

# REPORT

ANNOTATED OUTLINE

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**Preliminary Findings from the Literature Review Presented at the Technical Work Group Meeting for the Study of Early Head Start–Child Care Partnerships**

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May 6, 2014

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Patricia Del Grosso  
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## I. INTRODUCTION

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- Research consistently shows an extensive and growing need for high quality, out-of-home child care for infants and toddlers from low-income families.
- To meet both children’s developmental needs and parents’ workforce needs, government leaders and policymakers have expressed support for partnerships at the point of service delivery to build more seamless care systems and promote quality across settings.
- Recently, the administration further highlighted this approach by funding an expansion of effective early learning opportunities for children from birth to age 3 through Early Head Start–child care partnerships.
  - \$500 million in new grants will allow new or existing Early Head Start programs to partner with local child care centers and family child care providers to serve infants and toddlers from low-income families.
- Yet the research base for how these partnerships support quality and meet low-income families’ needs is not well understood (Bryson, Crosby, & Stone, 2006; Chien et al., 2013).

### A. The study of Early Head Start–child care partnerships

- In fall 2013, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF) awarded a contract to Mathematica Policy Research—along with its subcontractor, the University of North Carolina at Chapel Hill, led by Dr. Margaret Burchinal, and two consultants, Dr. Diane Horm of the University of Oklahoma at Tulsa and Dr. Jessica Sowa of the University of Colorado Denver—to carry out the *Study of Early Head Start–Child Care Partnerships*.
- This 14-month study is intended to fill a knowledge gap about the state of the field of Early Head Start–child care partnerships and identify models or features of partnerships that expand access to high quality care for infants and toddlers; provide continuity of care; meet working families’ needs for child care; and improve outcomes for providers, families, and children.
- The study includes a review of the literature to summarize the current knowledge base around Early Head Start–child care partnerships; the development of a theory-of-change model to articulate relations among key features, characteristics, and expected outcomes of partnerships; and the development of a measurement framework.
- For purposes of the study, we define Early Head Start–child care partnerships as formal arrangements between an Early Head Start program and a community child care setting (child care center or family child care home). The child care provider (1) must meet Head Start Program Performance Standards (HSPPS); (2) is subject to the required monitoring visits to ensure compliance with HSPPS; and (3) provides care to infants and toddlers receiving Child Care and Development Fund (CCDF) subsidies.

## B. Expert engagement

- An important component of the study is the engagement of an expert panel, including researchers and practitioners, to provide input on the current state of the knowledge base.
- Specifically, the expert panel is providing input on (1) the literature review, including recommending studies to include in the review and providing feedback on the key findings, and (2) the theory of change, including providing guidance on the inputs, activities, short- and long-term outcomes, and organizational and contextual factors that are important to include in the model to guide future research.
- Table 1 includes a list of the expert panel members.

**Table 1. Expert work group members**

Name	Affiliation
Juliet Bromer	Erikson Institute
Bill Castellanos	Child, Family, and Youth Services, Community Action Partnership of San Luis Obispo County, Inc.
Betsi Closter	Office for Children, Fairfax County, Virginia Department of Family Services
James Elicker	College of Health and Human Sciences, Purdue University
Helen Raikes	Child, Youth and Family Studies, University of Nebraska-Lincoln
Martha Staker	Project EAGLE at the University of Kansas Medical Center
Kathy Thornburg	Center for Family Policy and Research, University of Missouri
Marty Zaslow	Office for Policy and Communications, Society for Research in Child Development

## C. Literature review purpose and methods

- The literature review is designed to guide the theory of change and measurement framework for the Study of Early Head Start–Child Care Partnerships and to inform future research and practice.
- The literature review is examining the following five research questions:
  1. What are the characteristics and/or components of partnerships?
  2. What are the potential benefits of partnerships to programs, providers, and families?
  3. What are common barriers to forming and sustaining partnerships?
  4. What factors may facilitate partnerships (such as funding supports, policies and procedures, technical assistance, or other infrastructure supports)? What are promising models or features of partnerships that the research literature suggests have the potential to improve quality and support child development and family well-being?
  5. What are the gaps of the existing literature?
- To answer these questions, we reviewed research on partnerships in the field of early childhood education, such as partnerships among Head Start/Early Head Start, child care, and state prekindergarten programs.
  - The review included studies that examined two or more entities partnering to plan and implement direct early childhood care and education (ECE) services.

- We included journal articles as well as unpublished and non-peer-reviewed materials (such as project reports and white papers) published in the past 15 years (January 1, 1998 through December 31, 2013).
- We chose this timeframe to capture studies conducted since welfare reform was enacted in 1996, which included work and workforce development requirements for welfare recipients. This requirement meant that many more low-income families needed child care for infants, toddlers, and preschool-aged children while they worked or participated in education and training programs.

#### D. Designs of studies reviewed

- We reviewed 64 studies of ECE partnerships (Table 2).

**Table 2. Characteristics of studies of ECE partnerships**

	Total	HS or EHS— child care	Preschool—child care or HS	Other partnerships
<b>Study design</b>				
Implementation study	45	11	30	4
Descriptive outcomes study	10	3	3	4
QED	4	2	2	0
Other	5	0	5	0
<b>Study respondents<sup>a</sup></b>				
Family/parent(s)	13	3	6	4
Teachers/providers <sup>a</sup>	26	8	13	5
<i>Child care</i>	19	8	8	3
<i>HS or EHS</i>	6	1	1	4
<i>Public preschool</i>	5	0	5	0
<i>Other</i>	4	1	0	3
Program administrator <sup>a</sup>	34	9	21	4
<i>Child care</i>	26	9	14	3
<i>HS or EHS</i>	11	5	3	3
<i>Public preschool</i>	14	0	14	0
<i>Other</i>	1	1	0	0
State-level administrator <sup>a</sup>	13	4	8	1
<i>Child care</i>	7	4	3	0
<i>HS or EHS</i>	8	4	3	1
<i>Public preschool</i>	7	0	7	0
<i>Other</i>	2	1	0	1
Other	16	4	11	1
<b>Data collection method<sup>a</sup></b>				
Telephone Interview	37	10	22	5
Survey	24	7	13	4
Administrative records	11	3	7	1
Observation data	11	4	4	3
Site visit	8	1	6	1
Child assessment data	5	1	4	0
Other	9	3	4	2
<b>Total number of studies</b>	<b>64</b>	<b>16</b>	<b>40</b>	<b>8</b>

Note: For some studies, information on the study sample, sample size, and/or data collection methods was not reported.

<sup>a</sup>Numbers do not add up to the total number of studies because some studies included samples from multiple categories and/or multiple data collection methods.

EHS = Early Head Start; HS = Head Start; QED = quasi-experimental design.

- There were three primary categories of partnership studies: (1) studies on partnerships between Head Start and Early Head Start grantees and community-based child care providers (16 studies); (2) studies on partnerships between school districts and community-based child care providers and Head Start agencies (40 studies); and (3) studies that examine other types of partnerships, including partnerships with home-based caregivers (including family, friend, and neighbor caregivers and family child care providers) to enhance quality, and partnerships between early intervention and other ECE organizations to serve children with disabilities in inclusive environments (8 studies).
- More than 70 percent of the studies (45 studies) reviewed were implementation studies. We identified ten descriptive outcome studies and four matched comparison group quasi-experimental design (QED) studies. We did not identify any randomized controlled trials.
  - o For purposes of this review, we define implementation studies as research that describes the design, implementation, administration, and operation of services; descriptive outcome studies as observation studies that describe participants' outcomes but did not include a comparison group; and matched comparison group QEDs as studies of program effectiveness with comparison groups constructed by matching participants and non-participants on relevant characteristics.
  - o Most descriptive outcome and QED studies also provided information about implementation; information about implementation from all studies is included in the outline.
- The studies most commonly collected data through telephone interviews (37 studies) and surveys (24 studies). Eleven studies conducted observations and five collected child assessment data.
- Across studies, data were collected from a range of respondents and mostly commonly included program administrators (34 studies), including Head Start and Early Head Start directors, child care center directors, and state preschool leadership (such as superintendents). Twenty-six studies collected data from teachers or family child care providers; in most of these studies (19), teachers were employed at child care centers. Thirteen studies included data collected data from families.

## **E. Limitations of the preliminary findings**

- The literature review has several limitations that provide important context for interpreting the findings.
  - The preliminary findings do not take into account the quality of the study of the design.
  - Many of the findings are based on a very small number of studies, and some are based on 1 to 2 studies only.
  - Very few studies included partnerships between programs serving infants/toddlers (9 studies) or home-based programs (13 studies).

- Most studies collected data primarily from the lead partner (most often state preschool, Head Start, or Early Head Start) perspective and very few collected data at the individual classroom or family and child levels.

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## II. CHARACTERISTICS AND COMPONENTS OF PARTNERSHIPS

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### A. Inputs to partnerships

- In this section, we describe the literature on the inputs to partnerships, including the types of partners; the goals or motivations for forming partnerships; and the levels of staff involved in partnerships.
- We also describe the national, state, and local inputs to partnerships, including funding streams and associated policies and regulations, as well as the inputs available for supporting quality services for families.

#### 1. Who partners?

- The studies focused on three categories of partnerships: (1) partnerships between Head Start and Early Head Start grantees and community-based child care providers (16 studies); (2) partnerships between school districts and community-based child care providers and Head Start agencies (40 studies); and (3) other types of partnerships, including partnerships with home-based caregivers to enhance quality and partnerships between early intervention and other ECE organizations to serve children with disabilities in inclusive environments (8 studies).

#### 2. What motivates organizations to partner?

- Across studies of ECE partnerships, the primary motivation for forming partnerships was to expand services to more families and/or add more hours per day and days per year (reported by 18 studies).

#### 3. What staff are involved in forming and sustaining partnerships?

- Studies reported that partnerships required multiple levels of staff involvement, including program administrators, supervisors, and teaching staff (reported by 5 studies).

#### 4. What are the national, state, and local inputs to partnerships?

- Partnerships were initiated and existed within multilayered systems that created opportunities and constraints and included (1) policies, regulations, and standards governing various programs; (2) funding streams, including the rules governing the funding; and (3) quality improvement supports.
- **State agencies and other stakeholders.** The local partnerships were supported at the state level by state departments of education and state departments of social or human services (or the state agency responsible for administering CCDF child care subsidies, setting child care regulations, and overseeing child care licensing); Head Start State Collaboration directors; early childhood advisory councils; and representatives from governors' offices (reported by 4 studies).
- **Local stakeholders.** Other local stakeholders included CCR&Rs, community colleges, and four-year colleges and universities (reported by 4 studies).
- **Policies, regulations, and standards.** Partnerships were operated in the context of the policies, regulations, and standards that governed their programs and funding streams (reported by 5 studies). Head Start and Early Head Start programs were required to



adhere to the Head Start Program Performance Standards (HSPPS). Child care providers were required to meet child care licensing rules and regulations. State preschool programs were required to meet state and local requirements regarding staff credentialing and training and program standards.

- **Funding sources.** Partnerships relied on a number of funding streams to support service delivery but most frequently relied on (1) Head Start and Early Head Start grant funds; (2) CCDF child care subsidies; and (3) state and local preschool funds (reported by 5 studies).
  - Other sources of funding reported included Title I funding (federal funds distributed to states and school districts to support programs and services for educationally disadvantaged children); Temporary Assistance for Needy Families (TANF) funding (funds primarily for welfare that some states used to support child care); and Individuals with Disabilities Education Act (IDEA) funding (federal funds distributed to states and school districts to create a system of early intervention services for children from birth through age 3 with disabilities and provide funding for special education and related services for preschool children); and other state revenue including tobacco settlements and gaming revenue (reported by 1 study). Given the limited research available on this topic, future research is needed to better understand the implications.

## **B. Partnership activities**

- In this section, we summarize the activities reported in the literature that organizations engage in to develop and implement partnerships.

### **1. What activities are involved in developing partnerships?**

- We identified three main steps involved in developing partnerships.
  - Identify partners (reported by 3 studies): Licensing status, staff qualifications, quality ratings, approach/philosophy
  - Recruit partners (reported by 3 studies): Request for Proposal (RFP), advertising, CCR&R recommendations
  - Establish agreements (reported by 12 studies): Memoranda of understanding or contracts
- We identified two additional steps identified in one or two studies. Given the limited research on these steps, future research is needed in order to interpret the implications.
  - Survey community needs and resources (reported by 2 studies): Families needs, availability of child care slots
- Clarify expectations (reported by 1 study): Joint process to agree on partnership terms

### **2. What activities are involved in funding partnerships?**

- Partnerships used multiple federal, state, and local funding streams to fund services and took a variety of approaches to combining or coordinating these funds.
- Among studies of Head Start and Early Head Start–child care partnerships, we identified three primary approaches to combining funds (reported in 8 studies):

- Child care subsidies paid for the cost of care and the Head Start program provided comprehensive services.
- Child care subsidies paid for the cost of care and the Head Start or Early Head Start program provided additional funds for program quality enhancements.
- Head Start funds supplemented child care subsidy dollars to cover gaps in child care subsidy eligibility.
- Studies of state preschool–child care partnerships reported that state funds for preschool programs paid for part- or full-day programs (ranging from 2.5 to 6.5 hours per day depending on the state) during the school year. To extend services for more hours per day or days per year, studies reported that partnerships drew on child care subsidies and parent fees or copayments (reported by 5 studies).

### **3. What activities are involved in implementing partnerships?**

- Across the studies reviewed, we identified two primary activities involved in implementing partnerships: (1) building relationships and maintaining ongoing relationships among partners and (2) implementing comprehensive services.
- Eight studies discussed two strategies for building relationships and maintaining ongoing communication among partners.
  - Hold regular management meetings
  - Assign a point person
- We identified three strategies for delivering comprehensive services through partnerships (reported by 8 studies of Head Start and Early Head Start–child care partnerships):
  - Early Head Start staff conducted weekly visits to provide comprehensive services.
  - Head Start funds were allocated to child care providers to pay for comprehensive services.
  - Early Head Start programs and child care providers shared responsibilities for providing comprehensive services.
- Two studies also reported on implementing systems to promote continuity of care across home and care settings and communication with families. Given the limited research available on this topic, future research is needed to better understand the implications.
  - Teachers and family advocates participated in monthly meetings to discuss each family’s goals and progress.
  - Family advocates conducted bi-monthly classroom visits to review children’s developmental goals and progress.

### **4. What activities are involved in supporting quality in partnerships?**

- Across the studies reviewed, we identified three primary activities involved in supporting quality in partnerships: (1) assessing quality to identify program improvement needs, (2) supporting program improvement, and (3) meeting staff credentialing requirements.

- Four studies discussed strategies for assessing quality to identify program improvement needs.
  - Conduct initial classroom/setting quality assessment
  - Use findings to develop quality improvement plans or goals to guide provision of technical assistance, materials, and supplies
- We identified three main approaches to supporting quality improvement (reported in 15 studies):
  - Provide on-site assistance or coaching
  - Offer training on curriculum
  - Provide resources for materials and equipment
- We identified three strategies to meet these staff credentialing requirements (reported by 8 studies):
  - Hire new, qualified staff
  - Assign public preschool teachers to deliver the preschool part of the day
  - Support staff credentialing

**5. What activities are involved in monitoring services and adherence to standards in partnerships?**

- Four studies discussed strategies for monitoring services and adherence to standards:
  - Regular monitoring by an on-site technical assistance provider or coach
  - Quarterly site visits to monitor quality

### III. BENEFITS OF PARTNERSHIPS

- In this section, we describe the benefits of partnerships as described in two types of studies: studies that reported on partnership outcomes and implementation studies that reported on perceived benefits of partnerships as described by study participants during interviews and through surveys (Tables 3 and 4).<sup>1</sup>
- We identified eight studies that examined outcomes of partnerships, including six descriptive outcome studies (meaning they did not include a comparison group) and two quasi-experimental design (QED) studies.<sup>2</sup>
- We identified 26 studies through this review that reported on the potential or perceived benefits of forming and implementing partnerships.

**Table 3. Benefits of partnerships reported in outcome and implementation studies**

	Total	Outcome studies	Implementation studies
Improving the quality of ECE services	22 <sup>a</sup>	7	17
Increasing staff credentials, knowledge, access to professional development	13	4	9
Increasing access to comprehensive services	5	2	3

<sup>a</sup>Two studies reported on both outcomes and implementation analysis.

ECE = early childhood education.

**Table 4. Benefits of partnerships reported in implementation studies only**

	Number of studies
Increasing access to ECE services	15
Meeting families' child care needs and preferences	12
Improving the quality of ECE for all children in care	7
Sharing expertise and ideas among partners	5
Setting the stage for future collaboration	5

ECE = early childhood education.

<sup>1</sup> There is some overlap between studies reporting outcomes and studies where respondents described perceived benefits since studies often included multiple data sources including outcome data and interview or survey data.

<sup>2</sup> The literature review included four QEDs; however two of these studies that examined the effect of state preschool partnership initiatives on child outcomes were not included in this section because they did not present findings separately for children enrolled in state preschool classrooms at public schools and children enrolled in partner classrooms (classrooms in community-based child care settings or Head Start programs).

- Two studies identified two additional potential benefits of partnerships. One study reported improved child outcomes, and another study reported a perceived benefit of reducing the number of transitions in care for children. Given the limited research available on these benefits, future research is needed to better understand the implications.

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#### **IV. BARRIERS TO FORMING AND SUSTAINING PARTNERSHIPS**

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- Thirty-four studies reported on the barriers organizations faced in forming and sustaining partnerships (Table 5).

**Table 5. Barriers to partnerships**

	<b>Number of studies</b>
Regulatory differences across funding streams	18
Poor collaboration quality	16
Discrepancies in standards	14
Insufficient funding	9
Uncertain funding	4
Discrepancies in teacher pay and teacher turnover	4
Communication issues	3

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## V. FACTORS THAT FACILITATE PARTNERSHIPS

- Twenty-two studies reported on factors that facilitate partnerships (Table 6). These factors reflect what study respondents reported as being important considerations when planning and implementing partnerships.

**Table 6. Factors that facilitate partnerships**

	Number of studies
Committed leadership	11
Strong relationships and trust among program administrators	10
A common vision and goals	7
Formal agreements	5
Joint trainings for staff	5
Strong relationships and trust among teaching and service delivery staff	4
Staff assigned to oversee the partnership	4
A structured planning process	4
A plan for ongoing communication	4
A funding plan	3

- We identified two additional factors reported in only one to two studies: (1) a process for exploring alignment issues related to regulations, standards, and policies (2 studies) and (2) partnership duration (1 study). Given the limited research available on these factors, future research is needed to better understand the implications.

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## **VI. GAPS IN THE KNOWLEDGE BASE**

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- In this section we present four research questions for future research and evaluation. Related to each question, we describe gaps in the existing knowledge base.

### **1. What Early Head Start-child care partnership models exist and what are their components?**

- Of the 64 studies included in the review, only nine studies focused specifically on partnerships serving infants and toddlers and their families.
- More research is needed on the models commonly implemented in the field, the resources needed to implement these models, and the organizational and contextual factors that help facilitate partnerships.

### **2. How are partnerships implemented with home-based child care providers?**

- Only 13 studies included information about partnerships with home-based child care providers (including family child care providers and family, friend, and neighbor caregivers).
- More research is needed on the ways partnerships are implemented in these settings, including the strengths and needs of these providers and the quality improvement supports available to them.

### **3. How do child care providers involved in partnerships perceive the partnerships?**

- Most studies primarily reported findings from the perspective of a lead partner – in most cases, state preschool programs or Head Start and Early Head Start programs.
- More research is needed about the perspective of child care providers on their motivations for establishing partnerships, their experiences with the partnerships, and their perspective on factors that facilitate partnerships, as well as partnerships' successes and challenges.

### **4. Are Early Head Start-child care partnerships effective in improving outcomes for children, families, Early Head Start programs, and child care providers?**

- Insufficient rigorous research has been done to assess whether ECE partnerships actually improve quality or child outcomes.
- There is a need for descriptive outcome studies designed to assess whether partnerships are “on track” to meet short- and long-term outcomes for partners, families, and communities.
- Large-scale, rigorous research is needed to test the effectiveness of Early Head Start-child care partnerships on both short- and long-term outcomes.



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