Since the launch of Kaleidoscope Play & Learn in January 2006, Child Care Resources (CCR) has conducted evaluations to understand the impact of the program on participating children and their families. This guide answers the questions commonly asked by policy makers, funders and other stakeholders about the effectiveness of Kaleidoscope Play & Learn in supporting Family, Friend and Neighbor caregivers (FFN) and parents and the children in their care, based on 10 years of evaluation. In addition, this guide highlights CCR’s efforts with both evaluation and program development that lead to Kaleidoscope Play & Learn’s designation as a Promising Practice in 2013.

1. In what types of evaluation efforts has CCR engaged to provide evidence of the program’s social impact?

Kaleidoscope Play & Learn outcome-based evaluation efforts have evolved along with the program:

- A King County, Washington evaluation using an open-ended caregiver feedback form (2003 to 2005)
- A King County, Washington evaluation using a closed-ended one-page caregiver feedback form (2006 to 2010)
- A Washington statewide evaluation using a revised two-page caregiver feedback form (2011 to the present)
- A more rigorous sample-based outcome study based on multi-method data collection (2011 and 2012)

Please see APPENDIX B below for more detail on each evaluation activity.

2. What have we learned about the impact of Kaleidoscope Play & Learn on participating caregivers?

- Kaleidoscope Play & Learn is having a positive impact on participating caregivers (see Kaleidoscope Play & Learn Theory of Change for theorized outcomes in APPENDIX A).
- Results of all evaluation activities show increases in caregivers’ positive beliefs about play after participating in Kaleidoscope Play & Learn and suggest stronger outcomes with longer participation in the program.

1 From this point on, “caregivers” refers to parents and FFN.
• The countywide and statewide evaluations show increases in the following:
  o Caregiver knowledge about child development,
  o Caregiver-child engagement activities that support learning, and
  o Caregiver social networks.²

• Evidence from the countywide and statewide evaluations suggests achievements are greater among longer-attending participants compared to shorter-attending participants. Yet even those participants who attended fewer sessions appeared to achieve gains, a finding that is especially heartening for two reasons:
  o Though children likely benefit directly from the time they spend in Kaleidoscope Play & Learn group sessions playing with their caregivers, what caregivers learn in the sessions can benefit children during the far greater time they spend together outside of the sessions. This supports the idea that the power of Kaleidoscope Play & Learn lies in its intended impact on caregivers.
  o The drop-in program is reaching and benefiting caregivers who might not otherwise participate in programs that require regular or longer-term attendance. This underscores the importance of facilitators structuring each session to cover key learnings that support children’s school readiness.

• Evidence from the statewide evaluation shows that proportionately more non-English-speaking caregivers achieve knowledge outcomes than English-speaking caregivers; however they tended to report less improvement in caregiver-child behavior outcomes. A stronger relationship between participation and achievement of behavioral outcomes among non-English-speaking caregivers may suggest immigrant caregivers take longer to experience behavioral outcomes than knowledge outcomes because of the larger cultural leap required to achieve the desired behavioral outcomes.

² Caregiver knowledge about child development and caregiver-child engagement in activities that support learning were not measured in the outcome study; caregiver social networks did not increase among participants in the outcome study, likely due to the lower number of group sessions attended by outcome study participants compared to countywide evaluation participants.
3. What have we learned about the impact of Kaleidoscope Play & Learn on young children?

- The sample-based outcome study provided new evidence of the program’s overall impact on children’s social-emotional development and pre-literacy.
  - After participating in at least three Kaleidoscope Play & Learn sessions with their caregivers, children demonstrated a statistically significant increase in self-control, marginally significant increases in initiative and total protective factors and marginally significant decreases in behavioral concerns.
  - Children also demonstrated statistically significant increases in receptive vocabulary.
- The child outcome findings dovetail with caregivers’ descriptions of observed changes in the children in their care since they began attending Kaleidoscope Play & Learn. This was especially true for social-emotional gains as well as gains related to early literacy skills.

4. What are we learning about the impact of Kaleidoscope Play & Learn on caregiver-child interactions?

- For participants who attend at least 16 group sessions, Kaleidoscope Play & Learn is having a positive impact on quality of caregiver-child interactions.
  - Caregiver-child interaction measurement in the outcome study paralleled measurement of two of the three teacher-student interaction domains in the Classroom Assessment Scoring System (CLASS)—emotional support (teacher sensitivity and teacher regard for student perspectives) and instructional support (quality of feedback and language modeling)—both of which are associated with school success.
  - Caregivers report engaging more frequently in activities with children that have been shown by other research to support children’s learning. Some of these activities include describing things they do and see together; reading, looking at books and telling stories; and giving the child opportunities to learn and try new things.

5. Is Kaleidoscope Play & Learn an Evidence-Based Practice?

- In 2013 Kaleidoscope Play & Learn was recognized as a Promising Practice by the Evidence Based Practice Institute at the University of Washington, based on:
  - the structure and implementation of the program to ensure fidelity to the model, including:
    - written guidelines and standards
    - established quality assurance measures
    - a written manual
- standardized staff training;
  - having data demonstrating positive outcomes or a well-established theory of change.
  - its potential to become an “evidence-based practice” (EBP);
- To move from being a promising practice to being an evidence-based practice, Kaleidoscope Play & Learn would have to demonstrate evidence of effectiveness within one of the following:
  - A study that employs either a quasi-experimental design (using a reasonable comparison group); or
  - A randomized control design that includes pre- and post-assessments and a control group composed of families that chose to attend Kaleidoscope Play & Learn, with some participants randomly assigned to a Kaleidoscope Play & Learn group and others not.

CCR does not intend to pursue evidence-based practice status as it is currently defined because these types of evaluation require a degree of program implementation uniformity that would compromise the adaptability of Kaleidoscope Play & Learn that has made it so effective in engaging communities of color and immigrant and refugee communities. Kaleidoscope Play & Learn has been successful in reaching these communities in large part because of the flexibility intentionally built into the model which allows it to address the unique and emerging needs and preferences of families within the varied contexts of their cultures, neighborhoods and family circumstances.

- It is important to note Kaleidoscope Play & Learn is a relatively young program.
  - The first “official” groups launched in 2006, a “research and development” phase that lasted through 2009.
  - Full implementation of the model began in 2010 with documentation of the program’s Theory of Change, as well as program guidelines containing essential activities, standardized facilitator training, and the establishment of legal contracts with affiliates to assure compliance with mandatory guidelines and evaluation of participants. Please see APPENDIX D for more information on Kaleidoscope Play & Learn’s developmental milestones.

Please see APPENDIX C below for a description of how programs may progress towards becoming an EBP.
6. Why don’t you measure child outcomes more systematically in the statewide evaluation?

- Kaleidoscope Play & Learn’s Theory of Change is that the program activities will cause changes in caregivers so that caregiver actions outside of groups will support outcomes for children (see Theory of Change).

- This Theory of Change, as well as the Kaleidoscope Play & Learn model itself, is based on a large body of research linking caregiver behavioral changes\(^3\) to those in child school readiness (see References). These changes include the following:
  
  o Increased parent understanding of play and ability to facilitate a child’s learning predicted several positive outcomes (e.g., increased independence and creativity/curiosity) in the preschool classroom over a year later in a primarily Latino Head Start population (Parker et al., 1999); and
  
  o Parent-child interactions characterized as structured and responsive to the child’s needs and emotions were positively associated with school readiness, social skills and receptive communication skills in a sample of African American kindergarteners (Connell & Prinz, 2002).

- The Kaleidoscope Play & Learn model is powerful because it influences children through their caregivers. A program aimed at changing children indirectly through caregivers allows children to experience the program’s active ingredients during all hours the children are with the caregivers, whereas a program aimed at changing young children directly allows children to experience its active ingredients only during program attendance.

- It is very difficult to provide valid evidence of a program’s impact on children in an evaluation study that is not a randomized controlled trial.
  
    o Without a control group it cannot be proven whether observed changes in children are due to normal developmental changes that occur with time or are attributable to program impact.
  
    o With a non-randomized control group (a quasi-experimental control group or comparison group), it is impossible to know whether observed changes in children are due to selection effect (i.e., differences in the families that opt to participate in the program).

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\(^3\) Although Family, Friend and Neighbor Care is the oldest and most prevalent form of child care, it has only recently been recognized as a form of care worthy of support and study. As such, there is not yet research literature linking child outcomes with the behaviors of non-parent caregivers outside of child care centers. Because parents and FFN caregivers who participate in Kaleidoscope Play & Learn are more like parents than center-based child care providers, we consider the literature linking parent behaviors and child outcomes to be the research base for the program.
Randomized controlled trials pose two major challenges:

- They are prohibitively expensive, requiring large government grants and institutional support.
- Program administrators must be willing to deny or postpone service to interested families.

The good news is that millions of taxpayer dollars have already been invested in building a body of rigorous research linking child outcomes with the type of caregiver behaviors targeted by Kaleidoscope Play & Learn. Based on this body of research, it is reasonable to say that if Kaleidoscope Play & Learn causes the intended positive changes in caregivers, it is also causing positive changes in children. It would not be good stewardship to spend additional dollars to measure child outcomes in ways that would not produce valid results.

Despite the challenges associated with measuring child outcomes outside of a randomized controlled trial, we measured them in the sample-based outcome study (see APPENDIX B) for the following reasons:

- There is a high level of interest in testing the part of Kaleidoscope Play & Learn’s Theory of Change that links changes in caregivers to changes in children.
- The use of standardized tools within the sample-based pre-post design allows us to measure change in participating children relative to typical developmental change.

### 7. How do you ensure that Kaleidoscope Play & Learn groups run by different organizations in different communities achieve the intended outcomes?

Fidelity to the Kaleidoscope Play & Learn model is supported through the following documents and administrative practices:

- Guidelines based on the program’s Theory of Change, which show how essential Kaleidoscope Play & Learn activities lead to theorized outcomes;
- Standardized, required facilitator training;
- Required participation in evaluation and other data collection; and
- Regular quality self-assessments with oversight by CCR to check that the group is planning and completing steps for adherence to the guidelines and quality improvement.
APPENDIX A

King County Play & Learn Network:
Overall Theory of Change

**Play & Learn Network Activities**
- Training and technical assistance to Play & Learn organizations
- Field building and learning (e.g., shared evaluation, guidelines)
- Partnership development and linkages
- Promotion, publicity and fundraising

**Outcomes**

**Changes for Play & Learn organizations, e.g.,**
- Increased skills
- Increased shared learning
- Increased collaboration
- Increased integration of Family, Friends and Neighbor caregivers into activities

**Changes across the Network / Community, e.g.,**
- Increased visibility / credibility
- Increased leverage
- Increased sustainability

**Increased availability and quality of Play & Learn groups**

**Play & Learn Group Activities**
- Open-ended child-directed “free play”
- Opportunities for adult-adult interaction
- Child and care provider participate in coordinated group activity
- Leadership development among care providers within the Play & Learn group
- Opportunities for child-child interactions

**Outcomes**

**Changes for care provider participants e.g.,**
- Increased knowledge
- Increased use of behaviors that support child development
- Increased supportive social networks

**Changes for children e.g.,**
- Improved social-emotional development
- Improved preliteracy development

**Goals**

Family, Friend and Neighbor caregivers have neighborhood-based resources and supports to provide high quality child care and development opportunities

All young children are prepared to succeed in school and life

All children are in safe, nurturing environments receiving high quality care

Meeting date: 05/10/08
Revised date: 05/13/08
## APPENDIX B: Kaleidoscope Play & Learn Evaluation Activities to Date

<table>
<thead>
<tr>
<th>Brief Description</th>
<th>King County, WA Evaluation: 2003-2005</th>
<th>King County, WA Evaluation: 2006-2010</th>
<th>WA Statewide Evaluation: 2011-present</th>
<th>Sample-based Outcome Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census-based evaluation; potential participants were all caregivers participating in Kaleidoscope Play &amp; Learn throughout King County</td>
<td>Census-based evaluation; potential participants were all caregivers participating in Kaleidoscope Play &amp; Learn throughout King County</td>
<td>Census-based evaluation; potential participants are all caregivers participating in Kaleidoscope Play &amp; Learn in Washington state</td>
<td>Outcome achievement defined as participants indicating they changed “a lot” since attending Kaleidoscope Play &amp; Learn in outcome areas listed below (retrospective cross-sectional design); collected qualitative descriptions of observed child outcomes and of caregivers behavior outcomes.</td>
<td>Based on sample of 61 English- and Spanish-speaking caregiver-child pairs</td>
</tr>
<tr>
<td>Used to identify caregiver outcomes to be measured systematically</td>
<td>Outcome achievement defined as participants indicating they changed “a lot” since attending Kaleidoscope Play &amp; Learn in outcome areas listed below (retrospective cross-sectional design)</td>
<td>Outcome achievement defined as participants indicating they changed “a lot” since attending Kaleidoscope Play &amp; Learn in outcome areas listed below (retrospective cross-sectional design); collected qualitative descriptions of observed child outcomes and of caregivers behavior outcomes.</td>
<td>Helps CCR monitor group-level outcome achievement for accountability purposes</td>
<td>Outcome achievement defined as significant differences between pre- &amp; post- measures (pre- completed within a month of first group attendance; post- at end of group or study)</td>
</tr>
<tr>
<td>Provided preliminary evidence for caregiver outcomes achievement</td>
<td>Provided preliminary evidence for caregiver outcomes achievement</td>
<td>Provided preliminary evidence for caregiver outcomes achievement</td>
<td>Helps CCR monitor group-level outcome achievement for accountability purposes</td>
<td>Provided the most rigorous and objective evidence to date of changes in caregivers and children that result from participation in Kaleidoscope Play &amp; Learn and moved the program along the Evidence-Based Practice continuum</td>
</tr>
</tbody>
</table>

### Tools Used

<table>
<thead>
<tr>
<th>King County, WA Evaluation: 2003-2005</th>
<th>King County, WA Evaluation: 2006-2010</th>
<th>WA Statewide Evaluation: 2011-present</th>
<th>Sample-based Outcome Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-ended/qualitative survey</td>
<td>One-page close-ended Caregiver Feedback Form</td>
<td>Two-page Revised Caregiver Feedback Form (combination of close- and open-ended items)</td>
<td>Primarily standardized (S) and empirically validated (EV) measures: 1. Keys to Interactive Parenting Scale</td>
</tr>
</tbody>
</table>

1. **Keys to Interactive Parenting Scale**
<table>
<thead>
<tr>
<th>Outcomes Measured</th>
<th>King County, WA Evaluation: 2003-2005</th>
<th>King County, WA Evaluation: 2006-2010</th>
<th>WA Statewide Evaluation: 2011-present</th>
<th>Sample-based Outcome Study</th>
</tr>
</thead>
</table>
**APPENDIX C: Moving Towards Evidence-Based Practice Continuum**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Innovative or Theory-Based Program</th>
<th>Promising Practice or Evidence-Informed Practice</th>
<th>Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Innovative or emerging programs may be characterized by one or more of the following:</td>
<td>Promising or evidence-informed practices meet the following criteria*:</td>
<td>Evidence-based practices (EBPs) meet all of the criteria* for promising practices, plus the implementation of a rigorous evaluation with the following components:</td>
</tr>
<tr>
<td>Basis in research, expert judgment, or standards of best practice,</td>
<td>• Sound theoretical basis in generally accepted psychological or sociological principles for treatment of the identified population and service needs,</td>
<td>• Quasi- or true experimental design,</td>
<td></td>
</tr>
<tr>
<td>Emergent themes and learnings,</td>
<td>• One study that indicates it effectively addresses the outcomes of the targeted population OR substantial clinical literature that suggests that the service is effective with the targeted population,</td>
<td>• Two studies,</td>
<td></td>
</tr>
<tr>
<td>Ability to demonstrate program outcomes,</td>
<td>• A manual that specifies the components and characteristics of the services so it can be replicated,</td>
<td>• Some form of control or multiple measurement points, i.e., a well-constructed comparison group (the comparison group may be randomly assigned, or non-experimentally assigned if credible evidence is presented for group comparability.),</td>
<td></td>
</tr>
<tr>
<td>Articulated program assumptions and theory of change.</td>
<td>• A quality assurance plan that allows for measurement of whether the service is delivered according to the model design (fidelity).</td>
<td>• Program replication and evaluation replication.</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Washington State Department of Social and Health Services, Children’s Administration, May 2006

*Sources:
1. “Guidelines for CBCAP Lead Agencies on Evidence-Based and Evidence-Informed Programs and Practices: Learning Along the Way” (Appendix A)
2. “Benefits and Costs of Prevention and Early Intervention Programs for Youth” (Washington State Institute for Public Policy)
<table>
<thead>
<tr>
<th>Evaluation Steps</th>
<th>Innovative or Theory-Based Program</th>
<th>Promising Practice or Evidence-Informed Practice</th>
<th>Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration of sound program theory (based either on existing research, or local/community knowledge and experience)</td>
<td></td>
<td>Program has been evaluated and found to achieve outcomes</td>
<td>Implementation of rigorous evaluation and replication</td>
</tr>
<tr>
<td>Clear articulation of program model through a logic model or similar product. This would include a description of intended program participants/service recipients as well as program activities and outcomes.</td>
<td></td>
<td>Manual that specifies the components and characteristics of the program</td>
<td></td>
</tr>
<tr>
<td>Application of evaluation findings to program development/enhancement efforts</td>
<td></td>
<td>Quality assurance plan to measure fidelity to the model</td>
<td></td>
</tr>
<tr>
<td>Documentation of a program’s fidelity to its model</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing evaluation of implementation quality and program outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approximate Timeframe</td>
<td>1 – 5 years</td>
<td>5 – 8 years</td>
<td>8 – 15 years</td>
</tr>
</tbody>
</table>
In 2000 Human Services Policy Center (HSPC) issued a report drawing attention to the high proportion of young children in informal care with FFN.

In 2001 the Project Lift-Off Opportunity Fund collaborative was formed and selected FFN caregiving for pooled funding.

From 2002 through 2005 CCR and 5 community agencies received funding from Project Lift-Off Opportunity Fund (which later became the SOAR Opportunity Fund) to develop outreach and programming that would increase the ability of FFN caregivers to support the healthy development of the children in their care.

Through participation in the national demonstration project Sparking Connections in 2004 through 2006, CCR learned about Play & Learn Centers, a mobile facilitated play group model developed by Hawaii’s Good Beginnings Alliance to enhance caregiver engagement in activities that support early learning.

In 2005 CCR began developing Play & Learn as strategy to reach out and provide support, information and resources to FFN in partnership with community organizations.

In 2006, CCR launched the King County Play & Learn Network, a community of practice for organizations implementing and supporting Play & Learn groups.

In 2008, CCR finalized its Theory of Change for the Play & Learn model and Network

In 2010, CCR published a handbook that outlined guidelines and the “essential activities” comprising Play & Learn groups to support implementation fidelity throughout King County.

In 2011, CCR renamed and trademarked the program Kaleidoscope Play & Learn and developed affiliate agreements, legal documents outlining expectations related to program implementation fidelity and accountability, including participation in caregiver and child attendance reporting and evaluation activities.

In 2013 was recognized as a Promising Practice by the Evidence Based Practice Institute at the University of Washington (see FAQ6 for more details on this process).
REFERENCES


