

**DRAFT 2015 CCPRC Annual Meeting
Session Template for Scribes**

File Naming Convention: A5 – Preliminary Results from the Child Care Collaboration and Quality Study, Phase II, State and Local levels in two partner states 12.2.15

1. Descriptive Information

<p>Workshop A-1 (Meeting Room)</p> <p>Preliminary Results from the Child Care Collaboration and Quality Study, Phase II, State and Local levels in two partner states</p> <p>Description</p> <p>Presenters will discuss preliminary findings from a pilot study of child care providers, including those from HS- and State preK-funded programs, and education administrators in two States, Maryland and Vermont. Measures of collaboration separately at the State and local provider levels were supplemented by an interagency network analysis approach.</p>	<p>Facilitator</p> <ul style="list-style-type: none"> • Elizabeth Shuey, OPRE, ACF <p>Presenters</p> <ul style="list-style-type: none"> • Gary Resnick, Education Development Center (EDC) • Meghan Broadstone, EDC • Sarah Kim, EDC <p>Discussant</p> <ul style="list-style-type: none"> • Ben Allen, Vermont Head Start State Collaboration Office <p>Scribe</p> <ul style="list-style-type: none"> • Jennifer Abrams, Child Trends
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2. Documents in Session Folder (Please list any electronic documents or web links used during the session.)

- Report

3. Brief Summary of Presentations

- **Summary of Presentation #1: Gary Resnick**

Research Questions:

- How does government structure relate to collaboration?
- Are there patterns in collaboration among three state administrators?
- What policies and practices are recommended for increasing quality of care for infants and toddlers?

Phase 1: national survey to state administrators involved in child care policy

Phase 2: what is happening in states?

The team administered a survey of CCDF administrators (N=48) and State Head Start Collaboration Directors

Key Findings:

- There was a lower level of collaboration in states without shared oversight of early care and education agencies
- CCDF administrators reported higher turnover
- Communication frequency was highest among State Head Start Collaboration Directors
- Factors that facilitate collaboration include: regular meetings, pre-existing relationships, overlap of objectives and strategic plans

- **Summary of Presentation #2: Meghan Broadstone**

Phase II (results are preliminary)

- They are partnering with Maryland and Vermont

- In phase 2, they administer a state partner survey; state partner professional network analysis; provider pilot survey; and provider full-scale survey (winter)

Results from Phase I:

- Administrators' amount of time in their current role ranges from 1 to 22 years.
- Communication and meetings: 2/3 of administrators meet (formally and informally) less than monthly; informal in-person meetings, telephone, conference calls, email is more frequent (over 50%)
- The following are collaborative activities and items that administrators discuss during interaction: most participate in interagency committees, informing the public of available services, developing programs or services, funding, information about services, informal agreements
- The following are the goals of collaboration: administrators rated highly access and quality of early care and education. They indicated that the following are "somewhat/considerably" goals of collaboration: comprehensive services for families; access, quality, comprehensive services for infants and toddlers; access to early care and education for special populations. There are correlations between improving access and almost all of the other goals. Access for special populations does not seem to be related to the other goals.
- Measure of process quality of collaboration: there is something qualitative about what is happening in the relationship.
- Structural integrity: all focused on shared goals; authenticity (decisions made in advance); equity (fairness); treatment (treated with dignity). Averages are above what is considered good among these administrators.

Scales:

- Greenbaum and Dedrick Interagency Collaboration Activities Scale: financial, program development, collaboration policy (case conferences or reviews, informal agreements, formal written agreements), and client development. Mean scores were lower for collaboration policy subscale.

Collaborative Activities

- They asked the state partners to choose state-level and regional exemplars
- Longer list of key collaborative activities with local agencies – involves the state to do more.

Summary of key findings

- Process quality rated "good"
- They need to determine if different subscales are helpful
- State-level collaborations require fewer activities
- Improving access for special populations and infants and toddlers are not occupying as much time/attention
- The majority of state administrators report communicating via informal in-person meetings, telephone, conference calls, and email

Lessons Learned

- Identifying respondents – same/different agencies, shared roles and responsibilities, administrator turnover
- Maintaining confidentiality with a small number of respondents, especially when reporting on qualitative data
- There is a burden placed on administrators

• **Summary of Presentation #3: Gary Resnick**

Provider Pilot Survey

- 200 providers in each state to ask them about collaboration
- Purpose: to test study procedure and measures for a larger study in each state
- Sample: providers were selected by state partners/administrators

Online Survey Instrument: questions asked about...

- Characteristics of providers and dimensions of program quality

- Identify professional networks, and nominate contacts for network analysis
- Rate collaboration with other providers and participation in formal and informal groups/networks
- Debrief questions about the length of the survey, ease of understanding, sensitivity of questions and incentives
- Questions fell into two categories: 1) social networks, and 2) more formal collaborations

Sample:

- Response rate: MD – 72%, VT: 43%; 3-4 contacts on average
 - There was an equal number of family and center-based providers; and most indicated that they used creative curriculum as their curriculum

Measurement of Collaboration:

- Professional Networks: asked about professional network related to early care and education. They asked for 7 contacts that providers work with outside of their centers with whom they collaborate. This helps them identify networks/coalitions for each contact.
- Exemplary Partnership Collaborations include one particular group related to early care and education in which providers participate. The surveys asked about length of time, legal agreements/structure, and uses the Hicks Process Quality Scale and scales from EDC Child Care

Preliminary Findings:

- In general, the average number of groups/networks was 5. Providers have been involved in these groups for, on average, 80 months.
- Collaboration between the local and state levels was rated even lower by local providers
- Providers who use creative curriculum score lower on Hicks. Those who have formal legal agreements score higher on Hicks.
- Hicks had no relationship with the other scales – it is picking up something different. The Thompson scale works well with the other scales.
- Some felt that the survey was too long. Most did not feel that questions were overly sensitive. Most were positive and thought that the survey asked about collaboration well
- Summary:
 - Early care and education providers can provide information about their collaboration
 - Providers can identify and rate an exemplary collaboration in which they have participated
 - Mixed results for rating scales of exemplary collaboration (differences across subscales)
 - Feedback on instrument was mainly positive, but it is too long.

• **Summary of Presentation #4: Ben Allen**

- Vermont has participated in this 4-year research project funded by OPRE.
- There are implications of findings for generating social capitals in states and there is a need to generate social capital and effective collaborations. There are variations in the provider’s involvement in professional networks, partnerships and groups.
- It would be helpful to provide strategies for states to work with providers.
- Ben discussed the role that state culture plays in supporting provider collaboration.
- Recommendations: timing of survey must be considered (October – March for providers; August for state-level folks); length of the survey is okay and the survey is not too intrusive. Turnover is an issue in Vermont.
- What can state, local, and federal folks do to grow social capital?

4. Brief Summary of Discussion

- Juliet Bromer is curious about home-based providers that participated in this work. Did they conduct analysis on home vs. center-based providers? What were the kinds of networks that home-based providers identified? What do you mean by “networks” (this could look very different for home-based providers)? What does this mean for home-based providers?

- They wanted to define “professional networks” broadly to include home-based providers. TA, regional groups, etc. In a larger study, they would want to look at the difference between center-based and home-based providers, but it didn’t make sense in this pilot.
- Home-based providers have peer groups called “associations” – there are no one-size fits all. It’s a different type of relationship that they develop. Home-based providers have to be involved in a group because they are alone for most of the day. Research shows that home-based care providers who are part of a collaboration have higher quality programs. The survey tries to convey, “Whatever you call it, we want to know what you’re doing to collaborate.” Because they are this broad, it is sometimes hard to tell if they’re doing the same thing.
- The team would like to focus their network analysis on geographically clustered providers

5. Summary of Key issues raised (facilitators are encouraged to spend the last 3-5 minutes of workshops summarizing the key issues raised during the session; bullets below are prompts for capturing the kinds of issues we’re looking for)

Based on the findings from the administrator survey, the majority of state administrators report communicating via informal in-person meetings, telephone, conference calls, and email. Much of this communication is not centered on improving access for special populations and infants and toddlers. Based on the provider survey, providers can identify and rate exemplary collaboration in which they have participated. In terms of feedback on the survey, providers generally had positive feedback, however, some indicated that the survey is too long. Thinking through next steps, the EDC team would like to explore further differences in collaborations and activities between center-based and home-based care. The EDC team would also like to focus their network analysis on geographically clustered providers.