EXECUTIVE SUMMARY

To meet both children’s developmental needs and parents’ workforce needs, government leaders and policymakers have expressed support for partnerships at the point of service delivery to build more seamless care systems and promote quality across settings. Recently, Congress further highlighted this approach by funding an expansion of early learning opportunities for children from birth to age 3 through Early Head Start–child care partnerships. The $500 million in new grants will allow new or existing Early Head Start programs to partner with local child care centers and family child care homes serving low-income families with infants and toddlers. Yet the research base for how these partnerships support quality and meet low-income families’ needs is not well developed (Bryson, Crosby, and Stone, 2006; Chien et al., 2013).

The purpose of this literature review, conducted as part of the Study of Early Head Start–Child Care Partnerships, was to assess the current knowledge base for early care and education (ECE) partnerships, highlight promising models or components of models for these partnerships, and identify gaps in the research.

The literature review examined the following five research questions:

1. What are the characteristics or components of ECE partnerships?
2. What are the potential benefits of ECE partnerships to programs, providers, and families?
3. What are common barriers to forming and sustaining ECE partnerships?
4. What factors may facilitate ECE partnerships (such as funding supports, policies and procedures, technical assistance, or other infrastructure supports)? What are promising models or features of partnerships that the research literature suggests have the potential to improve quality and support child development and family well-being?
5. What are the gaps in the existing literature?

To answer these questions, we reviewed 78 studies that examined two or more entities partnering to plan and implement direct ECE services. We identified three primary categories of partnership studies:

1. Studies of partnerships between Head Start and Early Head Start grantees and child care providers (19 studies)
2. Studies of partnerships between school districts and child care providers and Head Start agencies to deliver state preschool programs (43 studies)
3. Studies that examined other types of partnerships, including partnerships with home-based caregivers (including family, friend, and neighbor caregivers and family child care providers) to enhance quality and partnerships between early intervention and other early education organizations to serve children with disabilities in inclusive environments (16 studies)
**Key Findings**

Across studies, we found that limited rigorous evidence was available about the elements that are critical for the successful implementation of ECE partnerships. However, the existing literature provides important information about the range of activities that are likely to support implementation of partnerships, the potential benefits of ECE partnerships, barriers to partnerships, and factors that may facilitate ECE partnerships. We also identified gaps in the literature.

**Developing and Implementing ECE Partnerships**

We identified six steps involved in developing ECE partnerships:

1. Surveying community needs and resources
2. Identifying partners
3. Recruiting partners
4. Clarifying partner expectations
5. Establishing agreements
6. Funding partnerships

Studies reported seven primary activities involved in implementing ECE partnerships:

1. Building relationships and maintaining ongoing communication among partners
2. Assessing partner needs
3. Supporting quality improvement
4. Supporting staff development
5. Implementing comprehensive services
6. Monitoring services
7. Implementing systems to promote both continuity of care across home and care settings and communication with families

**Potential Benefits of ECE Partnerships**

Based on 11 studies that measured and reported on outcomes, we found suggestive evidence of ECE partnerships’ potential to improve the following:

- Quality of care
- Availability of comprehensive services for families
- Staff knowledge and skills
- Staff access to professional development supports

Other potential benefits of partnerships reported by key informants in studies included (1) improving the quality of early childhood education services; (2) increasing staff credentials, knowledge, and access to professional development; (3) increasing access to early childhood
education services that meet families’ child care needs and preferences; and (4) benefiting partners by sharing expertise and ideas among partners and setting the stage for future collaboration.

**Barriers to ECE Partnerships**

Common barriers to ECE partnerships described in the literature included:

- Poor collaboration quality among partners
- Regulatory differences across funding streams
- Discrepancies in standards (Head Start Program Performance Standards, state preschool standards, and child care licensing regulations) across settings
- Insufficient or uncertain funding
- Discrepancies in teacher pay and issues with teacher turnover across settings

**Factors That Facilitate ECE Partnerships**

Studies reported that the following factors helped facilitate ECE partnerships:

- Committed leadership
- Strong relationships and trust among program administrators
- Common vision and goals
- Joint training sessions for staff
- A plan for ongoing communication
- Formal partnership agreements
- Strong relationships and trust among teaching and service delivery staff
- Assigning specific staff to oversee the partnership
- A structured planning process
- A funding plan
- Maintaining stability among partners
- A process for exploring alignment issues related to regulations, standards, and policies

**GAPS IN THE KNOWLEDGE BASE**

We identified four gaps in the knowledge base related to Early Head Start-child care partnerships:

1. **Research on the characteristics and components of Early Head Start-child care partnerships.** Of the 78 studies in the review, only 23 included information about partnerships serving infants and toddlers and their families; only 10 studies focused specifically on Early Head Start-child care partnerships. Research is needed on models
implemented in the field, resources required, and organizational and contextual factors that facilitate the partnerships.

2. **Research on ECE partnerships with home-based child care providers.** Thirty of the 78 studies included information about partnerships with home-based child care providers; 9 studies of Early Head Start-child care partnerships included information about partnerships with family child care providers. Given that home-based care is a highly prevalent form of care for infants and toddlers, more research is needed on strategies for implementing partnerships in home-based settings, the strengths and needs of providers, and the quality improvement supports available to them.

3. **Child care providers’ perspectives on the ECE partnerships.** Most studies reported findings from the perspective of the lead partner (Head Start, Early Head Start, or state preschool program). More research is needed on child care providers’ perspectives about their motivations to partner, experiences with partnerships, factors that facilitate partnerships, and partnership successes and challenges.

4. **Effectiveness of ECE partnerships in improving outcomes for children, families, providers, and communities.** Little rigorous research has been done to assess whether ECE partnerships improve the quality of care or child outcomes. Descriptive outcome studies are needed to assess whether partnerships are “on track” to meet short- and long-term outcomes for partners, families, and communities. Large-scale rigorous evaluation research is needed to test the effectiveness of Early Head Start-child care partnerships.

This literature review lays the groundwork for future efforts to study Early Head Start-child care partnerships. The findings from the review informed a theory of change for Early Head Start-child care partnerships developed as part of this study. The theory of change visually depicts how Early Head Start programs, child care providers, families, and systems partners work together in a coordinated manner to provide high quality, comprehensive services to low-income infants and toddlers and their families. 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. Together, the literature review findings and theory of change will also inform the development of a measurement framework to identify the measures that exist or require development to study Early Head Start-child care partnerships, as well as an evaluation design for a study of the partnerships.