Characteristics of Child Care Providers' Collaborations

2019 Research Brief

Meghan Broadstone and Diane Schilder

Child Care Collaboration Study

The Child Care Collaboration Study, funded by the Administration for Children and Families Office of Planning, Research, and Evaluation (OPRE), explores collaboration among early care and education programs at both the state and local levels. At the state level, the study describes models of collaboration among state early childhood agencies based on an analysis of data from all states in the U.S. At the local level, the study focuses on child care providers engaged in collaboration in Maryland and Vermont. This research brief presents findings from an analysis of data collected from center-based and family child care programs in these two states.

Defining Collaborations

Research on collaboration in the context of early childhood care and education is still building consensus around shared definitions, constructs and measures. Previously, researchers described collaboration as having characteristics such as braided or blended funding, joint work of program administrators to achieve common goals, and policies designed to support common goals at the classroom level (Chien et al., 2013). Studies have shown collaboration provides opportunities to jointly disseminate resources, offer early childhood teachers coordinated professional development, and provide children and their families with seamless services (Schilder, 2014).

The Child Care Collaboration study aims to build on this literature by analyzing quantitative and qualitative data to better understand different types of collaboration. The research team developed surveys and used existing validated measures to capture details about providers engaged in collaboration with different groups. In particular, this brief examines potential differences between child care providers engaged in **formal collaborations** organized through state-level initiatives versus **informal collaborations** that are self-directed.

Efforts to Support Collaboration in Vermont and Maryland

Vermont's Early Childhood Framework (launched in 2014) reflects the state's commitment to improving early childhood experiences through collaboration across state agencies. Developed by the Vermont Governor's Office, the Vermont Agency of Human Services, and the Vermont Agency of Education, the framework articulates the state's goals and presents an action plan to reach them. The framework recognizes the important work of collaboration at different levels—from federal and state policy to community-level provider networks.

The state of Maryland's commitment to collaboration is evident as the state has a single entity—the Division of Early Childhood Development, housed within the Maryland State Department of Education—that integrates the Office of Child Care, the Early Learning Branch, and the Collaboration and Program Improvement Branch. These offices work together to improve early care and education for all children in the state. Under the umbrella of this department, a number of state-wide initiatives promote collaboration.

Methods

Researchers at Education Development Center, Inc. (EDC) independently conducted the study with the support of partners in the Vermont Department of Children and Families and the Maryland Department of Education. The research team developed and administered an online survey to a representative sample of child care providers in each state. Surveys were completed by 191 providers in Vermont (41% response rate) and 118 providers in Maryland (27% response rate). Respondents included both family child care and center-based child care centers. The survey included 31 questions in four sections.

In the first section, respondents indicated whether they were engaged in collaborative initiatives, and if so, whether their involvement was formal or informal. Formal groups were defined as being affiliated with an existing organization, funding initiative, or state agency. Informal groups were defined as being self-directed. The second section explored the quality of collaboration in greater depth, by having respondents rate the quality of collaboration for the group with which they were most engaged. Questions about quality of collaboration were based on a set of validated measures. (See sidebar "Measuring Collaboration Quality.") The third section included questions about potential benefits of, and barriers to, collaboration. The fourth section addressed questions about the characteristics of the provider, such as size and demographics of children served.

MEASURING COLLABORATION QUALITY

Authenticity Scale (Hicks, Larson, Nelson, Olds, & Johnstone, 2008)
Sample Items
(Items are reverse coded so a higher score = disagreement with the statements below)

- *Often decisions are made in advance and simply confirmed by the process*
- *In the process, some people's 'merits' are taken for granted while other people are asked to justify themselves*
- *In the process, strings are being pulled from the outside, which influence important decisions*

Multi-Dimensional Collaboration Scale (Thomson, Perry, & Miller, 2007)
Sample Items Illustrating the 5 Dimensions

- *Governance: "Partner organizations take your organization's opinions seriously when decisions are made about the collaboration."*
- *Administration: "Your organization's tasks in the collaboration are well coordinated with those of partner organizations."*
- *Autonomy: "The collaboration hinders your organization from meeting its own organizational mission."(reverse coded)*
- *Mutuality: "You feel what your organization brings to the collaboration is appreciated and respected by partner organizations."*
- *Norms/Trust: "My organization can count on each partner organization to meet its obligations to the collaboration."*
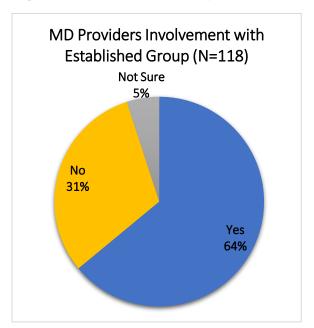
The research team conducted descriptive statistical analyses by calculating frequencies and means. To test for differences between formal and informal collaborations, the team performed independent samples t-tests. The qualitative methods were guided by Miles and Huberman's (1994) framework of creating an initial coding schema, refining the codes after preliminary analysis, and exploring emerging themes and trends. The findings presented below are based on analyses conducted in 2017.
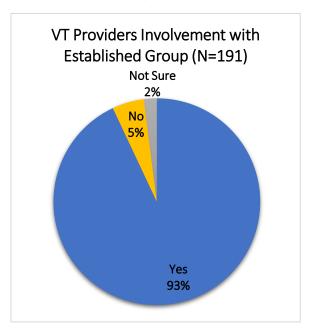
Findings

Providers Report Engagement with Formal Groups

Most providers reported collaborations with "formal" groups (groups affiliated with state or federally funded initiatives; see Figure 1). However, more providers from Vermont (93%) reported collaborating with a formal group compared to providers in Maryland (64%).

Figure 1: Most Providers Report Collaborations with Formal Group

High Percentages of Providers are Engaged in QRIS

Similar percentages of providers in Maryland and Vermont reported engaging with state or federally funded initiatives. For example, over three-quarters of respondents reported some level of engagement with the state's Quality Rating and Improvement System (QRIS), about thirty percent reported that they were involved in state-level child care associations, and about ten percent reported that they were collaborating with Head Start or Early Head Start (see Table 1).

Table 1: Providers from Maryland and Vermont Report High Participation Rates with State QRIS, Few Representatives from Head Start and Early Head Start

State Level Collaborative Initiatives in Maryland	Percent
Maryland's Quality Rating and Improvement System (Maryland EXCELS)	86%
State Professional Child Care Association (e.g. Maryland State Child Care Association (MSCCA))	36%
National Professional Child Care Association (e.g. National Association for the Education of Young Children (NAEYC))	33%
Statewide Nonprofit Organization funded by State Coalition (Ready at Five)	17%
State Network for Child Centers (Maryland Family Support Center (FSC) network)	11%
Head Start	10%
Maryland Birth through Five	10%
Early Head Start Child Care Partnership	6%
Maryland's Preschool Development Expansion Grant	6%
Early Head Start	4%
Maryland's State Early Childhood Advisory Council-Race to the Top Early Learning Challenge Grant (Maryland Early Childhood Research Advisory Group)	4%

(N=118)

State Level Collaborative Initiatives in Vermont	Percent
Vermont's Quality Rating and Improvement System (Vermont STARS)	78%
Vermont's Birth to Five	50%
Statewide Public Awareness and Engagement Campaign for Child Care (Let's Grow Kids)	42%
Statewide Network of early childhood professionals (Starting Points Group)	31%
National Professional Child Care Association (e.g. National Association for the Education of Young Children State Professional Child Care Association)	30%
State Initiative for a coordinated family-centered, child-focused services and delivered through a network of providers throughout Vermont (e.g. Children's Integrated Services)	30%
Statewide Project to build up networks for home-based providers and families (e.g. Strengthening Families)	30%
Vermont's Regional Early Childhood Advisory Council (Building Bright Futures)	28%
State Professional Child Care Association (e.g. Vermont Child Care Providers Association)	25%
State Registered Child Care Apprenticeship and Professional Development Program (e.g. Vermont Child Care and Industry Career Council)	18%
Statewide Network for Child Centers (Parent Child Center Network)	13%
Statewide Independent Advocacy Coalition (Vermont Early Childhood Alliance)	13%
Head Start	9%
Vermont's State Early Childhood Advisory Council (Building Bright Futures)	7%
Early Head Start Child Care Partnership	4%
Early Head Start	4%
Vermont's Preschool Development Expansion Grant	3%
Vermont Head Start Association	3%

(N=191)

Measuring Collaboration Quality Highlights Differences Between Formal and Informal Groups

Respondents were asked to select one collaboration—formal or informal—and answer additional questions about characteristics of that collaboration. In Maryland, 34 percent chose a formal collaboration and 30 percent chose an informal collaboration. In Vermont, 60 percent chose a formal collaboration and 21 percent chose an informal collaboration. This difference between the two states likely reflects the higher percentage overall of providers engaged with formal groups in Vermont.

The survey included items from two existing measures of collaboration: The Authenticity Scale and The Multi-Dimensional Collaboration Scale. By using both scales, collaboration can be presented in a multi-faceted way, recognizing the roles that organizations and individuals play in building successful collaborations. The research team predicted that providers would report similar qualities regardless of whether they nominated a formal or informal group.

The analysis of collaboration revealed two statistically significant differences between formal and informal groups in both states collectively. First, providers in *formal* groups reported significantly higher levels of *Authenticity* than those in informal groups ($p < .05$). Providers in formal collaborations were more likely to report that decisions were made within the context of the group's interactions and represented the voices of all the members of the group.

On the **Multi-Dimensional Collaboration Scale**, providers in *informal* groups scored significantly higher overall than providers in formal groups ($p < .05$). In particular, providers in informal collaborations were more likely to report that:

- Partners takes their organization's opinions seriously
- Their organization's tasks in the collaboration are well coordinated with those of partner organizations
- The collaboration does not hinder their organization in meeting its own organizational mission
- The collaboration is appreciated and respected by each partner organization
- Each organization can count on partner organizations to meet obligations to the collaboration

Benefits of Collaboration

In response to an item assessing the outcome of collaborative group participation ("my participation with this group has resulted in…"), respondents used a 5-point Likert scale with responses ranging from "not at all" to "very much so" to indicate agreement with the following statements: a) "Increased overall quality of my program"; b) "Increased number of services provided to children/families;" and c) "Increased opportunities for teacher professional development."

In both states, over 60 percent of respondents selected "considerably" or "very much so" to an increase in the overall quality of their programs and about 50 percent selected "considerably" or "very much so" to an increase in the number of services provided to children and families. With regard to professional development opportunities, participants in Maryland and Vermont had different responses. Sixty-six percent of respondents in Maryland and 55 percent of respondents in Vermont reported that collaboration resulted in increased opportunities for teacher professional development.

Figure 2. Potential Benefits of Collaboration

Percentage of Respondents who Selected "Considerably" or "Very Much So" (N= 120 VT 61 MD))

Providers were also asked what they believed would encourage collaboration. In both states, high percentages of providers reported that additional time (46 percent from Maryland and 53 percent from Vermont) and professional development credits (42 percent from Maryland and 62 percent from Vermont) would lead to more collaboration. Few respondents indicated that regular meetings or specific state policies would increase collaboration.
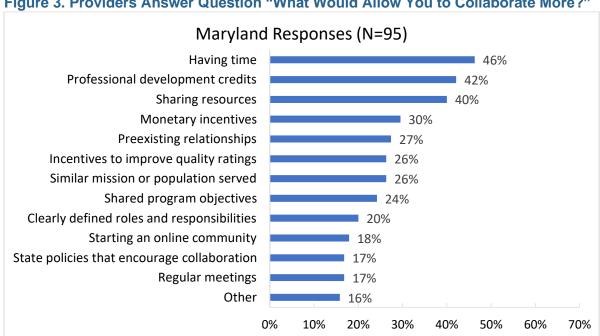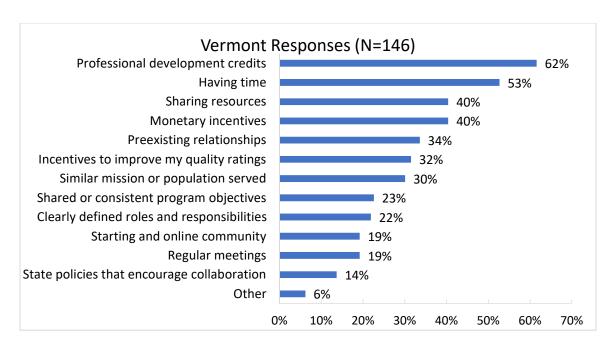
Figure 3. Providers Answer Question "What Would Allow You to Collaborate More?"

Vermont Responses (N=146)

Category	Percentage
Professional development credits	62%
Having time	53%
Sharing resources	40%
Monetary incentives	40%
Preexisting relationships	34%
Incentives to improve my quality ratings	32%
Similar mission or population served	30%
Shared or consistent program objectives	23%
Clearly defined roles and responsibilities	22%
Starting and online community	19%
Regular meetings	19%
State policies that encourage collaboration	14%
Other	6%

Providers Share Insights into the Costs and Benefits of Collaboration

Providers explained some of the benefits and costs of collaboration through open ended responses. The most common explanation cited for not collaborating more is lack of time, especially considering the long work hours and family commitments most providers have. Below are some examples of the providers' comments:

I think that with the daily struggles of having a family and working long hours they should offer trainings online where you could log on after your kids are in bed and actually focus on the training. I would sign up for so many trainings if I didn't have to travel and get a sitter.

Most providers do not have the time and cannot close down their programs to meet in groups. We have to be open in order to attend the needs of our clients—most of us cannot afford to close our door for the day to attend a seminar, meeting, or training. Most of our meetings and training are done after hours or on weekends. We already put in a 10+hour day and then in order to participate in training or conferences we are digging into our own time. We need more online training and access to conferences and seminars via the web where certifications can be delivered electronically.

As this is a profession with virtually no "financial fat" the availability of "extra" staff to allow for collaboration time may not even exist in many/most small programs. Chances are most collaboration is done on personal time, therefore, taking time away from family.

While most providers indicated that they do not have enough time for collaboration activities, one provider explained how her involvement with other organizations benefits her program and her own professional development:

> *I am very involved with many different EC organizations. Not only has this helped me increase the quality of my program, but my development as a mother and EC leader as well. My involvement in ALL of these roles has led to the perfect storm of my leadership development and knowledge of community resources. (VT)*

Providers also shared their perspectives on different types of programs and the potential downside of collaboration. One provider in Vermont shared that there is a sense of an uneven playing field between child care and public school-based programs. Although they are encouraged to collaborate with each other, the child care provider feels powerless compared to the school-based provider. Other providers voiced concerns about competing with unlicensed providers. Unlicensed providers are not held to the same standards, requirements, and regulations—and this can negatively influence the business of licensed care. As one provider explained, "most of the people I know have left the business, some because they don't want to take tests, others feel they can't pay for additional classes." Efforts around collaboration and quality improvement can benefit children and families, but these same efforts may lead programs to shut their doors.

Reflections and Next Steps

The Child Care Collaboration Study analyses point to the importance of structures that enhance trust and respect among group members. The findings demonstrate that these qualities can be found in both formal and informal collaborations. The higher scores on the Authenticity scale for formal groups may be explained in a number or ways. The people who chose formal groups may be more experienced in creating positive group dynamics that create an open dialog. Alternatively (or in addition), formal groups may have certain protocols or structures in place that support a feeling of authenticity among members. Formal groups may also have more decision-makers present and therefore the role of a potential outside influence is not as relevant since final decisions can be made within the group itself. The role of any of these possible explanations may be understood with more in depth study of particular group dynamics and interviews with participants.

Providers involved in informal collaborations scored higher overall on the Multi-Dimensional Collaboration Scale. This measure is focused on the provider's organization as opposed to the providers themselves. Informal groups tend to be entirely voluntary and self-directed. Perhaps participation in these types of groups is directed by what providers need for their own program, as opposed to following guidelines and expectations set by formal groups. Further, if every member is there because they *want* to be, group members need to feel valued and respected or else the group may no longer exist.

Another goal of this brief was to understand what could lead to more collaboration among providers. Qualitative analysis of open-ended survey responses revealed that center-based and family child care providers reported that time and allocation of professional development credits would support more collaboration. They also reported that regular meetings and particular state policies would *not* necessarily increase collaboration. However, it may be that providers are not fully aware of the ways in which particular policies create opportunities for collaboration – through funding or support of group leadership. These findings contradict data the Child Care Collaboration Study team collected from state-level administrators (who indicated the importance of policies that support collaboration) and highlight another opportunity to connect policy with provider experiences.

References

Chien, N., Blasbert, A. l., Daneri, P. l., Halle, T., King, C., Azslow, M., Fisher, K., & Dwyer, K. (2013). *Conceptualizing and measuring collaboration in the context of early childhood care and education* (OPRE Research Brief OPRE 2013-29). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Hicks, D., Larson, C., Nelson, C., Olds, D. L., & Johnston, E. (2008). The influence of collaboration on program outcomes: The Colorado Nurse-Family Partnership. *Evaluation Review, 32*, 453–477.

Schilder, D. (2014). *Child Care/Head Start Partnership Snapshot: What the Research Says about Financial Arrangements and Resources*. Waltham, MA: Education Development Center, Inc.

Thomson, A. M., Perry, J. L., & Miller, T. K. (2007). Conceptualizing and measuring collaboration. *Journal of Public Administration Research, 19(1*), 23–56.