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An empirical study of early childhood support through partnership building

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ABSTRACT

The first five years were recognized as a critical period of child growth. Accordingly, California voters approved tobacco tax through Proposition 10 to fund early childhood services since 1998. Due to the state revenue decline, *Service Integration* has been advocated to enhance program supports in *Child Health, Family Functioning*, and *Child Development*. In this study, interview data are analyzed to examine the partnership building among 40 programs. The results indicate a significant impact of the service outreach across remote communities in Kern County, California. In addition, contextual information is provided to facilitate interpretation of the partnership strength from a social network analysis. Enhancement of this investigation is discussed in light of future development.

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1. An Empirical Study of Early Childhood Support Through Partnership Building

Scientific discoveries revealed the importance of brain growth during first five years of child life (Bruner, 2009). In 1998, California voters passed Proposition 10 that appropriated a 50-cent-per-pack tax on cigarettes and other tobacco products to fund programs in early childhood service. Due to smoke cessation, the state revenue has been shrinking since 2000 (First 5 Association of California, 2015). Consequently, sustainability of the local services is challenged by the funding decrease.

Meanwhile, California has been listed among the top three states responsible for nearly half of the population growth in the U. S. (Mather, 2015). The service demand is even stronger within the California Central Valley, as illustrated by a high birth rate in Kern County (First 5 Association of California, 2014). In particular, Kern County has been ranked among the lowest regions in adult education across the United States (Brookings Institution, 2010). At the county seat, Zumbrun (2008) concurred that Bakersfield was ranked as one of the least educated metropolitan areas across the U.S. Due to the recent economic recession, "Health and human services programs that serve children are among the most seriously affected by this lack of funding" (California Assembly Committee on Budget, 2011, p. 1). Consequently, poverty-stricken areas need more healthcare support for young children. It was reported that "Among Kern County families whose householder had less than a high school diploma, 36.5% lived in poverty" (Kern County Network for Children, 2014, p. 8). Hence, program collaborations were called for to amend the service gaps that were essential to early childhood development.

While it took more resources to deliver services in remote areas (Waller, 2005), the state investment was based on the proportion of live birth, which caused inadequate support in rural counties. Research literature also indicated that "developmental research has rarely explored associations between urbanicity and children's development" (Miller & Votruba-Drzal, 2013; p. 234). Therefore, a purpose of this research is to fill this void by examining the partnership building across different communities of Kern County. As Resnick (2012) pointed out,

An important goal of First 5 funding is to act as a catalyst for change in each county's systems of care. . . . Increases in coordination and collaboration would indicate that agencies are better able to share resources and clients, reduce redundancies and service gaps, and increase efficiency. (p. 1)Due to the emphasis on

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program coordination and collaboration, this investigation is designed to examine network connections for enhancement of the systems of care.

2. Literature review

> "Too often child health is viewed as separate and distinct from early childhood care and learning" (Bruner, 2009, p. 1). To address this issue of disconnection, it was stipulated by Proposition 10 that "No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system" (p. 10). The need for systematic support has been an integral part of the capacity building in Kern County.

3. Significance of this investigation

Since its inception, the Kern County Children and Families Commission (First 5 Kern) has administered more than $160 million in the first three focus areas (First 5 Kern, 2015). In 2014–15 alone, more than $10 million was invested to fund 13 programs in *Child Health,* 17 programs in *Family Functioning*, and 10 programs in *Child Development* (Wang, 2015). According to the state commission, "While counties design their programs to fit their specific local needs, they must provide services in each of the following four focus areas: Family Functioning, Child Development, Child Health, [and] Systems of Care" (First 5 California, 2013, p. 15).

To promote the local creativity, a model of Outcome-Based Accountability (OBA) was adopted by Proposition 10 to monitor program effectiveness. Friedman (2011) indicated that "OBA keeps population accountability separate from performance accountability" (p. 4). While performance accountability is important at the program level to justify service outcomes, population accountability ensures improvement of the overall child wellbeing in different communities. At the county seat, the urban population in Bakersfield has surpassed the size of well-known cities like St Louis in the 2010 census. However, as the third largest county in California by land areas, Kern had most residents lived in valley, mountain, and dessert communities across a remote area as large as the state of New Jersey. Waller (2005) observed that "In rural areas, public transportation options are scarce and have limited hours of service" (p. 2). Hence, collaboration is needed to strengthen the equity of service access across different communities.

4. Theoretical framework on partnership classification

In examining partnership building, Cross, Dickman, Newman-Gonchar, and Fagen (2009) noted that "Existing research has demonstrated that two primary features of networks, network structure and the strength of ties, have distinct effects on outcomes of interest" (p. 311). For a service network involving 40 programs, each program may collaborate with the remaining 39 partners. Thus, the complexity can be illustrated by a network structure that includes a total of 1,560 (or 40×39) links.

Unfortunately, "Evaluating interagency collaboration is notoriously challenging because of the complexity of collaborative efforts and the inadequacy of existing methods" (Cross et al., 2009, p. 310). Besides the multilevel structure in which programs were grouped within focus areas, no model has been unanimously accepted by the research community to assess partnership strength. Project Safety Net of Palo Alto (2011) synthesized past literature and suggested a five-level model for network categorization. Wang (2014) examined these categories and found them not mutually exclusive. In that model, "formal communication" was featured as a characteristic for a *Cooperation* category. Because communications could be described as frequent, prioritized, and/or trustworthy, it remained unclear whether a partnership should be placed in multiple categories that feature the same characteristics. The ambiguity undermined feasibility of using the model to assess network capacity.

Opposite to the lack of mutual exclusiveness was an issue of incomprehensiveness. For example, it was indicated in an annual evaluation report of First 5 Fresno (2013) that

> During this time period the coordination and collaboration (highest levels of interaction) decreased from 42% to 38%. It is speculated that decrease in direct funding, staff turn-over, and other economic pressures resulted in organization becoming more insular thus decreasing their collaboration with other organizations. (p. 102)

Treating *coordination* and *collaboration* as the highest levels of interaction might have inadvertently left no room for partnership improvement. Consequently, the Fresno model imposed two problems for the network analysis: (1) it did not conform to Bloom's taxonomy that labeled creation above integration (Airasian and Krathwohl, 2000), and (2) It downplayed adequacy of *Co-Existing* partnerships for program referrals. Consequently, Fresno's model seemed too simplistic to describe the capacity of service integration in local communities.

To enrich the existing knowledge, this research is based on a 4C model (Co-Existing, Collaboration, Coordination, Creation) to conceive service integration in the context of institutional learning. The model has literature support from a well-established SOLO [Structure of the Observed Learning Outcome] taxonomy (Atherton, 2013; Biggs & Collis, 1982). In particular, four levels of learning outcomes were specified in the SOLO taxonomy beyond the initial pre-structural category (see Smith, Gorden, Colby, & Wang, 2005). Each level has been clearly defined with specific benchmarks.

In Table 1, a one-to-one match has been established to illustrate a clear alignment between the SOLO taxonomy for individual learning and the 4C model for program improvement. Following the SOLO template, the 4C model is both comprehensive and

Table 1
Alignment Between SOLO Taxonomy and the 4C Model.

SOLO	The 4C Model
Uni-Structural:	Co-Existing:
Limited to one relevant aspect	Confined in a simple awareness of co-existence
Multi-Structural:	Collaboration:
Added more aspects independently	Added mutual links for partnership support
Relational:	Coordination:
United multiple parts as a whole	United multiple links with structural leadership
Extended Abstract:	Creation:
Generalized the whole to new areas	Expanded capacity beyond existing partnership

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