

2010 CCPRC Annual Meeting
Workshop Session C3
October 22, 2010, 10:45 a.m.

Collaboration Measures: Existing Measures and Opportunities for Future Development

Description

Participants in this session learned about instruments that have been used to assess different aspects of collaboration and to assess the relationship between collaboration and desired outcomes. Limitations in existing instrumentation and opportunities for development of new measures were explored.

Discussant/Facilitator

Martha Zaslow, Child Trends

Presenters

Diane Schilder, Education Development Center, Inc.

Darrin Hicks, University of Denver

Jessica Sowa, University of Colorado, Denver

Scribe

Ann Reale, National Child Care Information Center

1. Documents in Session Folder

- “Collaboration in Early Care and Education: Establishing a Framework for a Research Agenda; *Measuring Collaboration: What the Public Management Literature Contributes*,” Jessica Sowa, University of Colorado
- “Child Care Policy Research Consortium,” Diane Schilder, Education Development Center, Inc.

2. Summary of Presentations

- **Summary of Presentation #1:** Jessica Sowa (see PPT)
 - Measurement Issues
 - We need to be clear about what we’re defining and level of analysis.
 - Common measurement issues include: what is a collaboration; level of the collaboration (service delivery level versus higher levels); antecedents to collaboration; collaborative design; what constitutes a quality process; and collaborative outcomes.
 - Need to understand the motives/antecedents for collaboration (mandated vs. voluntary).
 - Public Management literature provides the following:
 - Great measures in the field of emergency management—many good studies of the collaborative process, especially emergent collaborations to address crisis situations.
 - Studies that demonstrate that differences in policy design can provide barriers.

- Structures are constituted and constitutive, for example, patterns of behaviors can be impediments.
 - Outcomes are influenced by how well the implementation process works.
 - One Study Example:
 - Investigating Partnerships in Early Care and Education (I-PIECE): study of ECE partnerships at service level (n=20 organizations).
 - Study measured multiple levels: child outcomes (parents); classroom quality (ECERS); an organizational survey; and interviews of management and teachers.
 - People/organizations had varied motivations to collaborate.
 - Collaboration varied based on implementation and commitment of partners: shallow (collaborative contracting); medium (capacity-building collaboration); and deep (community-building collaboration).
 - Created a theoretical framework and sampled based on how the collaboration was structured (Childcare/Head Start, Childcare/Pre-K, Childcare/Head Start/Pre-k; there were variations that related to differences among the organizations.
 - I-PIECE Measures:
 - Teacher measures: satisfaction with pay and benefits; turnover in organization; and impact on professional development.
 - Classroom measures: impact on the diversity of services offered; impact on curriculum; and impact on paperwork and administrative issues.
 - Unexpected effects: partnerships with preK created a new career ladder and provided some incentive to exit nonprofit childcare centers; human capital distribution changes (e.g., planning time needs to be rescheduled with wraparound services).
 - Collaborative Outcomes
 - Process outcomes: Study done of data from the AmeriCorp programs provide some of the better measures (Thomson 2001).
 - Improved relationships—trust measures, red tape measures (see Bozeman, 2001).
 - Outcomes and accountability structures—opportunities to leverage in early care and education including QRIS (See Bryson, Crosby, and Stone (2006) for a good discussion of the some of the big questions in collaboration).
- **Summary of Presentation #2:** Darrin Hicks (see handout: Process Quality Scale)
 - Three out of four collaborations fail to achieve any positive change in outcomes.
 - What makes them succeed? Quality of the process makes the difference—what you do when you start working together.
 - Perceptions of openness and fairness act as proxy for whether we will trust another person.
 - We automatically and subconsciously assess the atmosphere when we walk into a room. Is it warm or cold? Perceptions of warmth or coldness will determine how you gauge the quality of the atmosphere. “Affect” is a physiological sensation that gives rise to emotion.
 - Heuristic theory: When you walk into a group activity, you have to decide how much of yourself you willing to give to the group. Are you willing to depart from your own identity to a subordinate (collaborative) identity? It takes time (1–2 months) to

- adjust, but the judgment of whether or not you'll do it happens quickly, within minutes, and without knowing why.
- Process effect: If we're part of a process we think is open and credible, we'll accept a decision even if it's less than we hoped for. We'll contest it, even if we got more, if we didn't feel we were part of the process. This effect is found over and over, in the literature. If you don't think the process is fair, you withdraw, you increase self-interest, and undermine others.
 - At some point, interests need to come together, even if your organization takes less in an initial run. What motivates that decision is your perception of the quality of the process.
 - Perception of the process motivates pro-social behavior and commitment levels. We understand obligations to each other in the form of our commitment to each other. What do we know about commitment? We are motivated by: (1) whether it meets our needs, (2) existence of more attractive alternatives, and (3) the cost of leaving.
 - We make two kinds of judgments when entering a collaboration:
 - Quality of process.
 - Strength of our own commitment.
 - Key factor is "cost of leaving." People tend not to leave; they stay and lose commitment. Smart collaboratives are deeply committed; weak collaboratives are not.
 - Denver Regional Council of Governments had a huge impasse in 1999. There was a federally mandated collaboration on allocation of transportation dollars. A petition to break up the council was refused, and a study was commissioned to see what was wrong. They couldn't find anything wrong with the structure or unequal allocation of funding. They looked at perceptions of fairness, and found an explanation of the lack of commitment/impasse. Recommendations on changes to factors and leadership criteria were made. Ultimately, they didn't take recommendations. This made political leadership the key criteria vs. collaborative capacity.
 - *How does that match with the need to have people in authority attend meetings?*
Answer: It's a difference between members and leadership. People don't stop coming to meetings, they just forget.
 - Collaborative instruments predict levels of success and sustainability. We have to wait before measuring outcomes (sometimes years). The NCAA athletic departments used this method to predict drug violations. It measures culture.
 - Nurse-Family partnership project sites were rank-ordered by collaborative process quality including: which communities thought the collaboration was a good idea; grant application process; implementation process; what were the outcomes? We studied variations among communities, waited four years, and then looked at child outcomes. Strong correlations were found between process quality and outcomes.
 - Attrition study: There was a strong correlation with nurse attrition and process quality. Authenticity of process predicted rates of nurse and mother attrition.
 - We are now looking at State Advisory Councils, and the challenge is that they all have different outcomes. Design of a "success scale" for looking at outcomes over several years would be helpful.
 - Factor breakdown of measurement: authenticity, distributed justice, all others. Can use instrument as pre/post test in relationship to outcomes.

- We should begin with questions about what improves child outcomes. One thing we know for sure is that caregivers, e.g., teachers, nurses, and etc., need to feel included to have better fidelity scores. If they don't feel included, they will still do their jobs, they just don't do them very well.
- **Summary of Presentation #3: Diane Schilder (see PPT)**
 - How did we define collaboration?
 - Our definition was quite different than Darrin's. The focus was on point of service with the aim of joint delivery of services to children and families, e.g., Head Start (HS), child care, and school districts. The studies used survey research design, with a comparison group of providers not in the partnership.
 - Some of the same variables, such as management design, were used.
 - Duration of the Collaboration:
 - When do you start? First meeting? Time of agreement?
 - How do you account for whether providers are actually participating? Providers might be involved in a formal partnership one year, but the next year it's not renewed for various reasons, and the following year there are "spells" of collaboration that have to be taken into account.
 - Policy changes also have an affect. The State of Ohio changed eligibility rules so collaboration couldn't continue in the same way.
 - Intensity:
 - Partnership Development: number of meetings was important; about 20% said they had one or zero meetings before signing an agreement (process of developing the partnership agreement); the strongest child care/HS partnerships made several revisions to their partnership agreement to reflect policy changes.
 - What does research say about the types of partnerships that lead to benefits?
 - Well-defined goals and high levels of communication were related to benefits for centers overall and benefits for staff. Level of communication has a direct relationship to staff and child benefits.
 - Definition of Good Communication: each voice is heard; good communication within and across organizations; mutual respect between partners; perception that organizations regard each other as full partners.
 - Duration of partnership predicts benefits: employment benefits to teachers; teacher compensation; some teacher professional development opportunities; teacher beliefs about developmentally appropriate activities and child-initiated activities; etc.
 - Do higher quality programs stay in partnerships longer? It's the chicken and egg question. Our analytic models looked at duration of partnership and controlled for management capacity. We found that management capacity is not related to duration. We did find that the longer providers were in the partnership, the greater the reported benefits.
 - Comparing centers in partnership with Head Start and matched providers that were not in partnerships, ELLCO and ECERS scores were higher in partnering centers.
 - Resources

- Basic questions about resource exchange were very complicated (per child, lump sum, start up, and other types). The average amount of funding from HS to child care was about \$3,600 per child, but the range was from \$0 to \$7,200.
- 70% of centers used funds for classroom equipment and supplies.
- Over half of centers used funds for training or to enhance teachers' salaries; most reported receiving professional development directly from HS.
- The partnership duration and per child funding is highly predictive of benefits.
- All measures are available on Research Connections.

3. Summary of Discussion with Presenters and Participants

- Excited to hear about operationalization of collaborative processes: The “whole is greater than sum of the parts.”
- Looking at process elements and thinking how they happen along a continuum; and from a funding perspective, how they are related to child outcomes.
- Willingness to take risks and set up “authentic measures,” and help communities get to a state of readiness for the use of funding.
- Desire to learn more about best practices in collaboration, and how to connect with others who are implementing TANF, child welfare, etc. within organizations.
- Continuity of collaboration seems to be key; even with high agreement on goals, it is challenging to sustain integrity and authenticity given the effects of changes in State policies (eligibility increases, funding cuts, etc.).
- Well-defined goals are also important. Clarity increases confidence, and confidence is what increases commitment.
- Time is critical to building collaborations, it can't happen immediately.
- Clarifying language across partnerships is essential. A “full day” can mean six hours in some settings, nine in others.
- Roles and management: We need a process manager (to oversee facilitation), facilitator, and “champion.”
- Home visiting assessment seems like a good opportunity to use a collaboration measurement tool to study why parents stay in home visiting.
- Authenticity scores are lower in mandated collaborations. In mandated structures, it is especially important to work on authenticity issues up front because it's not assumed by participation. We have to spell out channels to efficacy. Does the group have power to make decisions? The more layers of decision-making, the less authenticity there is.
- We need to revise the process whenever needed and look for a relationship between equality and resolvability. Can anyone call for it? Are conflicts in the group resolved collaboratively?