

KENTUCKY STARS FOR KIDS NOW PROCESS EVALUATION

Evaluation Brief #5

Collaboration and Coordination in the Kentucky STARS for KIDS NOW Technical Assistance System

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The Process Evaluation of Kentucky STARS for KIDS NOW was initiated by the Kentucky Department for Community Based Services, Division of Child Care to provide an examination and assessment of existing STARS components and to provide a basis for recommendations to improve STARS implementation statewide.

Kentucky is unique nationally in its investment in a process evaluation to address a set of comprehensive questions about the functioning of its QRIS after operating for over a decade.

The Evaluation questions and activities focused on five broad, interrelated components of STARS:

- The quality standards and measurement strategies
- The rating structure and process for assigning STARS levels
- The technical assistance provided to promote improvement
- The outreach methods to promote STARS to providers and to parents
- The collaboration, coordination, and administrative processes most supportive for STARS.

The Evaluation was conducted by Child Trends, a nonpartisan research organization located in Washington DC. The Evaluation was supported by funds from the American Recovery and Reinvestment Act provided by the Kentucky Cabinet for Health and Family Services, Department of Community Based Services, Division of Child Care.

A series of Evaluation Briefs were created to provide summaries of the key findings. These Briefs include:

- [Executive Summary of the Kentucky STARS for KIDS NOW Process Evaluation](#)
- [Kentucky STARS for KIDS NOW Process Evaluation: Overview of Methods](#)
- [Providers' Perceptions of the Kentucky STARS for KIDS NOW Rating Process](#)
- [Technical Assistance Provided to and Received by Kentucky STARS for KIDS NOW Programs](#)
- [Collaboration and Coordination in the Kentucky STARS for KIDS NOW Technical Assistance System](#)
- [Alternative Rating Structures for Kentucky STARS for KIDS NOW](#)
- [Evaluation of Kentucky's Child Care Resource and Referral System](#)
- [Findings from the Kentucky Early Care and Education and School-Age Care Household Survey](#)

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COLLABORATION AND COORDINATION IN THE KENTUCKY STARS FOR KIDS NOW TECHNICAL ASSISTANCE SYSTEM

INTRODUCTION

How the different components of the STARS technical assistance system work together is one research question guiding the analysis of data collected through the process evaluation. The purpose of this Evaluation Brief is to highlight insights gathered from STARS Quality Coordinators' (SQC), Professional Development Counselors (PD Counselors), Type I facilities, School-Aged Care (SAC) providers, and certified family home providers about the degree of collaboration and coordination within the STARS technical assistance (TA) system. This Evaluation Brief is organized into three sections. The first section highlights providers' perceptions of coordination and collaboration among TA providers. The second and third sections discuss SQCs' and PD Counselors' perceptions of the TA system.

The following key themes emerged from this analysis:

- A common set of technical assistance supports and resources were frequently identified by providers and SQCs as providing an important function in the TA System. The most frequently mentioned entities include: Early Childhood Councils (EC Councils), resources provided by the Cabinet for Health and Family Services, CCR&Rs, and Children's Inc.
- Most providers indicated that they had positive experiences working with multiple technical assistance providers. The few SAC and certified home providers who had encountered challenges described confusion between STARS and licensing requirements or resistance SAC providers encountered when trying to work with their EC Council.
- Most SQCs and PD counselors indicated that they had a good relationship with their CCR&R. However, about half of the PD counselors reported challenges in working with their community colleges, and one SQC reported challenges working with her CCR&R, which impacted several of her programs.

FINDINGS

PROVIDER PERCEPTIONS OF COLLABORATION AND COORDINATION

Providers were asked about their experiences working with different technical assistance providers. The section below includes an analysis of the following questions: *Can you describe your experience working with multiple support services?* This question was followed by a series of prompts such as, *What are the areas in which the services you receive overlap? How have you seen these people, agencies or individuals work together to help you?* and *Do you feel like you and your staff hear a consistent message about what defines quality and how your program can improve its quality?* Responses to each of these open-ended questions were first coded then categorized based on key themes. Coded responses were quantified during analysis to determine

overall patterns in the data. Qualitative terms such as “most”, “many”, “several” and “a few” are used to provide the reader with an indication of how frequent particular responses were mentioned. The methods section of this Evaluation Brief provides a key for understanding how these qualitative terms were defined.

Experiences Working with Multiple TA Providers

Type I Facilities

Most Type I providers (n = 28) reported that they heard a consistent message about quality, whether they perceive different TA partners working together or not. For example, “I’ve never had them together but I know they support each other,” or, “I’ve seen them work together, and yea, I feel that I got a consistent message,” and “Yes they all work well together and are on the same page... sometimes [it] means we have a different approach, but all are working towards the same goal.”

A few Type I providers indicated that they heard conflicting messages or felt frustrated working with multiple supports. For example, one provider indicated, “it’s always felt like the STARS program especially [our SQC] has always been working with us, trying to help us improve (like a cheerleader for us), and our licensing agency feels like they’re working against us at times. The inconsistencies are kind of difficult sometimes. I know they work on trying to be as consistent as possible. I know it can be kind of difficult.” Or another Type I facility provider offered, “It is frustrating to work with so many different sets of often competing criteria for quality - STARS, licensing, Classroom of Excellence, NAEYC. It is especially frustrating with even small changes are made to one set of requirements that are not compatible with other sets of requirements.”

Certified Homes

Many certified home providers (n = 24) viewed the different types of support they received as a benefit. However, several also described some challenging or frustrating experiences they had. Those who had positive experiences commented that they particularly appreciated different perspectives on quality, even though this meant they might hear different messages. For example, “It’s good. You learn something different from everyone. Everyone provides different resources” and “They cover different things, so it works fine. Some overlap works fine.” Some providers were able to give specific examples of how TA providers work together, as in the following comment, “[They are] definitely working together to help me. The trainer for the food program (from the extension office) worked with the food program coordinator to get more help for us. And my SQC is working with the Healthy Child specialist” and from another provider, “I like having people I can depend on, help me grow professionally, [my SQC] and [the PD Counselor] are working together.”

Several certified home providers also indicated that it was challenging to keep track of multiple and different requirements, felt they heard conflicting messages, or that working with multiple TA providers caused a distraction to their provision of care. For example, “Some days when people are in and out so much I want to go through the day without interruptions.” Other providers had a mix of positive and negative things to say about working with multiple technical assistance providers. For example, one provider commented that her experience was both, “great and horrible, we constantly have people coming in at the same time. It’s great because if one person can’t answer a question, there’s somebody else you can call. It’s difficult keeping things

straight. It will help out greatly now that STARS and certification have the same expiration date.” Or, “[It’s] pretty good, the more support the better. I like having a go-to person [Children Inc] but also other options. I like having someone who’s focused on my needs, but with STARS it feels like they have their own agenda. And my questions are not as important to them. Whereas Children Inc will find out the info that I need and call me right back.”

A few certified home providers also mentioned specific frustrations with conflicting messages between specific ERS requirements and state licensing requirements, particularly around sanitation issues. For example, “You know how to act, depending on the name on their badge when they show up to your door. STARS and the state need to get together and agree on these things. For example, hand washing, whether or not you can wash your hands at the kitchen sink, changing diapers, whether the TV can be on while other things are happening, etc.” Or, “What the state wants and what STARS wants are sometimes not the same. With hand-washing, what the state told me was that I do not have to wash the infant's hands before the diaper-changing, but afterward, but with STARS, you have to wash them before and after.”

School-Age Care Facilities

All SAC providers (n = 9) had generally positive things to say about their experiences working with multiple technical assistance providers, whether they perceive the different partners working together or not. Examples include, “That is the only way we survive. When you're a small agency, we have to have multiple resources and agencies to survive. I feel they work together” Or, “It's great to know that so many people are willing to help and the sole purpose is providing outstanding services to our children.”

Awareness of Other Supports that are Not Currently Utilized or Available

All providers were also asked, *Are you aware of any supports or resources that are available to you, but you are not currently utilizing?* If the respondent identified resources in this question, they were then asked, *Why didn't you use these resources?* All participants were also asked, *What resources would be helpful, but are not available to you?* Responses to these open-ended questions were first coded then categorized based on key themes.

Across all provider types, most could not identify a resource they knew was available to them but they were not currently utilizing. This was particularly true for certified homes (n = 25) and SAC providers (n = 9) where only a couple respondents identified additional resources. About one-third of Type 1 facilities (n = 28) were able to identify a resource that they were aware of but not currently utilizing. Examples of such resources across provider types include the Cabinet for Health and Family Services, Early Childhood Councils, national and local NAEYC, and CCR&Rs.

When asked why the provider (n = 18) was not currently using the identified resource, many indicated lack of time to access the resource or that they did not need that particular resource at the time. Providers did not report any specific challenges outside of their control that prevented them from accessing these resources, with the exception of a couple SAC providers. One of these providers, when talking about why she did not access her local Early Childhood Council said, “They're not helpful and they're not friendly. Their training is not geared toward school-age.” Another SAC provider offered, “I don't think [the Early Childhood Councils] are set up right.”

Providers (n = 62) were also asked to describe any resources that would be helpful to them but were not currently available. Most providers said there was “nothing” they could think of or, “I don’t know.” Among those that did respond, access to more or higher quality trainings was a common response among Type I facilities. For example, “I have no access to high quality training in this area. National conferences are too expensive.” Or, “The main resources would be different types of trainings that we could attend that would be different than what we have been attending.” Access to free materials was also mentioned by a few Type I facilities. Responses from SAC and certified home providers for resources that would be helpful to them (but were not currently available) ranged from financial resources, to having a nurse available to call ask questions, and additional resources for working with a child with special needs.

In addition to those responses listed above, a unique theme emerged among the certified home and SAC providers when asked about the additional resources they needed. A few of these providers indicated some confusion or frustration about STARS or with STARS and state requirements. For example, one SAC provider said the following, “I’d like to get the state people all on one page. It’s difficult with all the different programs they’re on and with all the different trainers coming in. It would be nice to get somebody to answer [my] questions.” Another SAC commented, “I guess the one thing I don’t understand ... is why we do licensure and STARS. I think it would be a money saving strategy if they could be combined. I think they both have the same goal which is to have a safe and developmentally appropriate care.” In addition, two certified home providers offered, “I would love for someone who understands FCC to come and give me advice on how to make things better. Mostly they come to observe and tell me what’s wrong, but don’t tell me what would be good.”

SQC PERCEPTIONS OF COLLABORATION AND COORDINATION

SQCs (n = 16) were interviewed about programs that they worked with. A total of 58 interviews were completed (with each SQC completing between one and seven interviews) The interview included questions about the other individuals or agencies with which SQCs collaborate. Examples include: *Do you know of any other individuals/ agencies that are providing resources or support to this provider? Have you collaborated with other individuals/ agencies to help this provider? Are there individuals or agencies that you would like to collaborate with to help this provider? What obstacles prevent you from collaborating with other individuals/ agencies to help this provider?* Responses to these open-ended questions were coded then categorized based on key themes.

SQCs consistently identified a few common individuals or agencies who they knew were supporting the providers they were currently working with. Local CCR&Rs and EC Councils were most frequently mentioned, followed by First Steps, services provided by the Cabinet for Health and Family Services (HANDS, Healthy Start, Health Consultants), and Head Start. SQCs also mentioned that several programs were working with Children’s Inc or “a food program.” When asked if the SQC had referred the provider to any resources or supports, responses were similar to those listed above, including the EC Council, STARS PD Counselor, local CCR&R, and Healthy Start or other resources from the Cabinet for Health and Family Services. Not all SQCs referred providers to other resources nor did they all indicate a reason for making the referral. Though, some respondents offered reasons such as, “she had questions about hand

washing so I told her about how [Healthy Start] does trainings” or, “I referred her to the R&R to make sure her profile was updated in case parents called in for referrals for child care.” Another explained why she had not made any referrals, “they haven't really needed anything that I could refer them to.”

SQCs were also asked if there were any technical assistance providers they wanted to collaborate with but currently were not. Answers were again, similar to those listed above, including CCR&Rs, Healthy Start and Child Care Health Consultant, and Children’s Inc. When asked if there were any challenges they faced in coordinating or collaborating with other partners, most SQCs said there was no challenge, but it was something they just had not done. Some indicated a lack of time or that there was not a pressing need to collaborate with the individuals or agencies they identified.

One SQC reported that she had encountered challenges working with the local CCR&R, which inhibited her from collaborating in a way that would benefit a number of the providers she worked with. In an interview about one Type I facility she indicated that she had, “zero relationship with the CCR&R there.” Or in another interview about a Type I facility she indicated, “They just pretty much refuse to work with me or work with the program. Just today I had to refer someone in my area to a CCR&R out of another ad district because they are desperately in need of information and couldn't get a call back. From what I'm told from other providers, there are supposedly only a handful of folks that they do work with, so the majority of providers they don't assist. This is only in this one region.”

PD COUNSELOR PERCEPTIONS OF COLLABORATION AND COORDINATION

PD Counselors (n = 13) were asked about their experiences collaborating with other individuals and agencies. The electronic survey included the following questions related to collaborative partnerships with SQCs: *Please indicate the extent to which you agree or disagree with the following statement, “I have a good working relationship with the SQC(s) in my region.” When providers have questions about their professional development plans, how often does the SQC(s) refer the provider to you? How often do you communicate with SQC(s) about providers’ professional development needs?* Data collected from the PD Counselor Survey was quantifiable and therefore reported below as a percentage of all respondents. Respondents who indicated that they had encountered a challenge were asked to, “Please explain.” A few were select quotes from these open-response questions were included in this Evaluation Brief to exemplify challenges encountered by PD Counselors.

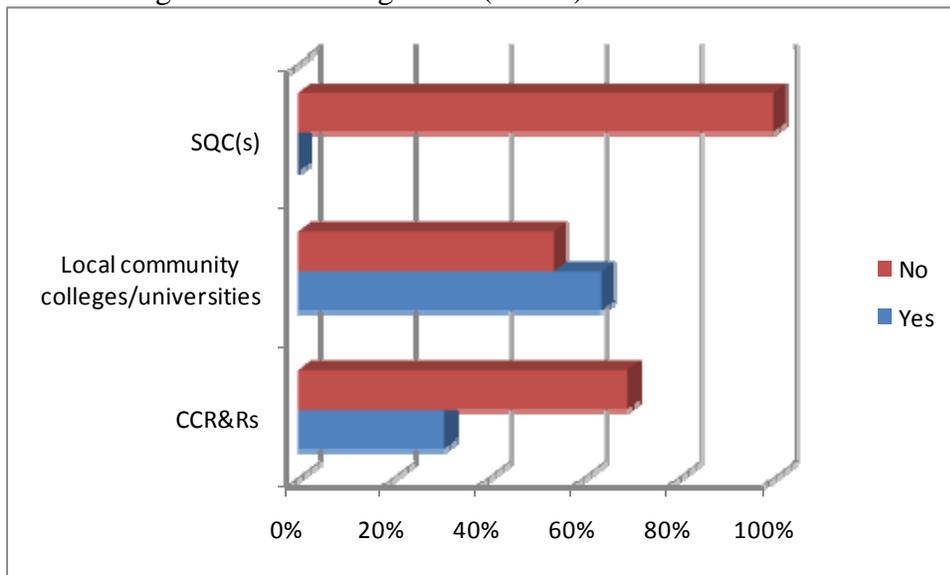
All PD Counselors indicated that they had a good working relationship with the SQC(s) they work with and that they communicated with them at least weekly. When asked if they had ever encountered any challenges, none of the PD Counselors indicated they had experienced any problems working with their SQC. All PD Counselors also reported that they felt SQC(s) referred the providers they work with to the PD Counselor for their professional needs all or most of the time.

The survey also asked about PD Counselors’ relationships with CCR&Rs. Questions included: *Do you have a good working relationship with all, most, a few or none of the Child Care*

Resource and Referral (CCR&R) staff in your region? How often is the CCR&R in your region receptive to your suggestions about the trainings providers need and/or request? Have you had any problems working with the CCR&Rs in your region?

All PD Counselors also indicated that they had a good relationship with all or most of the CCR&Rs they work with; however, participants provided mixed responses to questions about challenges they had encountered when working with their CCR&R. For example, about half of the respondents indicated that their CCR&R was receptive only some of the time to their suggestions about the trainings providers needed and requested. Or, while most indicated they did not have any problems with their CCR&R, about half indicated they had encountered challenges or resistance. For example, one PD Counselor offered, “Sometimes there is negativity towards those of us working in the KIDS NOW program, but things seem to be getting better.” Or, another PD Counselor indicated it was challenging to work with the CCR&R because, “As a member of a community early childhood council, ideas are not accepted if they are not endorsed by the CCR&R.” Another indicated they had not received needed paperwork from the CCR&R.

Figure 1. Percent of PD Counselors who reported they had encountered challenges working with the following individuals or agencies (n = 13)



Finally, PD Counselors were asked about their relationships working with staff at local community colleges and universities. The questions in this section included:

- *Do you have a good working relationship with all, most, a few or none of the staff at the local community colleges/universities who help coordinate the Kentucky Early Childhood Scholarship and/or the coursework providers need?*
- *How often do you communicate with individuals at the local community colleges/universities who help coordinate the Kentucky Early Childhood Scholarship and/or the coursework providers need?*
- *In your opinion, do the local community colleges/ universities make the process for accessing the coursework providers need and/or request very easy, easy, neither easy nor difficult, difficult, or very difficult?*

- *Have you had any problems working with local community colleges/universities?*

When initially asked about the relationship PD Counselors had with their local community colleges or universities, all respondents also indicated they had a positive working relationship. However, about half of the respondents reported that they had encountered challenges. For example, many said it was “difficult” or “neither easy nor difficult” for providers to access the coursework they need or request from the local community college or university. About half also reported that they had problems working with their local community colleges due to a lack of rapport or communication, for example, “The department head is unavailable and has a negative attitude with several of my scholars....She is not approachable. I have to smooth things over so these providers will not drop out of college.” Or, “Some advisors have been hard for scholars to reach but then scholars are being told they are waiting too late to register for classes...” and “They do not understand or see the value of early childhood.”

SUMMARY

Overall, most providers, SQCs, and PD Counselors had positive perceptions about how they experienced collaboration and coordination within the system of technical support. Early Childhood Councils, resources provided by the Cabinet for Health and Family Services, and CCR&Rs were identified by providers and SQCs as important entities providing support to many programs. Children’s Inc was also frequently mentioned as an important support for certified homes. If explicit connections have not already been formed between these programs and STARS, it may be important to establish a more formal relationship in order to build upon the strength of this coordination and continue to provide collaborative benefits to programs.

At the same time, a few providers, SQCs, and PD Counselors indicated they had encountered challenges working with some support systems. While not the majority, it may be worth carefully considering the experiences of respondents who identified challenges. Some SQCs and PD Counselors reported resistance or lack of communication when working with their CCR&Rs. Some PD Counselors also indicated challenges in working with their local community colleges/universities. Some providers reported that they heard conflicting messages, particularly SAC and certified home providers, related to STARS and licensing requirements. These providers indicated a lack of understanding about the difference between the two sets of requirements, or that they believed some of the requirements conflicted with the other. Further exploration into areas where the partnerships between STARS, EC Councils, CCR&R, are working well and where they are not is a topic that may be explored further in the CCR&R survey planned for future surveys.