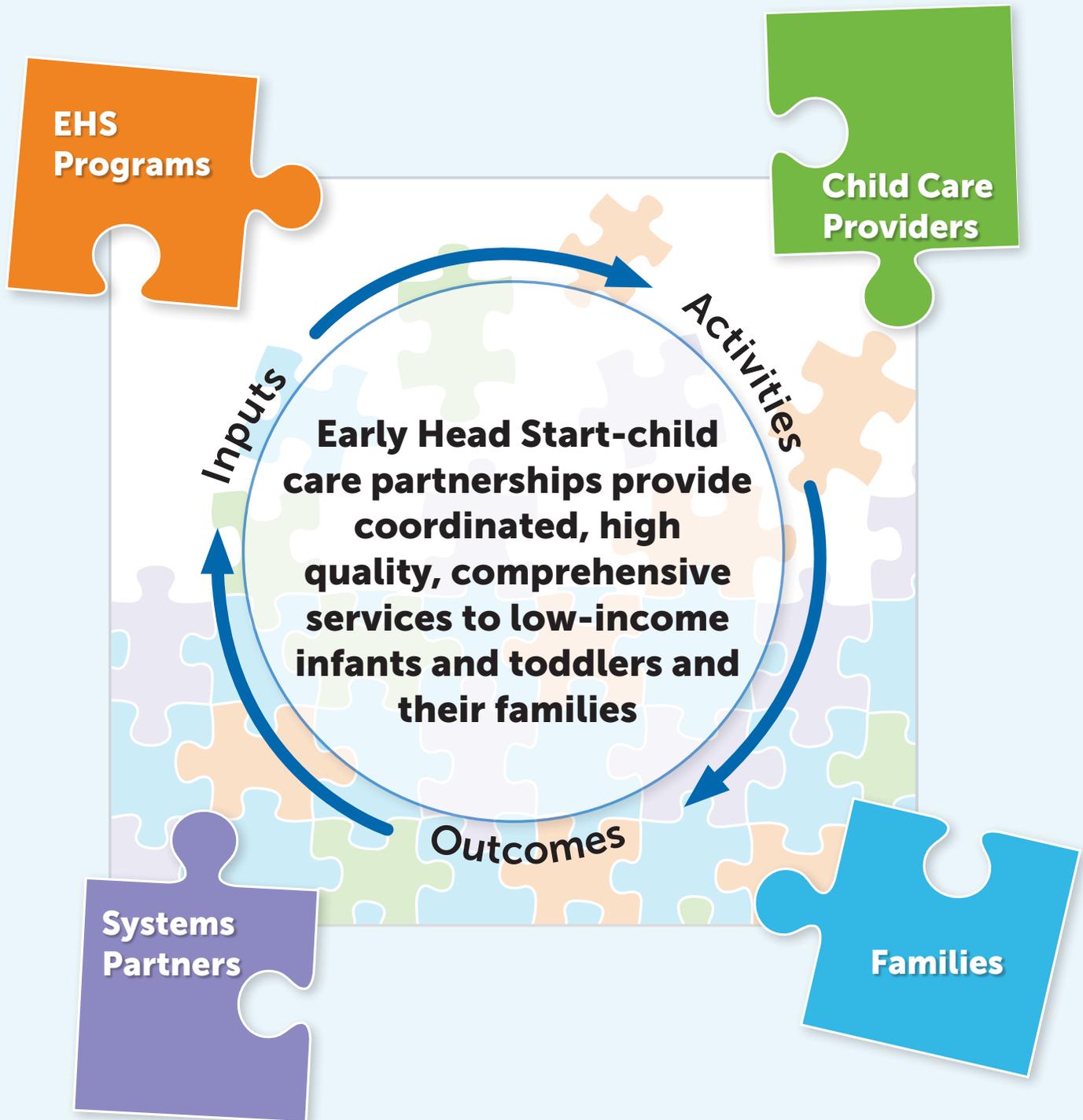


# Theory of Change for the Study of EHS-Child Care Partnerships

*Presented at the Technical Work Group Meeting for the  
Study of EHS-Child Care Partnerships on May 6, 2014*



# INPUTS

## EHS Programs

- EHS grantee type and prior service delivery experience
- Program size
- Motivation to partner and readiness to change
- Attitudes toward and experience with collaboration
- Knowledge and linkages to community child care providers
- Qualified staff to provide QI support to child care providers

## Child Care Providers

- Provider type (family child care or center), size, and regulatory status
- Hours of operation
- Age range of children served; ability to care for sibling groups
- Provider experience and staff credentials
- Motivation to partner and readiness to change
- Attitudes toward and experience with collaboration
- Openness to complying with the HSPPS
- Participation in QRIS or other QI initiatives

## Families

- Socioeconomic and demographic characteristics
- Child care needs and preferences (family configuration, work schedules, transportation, culture, language)
- Motivation to participate in partnership programs
- Eligibility for EHS and CCDF subsidies

## Systems Partners (National, State, Local)

- Policies, regulations, and standards (HSPPS, child care licensing, QRIS, other state initiatives)
- Funding (EHS grant funds, CCDF subsidies, other sources)
- QI supports (Head Start and OCC T/TA, QRIS, CCDF quality set aside, accreditation, other initiatives)
- Professional development (community colleges and other institutions of higher education)

# ACTIVITIES

## Partnership Programs: Partnership Development

- EHS programs actively recruit partners and child care providers express interest in partnering
- Partners jointly:**
- Discuss and clarify partnership expectations
  - Develop partnership agreements (contract, MOU), including funding arrangements

## Partnership Programs: Partnership Operation

- Partners jointly:**
- Assess strengths and needs of each partner
  - Develop QI plans to achieve HSPPS compliance
  - Seek other QI opportunities
  - Monitor implementation of QI plans and HSPPS compliance
  - Facilitate networking among infant-toddler service providers
  - Assess partnership quality
  - Regular communication to ensure continuity of care and smooth transitions for children
  - Recruit and enroll families
  - Implement family partnership agreements; provide families with comprehensive services and referrals
  - Provide flexible, high-quality child care that meets families' needs
  - Facilitate continuity of care and transitions between settings
  - Provide direct QI support and supplemental materials
  - Provide training and support to staff working in the partnership

## Families

- Enroll in EHS and child care subsidy program
- Communicate child care needs and preferences and select child care arrangements
- Develop and implement family partnership agreements
- Maintain communication with partnership programs for continuity of care and smooth transitions for children

## Systems Partners (National, State, Local)

- Identify rule misalignment challenges and consider rule accommodations to support partnerships
- Coordinate with partners to provide QI and professional development

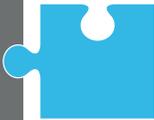
# OUTCOMES



**Partnership Programs**

## Short-Term Outcomes (within two years)

- Enhanced capacity to offer high quality service options that meet families' needs
- Organizational leadership that values and supports EHS-child care partnerships
- Staff attitudes that value each partner's contribution to the partnership
- Improved staff competencies to develop mutually respectful and collaborative partnerships, provide effective QI support, and provide developmentally appropriate infant-toddler care
- Improved quality of infant-toddler care and compliance with HSPPS
- Reduced isolation; increased membership in professional networks of infant-toddler service providers
- Increased professionalism and staff credentials
- Increased financial stability for partners



**Families**

- Stable access to high quality care and comprehensive services that meet families' needs
- Continuity of caregiving across settings where children receive care
- Parents more likely to be employed or in school
- Parents more involved in children's early learning



**Systems Partners**  
(National, State, Local)

- Rule accommodations are implemented as needed to align requirements and stabilize funding
- QI and professional development supports are aligned to address needs of the partnerships

## Long-Term Outcomes (two years or longer)

- **Sustained, mutually respectful, and collaborative EHS-child care partnerships in place**
- **Increased community supply of high-quality infant-toddler care**
- **Improved family well-being**
- **Improved child well-being and school readiness**
- **Well-aligned infant-toddler policies, regulations, and QI supports at the national, state, and local levels**

## Organizational Factors (partnership programs)

- Years of operation and staff stability
- Organizational culture and leadership promoting the partnerships
- Shared goals, relationship quality, and mutual respect between partners
- Systems to support continuous QI

## Contextual Factors

- Local: Type and supply of infant-toddler child care for low-income families
- State: Supports for QI (QRIS, CCDF quality dollars, etc.); policy environment
- National: Initiatives such as Head Start Designation Renewal System, President's Early Learning Initiative, Race to the Top-Early Learning Challenge

## OVERVIEW OF THE THEORY OF CHANGE FOR THE STUDY OF EARLY HEAD START-CHILD CARE PARTNERSHIPS

The Study of Early Head Start-Child Care Partnerships defines partnerships as formal arrangements between Early Head Start programs and community child care providers to provide services to eligible families with infants and toddlers. Services provided in child care settings should comply with the Head Start Program Performance Standards (HSPPS). Partnership services are usually funded through a combination of Early Head Start grant funds and child care subsidies.

The purpose of Early Head Start-child care partnerships is to provide coordinated, high quality, comprehensive services to low-income infants and toddlers and their families. Achieving this goal requires contributions from Early Head Start programs; child care providers (including family child care homes and child care centers); families; and systems partners operating at the national, state, and local levels, such as child care subsidy systems, quality rating and improvement systems (QRISs), and federal technical assistance systems. The draft theory of change visually represents these four types of partners as puzzle pieces to acknowledge that all partners need to work together in a coordinated manner to achieve results. Together, these groups invest inputs and carry out activities designed to lead to five long-term outcomes: (1) sustained, mutually respectful, and collaborative, Early Head Start-child care partnerships; (2) increased community supply of high quality infant-toddler care; (3) improved family well-being; (4) improved child well-being and school readiness; and (5) well-aligned infant-toddler policies, regulations, and quality improvement supports at the national, state, and local levels. The theory of change also notes a range of organizational and contextual factors that are likely to influence partnerships. In the theory of change and throughout this document we use the term partnership programs to refer to programs (including Early Head Start programs and child care providers) funded under the new Early Head Start-child care partnerships initiative.

The theory of change represents a comprehensive and broad range of inputs, activities, short- and long-term outcomes, and organizational and contextual factors that could be associated with Early Head Start-child care partnerships. However, not all partnerships will include all inputs, perform all activities, aim to achieve all outcomes, or involve all of the organizational and contextual factors included in the theory of change.

### Inputs

As depicted on the second page of the theory of change model, each type of partner invests resources and contributes its experiences, knowledge, and skills to the partnerships.

**Early Head Start programs.** Inputs from Early Head Start programs include grantee type, prior service delivery experience, program size, and other resources and supports from the agency that operates the program. Early Head Start programs may be well-established grantees with experience providing services that comply with HSPPS, but little experience providing center-based child care or providing quality improvement support to family child care providers. Other Early Head Start programs may be new grantees that have extensive experience providing quality improvement support to child care providers, but little experience providing comprehensive services or monitoring compliance with HSPPS. For example, a new grantee

might be an agency that operates a family child care network or a child care resource and referral agency (CCR&R). Other types of grantees, such as community action agencies, might operate other programs, such as adult education courses, that can contribute resources or staff expertise to the partnership.

Early Head Start programs also bring the motivation of program leaders and staff to form partnerships with community child care providers, as well as differing levels of readiness to change program activities and procedures to accommodate the needs of new partners and new ways of serving children and families through partnerships. Motivation and readiness to change may be influenced by their attitudes toward and prior experience with collaboration. Programs are likely to vary in staff knowledge of and linkages to child care providers in the community. For example, some programs might already partner with community child care programs to carry out professional development activities, whereas other programs have less experience working with child care providers. In addition, Early Head Start programs contribute staff to work directly with child care partners and provide quality improvement support. Existing Early Head Start staff are likely to have extensive knowledge about how to support infant-toddler health and development, for example, but they might need other skills and expertise to provide quality improvement support to child care center administrators and teachers or family child care providers.

**Child care providers.** Contributions of child care providers will vary based on whether they operate child care centers or family child care homes, their size, and the number of infant-toddler slots available in the setting. Child care providers that partner with Early Head Start programs should be regulated providers. For family child care homes, regulatory status will vary by state. Child care providers offer flexibility to meet families' child care needs along several dimensions, including their hours of operation, the age range of children served, and their capacity to care for sibling groups. Child care providers will come to partnerships with a range of experience; likewise, levels of experience and credentials are likely to vary across staff within child care centers. Like Early Head Start programs, child care providers bring their motivation to form partnerships as well as differing levels of readiness to change activities and procedures to comply with the HSPPS and incorporate new ways of serving children and families through partnerships. Motivation and readiness to change may also be influenced by their attitudes toward and prior experience with collaboration. For example, child care providers may need to be open to regular quality improvement and monitoring visits from Early Head Start staff and to achieving compliance with the HSPPS. Depending on the availability of resources in the child care provider's state and community, some providers might already participate in a QRIS or another quality improvement initiative.

**Families.** Families also play an important role in the partnerships. Families have a range of characteristics, child care needs, and preferences. For example, depending on their employment or training/education schedules and availability of transportation, families may need care in specific geographic areas and during specific hours of operation. Some families might need child care providers that can accommodate older siblings in addition to the Early Head Start child, or providers that can accommodate children's special needs. In addition, some families might seek child care arrangements that foster their home language and culture. Families may need to be motivated to participate in both Early Head Start and child care services. In most cases they may also need to meet income and other eligibility requirements for both Early Head Start and child care subsidies.

**Systems partners.** Although they are not direct participants, other systems at the national, state, and local levels play a crucial role in the partnerships. For example the federal Office of Head Start (OHS) establishes policies and standards to which Early Head Start programs and the child care providers that they partner with may need to comply, such as the HSPPS. The federal Office of Child Care (OCC) establishes and oversees the implementation of child care policies and provides guidance to states, tribes, and territories that administer child care and development funds (CCDF). Similarly, states establish rules about child care licensing and subsidies. Systems partners also contribute crucial resources for partnerships, including Head Start grant funds, CCDF, and other public and private funds. In addition, systems partners offer supports for quality improvement, including training and technical assistance networks through OHS and OCC, QRIS implemented at the state and local levels, supports from CCR&Rs, accreditation from professional organizations like the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC), and other initiatives. Other key partners include community colleges and other institutions of high education that provide relevant courses and degree programs to prepare infant-toddler service providers to meet requirements for specific credentials in the HSPPS, local or state QRIS, or other child care regulations.

## **Activities**

The next section of the theory of change, also on the second page of the model, depicts activities that need to occur to develop and implement the partnerships. Many of these activities are conducted jointly by partnership programs, but families and systems partners also play important roles.

**Partnership programs: partnership development.** The first crucial step in developing the partnerships is identifying potential partners. Early Head Start programs may advertise the partnership initiative and actively recruit child care providers in the community. Child care providers, in turn, may express interest in the partnership. Child care providers may also initiate the process of exploring a partnership by contacting Early Head Start programs. Jointly, the partners need to discuss and clarify partnership expectations, including issues such as numbers of children served, funding arrangements, expectations for compliance with HSPPS, and supports available to the child care provider from the Early Head Start program. When expectations are clarified, partnership programs need to develop partnership agreements, such as contracts or memorandums of understanding (MOUs), which clearly document the agreements reached to ensure a common understanding about the terms of the partnership and financial arrangements.

**Partnership programs: partnership operation.** When partnership agreements are in place, Early Head Start programs and child care providers need to work together to implement the agreements. Jointly, they may assess each partner's strengths and needs and develop quality improvement plans tailored to the role of each partner to support compliance with the HSPPS. The partners may also work together to identify other quality improvement opportunities in the state and community (such as through a QRIS, community college, or CCR&R) and monitor implementation of quality improvement plans and compliance with the HSPPS. Infant-toddler service providers, especially family child care providers, can be isolated in their work. To address this problem, partnerships may also facilitate opportunities for provider and Early Head Start program staff to network with one another through periodic joint training sessions and meetings.

Partners may also periodically assess the quality of their partnership. Are both partners meeting the terms of the partnership agreement? Do both partners feel respected for their contributions? Are communication systems functioning as intended? In addition to communicating about the partnership, Early Head Start programs and child care providers also need to facilitate regular communication with parents and one another about the children in care to ensure continuity of caregiving and smooth transitions across home and out-of-home care settings.

Partners may also work together to recruit and enroll families, who may express interest in partnership services either by applying to the Early Head Start program or the child care provider. Child care providers with a track record of serving low-income infants and toddlers may be especially strong sources of referrals. Partners work together to provide comprehensive services to families and children—health, nutrition, social, and other services, as well as referrals to other community services such as employment training—determined to be necessary by family needs assessments, in addition to early care and education services. The division of responsibility for providing specific services may be determined as part of the partnership agreement. For example, Early Head Start staff may visit the child care settings to conduct periodic assessments of children’s development, or they may train and support child care staff to conduct these assessments directly. In addition, Early Head Start may supply a family support worker to coordinate with families and child care partners to implement the family partnership agreement. Partners also work together to provide high-quality child care that is flexible and meets families’ needs; child care providers play a central role in this regard. Partners may also need to facilitate continuity of care across settings and transitions between settings throughout the day. For example, child care staff may exchange important information with parents and other caregivers about the child’s health status, activities, and schedule during drop off and pick up. Child care providers or Early Head Start programs may provide or arrange for transportation between settings.

In addition, Early Head Start programs and child care providers may engage in joint quality improvement activities to support the partnership in achieving HSPPS compliance. For example, Early Head Start staff may visit child care classrooms or family child care homes regularly to observe and provide mentoring/coaching to child care staff. The partners may convene joint training sessions and other staff development activities. Child care providers may also need additional supplies, curricula, and developmentally appropriate toys to comply with HSPPS. Early Head Start programs may provide these supplemental materials directly or through grants, or partners may jointly seek out supplemental materials or grants available in the community for this purpose. Staff responsible for ensuring that partnerships meet the HSPPS may need training and support on how to conduct observations, assess classroom quality, provide mentoring/coaching, and develop supportive relationships with child care staff.

**Families.** To participate in partnerships, families enroll in both Early Head Start and the child care subsidy program. They also need to communicate their child care needs and preferences to the partnership programs and select a child care arrangement. During their participation in services, parents need to maintain regular and open communication with staff from the partnership programs to facilitate continuity of care and smooth transitions across settings for children. For example, families might collaborate with both Early Head Start staff and child care providers to develop an individualized family partnership agreement.

**Systems partners.** Misalignment of rules for Early Head Start and child care systems can create challenges for partnerships. For example, differences in eligibility requirements and eligibility redetermination schedules between Early Head Start and child care subsidy programs can create gaps in funding and jeopardize continuity of care if families lose eligibility for one source of funding. Systems partners, such as subsidy systems, can consider rule accommodations to better align rules across systems, such as changes to the subsidy redetermination schedule to address these challenges. Requirements for staff training and credentials may also differ across the HSPPS, child care regulations, and local or state QRIS. Community colleges and other institutions of higher education can play an important role in supporting all staff involved in the partnerships to obtain the credentials needed to comply with these requirements.

### **Short-term outcomes**

As depicted on the third page of the theory of change model, well-implemented partnerships lead to short-term outcomes for partnership programs, families, and communities. In the short term, approximately two years, partnerships should be able to achieve the following:

- **Partnership programs.** Once established, Early Head Start-child care partnerships are able to offer a wide range of high quality service options to families, with more flexibility to meet their needs for full-day, full-year early care and education and comprehensive services than either partner could on its own. Based on experience implementing the partnerships, organizational leadership values and supports Early Head Start-child care partnerships, and staff value the contributions of their respective partners. In addition, staff demonstrate enhanced competencies to develop mutually respectful and collaborative partnerships, provide effective quality improvement support, and provide developmentally appropriate infant-toddler care. The partnerships also improve the quality of infant-toddler care they offer and provide services that comply with the HSPPS. In some locations, quality improvement supports might result in added benefits, such as a higher QRIS rating or access to additional training and education. Partnerships also reduce the isolation of infant-toddler service providers and offer them expanded professional support. Partners may have an increased sense of professionalism and possibly higher credentials, and financial arrangements of the partnership agreement may strengthen the financial stability of the partners.
- **Families.** Through the partnerships, families gain access to high quality care and comprehensive Early Head Start services that meet their needs. Regular communication among all partners and caregivers can ensure greater continuity of caregiving and smoother transitions across home and out-of-home care settings. With stable child care arrangements, parents are more able to obtain employment or attend school or training. With support from partnership programs, parents are also able to be more involved in their children's early learning.
- **Systems partners.** Partnerships provide an opportunity for key players in the various systems that contribute to early care and education services for infants and toddlers to examine misalignment of policies, standards, and regulations and move toward increased alignment. Professional development and quality improvement supports are aligned to help staff involved in the partnership obtain needed training and credentials.

## **Long-term outcomes**

Ultimately (two years or more after they are initiated), the partnerships lead to five long-term outcomes:

1. Sustained, mutually respectful, and collaborative Early Head Start-child care partnerships
2. An increased community supply of high quality infant-toddler care
3. Improved family well-being
4. Improved child well-being and school readiness
5. Well-aligned infant-toddler policies, regulations, and quality improvement supports at national, state, and local levels

## **Organizational and contextual factors**

A range of organizational and contextual factors can facilitate or pose barriers to establishing and sustaining Early Head Start-child care partnerships (included on the third page of the theory of change model). These include the length of time the Early Head Start programs and child care providers have been in operation, the degree to which they are established in the communities they serve, and the degree of stability among their staff. Programs and providers with high turnover might have more difficulty developing strong relationships with partners. The organizational culture and leadership support for the partnerships (among both Early Head Start programs and child care providers) will influence the amount of support they receive. The extent to which the partnering organizations have shared goals and mutual respect and the quality of their relationships can also influence partnerships. The organizational infrastructure and systems in place to support continuous quality improvement within each organization also influence partnerships. Organizations that already have a culture and systems in place that support regular self-assessment and development of improvement plans will be better prepared than those without these systems in place to involve an outside partner in this work.

Also influencing the partnerships are contextual factors at the national, state, and local levels. National initiatives can influence partnerships and affect the resources available to support them. For example, Early Head Start programs might view partnerships as potentially putting their grants at risk if these settings are reviewed as part of the Head Start Designation Renewal System. States with Race to the Top-Early Learning Challenge grants might have more quality improvement resources available than other states. At the state level, quality improvement supports through a QRIS or other initiatives might be available. State subsidy policies, such as eligibility and redetermination rules, may affect how partnerships are financed. The supply of infant-toddler child care in the community might influence the number of partnerships that can be formed and the pace of partnership development. In some communities, most infant-toddler care providers could be family child care homes. In other communities with very few providers of infant-toddler care, Early Head Start programs may need to develop new providers. They may also need to recruit other types of partners to engage with them in this effort. For example, they may collaborate with a CCR&R to recruit unregulated child care providers to become regulated providers.