Supporting Each Other: Child Care Providers' Participation in Formal and Informal Groups
Research Brief 2019

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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 the state and local levels. The study has described models of collaboration among state early childhood agencies based on an analysis of data from all states in the U.S. and has also collected and analyzed data from child care providers engaged in collaboration in Maryland and Vermont. This research brief presents findings from analyses of data collected from center-based and family child care programs in these two states.

Types of Collaborations

Research on collaboration in the early childhood field is a relatively new area of focus. Policymakers and researchers are currently exploring what factors contribute to successful collaborations and what collaboration looks like within systems at the federal, state, and local levels. In addition, this new area of research typically only includes collaborations that are part of formal initiatives or program requirements.

One of the goals of the Child Care Collaboration Study is to broaden the definition of collaboration in early childhood to include groups that are organized by providers outside of formal guidance or funding. As part of the larger study, the research team designed survey questions to understand the role "informal" groups play in providing support and resources to child care professionals. For the study, the researchers defined "informal" as self-directed and unaffiliated with any state or federally-funded initiative. Formal groups are defined as affiliated with and/or funded by state- and federally-funded initiatives. This brief looks at providers' responses about participating in both formal and informal groups.

Different Patterns of Engagement in Maryland and Vermont

The survey responses from providers in Maryland and Vermont demonstrate how different state policies and state cultures might affect participation in formal and informal groups. In Maryland, 36% don't participate in a group or belong to an informal group, while in Vermont, a very small 7% don't participate in a group at all or only participate with an informal group.

Methods

Researchers at Education Development Center (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).

This brief refers to survey questions about providers' engagement with formal and informal collaborations. The analyses included frequencies and exploratory qualitative analysis methods including case study and content analysis.

The data presented here are based on analyses conducted in 2017.

In Vermont, only 4% of providers reported not participating in a group at all compared to 25% of providers in Maryland. In both states, a sizeable percentage (34% in Maryland; 42% in Vermont) report belonging to both formal and informal groups simultaneously. About half (51%) of Vermont providers reported participating only in a formal group compared to 30% in Maryland.

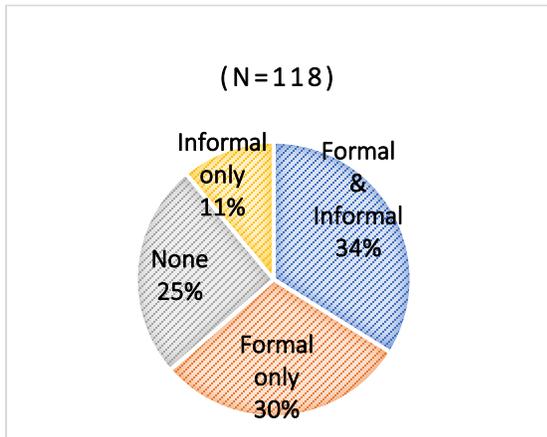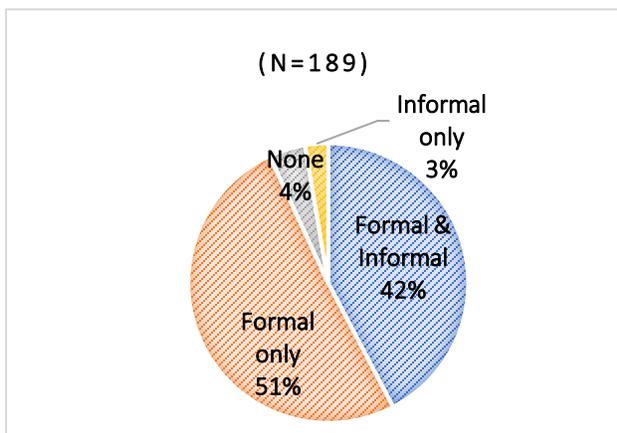**Figure 1. Maryland providers' involvement in formal and informal groups**

(N=118)

Figure 2. Vermont providers' involvement in formal and informal groups

(N=189)

Choosing a Group or a Group Choosing You?

The research team predicted that state and local policies requiring collaboration would lead to higher rates of participation with formal groups. However, while Vermont has policies in place that support participation in formal groups, only 16% of survey respondents reported they participated in a formal group _because_ of state or local regulations. Forty-six percent of Maryland providers, on the other hand, indicated that they participated in formal groups because of state or local regulations.

As the research team predicted, the vast majority of survey respondents indicated that they belong to informal groups because they want to, not because of any requirements or incentives.

Figure 3. Maryland providers' reasons for participating in formal and informal groups
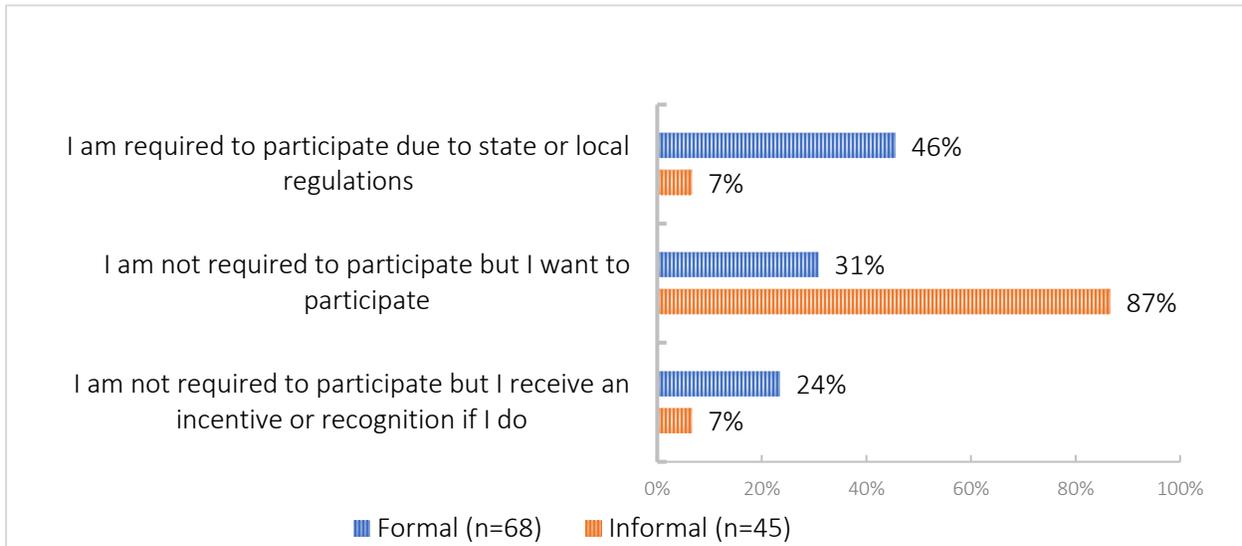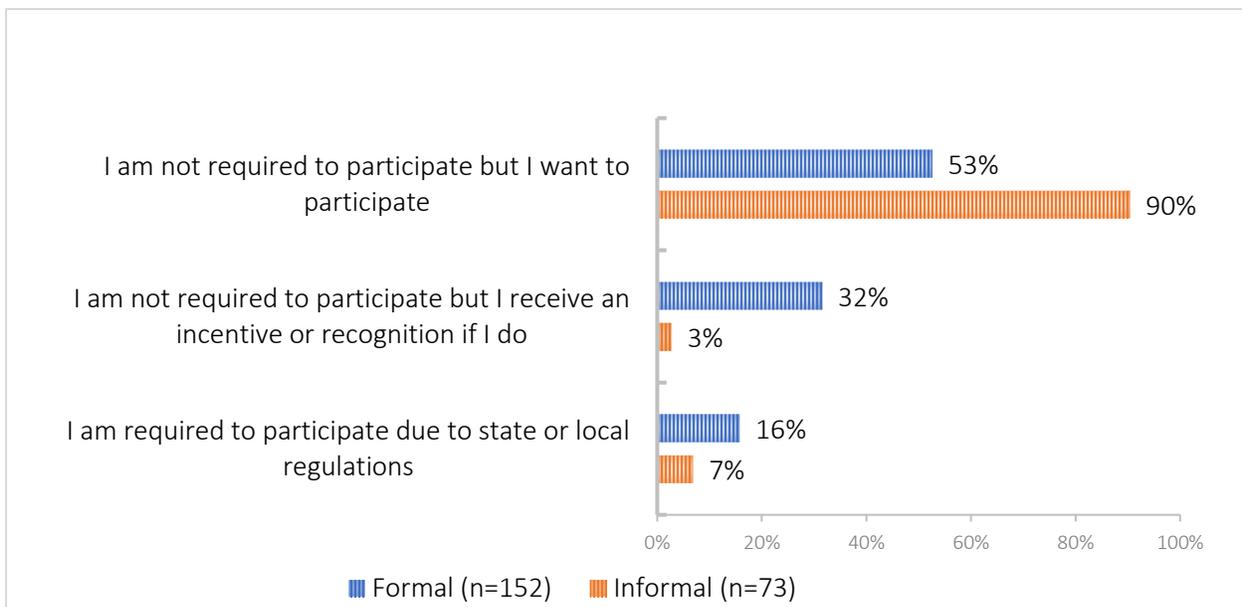

I am required to participate due to state or local regulations
- Formal: 46%
- Informal: 7%

I am not required to participate but I want to participate
- Formal: 31%
- Informal: 87%

I am not required to participate but I receive an incentive or recognition if I do
- Formal: 24%
- Informal: 7%

Formal (n=68)　Informal (n=45)

Figure 4. Vermont providers' reasons for participating in formal and informal groups

I am not required to participate but I want to participate
- Formal: 53%
- Informal: 90%

I am not required to participate but I receive an incentive or recognition if I do
- Formal: 32%
- Informal: 3%

I am required to participate due to state or local regulations
- Formal: 16%
- Informal: 7%

Formal (n=152)　Informal (n=73)

Does Type of Care Affect Group Participation?

Researchers predicted there would be differences in group participation between family child care and center-based child care. The team hypothesized that family child care providers were more likely to participate in informal groups and center-based providers were more likely to participate in formal groups. The analyses revealed that there were differences, but Vermont and Maryland providers had different patterns of group participation.

As noted, almost all Vermont providers participated in some type of group. Over ninety percent of providers, both family child care and center-based, participated in formal groups. Yet informal group participation in Vermont was affected by the program type. Fifty-two percent of center-based providers participated in informal groups and 39% of family child care providers participated in informal groups.

In Maryland, there were differences between family child care and center-based programs in both formal and informal group participation. In Maryland, 85% of center-based providers and 58% of family child care providers participated in formal groups. Sixty-three percent of center-based providers and 36% of family child care providers participated in informal groups.

Table 1. Maryland providers' participation by program type

Type of Group	Center-based Providers	Family Child Care Providers	Overall
Formal	84.8%	58.4%	63.6%
Informal	62.9%	36.3%	44.9%
Formal & Informal	54.5%	26.0%	33.9%
Formal Only	30.3%	32.5%	29.7%
Informal Only	6.1%	9.1%	11.0%
None	9.1%	32.5%	25.4%

Table 2. Vermont providers' participation by program type

Type of Group	Center-based Providers	Family Child Care Providers	Overall
Formal	94.0%	96.0%	93.2%
Informal	52.4%	39.2%	45.0%
Formal & Informal	44.6%	57.6%	50.8%
Formal Only	49.4%	38.4%	42.3%
Informal Only	3.6%	2.0%	2.6%
None	2.4%	2.0%	4.2%

Informal Groups Provide Support and Information

The survey asked respondents to name the informal group they attend. Many of the providers reported that the informal groups were town- or county-based. For example, in Vermont responses included: *Directors' Network of Addison County, Brattleboro Group, Waterbury Group, and Directors Group of Lamoille*; in Maryland: *Calvert County Day Care Providers, Organization of Child Care Directors of Montgomery County, MD, and Howard County Family Child Care Association*.

Other names reflected the casual, self-directed nature of informal groups: *Providers Who Care, Vent Group, Lunch With Friends, Provider Support Group, Director Coffee Hour, The Gals, and Supporting Each Other*. Several names demonstrated some affiliation with state initiatives (e.g., Starting Points Group, Let's Grow Kids Champlain) which is important to acknowledge when interpreting the data. While the research team attempted to be clear about the definitions of informal and formal groups, there is definitely some overlap and lack of clarity.

Providers from both states also described the mission of their informal group. Seventy-four Vermont providers offered a mission or description of their informal group. Thirty-eight (38%) of those responses included the word *support*. In Maryland, 17 out of 43 responses (40%) mentioned the word "support." The frequency of this response suggests that support is of great value to the providers and something they may not get from formal groups or professional development opportunities.

Child care providers also frequently mentioned *collaboration/networking/connection*, *resources/information*, *professional development*, *discussion*, and *issues/solutions* when describing the mission of their informal groups. Below are a few examples that illustrate the most common themes:

Support

- *Support other providers and receive support from other child care providers.*
- *A support organization for registered family child care providers that promotes quality child care in the family setting.*
- *We advocate and support each other professionally.*
- *To grow support in the community for Early Childhood Education and the professionals in the field.*

Collaboration/Connection

- *To bring together centers to bridge the divide in many aspects that child care becomes isolating.*
- *To support and collaborate with other Early Childhood directors around issues we all bring to the meetings.*

Resources/Information

- *[The group] provides education and keeps providers informed of regulation changes.*
- *This group is to keep all center providers informed about new regulations, provide training and help with center policies. The group also allows directors to share ideas that works for their center.*

Professional Development

- *To meet the training and professional needs of local providers.*
- *To help with continuing education in our field and required classes.*

Discussion

- *Informal groups don't have missions. We meet to talk and share ideas.*
- *For center and family providers' directors to meet monthly and discuss issues of mutual importance*

Issues/Solutions

- *[My informal group is the] only organization that understands what a child care administrator's job is really like! Why? We have all experienced the day-to- day trials and tribulations of working in the child care profession.*
- *[The group exists] to keep each other's sanity in check, support when needed to challenging situations with children or parents since we work by ourselves.*

The analysis of qualitative data highlighted common features across responses. The themes suggest areas of focus for policymakers and providers who want to support child care administrators. As the field of early childhood education redoubles efforts to support its workforce, stakeholders should recognize the role of informal groups that are led by those who "understand what its really like" and flexible enough to focus on whatever challenges arise.

Conclusions and Reflections

One data point that stands out was the rate of participation in formal groups by Vermont providers. While it can be easily explained by the state-wide requirement to join the QRIS in order to be licensed, this high percentage is important to examine more closely. However, interview data from providers who are engaged in the QRIS demonstrate that there are many paths that lead to licensure and different levels of engagement with QRIS. The Child Care Collaboration data underscores that simply registering with a system does not necessarily mean there is an ongoing supportive relationship or interactions between providers and it is misleading to equate joining and collaborating.

Another finding related to policy implications is that providers are not always aware of the relation between a state (or local) policy and a particular activity. Providers know they get an email or a brochure but whether it is funded by a particular line-item in a state budget may be unknown. The research team argues that this speaks to a broader point about evaluating effectiveness of policies. Is a policy successful because of what it puts in place or only because of providers' work to support each other and learn from each other? In describing the work of the informal groups, several providers mentioned working with other providers in order to understand new directives from state agencies. The providers did not get answers through formal channels but relied on each other to clarify in order to succeed.

The research team explored the possibility of different participation rates for center-based and family care providers. The analysis revealed that there were differences, and that the differences were state dependent. Overall, the data support the hypothesis that center-based providers are better positioned to join both formal and informal groups. Recent interviews with providers, in addition to survey data, highlight concerns that are unique to family child care providers. In addition to caring for children, family child care providers are business owners, often work on their own, and work longer hours to meet the particular needs of the families they serve. Because they play all of these roles, family child care providers often cannot find the time to attend meetings or connect with other providers.

Finally, the survey data provided insights into the patterns of participation and reasons for participation in formal and informal groups. It also highlighted a small group of providers who responded to the survey but do not belong to groups (formal or informal). This group of "non-groupies" may or may not share characteristics with providers who did not respond to the survey. As researchers, we hope to share data in a way that is useful to policymakers and practitioners. Yet it is also important to consider the data that is missing and how policy decisions affect child care providers whose experiences are not captured through formal channels.