies of the data obtained through the parent and caregiver surveys. These surveys were conducted on two occasions, early in 1997 and again early in 1998. Four groups of care providers, and one group of parents were asked to complete the self-administered questionnaire. A total of 122 questionnaires were distributed as follows: 42 licensed family day care providers, 28 LNR providers not involved with the pilot project, 25 LNR care providers who were involved with the pilot project, 6 LNR care providers who were registered with a neighbouring CCRR, and 21 parents. Response rates varied from 32% to 96% for the 1997 survey, and from 25% to 68% for the 1998 survey. In both cases, response rates were lowest among licensed family day care providers, and highest among the LNR care providers

participating in the pilot project. The questionnaire included both structured and open-ended questions focusing on an array of issues identified through the key informant interviews and literature review as essential to the provision of quality care. Coded data were made available, rather than the actual completed surveys.

- *Examination of Caregiver Assessment Data:* The project consultant provided two sets of scores (1997 and 1998) for each of sixteen LNRs. These scores were obtained using the observer form of the assessment tool developed by the pilot project. The observer rated the quality of LNR care in six areas. Summary scores were made available, rather than data for each of the six areas included in the assessment tool.

- *Focus Group Interview:* Information for the formative phase of the evaluation was obtained through a focus group interview. Participants were selected in consultation with the project coordinator; included were the pilot project coordinator (who is also the CCRR coordinator), the Chilliwack Community Services manager responsible for the CCRR, and the project consultant who assisted with proposal preparation and project implementation. The questions for the formative evaluation were provided by Ministry staff, and focused on roles, responsibilities, activities, successes, and challenges associated with planning, development, and early implementation of the pilot project.

- *Project Coordinator Interview:* An in-person interview was conducted with the project coordinator during an on-site visit to the pilot project in October 1998. This interview provided an opportunity to obtain detailed information on project activities, to explore how and why the pilot project had evolved in relation to the project proposal, and to obtain the project coordinator's perspective on the rewarding and the problematic aspects of the project.

- *Project Consultant Interview:* A telephone interview was conducted with the project consultant in November 1998. This interview was used to obtain additional detail on aspects of the pilot project which had been the responsibility of the project consultant rather than the project coordinator. It also provided an opportunity to obtain the project consultant's views on aspects of the pilot project which had proved to be either rewarding or challenging. There were also several follow-up contacts to clarify details of the assessment tools and parent and caregiver survey data.

PROJECT OUTCOMES

This section focuses on outcomes of the LNR Child Care Registration Project. As specified in the summative evaluation framework for the *Strategic Initiative on Improved Access to Child Care*, the assessment of project outcomes is addressed at three levels:

- outcomes specific to the individual pilot project
- outcomes for regional delivery models/community demonstration projects
- outcomes related to the Strategic Initiative on *Improved Access to Child Care*

Material in this section has been organized around these three levels of outcomes, and includes consideration of the issues and questions identified in the summative evaluation framework.

INDIVIDUAL PILOT PROJECT

Outcomes specific to the LNR Child Care Registration pilot project are considered in relation to pilot project objectives, rationale, design and delivery. This includes an assessment of . . .

- the extent to which the pilot project has been able to achieve its established objectives;
- the project rationale, focusing on the extent to which it has been able to meet the needs of its intended client group;
- project design and delivery issues including project strengths and weaknesses, and the roles and responsibilities of project partners.

Achievement of Project Objectives

The proposal for the LNR Child Care Registration Project identified goals, objectives, and outcomes. Four goals were identified, and these were grouped with their associated objectives to show relationships. The proposal also identified six outcomes anticipated for the project; these were outlined separately. However, to facilitate analysis and discussion in this section, the six outcomes have been linked to the goals and objectives from which they appear to flow. As will be noted, certain aspects of the goals and objectives were implemented in a manner different from that envisioned in the proposal.

The goals, objectives, and outcomes as specified in the proposal for the LNR Child Care Registration Project are outlined below, followed by a discussion of each goal with its associated objectives and outcomes.

1) *To develop a voluntary process of registration which promotes quality inclusive child care.*

   - *Create a systematic approach to assessing LNR care based on current research, knowledge and experience.*
   - *Develop standards, policies and procedures for registering LNRs.*
   - *Develop tools for registering LNRs.*
   - *Develop caregiver training and networking opportunities to assist LNRs in achieving registration standards.*

   Outcomes:
   - *A documented and tested model of registration for LNRs including standards and policies and recommendations to government*
   - *An increase in the number of care providers serving families and children in Chilliwack, particularly those with various support needs (e.g. linguistic, special needs)*
   - *A decrease in the turnover rate of providers serving families and children*

2) *To evaluate the quality of LNR care and determine the impact of registration standards on quality and accountability.*

   - *Establish a baseline measure of quality through self assessment and observation prior to registration.*
   - *Measure change over time in parent and caregiver knowledge regarding quality.*
   - *Measure change in quality of care over time.*

   Outcome:
   - *An increase in the knowledge base of providers and parents regarding quality child care.*

3) *To establish a mechanism for administering the infant/toddler grant (ITIG) locally.*

   - *Analyze financial and legal implication of administering grant locally.*
   - *Develop policies and procedures for administering ITIG based on Ministry of Women's Equality approval.*
   - *Administer grant to accredited LNRs for one year as a pilot.*
   - *Evaluate effectiveness and outcomes of local administration of ITIG.*

   Outcome:
   - *Model for administering the infant/toddler grant locally including policies and procedures approved by government*

4) *To communicate the process, products and findings of the pilot with participants, CCSPs and the province.*

   - *Develop a quarterly bulletin outlining activities and findings of the project.*
   - *Prepare project status report twice a year for government.*
   - *Conduct formative evaluation of process and report findings to community and government.*

   Outcome:
   - *Information flow to CCSPs and government of project process, products and impacts.*

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(from project proposal)

The pilot project has succeeded in addressing the goal and each of the objectives related to development of an LNR registration process. Much of this work was done during the developmental phase of the project, with some subsequent revisions undertaken to reflect actual experience with the registration process. The steps taken to address each of the objectives are described below.

To *create a systematic approach to assessing LNR care,* the pilot project conducted a survey of CCRRs, a literature review, and key informant interviews. Information from these sources was then used as the basis for identifying factors which constitute quality LNR care, and for subsequent development of standards.

The survey of CCRRs (then referred to as Child Care Support Programs) was intended to provide a profile of existing practice with respect to registration of LNRs. Responses provided by 27 of the 32 CCRRs indicated that all required Crminial record checks, a reference check, doctor's signature, and home visits. Most CCRRs also required liability insurance, a personal assessment, discipline contract, service contract, training commitment, and First Aid training.

Key informant interviews were conducted with five persons having recognized expertise in areas related to quality and assessment of family child care. Their views were sought on issues such as key indicators of quality in the LNR sector, essential standards for LNR care, components of a good registration model, informed choice, and recommended tools for assessing quality of LNR care.

The literature review explored theoretical articles on issues such as the range of regulatory options in child care, essential elements of standards of care, approaches to training, and tools for assessing quality in child care. Key elements of quality child care identified through this process included informed consent of parents, an accreditation system for providers, and a need to respect the family's life style and choice of family day care.

Combining information from the CCRR survey, key informant interviews, and the literature review, led to the identification of quality indicators for LNR care . . .

- positive relationship between parent and provider;
- community support services and networking opportunities for providers;
- specific training for providers;

and essential elements of an LNR registration system . . .

- a central registry of providers;
- information on standards for both parents and providers
- a self-evaluation form completed by providers
- random checks for compliance with a response for non-compliance.

To *develop standards, policies and procedures for registering LNRs,* the pilot project utilized information obtained from its CCRR survey, key informant interviews, and literature review. The development of standards, policies and procedures also benefited from input provided by the pilot project's advisory committee.

In reviewing possible standards, the pilot project staff, project consultant, and the advisory committee established several criteria to guide decisions relating to the acceptance of existing standards and/or development of new standards. These included a decision not to eliminate any standard already in effect in the majority of CCRRs. Consideration was also given to how a potential standard might compare to requirements for licensed care providers, and it was determined that requirements for the LNR sector should not be equal to or more stringent than those for licensed caregivers. It was also decided that on issues where the majority of CCRRs had already implemented a standard, the project would not establish a less stringent standard; but would instead establish a standard at or above the level reflected by the majority of CCRRs, with a view to bringing other CCRRs up to that level.

Through this process two sets of standards have been developed: required and recommended. The required standards are those which an LNR caregiver must meet in order to be registered with the CCRR. The second set are recommended standards, reflecting a higher level of quality care. LNRs who meet 70% or more of these recommended standards are awarded accreditation through the project, indicating that they have been assessed as providing care above the minimum level reflected in the required standards.

The standards required for registration have been developed in three areas: Health, Safety and Nutrition, Administration, and Programming. Health, Safety and Nutrition standards relate to issues such as Supervision and Numbers of Children, Storage of Hazardous Materials, Child Restraint Systems in Automobiles, First Aid, etc. Administration standards relate to issues which include Insurance, Enrollment, and Self-Assessment of Caregivers; and the Programming area includes standards on Behavioural Guidance and Caregiver/Child Interaction.

The standards recommended for accreditation have been organized into three areas: Health, Safety and Nutrition, Administration, and Programming. The Health, Safety and Nutrition area includes standards relating to Handling a Serious Incident, Sun Protection, and Emergency Planning. The Administration area includes a standard on Hours of Care; and the Programming area includes standards on issues including Supported Child Care, Diversity, Planning, and Equipment.

In addition to standards, the project has also developed policies and procedures relating to registration of LNR caregivers. These clearly describe the requirements for registration, identify who is responsible for each activity, and indicate how each activity is to be carried out. In addition to the overall policy on registration, there are detailed sections relating to specific aspects of registration such as Criminal Record Checks, References, Caregiver Evaluation, Training, Complaints, and Withdrawal from the Registry.

To *develop tools for registering LNRs,* the pilot project has put in place a series of instruments and forms to support various aspects of the registration process. Some of these were specifically developed by and for the pilot project; while others were adapted from forms used by the CCRR and/or by Chilliwack Community Services.

For example, the registration package includes copies of required forms such as verification of wellness, parent/caregiver contract, and disciplinary contract. It also includes a home visit checklist, complaint forms, a guide to indicators of abuse and neglect, an interview guide for persons providing

caregiver references, and a personal training form to record plans established for caregivers.

To *develop caregiver training and networking opportunities to assist LNRs in achieving registration standards,* the LNR Child Care Registration Project has undertaken activities in two key areas, individualized training plans and a mentor component, and has also facilitated networking among caregivers..

The individual training plans flow from the caregiver assessments. Through the assessment process, caregivers are rated on the extent to which they meet the LNR standards. Ratings are provided through both a self-assessment process, and an assessment by an observer. There is also an option for assessment by a parent. The discussion of the self and observer ratings identifies areas where improvement is needed in order to meet standards for registration and accreditation. The individualized training plan specifically addresses the areas in which the caregiver needs improvement by identifying workshops or other forms of training which the caregiver must complete in order to meet LNR standards.

As part of the training program, an annual schedule of training opportunities is established to meet individual training needs. All caregivers were provided with a copy of the manual for the 'Good Beginnings' family child care course. The training program may include assigned readings from this or other resources, use of audio-visual materials, visits to specific child care settings, etc. To supplement this, the CCRR and the pilot project arrange workshops to assist LNR care providers to meet their specific training requirements. Pilot project staff have established a monitoring process to ensure that caregivers complete training requirements stipulated in their individualized training plans.

Staff report that very few problems have been encountered in having caregivers comply with training plan requirements. On occasion, a caregiver may not have been able to attend a required workshop due to illness, other commitments etc.; however, when this has happened, staff are usually able to arrange an equivalent training requirement in the form of a video, self study, etc.

The workshops and meetings of pilot project participants provide opportunities for caregivers to establish new relationships with other LNR care providers, to network, and to develop a support system among caregivers who provide a similar form of child care.

A mentoring component has evolved out of the pilot project's accreditation process. LNR care providers who had achieved higher assessment scores

were asked if they would serve as mentors to other LNRs whose assessments indicated areas of weakness. Specific matches were made, mentoring workshops were provided, and the mentors and their partners were to meet for a specific number of hours over a period of several months. The project coordinator monitors the mentoring situations to ensure that the relationships remain productive for both parties.

The project proposal identified several outcomes anticipated for the pilot project; three of these outcomes are associated with the above described goal and objectives. The pilot project has produced the anticipated impact in one of these three outcome areas; and information is not yet available on the other two.

A documented and tested model of registration for LNRs including standards and policies and recommendations to government

As noted, the pilot project has developed a registration model for LNRs, along with required and recommended standards, a policy and procedures manual, and associated tools and training program. This model has been tested during the pilot period, and revisions have been introduced to reflect experience gained through this testing. The pilot project has established a good combination of theoretical and practical information to serve as the basis for recommendations relating to a registration process for LNRs.

An increase in the number of care providers serving families and children in Chilliwack, particularly those with various support needs (e.g. linguistic, special needs).

A decrease in the turnover rate of providers serving families and children.

Information is not yet available to permit an assessment of whether or not the pilot project has resulted in an increase in care providers or a decrease in caregiver turnover. At time of writing, the coordinator and the consultant for the pilot project were compiling information on these two points; they expect to be able to report on these outcomes in their final project summary, expected at the end of March, 1999.

Goal/Objectives:	*To evaluate the quality of LNR care and determine the impact of registration standards on quality and accountability.*

- *Establish a baseline measure of quality through self assessment and observation prior to registration.*
- *Measure change over time in parent and caregiver knowledge regarding quality.*
- *Measure change in quality of care over time.*

Outcome:
- *An increase in the knowledge base of providers and parents regarding quality child care.*

(from project proposal)

Several steps have been taken, by both the pilot project and the Child Care Branch to address the above goal and objectives. The three key activities in this area include the caregiver assessments, the parent and caregiver surveys, and the external assessment of quality.

To *establish a baseline measure of quality through self assessment and observation prior to registration*, the pilot project developed and implemented caregiver assessment tools. Versions were developed for the caregiver's use on a self-assessment basis, and for use by an observer and by a parent. In each case, the assessment tool is segmented into six areas, each of which consists of three to ten items. The six areas are as follows:

Health and Safety
Physical Environment
Provider and Child Relationship
Provider's Skills and Practices
Provider and Parent Relationship
Provider Support

On each item, the quality of care provided by the LNR is rated as below standard, at standard, or above standard. The assessment is scored by totaling the number of scores in each of those three categories. Assessments have been completed with sixteen pilot project LNRs on two occasions. Information from the first assessment was used to establish a baseline measure of quality provided by LNRs. This indicates that prior to their involvement in training arranged by the pilot project . . .

- 9% of LNR assessment scores were below standard;
- 70% of their scores were at standard level; and
- 21% of their assessment scores were rated as above standard.

To *measure change over time in parent and caregiver knowledge regarding quality*, the pilot project developed and administered surveys for caregivers and parents. As noted in the methodology section of this report, four groups of caregivers and one group of parents were asked to complete

surveys in early 1997, and again in early 1998. Comparing the two sets of responses was expected to provide information on change over time in parent and caregiver knowledge regarding quality of child care.

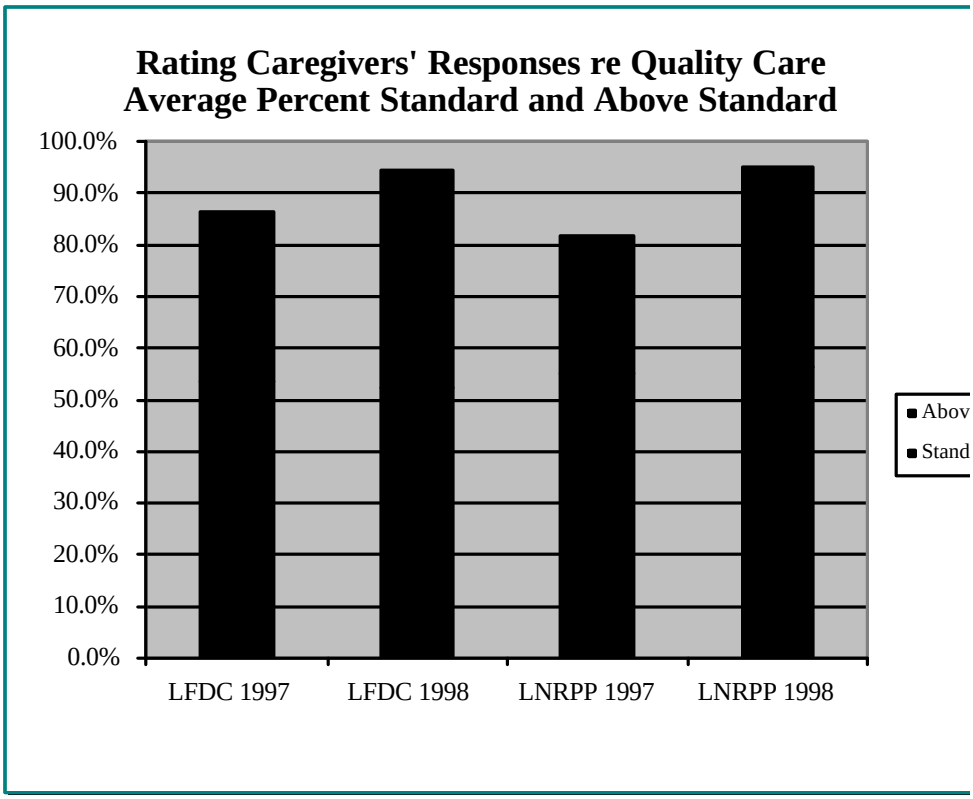
Questions in the caregiver survey tend to focus on actual practice, rather than knowledge (e.g. asking what they do to ensure safety of children, rather than determining what they know about what should be done to ensure safety of children). To the extent that caregivers are in a position to put into practice what they know about quality child care, their responses about how they provide child care could be expected to reflect their level of knowledge.

Responses to many of the survey questions are rated by the project consultant as indicating a quality of service that is below standard, at a standard level, or above standard. The great majority of LNR caregivers in the pilot project were providing service that was at or above standard quality. Moreover, as the table below indicates, the percentage of LNR caregivers providing service which was rated as *above standard quality* increased in almost all areas during the first year after the pilot project was implemented.

Ratings of Quality of Service Provided by Pilot Project LNRs

	Percent of Pilot Project LNRs Rated Above Standard	
Quality of	***1997***	***1998***
Plan for personal responsibilities	4.2%	23.5%
Business aspects of child care	4.2%	17.6%
Plan for children's day	8.3%	11.8%
Space for children's play	12.5%	17.6%
Support from spouse	20.8%	17.6%
Activities for children	20.8%	41.2%
Relationship with parents	37.5%	41.2%
Guiding children's behaviour	41.7%	70.6%
Records kept on children	41.7%	58.8%
Foods for snack, mealtimes	50.0%	52.9%
Measures to ensure safety	54.2%	76.5%
Average over all aspects	*26.9%*	*39.0%*
Number of respondents	*(24)*	*(17)*

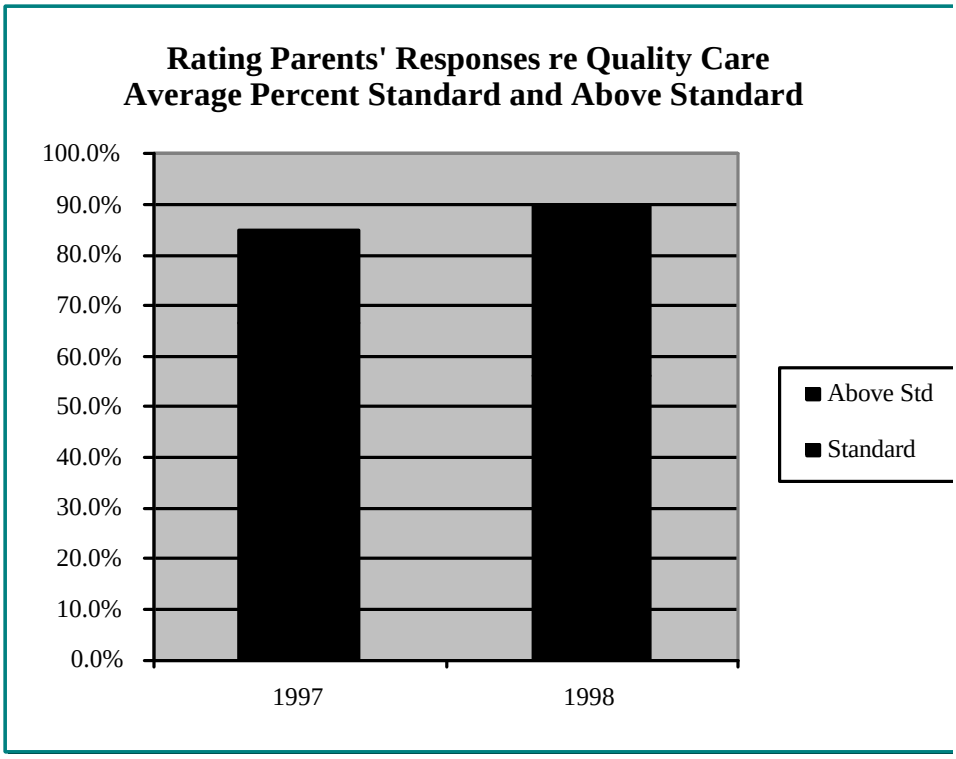
The observed change results in ratings which are quite similar to those for licensed family day care providers. As the chart below indicates, in 1997, 86% of licensed family day care providers (LFDC) were rated as providing service which was either at standard (54%), or above standard (32%), while 82% of LNRs in the pilot project were rated as providing either standard quality service (55%) or above standard quality service (27%). The 1998 survey showed improvements for both groups, with the ratings for the pilot project LNRs almost identical to those for licensed family day care providers. (Note: Averages are calculated over 11 items, for 24 LFDC and 24 LNRPP caregivers in 1997, and for 20 LFDC and 17 LNRPP caregivers in 1998.)



It should perhaps be noted that the observed improvement may or may not be attributable to the pilot project. Certainly, during the intervening year, the pilot project LNRs were exposed to training, workshops, networking opportunities, and other resources which provided opportunities for improving their knowledge of what constitutes quality child care. The observed change may also be attributable to the additional experience acquired during the period. The improvement is similar to that observed for licensed family day care providers, who would also have had opportunities to participate in workshops and other forms of training, while acquiring additional child care experience.

The lines of questioning in the parent survey are similar to those in the caregiver survey (e.g. both parents and caregivers are asked about the space used for children's play, and about handling difficult behaviours). However, some of the questions for parents focus on parents' perceptions about the care provided by their caregivers (e.g. *'How is your provider's home arranged to provide care?'*), while others focus on what parents expect from a care provider (e.g. *'How should a provider handle difficult behaviour?'*). The latter type of question is a more reasonable indicator of parents' knowledge of what constitutes quality child care. The survey included five questions of this type, and the responses to these questions were rated as reflecting service below standard quality, at a standard level, or above standard.

The chart below shows average percentages over the five items rated as standard or above standard quality. As this information indicates, the majority of parents in both years provided responses reflecting standard quality service. The 1998 data show an overall improvement, indicating that fewer parents provided responses reflecting below standard quality; the 1998 data also show an increase in the percent of parents' responses



rated as above standard quality. (Note: Figures in the above chart are based on a relatively low number of responses: averages are calculated over 11 items, for 20 parents in 1997, and for 10 parents in 1998.)

Although on average there was an improvement in the percentage of parents' responses rated as above standard, improvement was not consistent across all five aspects of service.

The table below shows the percentage of parents' responses rated by the project consultants as reflecting *above standard* quality on the five aspects of child care on which information was obtained on parents' expectations.

Ratings of Parents' Responses on Aspects of Service Quality

	Percent of Parents Rated Above Standard	
Quality of	***1997***	***1998***
Guiding children's behaviour	8.3%	50.0%
Records kept on children	16.7%	50.0%
Measures to ensure safety	16.7%	50.0%
Foods for snack, mealtimes	25.0%	20.0%
Activities for children	25.0%	0.0%
Average over all aspects	*18.3%*	*34.0%*
Number of respondents	*(12)*	*(10)*

As this information indicates, the 1998 data show improvement in three of the five areas, with the result that half of the responses were rated as reflecting above standard quality of child care. In the other two areas, the percent rated above standard actually decreased, and in one case none of the responses was considered to reflect above standard quality.

It is important to note that the number of responding parents was quite low in both years. Twelve parents responded in 1997, and ten in 1998. This low base means that apparently large changes in percentages will result from a relatively small increase or decrease in actual numbers. For example, with respect to quality of activities for children, three parents were rated as providing above standard responses in 1997; the decline from 25% in 1997 to 0% in 1998 actually represents a decrease of three parents.

To *measure change in quality of care over time*, two types of activities were implemented – an internal assessment undertaken by the pilot project, and an external assessment undertaken by the Unit for Child Care Research at the University of Victoria. The latter was arranged on a contract basis by staff of the Child Care Branch (Ministry for Children and Families).

The pilot project's internal assessment draws on two sources -- responses to the caregiver survey, and caregiver assessments – both of which have been discussed previously.

To reiterate points noted earlier, responses to the *caregiver survey* indicate that the great majority of pilot project LNRs provided service considered to be at or above standard quality. This was true both prior to and after commencement of training.

Results from the second administration of the caregiver survey show improvement in quality of child care provided by pilot project LNRs. Ratings of these responses indicate that during the first year after the pilot project was implemented, the percent of LNR caregivers providing service considered to be above standard quality increased in ten of eleven key areas of child care. On average, over these eleven areas, 27% of responses were rated as above standard during the initial survey; during the second administration of the survey, 39% of responses were rated as indicative of an above standard level of child care.

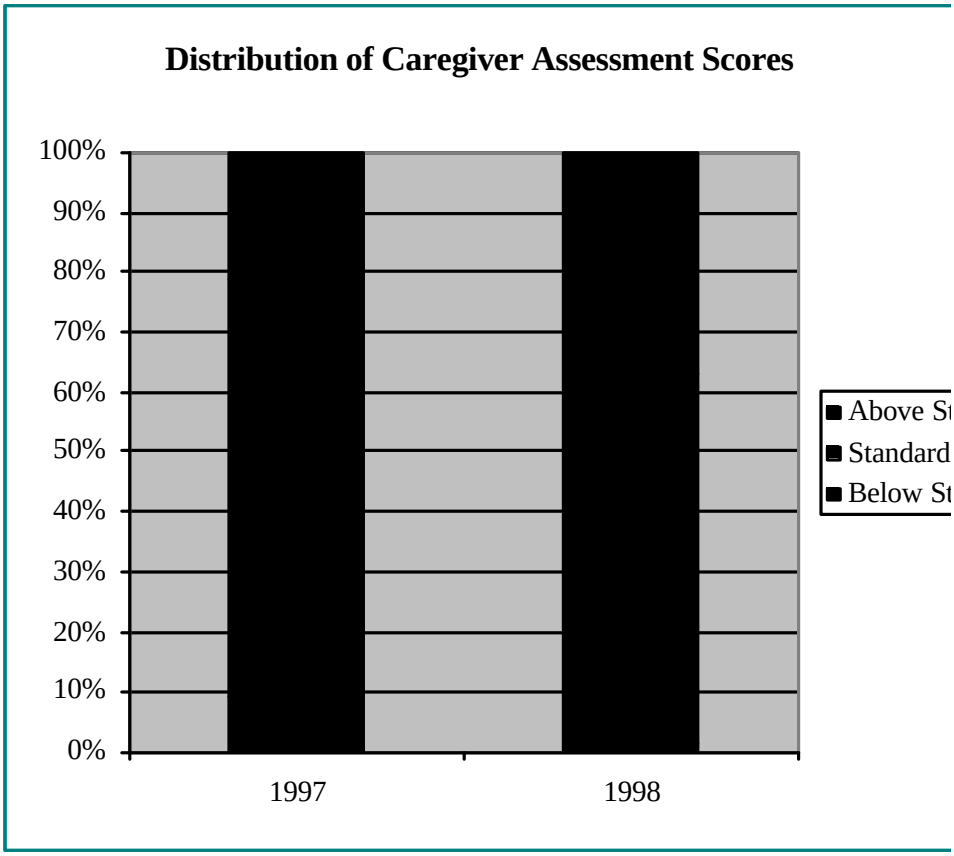
The *caregiver assessments* were intended primarily to establish a basis for development of individualized training plans. However, they also provide baseline measures of the quality of care from the perspective of caregivers, an observer, and parents.

Summary scores derived from the observer assessments of caregivers show improvement in quality of care over the period of the pilot project. Initial assessments indicated that 9% of scores were considered below standard, 70% reflected a standard level of quality, and 21% were considered to be above standard.

The second set of assessments undertaken approximately a year later resulted in relatively few (1%) of the scores in the below standard category. The percentage of scores representing a standard level of quality had also decreased, from 70% to 62%. There was, however, an increase in percentage of scores considered to be above standard. For the project, this is the key classification, since it represents the level of child care quality needed to achieve accreditation. In 1997, 21% of the scores were considered to be above standard; during the 1998 assessments, this figure had

increased to 37%. These changes are shown in the chart below.

The changes depicted in this chart are clearly in the direction of the



intended project outcomes. As a word of caution, it should be noted that use of internal measures to assess progress toward achievement of outcomes entails the potential weakness that observers may inadvertently interpret information in a manner consistent with the project objectives. This potential increases when the observer must interpret and rate open-ended responses, and when the observer has had a close association with the project. It is for this reason that external assessments are often used either instead of, or to supplement internal approaches to assessing progress toward achievement of objectives.

The *external assessment* undertaken by the University of Victoria's Unit for Child Care Research employed the Harms and Clifford Family Day Care Rating Scale. This was administered on two occasions, first in the spring of 1997, before the LNR pilot project participants started their individualized training programs. It was administered again sixteen months later, to determine whether the quality of care provided had improved during that period.

Two groups of LNR care providers were included in the external assessment: pilot project participants, and a control group consisting of LNR care providers selected from CCRR registries in the neighbouring communities of Abbotsford and Mission. The pilot project LNRs received their training between the first and second administration of the Family Day Care Rating Scale (FDCRS); and training was to be made available to the control group LNRs only after the second assessment had been completed.

While the intent was to have the same care providers assessed on both occasions, some changes occurred in the composition of the groups. The primary reasons for these changes included caregivers leaving the child care field, or not having children in their care during the period in question. Data from both administrations of the FDCRS are available for thirty-one care providers; this included 17 LNR pilot project participants, and 14 control group LNRs.

The FDCRS consists of 32 items organized into six categories:

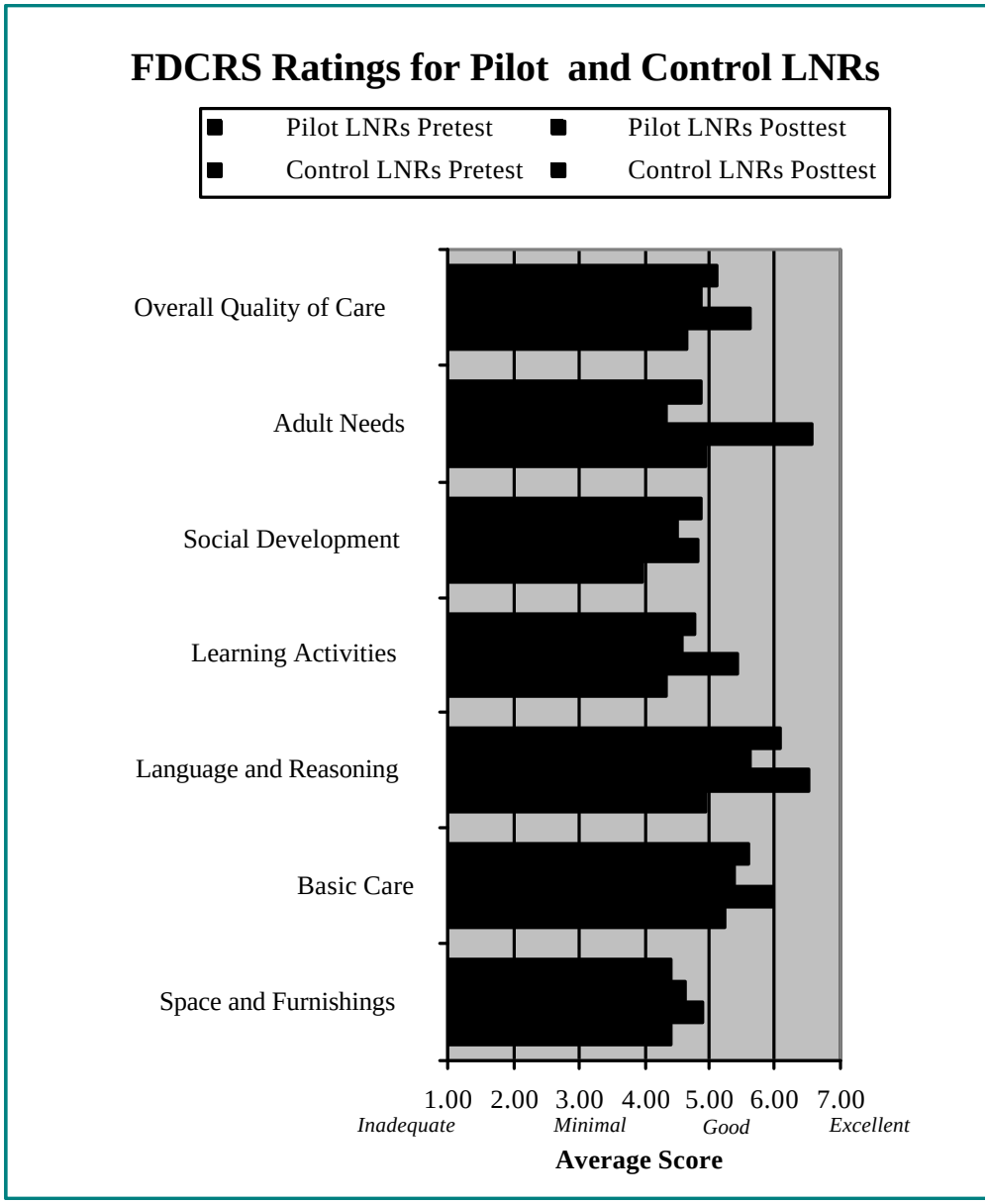
- Space and Furnishings for Care and Learning
- Basic Care
- Language and Reasoning
- Learning Activities
- Social Development
- Adult Needs

Each of the 32 items is given a rating from one to seven, relying primarily on observation, and using descriptions provided with the scale as a guide. The resulting ratings are averaged to produce an overall score, along with scores for each of the six sub-scales. The Harms-Clifford manual interprets average scores for four of the seven points on the scale as follows:

1	**Inadequate**	does not even meet custodial care needs
2		
3	**Minimal**	meets custodial needs/some basic developmental needs
4		
5	**Good**	meets developmental needs
6		
7	**Excellent**	high quality personalized care

Average ratings derived from the data provided by the Unit for Child Care Research shows improvement in quality of child care provided by pilot project LNRs. When compared with control group ratings, the pilot project LNRs received lower overall quality ratings before their training, and higher average ratings sixteen months later.

As the chart below shows, pilot project LNR ratings improved on all six of the FDCRS sub-scales, as well as on the overall score. Prior to participating in individualized training, the pilot project LNRs were rated as providing a quality of child care which could best be described as



approaching 'good'. Their overall average score was 4.65, above the 'minimal' level (3), but not quite 'good' (5); this indicates that the level of care provided did not quite meet the developmental needs of children. Only on one sub-scale, Basic Care, did the pilot project LNRs achieve a rating (5.23) which would be interpreted as 'good'.

Some sixteen months later, the overall quality of care provided by the pilot project LNRs had improved considerably. Average ratings were above the 'good' level for overall quality (5.64), and for four of the sub-scales. The quality of service provided in two areas was very close to the 'excellent' level (7); these ratings were achieved in the areas of Adult Needs (6.55) and Language and Reasoning (6.51). Their lowest average scores were quite close to the 'good' level of quality, and represented an improvement over their ratings prior to receiving individualized training.

As the information in the chart indicates, the average scores for the control group LNRs (who did not receive the individualized training during this period) also showed improvement – on overall quality and on five of the six sub-scales. This opens up the possibility that the pilot project LNRs might also have shown improvement over time, without the training provided through the pilot project.

However, the extent of the improvement does not appear to be as great as that for pilot project LNRs, which would indicate that while both groups improved, the pilot project LNRs were able to make greater strides in the quality of care as a result of their training. Statistical analysis undertaken by the Unit for Child Care Research confirms this to be the case. The level of improvement demonstrated among pilot project LNRs was significantly greater than that observed among control group LNRs on the overall quality rating, and on four to five of the sub-scales (depending on the analysis employed).

The conservative conclusion of the study done by the Unit for Child Care Research was that the individualized training provided for the pilot project LNRs had an overall positive effect on the quality of family child care provided by pilot project LNRs, and a positive effect on four sub-scales of the FDCRS: Adult Needs, Language and Reasoning, Learning Activities, and Space and Furnishing. On the sub-scale relating to Basic Care, the training had an effect which was found to be very close to statistical significance. Changes on the sub-scale related to Social Development were in the direction of improvement, but were not found to be statistically significant.

It should be noted that in its analysis, the Unit for Child Care Research took into account the fact that there were initial differences between the pilot project and the control group LNRs in areas such as maximum number of children attending and age range of children. The improvements in quality of care described above are not attributable to these pre-existing differences.

Goal/Objectives: *To establish a mechanism for administering the infant/toddler grant (ITIG) locally.*

- *Analyze financial and legal implication of administering grant locally.*
- *Develop policies and procedures for administering ITIG based on Ministry of Women's Equality approval.*
- *Administer grant to accredited LNRs for one year as a pilot.*
- *Evaluate effectiveness and outcomes of local administration of ITIG.*

Outcome:

- *Model for administering the infant/toddler grant locally including policies and procedures approved by government*

(from project proposal)

As the above excerpt from the proposal indicates, it was initially intended that the pilot project would implement a means of administering the Infant/Toddler Incentive Grant (ITIG) for participating LNRs. The intent was that the ITIG would constitute an incentive for registration and accreditation among LNRs who were previously not eligible for the grant.

The Infant/Toddler Incentive Grant was established as a means of increasing the number of child care spaces for very young children. It provides a financial incentive ($3 per day per occupied space, for up to two spaces) to help licensed family child care providers cope with extra costs associated with caring for infants and toddlers. Since the ITIG is only available to licensed family child care providers who are subject to inspection by Licensing Officers, LNRs are not eligible to apply for the grant. This had been a source of some frustration for CCRRs, since LNRs must go through a registration process and meet certain criteria in order to join the CCRR, yet are ineligible for the ITIG which is available to licensed family child care providers registered with the CCRR.

The pilot project proposal was approved with the inclusion of local administration of ITIG as an incentive for participating LNRs, and project development proceeded on that understanding. However, both the pilot project and Ministry staff subsequently came to the conclusion that use of the ITIG for this purpose might prove to be problematic. The Ministry, after conducting a feasibility study in other communities, had found that local administration of the ITIG was considerably more expensive than central administration. It also noted that the primary intent of the ITIG program was to increase the number of child care spaces, and that receipt of the grant is not directly related to quality of care provided by the recipient. Using ITIG in the pilot project had the further complication that participating LNRs who received the grant during the pilot project would cease to be eligible for it when the pilot period ended.

Pilot project staff felt an incentive was needed to encourage participation in training, and they considered it important that the incentive be related to quality,

rather than enrollment. They also realized that using ITIG as an incentive could be limiting, since ITIG criteria could have the effect of restricting LNRs to providing care for children under the age of three.

In consultation with staff of the Child Care Branch, the pilot project developed an alternative form of incentive. This 'Quality Incentive Grant' has a monetary value equivalent to the ITIG, and is administered by the pilot project. Unlike the ITIG, the Quality Incentive Grant is related to quality of care, with payments linked to development of a training plan, completion of each course identified in the training plan, completion of requirements for registration, and achievement of accreditation.

The pilot project coordinator tracks each of these milestones so that payments can be linked with the required level of progress. This ensures that the project is accountable for use of incentive funds, since it must be able to show that it paid out funds to a caregiver because she satisfied specific requirements. While this monitoring process requires some time and effort on the project coordinator's part, it is expected to be less expensive to administer than an enrollment based method like the ITIG. The Quality Incentive Grant has the further advantage that it is not tied to the age of children in the LNR's care; it relates to the LNR's efforts to improve the quality of care she provides, regardless of whether she is caring for infants or older children.

Based on her experience with the pilot project, the project coordinator has found the Quality Incentive Grant to be helpful in attracting LNRs to the registration process, recognizing their commitment to training, and encouraging them to complete training requirements for accreditation. She has also noted that many of the LNRs participating in the pilot project were highly motivated; for them, having their skills assessed and an individualized training plan prepared may have been enough of an incentive to sustain participation in the pilot project, even if the financial incentive had been lower, or non-existent.

The project coordinator also indicated that in retrospect, incorporating the ITIG into the pilot project would probably have been a mistake, primarily because it is unrelated to quality of service. Development of the Quality Incentive Grant results in a model which is much more relevant and appropriate to efforts to improve quality of service provided by LNRs.

Goal/Objectives:	*To communicate the process, products and findings of the pilot with participants, CCSPs and the province.*

- *Develop a quarterly bulletin outlining activities and findings of the project.*
- *Prepare project status report twice a year for government.*
- *Conduct formative evaluation of process and report findings to community and government.*

Outcome:
- *Information flow to CCSPs and government of project process, products and impacts.*

(from project proposal)

A combination of brief bulletins and more detailed reporting formats has been utilized to address the above goal and objectives.

Quarterly bulletins have been prepared on a regular basis during the pilot period; these have been distributed to CCRRs across the province, as well as to Ministry staff. The quarterly bulletins provide brief information on project status and progress.

Project status reports have taken various forms. A detailed summary report was prepared and submitted to the Ministry in July 1996; this included a summary of findings from the CCRR survey, a summary of findings from the key informant interviews, and the literature review. A draft standards and policy manual was submitted to the Ministry early in 1997; this included standards for both registration and accreditation, policies and procedures for registration, and associated forms. In October 1997, an interim report was submitted; this provided status information on the pilot project overall, along with detailed information on assessment tools and training plans, and a summary of preliminary results from the parent and caregiver surveys. Several presentations have also been made, and a final report on the pilot project is planned for submission at the end of the pilot period, in March 1999.

A formative evaluation of the pilot project was undertaken during the spring of 1997. At the Ministry's request, this was done by an external consultant. The report was submitted to the Ministry, for distribution at provincial and federal levels of government.

Through this combination of approaches, detailed information on the pilot project has been made available to government. The information distributed to CCRRs and others has been somewhat more limited, with an emphasis on progress reports rather than project and output details.

Meeting the Needs of the Intended Client Group

The LNR Child Care Registration Project was established to meet the needs of two primary client groups:

- CCRRs who have been without a consistent set of standards and tools to assist them in establishing appropriate criteria for registration of LNR care providers, and in assessing the quality of LNR care;

- caregivers who are interested in providing quality child care in a licence-not-required format.

In a less direct manner, the pilot project also serves a third client group – parents who chose child care provided in a licence-not-required setting.

Initial information on *CCRRs*' needs was derived from the experience of the Chilliwack CCRR project coordinator, who subsequently became the pilot project coordinator. This was then supplemented by a survey of all CCRRs in the province; 27out of 32 responded. The survey asked for information on CCRRs' current practice respecting registration of LNRs, on the standards and policies they were using, and on what they viewed as key issues and barriers related to LNR registration.

The responses provided by CCRRs were a key consideration in the pilot project's development of standards for registration and accreditation. As noted previously, the project coordinator, project consultant, and project advisory committee undertook the standard development process in a manner which incorporated those standards already in use in a majority of CCRRs. Also, on issues where most CCRRs had already implemented varying standards, the pilot project established a standard at or above the level reflected by the majority of CCRRs, with a view to bringing other CCRRs up to that standard.

Thus, the pilot project obtained information from CCRRs on their needs relating to LNR registration, and then developed standards to reflect, supplement, and build upon existing CCRR practice. The pilot project's registration policies and procedures and associated materials, were also developed to be implemented within a CCRR environment.

LNR caregivers constitute the project's other primary client group. Information on their needs was obtained through two methods: direct experience with pilot project participants, and responses to the caregiver surveys. Since early 1997, the project coordinator in particular has had frequent contact with pilot project LNRs. Contacts for the purposes of explaining the pilot project, encouraging participation, establishing training plans, arranging and monitoring training, etc. have provided good opportunities to learn more about LNRs' needs, situations, and preferences, and to assess on an informal basis how well the pilot project addresses their needs. The project consultant has also been able to learn more about LNRs through the development and implementation of the assessment tools, and through the preparation of case studies which follow several LNRs through their involvement with the pilot project.

The caregiver surveys provide information about the needs of LNR care providers. Questions focus on both how and why they provide child care, and ask about their backgrounds, home situations, and plans for the future. These surveys were administered to LNRs participating in the pilot project, and as well to other LNRs and to a group of licensed family child care providers. This yields a somewhat broader base of information than could be obtained by relying solely on experience with pilot project participants.

On the basis of information obtained through caregiver surveys and through direct experience with LNRs, the project coordinator and the project consultant have made several revisions in the standards and associated registration materials to ensure that they better address the needs of LNR care providers.

Parents also constitute a client group for the pilot project, although in a less direct manner. Improvements in the quality of LNR care resulting from the pilot project's registration and training efforts should ultimately benefit parents who use LNR child care, and their children.

The parent survey is the primary means by which the pilot project has obtained information on parent's needs and preferences. Much of the parent survey asks for parents' perceptions about various aspects of the care provided by their caregiver. However, it also includes questions seeking their views on what they expect and prefer on various child care issues, on the training they want their caregiver to have, and on the types of services that would be of assistance to them as parents. Some additional information on parents' perspectives was obtained through contacts made by the project coordinator to explain the pilot project, and/or to encourage their participation in the survey or in the assessment process.

Information about parents and their needs was used in the development of a parents' handbook. This was initially intended only for parents involved in the pilot project, but has since been expanded to address the needs of all parents seeking child care.

Project Design and Delivery

The *organizational structure* of the LNR Child Care Registration Project reflects the cooperative efforts of the pilot project coordinator, the CCRR, the sponsoring agency, the advisory committee, and the project consultants. The pilot project coordinator and the project consultants have played key roles. The pilot project has been delivered in close coordination with the CCRR; while this has primarily been beneficial for the project, it has also proved to have challenging aspects.

The pilot project's close contact with the Chilliwack CCRR has provided a means of ensuring that the registration model and associated materials are appropriate for use by CCRRs. The model was designed, and the associated documentation was developed, within a CCRR setting, with direct knowledge of CCRR needs, services, and procedures. The close connection between the pilot project and the CCRR also provided a ready source of contacts when the project was trying to attract LNRs as pilot project participants, and when it needed other care providers to complete surveys.

The fact that the same person serves as both CCRR coordinator and pilot project coordinator has had the further advantage that she was already known to, and trusted by many caregivers. This made it somewhat easier that it would otherwise have been to persuade LNRs to become involved in the pilot project.

On the other hand, combining the tasks of CCRR and project coordinator has resulted in a significant workload. Shortly after project start-up it became clear that the workload for the project was considerably heavier than had been anticipated in the proposal. The agency's underestimate of project staffing level was raised with the Ministry, and Ministry staff agreed to an increase in this component of the project budget. Still, even with this staffing level increase, the project coordination workload has remained high, and maintaining the dual position of project and CCRR coordinator would probably not be sustainable on a long term basis.

With respect to *roles and responsibilities,* the project coordinator and the project consultant are key players. The project coordinator is supported by the CCRR and agency staff, the project consultant has the assistance of a subcontracted consultant, and the project advisory committee serves as a resource for both the coordinator and the consultant. Relationships among these various parties were established early, during the proposal development stage, and appear clear and productive.

The situation is one in which roles and responsibilities could easily have become confused. The agency entered into a contractual relationship with the project consultant to translate the agency's broad concept relating to registration of licence-not-required caregivers into a detailed proposal and plan for implementation. Because the project consultant had been responsible for the detailed and specific aspects of project development, the agency tended to look to her for ongoing leadership and project management, particularly during early phases of the project. This tendency to turn to the project consultant at times resulted in some confusion, since project management is the agency's responsibility.

However, the prior existence of a collaborative, positive relationship among the various parties has enabled them to identify and address any confusion relating to roles and responsibilities. Similarly, when the project consultant involved subcontracted consultants in the project, no significant difficulties were encountered with respect to the roles and responsibilities of the various parties.

The University of Victoria's Unit for Child Care Research constitutes an additional project partner – one not included in the project's proposal, but introduced by the Ministry. This too resulted in a situation which could have been problematic, since the task of this new partner – to assess change in quality of service attributable to project training – was one for which the pilot project had already assumed responsibility.

The Unit for Child Care Research appears to have been able to carry out its responsibilities with the cooperation and support of the project. The project coordinator assisted in this effort by providing access to contact information, and by scheduling other pilot project activities so as not to interfere with the intent of the external assessment. There were also linkages with the project consultant to ensure coordination of efforts.

While the various partners in this pilot project have been able to achieve clarity with respect to their roles and responsibilities, it should be noted that the design of the project as implemented has required a fairly high level of involvement and cooperation on the part of the project LNRs. Since they agreed to participate in the pilot project, these LNRs have been asked to complete a detailed caregiver survey on two occasions; to participate in two assessments by the Unit for Child Care Research, each requiring observation periods averaging over two hours; and be involved in self-assessments and observer assessments (and in some cases parent assessments) on at least two occasions. Some LNRs have also been asked to provide information for case studies. These activities have been in addition to the work required to meet training requirements specified in their individualized training plan, as well as the ongoing business of providing child care.

Other *strengths and challenges* have also been identified during the course of the LNR Child Care Registration Project. In particular, having a specific developmental period for the project proved to be beneficial, while encouraging participation in the project was a struggle.

The initial part of the pilot project period was focused on developmental work. The CCRR survey was completed, key informant interviews were conducted, and the literature review was undertaken. With this base of information, efforts turned to development of standards, establishing registration policies and procedures, and preparing assessment tools, data collection instruments, and other materials needed for the registration process.

As a result, the project had a complete registration model in place before LNRs became involved in the pilot. This proved to be valuable during subsequent phases, since it provided a structure and a rationale to which project staff could turn when questions or concerns were raised. It also enabled the project to test the registration model through actual use, providing sound information on what worked well, and what aspects needed revision.

Encouraging participation in the pilot project proved to be more of a challenge than had been anticipated. Considerable effort was required to establish a group of pilot project LNRs, to identify other LNRs willing to be part of a control group, and to convince parents using LNR care to participate in the project.

The project coordinator found that in order to establish the group of pilot project LNRs, it was not sufficient to use advertisements or notices, or to send letters to LNRs registered with the CCRR. These efforts proved largely futile. Personal contact through a telephone call was much more productive; although time consuming, this approach resulted in a fairly high level of cooperation.

The control group for the pilot project was to be selected from LNRs registered at a neighbouring CCRR. However, without some form of incentive, there was little reason for LNRs to agree to subject themselves (both before and after the pilot project LNRs had received their training) to the project's somewhat intrusive assessment process. This situation was made still more challenging by the fact that project staff had little control over the effort and process used by the neighbouring CCRR to attract LNRs to the project.

Two steps were taken to address this difficulty. First, the Ministry arranged for an external assessor to work with neighbouring CCRRs to attempt to improve participation in the comparison group, and to undertake the quality of care assessments. Second, the Ministry agreed to make training available as an incentive for control group LNRs; this training was scheduled after the second set of external assessments, so as to minimize any impact on the outcome of the pilot project.

It proved equally challenging to persuade parents to participate in the pilot project. In order to obtain parents' perspectives on LNR child care, and to provide information to put together a guide to assist parents in choosing child care, pilot project staff wanted approximately 20 parents to complete the parent survey and assess their LNR caregiver using the tool developed by the project.

The project coordinator used information from the CCRR's manual registry to identify and then telephone parents who were using LNR rather than licensed child care. However, many parents were unwilling, uninterested, or unable to make the commitment required by the project; as a result, the number of parents who actually agreed to participate in and continue with the project was lower than had

been hoped. To obtain better information for purposes of developing a parents' handbook, input is being sought from all parents contacting the CCRR to request referrals.

With respect to feedback processes, the CCRR, caregiver, and parent surveys have provided formal information on needs and on services that would be helpful in addressing those needs. The feedback card inserted in the parent handbook is intended to solicit views on whether parents found the handbook helpful, and whether they would use the information provided to monitor their child care.

Other, less formal, methods of feedback have also been used throughout the pilot project. The project coordinator's ongoing contacts with pilot project LNRs for purposes of arranging training or for other reasons provide an opportunity to obtain information on how LNRs feel about their participation in the project, and about any problems or unexpected benefits accruing from the project. Similarly, the project consultant's contacts with caregivers for purposes of assessment sessions and case studies provide opportunities for informal feedback on the pilot project.

Feedback obtained through both formal and informal means has been used to make revisions in registration policies and procedures, and in the scoring method used for the assessment process.

Unintended Outcomes

The LNR Child Care Registration Project has established a mentoring component which was not among the intended outcomes for the project. One of the project's objectives included development of networking opportunities to assist LNRs in achieving registration standards. To address this requirement, the project set up meetings and other forms of group sessions to provide LNRs with opportunities to meet one another, in the expectation that this would facilitate the development of informal support systems.

By the time the pilot project LNRs had participated in the second set of project assessments, it became clear that some pilot project LNRs had a fairly high level of child care skill. They were asked if they would be willing to serve as mentors for other LNRs, and were then matched with partner LNRs whose skill levels still need some improvement. Nine of the pilot project LNRs have agreed to be mentors; they have been partnered with five LNRs from the pilot project, and four other LNRs selected from the CCRR registry.

Project staff have developed two mentoring workshops; one provided an opportunity for mentors and partners to meet and discuss the mentoring arrangement; the second workshop was a training session for mentors. Following this, mentors and partners were asked to make a commitment to meet for a total of five hours over a two month period.

The project coordinator reports that the mentor partnerships appear to be working well, and are potentially fruitful means of establishing a support system as well as assisting LNRs to complete their registration and accreditation requirements. She has also stressed the importance of careful selection and monitoring of mentor partnerships, noting that these activities require considerable time and effort.

COMMUNITY DEMONSTRATION PROJECTS

Community demonstration pilot projects funded under the Strategic Initiative for *Improved Access to Child Care* are intended to respond to local needs, while testing one or more identified aspects of service delivery. The LNR Child Care Registration Project was designed with a primary focus on one specific aspect identified for testing through community demonstration projects:

- approaches to improving the quality of child care services in a variety of settings, including the unregulated sector.

Expected outcomes have been identified for regional delivery models and community demonstration pilot projects funded under the Strategic Initiative for *Improved Access to Child Care*. Not all of these outcomes will be relevant to every pilot project, since individual projects vary in nature and focus. Of the identified expected outcomes, the following is of specific relevance to the LNR Child Care Registration Project:

- improve quality, particularly in the unlicensed sector.

Improving Quality

There is clear evidence that the LNR Child Care Registration Project has resulted in improved quality of child care among pilot project LNRs. This conclusion flows from several different sources of information.

✉ The study undertaken by the University of Victoria's Unit for Child Care Research shows a significant improvement in quality of child care among LNRs who participated in the individualized training program which constitutes part of the LNR registration process.

The Harms – Clifford Family Day Care Rating Scale was administered on two occasions, before and after LNRs received individualized training programs, to assess six aspects of quality of child care. Results showed improvement on all six aspects, and on overall rating of quality of care. Average rating on overall quality of care improved from 4.65 to 5.64 – a meaningful change on a seven point scale.

Through use of a control group of LNRs from nearby CCRRs, the study was also able to show that the observed improvement was unlikely to be attributable to other factors such as the additional experience gained by providing child care during the pilot period. Most caregivers in the control group had also demonstrated improvements in quality of care; however, the

change noted among pilot project LNRs was in most cases significantly greater than that noted among the control group LNRs.

The Unit for Child Care Research concluded that the pilot project's individualized training program had a positive impact on the overall quality of care, and on four specific aspects of quality of care: adult needs, language and reasoning, learning and activities, and space and furnishings.

- Information obtained through caregiver surveys administered by the project on two occasions also indicates improvement in quality of service. In many areas, the quality of care provided by pilot project LNRs was found to be similar to that provided by licensed family child care providers.

  The surveys requested information on LNR practice in several key areas of child care. Caregivers' responses were then assessed as indicating quality of care that was below standard, at standard, or above standard level. A comparison of responses obtained before LNRs became involved in training, with those obtained a year later, shows that the percentage of LNR caregivers providing service which was rated as *above standard quality* increased in almost all areas during the first year after the pilot project was implemented. In some areas, a majority of LNR caregivers were rated as providing above standard quality child care; these included measures to ensure children's safety (77% were rated above standard), guiding children's behaviour (71%), record keeping (59%), and quality of food for snacks and mealtimes (53%).

  When the responses of pilot project LNRs are compared with responses provided by a group of licensed family child care providers, it becomes apparent that both groups show improvement over the period in question. However, it is also apparent that by the time the second survey was conducted, the quality of child care provided by the pilot project LNRs compared very favourably with that of licensed family child care providers, who are subject to licensing inspections and other quality control measures.

- The results of LNR caregiver assessments also show improvement in quality of child care. Using the assessment tool developed by the pilot project, observers rated the quality of child care provided by LNRs in various areas such as health and safety, provider skills and practices, physical environment, provider and child relationship, etc. Although primarily intended to provide a basis for development of individualized training plans, the caregiver assessments also serve as a source of information about the quality of care provided by LNRs before starting their training program, and again about a year later.

Summary scores derived from observer assessments of the pilot project LNRs show a decrease in the percentage of assessment scores considered to be below standard (9% in 1997, 1% in 1998), and in the percentage of scores considered to reflect a standard quality of child care (70% in 1997, 62% in 1998). However, there was an increase in the percentage of scores rated as indicative of above standard quality of child care (21% in 1997, 37% in 1998).

In summary, improvement in quality of child care provided by the pilot project LNRs was shown in all three measures – the caregiver surveys, the caregiver assessments, and the external assessment of quality. The consistency in these results employing different measures reduces the likelihood that ratings reflect observer perceptions about expected project outcomes.

A note of caution should be introduced here. While the available information shows improvements in LNR child care attributable to the pilot project's registration and training process, similar improvements may or may not be achieved with other groups of LNRs. The project coordinator has noted that many LNRs participating in the pilot project were highly motivated, and may differ in that regard from other LNRs. Part of their reason for agreeing to participate in the pilot project may be linked to a desire for training to address identified weaknesses in their child care skills. Other LNRs (e.g. those who did not agree to participate) may be less interested in having their skills assessed, and less motivated or willing to spend the time required to complete a training program.

The project's design may be helpful in addressing this issue. Information from the key informant interviews and literature review indicated that one factor contributing to quality child care was the extent to which the LNR caregiver viewed herself as a child care professional. Those who provide LNR care to 'fill in' until they can find another job, or to supply a companion for their own child are considered less likely to be concerned about issues of quality. The pilot project was designed to incorporate assessment and training requirements into the registration process; it has also established an accreditation level as the ultimate goal of registration. Since this should attract the more motivated LNRs, the CCRR registry will be in a position to provide parents with referrals to LNR caregivers who are more likely to be interested in providing quality child care.

With respect to the *cost efficiency* of the LNR Child Care Registration Project, two points are relevant. These relate to use of the model by other CCRRs and to the Quality Incentive Grant.

Part of the overall purpose of this pilot project was to develop an LNR registration process which could be used by CCRRs across the province. The developmental work for the project was undertaken in an organized manner, with the result that all of the essential pieces were in place before LNRs were approached to

participate in the project. Actual experience with care providers and parents has enabled the project to identify areas needing revision, and to make the required modifications. Key outputs of the project include . . .

- standards for LNR registration and accreditation, based on both theory and practice, to support use of consistent criteria for the registration of LNRs across all CCRRs;

- assessment tools, which may be administered on a self-assessment basis or by observers, reflecting a range of service levels over key aspects of child care, useful for both establishing a training plan and assessing quality of child care provided;

- registration policies and procedures, which provide detailed information on activities and requirements for the registration process, along with samples of associated documentation.

These outputs will serve all CCRRs interested in registering LNR care providers, with the result that the pilot project benefits extend beyond the specific CCRR and LNRs who were the focus of this pilot.

The Quality Incentive Grant was developed by the pilot project instead of proposed local administration of the Infant/Toddler Incentive Grant. In consultation with Ministry staff, it was determined that costs associated with local administration of the ITIG would have been unreasonably high. Perhaps more importantly, the ITIG was found to be inappropriate for the pilot project since it is linked to child care spaces rather than quality. The alternative developed by the project -- the Quality Incentive Grant – was established at a level approximately equivalent to the ITIG.

However, the project coordinator's experience indicates that a lower level of financial incentive may be as effective in encouraging LNR providers to undertake and complete training and other registration requirements. If the model developed by this pilot project is to be used on a broader basis, further consideration should be given to determining what level of financial incentive represents an appropriate quality incentive.

CHILD CARE STRATEGIC INITIATIVE

The *Improved Access to Child Care* Strategic Initiative is part of the joint federal/provincial Strategic Initiative Agreement. This Agreement has the general goal of moving people away from dependence on Canada's social security programs and on to employment and training. The *Improved Access to Child Care* initiative was established in the belief that quality child care is a key support to ensuring healthy development of children, and to improving workforce participation of their parents.

Specific objectives have been established for the *Improved Access to Child Care* Strategic Initiative. These are applicable to the wide array of projects eligible for funding under the Strategic Initiative, and not all objectives are relevant to all projects. For example, two of the objectives have a specific focus on regional delivery models, and on supported child care, while others are relevant to community demonstration projects.

The *Improved Access to Child Care* Strategic Initiative objectives having specific relevance for the LNR Child Care Registration Project are as follows:

- creating and supporting affordable, accessible and quality child care services enabling parents to take advantage of training and jobs to support their families;
- testing and evaluating delivery models to allow both Canada and British Columbia to explore new policy and program directions;
- developing services and enhancing programs in a manner consistent with the overall direction for child care services in British Columbia, addressing at least one of the following core objectives:
    - to improve the stability and quality of facilities and services;
    - to increase affordability for parents;
    - to increase availability of service and promote parental choice in the selection of the most appropriate child care arrangements for their families.

Each of these three objectives is considered separately below. Discussion focuses on the extent to which the LNR Child Care Registration Project has been successful in achieving each objective. Factors having an impact on the achievement of objectives have also been identified.

Affordable, Accessible Quality Child Care

Objective:	*creating and supporting affordable, accessible and quality child care services enabling parents to take advantage of training and jobs to support their families*

The LNR Child Care Registration Project's chief contribution toward this objective has been in the area of improving quality of child care services. Its achievements with respect to this objective are outlined below.

- The pilot project has developed assessment tools which may be administered on a self-assessment basis, or by an observer. The assessment tools serve two purposes: to help LNR caregivers identify strengths and weaknesses in their child care skills; and to help them assess the quality of their service. Revisions have been made to reflect actual experience with the instruments. The resulting tools are of potential benefit to all LNRs and CCRRs interested in improving the quality of LNR child care.

- The LNR Child Care Registration Project includes provisions for the establishment of individualized training plans for LNR care providers. The training plan is developed in conjunction with the LNR care provider, and uses the caregiver assessments to identify strengths and weaknesses. Anecdotal information provided by the project coordinator indicates that caregivers were very pleased with how well the individualized training fit with caregivers' perceptions about their training needs. The project coordinator also reported that implementation of the training programs proceeded smoothly, with LNRs encountering very few problems in completing the identified assignments.

- On the basis of both internal and external assessments, the quality of LNR child care was shown to be improved through participation in the pilot project. Information from responses to caregiver surveys, from observer assessments of caregivers, and from an external assessment using the Harms-Clifford Day Care Rating Scale shows improvement in overall quality of child care provided, as well as improvement in specific aspects of child care.

Thus, the pilot project has developed a process for assessing and training LNRs which has been shown to improve the quality of child care in the LNR sector. This outcome has potential benefits for the many parents who use LNR child care.

Delivery Models to Explore New Directions

Objective:	*testing and evaluating delivery models to allow both Canada and BC to explore new policy and program directions*

The LNR Child Care Registration Project provided a means of testing and evaluating a service delivery model for registration and training of LNR child care providers. In doing so, it has established standards, developed assessment tools, and prepared policies and procedures to guide the registration process. The resulting experience and documentation will support the efforts of other CCRRs to encourage LNR registration, and will help LNRs who want to deliver quality child care.

Specific contributions of the LNR Child Care Registration Project on this dimension include those outlined below.

Establishment of Standards for LNR Care: Practice with respect to registration of LNR care providers has varied from one CCRR to another, partly due to a lack of consistent registration criteria, and partly due to varying interpretations of what comprised quality child care in the LNR sector. The establishment of standards for LNR care is a key means of addressing these difficulties.

Drawing on a base of CCRR experience and practice, supplemented by information from academic literature and key informants, the pilot project established standards appropriate to the situation of LNR care providers, and in a manner consistent with the needs of CCRRs. In order to encourage registration and to support care providers interested in improving their ability to provide quality child care, the pilot project established two sets of standards: required and recommended. LNR care providers must meet the required standards in order to be registered with the CCRR. LNRs who meet the recommended standards achieve accreditation on the CCRR registry as LNRs who provide child care at a level which is beyond the minimum required for registration.

Development of LNR Caregiver Assessment Process: The pilot project has also developed an assessment process and tools to enable LNR caregivers and others to assess the quality of child care provided, and to identify strengths and weaknesses. The assessment tool itself is relatively straightforward, and can be used by the LNR on a self-assessment basis. It provides information on the quality of service provided in six key aspects of child care; assessment results can be used to identify aspects where the LNR needs more training.

Implementation of Individualized Training Plans: The pilot project used information from caregiver assessments to develop individual training plans for each of the participating LNRs. These plans are prepared in consultation with the LNR, and are designed to address specific areas where the assessment indicated a need for additional training. Having a training plan tailored specifically to each LNR increases the relevance of training; project staff report very few problems in having LNRs complete required training assignments.

Development of Registration Policies and Procedures: The pilot project's LNR registration model has been documented in its registration policies and procedures. These provide detailed information to guide CCRRs through the various activities and responsibilities required for the LNR registration process. Each policy includes information on intent, requirements, and procedures. Relevant references are made to other components of the registration process such as assessment tools and individualized training plans, and samples of commonly used forms are provided.

The LNR registration model was tested during the pilot period, and was revised where necessary. The result is a model which has been shown to be both functional and effective as an LNR registration process.

Services & Programs Consistent with Core Objectives

Objective:	*developing services and enhancing programs in a manner consistent with the overall direction for child care services in BC, addressing at least one of the following core objectives:* • *to improve the stability and quality of facilities and services;* • *to increase affordability for parents;* • *to increase availability of service and promote parental choice in selecting the most appropriate child care arrangements for their families.*

The LNR Child Care Registration Project has developed services and enhanced programs in a manner which is consistent with the core objective of improving the quality of child care service. The project has shown that use of a registration process for LNR care providers, including assessment and training components, resulted in improvement in quality of child care provided by pilot project LNRs. The model developed by the project can be implemented in other CCRRs, with the goal of achieving more broadly based improvement in quality of LNR child care.

DISCUSSION

This section discusses various aspects of the LNR Child Care Registration Project having implications for CCRRs and others who may be interested in implementing similar models in their communities. The section presents an outline of lessons learned from the pilot project, identifies the successes and challenges encountered, describes the qualities of the project model, and discusses the conditions which appear to support success.

WHAT HAS BEEN LEARNED

The experience of the LNR Child Care Registration Project has shown that the quality of LNR child care can be improved through involvement in a registration process which includes standards, assessment tools, training, and policies and procedures. Through the pilot project, it has also been learned that incentive plays a role in supporting improvements in quality; however the type of incentive need not be solely, nor heavily, financial in nature.

Improving LNR Child Care

As noted in previous sections, several different measures have shown improvements in the quality of child care provided by LNRs participating in the pilot project. Responses to the caregiver survey, ratings obtained through observer assessments of caregivers, and an external assessment using a standardized tool for family day care all demonstrated improved quality of child care, even though different instruments were used, and different aspects of quality were assessed.

The model developed for the pilot project has several key components, which, when combined, provide an integrated approach to supporting quality LNR care. The establishment of required and recommended standards for registration and accreditation, the development of tools for self or observer assessment of LNR care, and the concept of individual training plans linked to each caregiver's strengths and weaknesses constitute essential elements for a registration process which has as its ultimate goal the improvement of LNR child care.

Use of Incentives

The pilot project employed two types of incentives to encourage LNRs to participate in the registration process. One was a financial incentive, linked

initially to the Infant/Toddler Incentive Grant, while the other provided information about the caregiver's strengths and weaknesses.

One of the lessons learned early in the development of the LNR Child Care Registration Project was that since the project focuses on quality of child care, any incentives used should also focus on quality. The ITIG was established to increase child care spaces, and does not address issues of quality; for that reason, it would not have been appropriate for this pilot project. The project instead established a Quality Incentive Grant, with payments linked to assessment, training, and registration milestones. The direct connection between application of the incentive and these quality milestones is considered to constitute a more useful form of incentive.

It also may be possible to establish a financial incentive at a lower level than that used in the pilot project. The project's Quality Incentive Grant was established at a level equivalent to that which LNRs would have received had they been eligible for the ITIG. On the basis of experience gained through the pilot, the project coordinator subsequently expressed the view that a lower level grant might have been equally effective in encouraging LNRs to participate.

Part of the reason for this is that the pilot project LNRs seemed quite motivated by other benefits accruing from the project, in particular, by the assessment and training opportunities. These constitute the other form of incentive offered by the pilot project. Participating LNRs were provided with a standards based assessment of their child care skills, and received individual training plans tailored to their particular strengths and weaknesses. Completion of the training program designed through this process provided a means by which the LNR caregiver could achieve accreditation recognizing her ability to provide child care at a level beyond the minimum required for registration. These opportunities are beneficial from personal, professional, and business standpoints, and for many pilot project LNRs they provided much of the incentive needed to maintain their interest and involvement in the project.

The project coordinator feels that the financial incentive may have played some role in attracting LNRs to the pilot project initially; but that these other forms of incentive were equally or more important after that initial point.

SUCCESSES AND CHALLENGES

The LNR Child Care Registration Project has encountered both successes and challenges during its pilot period. Prime among its successes are the development of a functional and effective LNR registration model, and its ability to

retain the majority of the LNRs throughout the pilot period and through repeated surveys, assessments and observations.

Challenges encountered by the pilot project relate to the effort required to attract project participants, particularly comparison group caregivers and parents, and the potential intrusiveness of the many interventions required by the pilot project.

Functional, Effective LNR Registration Model

As noted in previous sections, the LNR Child Care Registration Project has successfully assembled all of the essential elements of a registration process which is likely to attract motivated LNRs, and to provide the means by which they can improve their ability to provide quality child care. The model has been tested during the course of the pilot project, and changes have been made where weaknesses were identified. The registration process has been designed for use within a CCRR setting, and all of the key documentation needed for implementation has been prepared. Pilot project results show the model to be an effective means of supporting improvements in the quality of LNR child care.

Participation of LNRs

Although the number of participating LNRs was not as high as had been anticipated, it is important to note the project's success in maintaining their interest through a wide array of interventions and requirements. Once they agreed to participate, very few of the LNRs left the project. This is no small achievement when one considers the fact that these LNRs were asked to provide caregiver profile information, complete two fairly detailed caregiver surveys, undertake self-assessments and assessments by project observers and parents on at least two occasions, and undergo two sets of observations to facilitate administration of the Harms-Clifford Day Care Rating Scale by the Unit for Child Care Research. Four of the LNRs have also agreed to two sets of interviews to assist in developing case studies. In addition to these various interventions, the pilot project LNRs have been involved in consultations to establish individual training plans, and have been responsible for completing identified training requirements – all while providing child care.

It would appear that the project coordinator has played a key role in supporting the LNRs' continued participation in the pilot project. It is clear that she has spent much time and effort making sure that LNRs are aware of the purpose of the pilot project and its various components, identifying and clarifying LNRs' needs, and taking steps to ensure that the project meets their needs. The LNRs know and

trust the project coordinator, and this was undoubtedly a factor which influenced their decision to persist and continue to respond to project requests.

Establishing Comparison and Parent Groups

The pilot project staff found it quite challenging to encourage the participation of other care providers and of parents to meet project design requirements for information from the perspective of comparison caregivers and parents. As noted in an earlier section, there was little incentive for either of these groups to agree to contribute the time and effort entailed in completing surveys, and undergoing the observations and assessments required by the project.

Phone calls and personal contact proved to be a more effective means of explaining the purpose and nature of the pilot project. To a certain extent it was also useful in encouraging other caregivers on the registry, and parents to assist by participating in the project. It should be noted that this was a very time consuming task.

The identification of a comparison group from neighbouring CCRRs proved to be more difficult. Not only was there little incentive for these caregivers to participate, but also pilot project staff had no control over the amount of effort expended in attempting to encourage participation. In this case, the Ministry's offer of training in the form of the 'Good Beginnings' course was useful in obtaining the cooperation of CCRR staff and registrants.

Intrusiveness of Project Interventions

As noted above, the combination of interventions required by the pilot project proved to be somewhat intrusive. LNRs, other caregivers, and parents were expected to agree to an array of surveys, observations and assessments which impinged on their time and on their personal and business lives. Project staff at times found it challenging to maintain interest and participation in view of the considerable demands the project was making on others' time.

QUALITIES DESCRIBING THE PROJECT MODEL

The introductory section of this report is a project overview which includes a description of the project model. In summary, the key components of the project model include the establishment of standards for registration and accreditation, the development of assessment tools for LNR caregivers, implementation of individualized training plans, and the development of registration policies and

procedures. During the pilot phase, both internal and external measures were used to assess impact of the project on quality of LNR child care.

A key characteristic of the project model is its reliance on a combination of theoretical and practical information as the basis for its design. The project looked to the practical experience of CCRRs to ascertain current practice, and to determine needs and barriers relevant to establishment of an LNR registration process. It supplemented this with information obtained through a literature review and through interviews with persons having expertise in family child care to identify essential elements of quality LNR care and of an effective LNR registration process. The combination of these two types of information constitutes a sound basis for the development of a registration process which is both functional and supportive of quality child care.

Development of the project model was also carried out in an organized manner. The initial part of the pilot period focused on developmental efforts, and resulted in the production of policies, procedures, tools, and associated documentation. This enabled the pilot project to move into its implementation phase with all the essential elements of the registration process in place. The implementation phase then provided a useful testing period for the registration process.

Another characteristic of the project is that it was undertaken within a CCRR setting, with the intention of addressing a difficulty experienced by many CCRRs. As noted above, CCRR experience was incorporated into the model design. The resulting LNR registration process is intended for implementation as an integral part of CCRR services. This means that the policies, procedures, and associated tools and documentation developed through the LNR Child Care Registration Project should not only be useful for other CCRRs, but should also be easily incorporated into their existing systems, procedures, and services.

CONDITIONS CONTRIBUTING TO SUCCESS

Experience acquired through the LNR Child Care Registration Project leads to the identification of several conditions which contribute to the success of the project. Prime among these is a trusting, productive relationship between project staff and participating LNRs. It will also be important that parents be made aware of the LNR standards, and of the tools available to assess the quality of LNR care.

Relationship Between Project Staff and LNRs

It is clear that the project coordinator has expended considerable energy in her contacts with pilot project LNRs. She has been involved to varying degrees in most project activities, and has had extensive involvement in developing individual training plans, arranging training opportunities, and monitoring LNRs' progress. Perhaps as important are her ongoing contacts with these LNRs, starting prior to the project, and continuing over the ensuing period; this pre-existing relationship appears likely to have influenced LNRs' decision to participate in, and to continue their involvement with the project. The project consultants were also able to gain trust and build effective relationships with caregivers. Because the project coordinator knew the LNRs, it was also easier for her to identify needs, detect weaknesses in the project, and suggest ways to better meet the needs of both the LNRs and the pilot project.

The established relationship between the project coordinator and the LNRs appears also to have contributed positively to the relatively smooth implementation of a mentoring component. The successful partnering of LNRs with better and weaker skills, and with compatible personalities, requires more than an examination of assessment scores. The project coordinator's familiarity with the specific individuals involved puts her in a better position to propose productive partnerships. Caregivers are also more likely to trust the coordinator's judgement in this matter, on the basis of their previous experience with her.

Parent Awareness

It is important to remember that parents and their children are ultimate beneficiaries of the pilot project. The registration and accreditation of LNR care providers, and the associated anticipated improvement in quality of child care, should benefit the many parents and children who use LNR child care. To optimize the project's likelihood of success, it will be important that parents be made aware that standards for LNR care have been developed, and that there are tools available for their use in assessing the quality of LNR child care.