
Working Together for Children and Families: Overview of Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships

This overview highlights findings from: Del Grosso, P., Thomas, J., Makowsky, L., Levere, M., Fung, N., & Paulsell, D. (2019). *Working Together for Children and Families: Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships*, OPRE Report # 2019-16, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

High quality early learning experiences can promote young children’s development and help to reduce achievement gaps between children from low-income families and children from more affluent families. Early care and education programs also promote parents’ ability to support their children’s learning, and allow parents to work or go to school. However, affordable, high quality, child care for infants and toddlers from low-income families is scarce. One strategy for improving access to high quality care for infants and toddlers is to form partnerships at the point of service delivery to build seamless systems of care and promote quality across settings.

In 2015, the Administration for Children and Families (ACF) awarded 275 Early Head Start (EHS) Expansion and EHS-Child Care (EHS-CC) Partnership grants. Of these, 250 grantees received funding for EHS-CC Partnerships or funding for both EHS-CC Partnerships and EHS Expansion. The EHS-CC Partnership grants support partnerships between EHS programs and regulated child care centers and family child care homes serving infants and toddlers from low-income families. The partnerships aim to bring together the best of both programs by combining the high quality, comprehensive, relationship-based child development and family services of EHS with the flexibility of child care and its responsiveness to the social, cultural, and work-support needs of families.

To better understand the characteristics of early care and education partnerships, including the EHS-CC Partnerships, the Office of Planning, Research, and Evaluation (OPRE) in ACF commissioned a national descriptive study of EHS-CC Partnerships. Through a contract with Mathematica Policy Research, the national descriptive study provides a rich knowledge base about the characteristics of EHS-CC Partnerships and strategies for implementing partnerships in both center-based child care and family child care homes.

Research Questions

- What are the characteristics of EHS-CC Partnerships?
- How are EHS-CC Partnerships developed and maintained?
- What activities do EHS-CC Partnerships engage in to deliver high-quality services to infants, toddlers, and families?

Key Findings and Highlights

- Most EHS programs were nonprofit, community-based organizations with experience providing EHS or Head Start services. Some programs partnered with both centers and family child care providers; few partnered with family child care providers only.
- Many EHS programs and child care providers had experience collaborating before the EHS-CC Partnership grant.

- Though EHS programs and child care providers engaged in many strategies to maintain partnerships, about one-third of programs had terminated at least one partnership by the time of the survey, which occurred about one year after ACF awarded grants. The most common reason for terminations was issues complying with the Head Start Program Performance Standards (HSPPS); staff-child ratio and health and safety requirements were the most challenging standards to meet.
- EHS programs transferred slightly more than half of EHS-CC Partnership grant funds to child care providers. Child care providers reported many uses of these funds, including purchasing materials and supplies and providing staff training and professional development. Child care providers also leveraged funds from other sources, including child care subsidies and the Child and Adult Care Food Program.
- Child care providers most often relied on word of mouth to recruit children and families. Most had a waiting list, and about half used a system that prioritized enrollment based on family risk or need.
- Consistent with EHS requirements, partnerships offered a wide range of comprehensive services to children and families who received care through EHS-CC Partnership grant funds. Many partnerships also offered at least one service to children and families whose care was not supported by the EHS-CC Partnership grant.
- Partnerships engaged in a variety of activities for improving the quality of care and ensuring child care providers were meeting the HSPPS. Most child care providers reported receiving from EHS programs guidance on meeting the HSPPS, support for individualizing services for families, various materials or supplies, quality monitoring activities, staff coaching and/or training, and the opportunity to obtain a Child Development Associate credential.

Methods

The national descriptive study gathered data from three sources:

1. A web-based survey of the 250 2015 EHS Expansion and EHS-CC Partnership grantees that received funding for EHS-CC Partnership or funding for both EHS-CC Partnerships and EHS Expansion. For purposes of the study, among grantees that received funding for both EHS-CC Partnership and EHS Expansion, the study focused on the EHS-CC Partnership component of their grant only. The survey was conducted from January through July 2016; 88 percent of eligible respondents completed the survey.
2. A web-based survey of a sample of 470 child care providers, including child care center directors and family child care providers. The study identified the child care providers using information collected from grantee directors. The survey was conducted from February through November 2016; 82 percent of eligible respondents completed the survey.
3. In-depth data from case studies of 10 partnerships that varied in their characteristics and approaches to implementation. The case studies, which were conducted in 2017, included in-person and telephone interviews with grantee directors and key partnership staff, child care provider staff, parents, and state and local stakeholders (such as child care administrators and child care resource and referral agency staff).