



Evaluation of South Carolina First Steps to School Readiness

Local Partnerships From 2013-2014 to 2017-2018

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Institute for Families in Society

Cheri Shapiro, Ph.D., Director

Core for Applied Research and Evaluation

Pam Gillam, MPA, Director



Institute for Families in Society

*Improving Policy. Advancing Practice.
Strengthening Communities and Family Well-Being.*

Evaluation of South Carolina First Steps to School Readiness: Local Partnerships From 2013-2014 to 2017-2018

An evaluation project of the UofSC Institute for Families in Society (IFS)
with the Core for Applied Research and Evaluation (CARE)
at the UofSC School of Public Health.

Institute for Families in Society (IFS)

Cheri Shapiro, Ph.D., Director

Core for Applied Research and Evaluation (CARE)

Pamela S. Gillam, MPA, Director

CONTRIBUTING AUTHORS:

CARE

Spencer Moore, Ph.D.

Maria Zubizaretta

IFS

Rebecca Wilkerson, MSPH; Tammy Cummings, PhD;
Kathy Mayfield-Smith, MBA; Ana Lòpez – De Fede, PhD;
and the members of the Data Science and Visualization Unit:
Seth Church, MS; Rachel Passer, MA; and Courtney Baskin, MHIT

UofSC Institute for Families in Society
1600 Hampton Street
Suite 507
Columbia, SC 29208
ifs.sc.edu



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Table of Contents

INTRODUCTION AND OVERVIEW.....	6
First Steps Evaluation.....	9
SECTION ONE: THE FIRST STEPS PROGRAM EVALUATION LANDSCAPE.....	11
Who are the children and families served by First Steps Local Partnerships?	13
First Steps Participants and Children in Poverty	14
SECTION TWO: KEY RESEARCH QUESTIONS	19
Question One: What is the impact of First Steps local partnership programs and services on school readiness for children entering 5K? Is it influenced by school district?	20
About the Data.....	20
Approach.....	21
Methods.....	22
Results	23
Special Education Children.....	23
Non-Special Education Children.....	24
Within Group Comparisons	26
Additional Question	27
Methods.....	27
Results	27
Children Receiving Special Education Services	27
Children Not Receiving Special Education Services.....	28
Question Two: What is the impact of First Steps local partnerships on Parenting Competence and Confidence?	29
Quantitative Analysis	29
About the Data.....	29
Approach.....	30
Methods.....	30
Results	31
Keys to Interactive Parenting (KIPS).....	31
Life Skills Progression (LSP)	32
Adult-Child Interactive Reading Inventory (ACIRI).....	33
Qualitative Analysis	35
Methods.....	35
Results	35
Question Three: What is the impact of First Steps on child care quality?.....	38
Quantitative Analysis	
Methods.....	40
Results	41
ITERS.....	41
ECERS.....	42
Child Care Centers Technical Assistance and Training	42
Qualitative Analysis	
Methods.....	44
Results	45
Question 4. To what degree does First Steps at the state and local level serve as a hub for early childhood services?	47
Approach	47
Social Networks Analysis	47

Methods	48
Results	50
Organizational census and response rates.....	50
Network measures	51
County Network Density.....	51
First Steps Centrality	52
Network/Hub Typology	52
The SC Statewide Network.....	55
Network Recommendations	55
Wilder Collaboration Factors Inventory	56
Methods	57
Results	57
First Steps Local Partnerships	57
First Steps (State Office) Results	61
SECTION THREE: OTHER POTENTIAL MEASURES OF REACH/IMPACT	63
SECTION FOUR: SUMMARY AND RECOMMENDATIONS	
Strengths	67
Areas for Improvement	67
Limitations.....	68
Recommendations	69
REFERENCES	71
APPENDICES	74
Appendix A: Descriptive Data Tables	75
Appendix B: Children With SC Kindergarten Readiness Assessment (SCKRA) Scores, School Year 2017-2018	78
Appendix C: Impact of First Steps Local Partnerships on Parenting Competence and Confidence.....	93
Appendix D: Impact of First Steps Local Partnerships on Child Care Quality.....	99
Appendix E: Statistical Terminology.....	100
Appendix F: County/State list with demographics of respondents.....	101
Appendix G: Interview Guides	103
Appendix H: The Full Wilder Collaboration Factors Inventory Third Edition.....	107
Appendix I: County Network Profiles.....	112
Appendix J: First Steps Partnership Collaboration Factor Scoring Summary Infographics	130

INTRODUCTION AND OVERVIEW

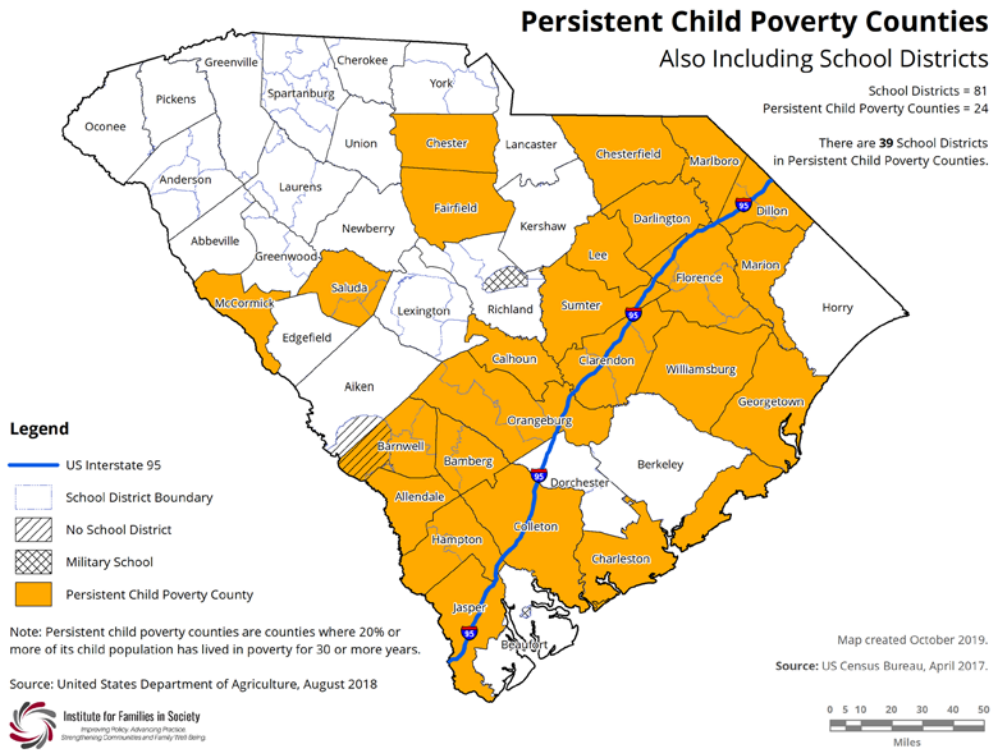
The Institute for Families in Society at the University of South Carolina (UofSC), in collaboration with the Core for Applied Research and Evaluation (also at UofSC), has partnered with South Carolina First Steps to School Readiness (First Steps) to conduct the current evaluation to satisfy the legislative requirement (SECTION 59 152 160) that “an evaluation of the progress on the initiative’s goals and purpose must be completed by November 1, 2014, and every 5 years thereafter by an independent, external evaluator under contract with the South Carolina First Steps to School Readiness Board of Trustees.” According to the enabling legislation, “the purpose of the evaluation is to assess progress toward achieving the First Steps goals and to determine the impact of the initiative on children and families at the state and local levels.” This evaluation covers 5 years, from 2013-2014 to 2017-2018, and focuses on the overall impact of First Steps programs and services.

To set the context for the current evaluation of First Steps, we must first consider overall child well-being in the State of South Carolina. According to the 2019 KIDS COUNT Profile (https://www.aecf.org/m/databook/2019KC_profile_SC.pdf), South Carolina ranks 39th overall for child well-being. While current figures reflect some improvement across several indicators of child well-being, this latest profile reveals the continued presence of risk factors that predict poor developmental, health, mental health, and academic outcomes for children and youth. Risk factors can occur at the individual, family, and community levels of the social ecology; risk for poor outcomes for children increases as the number of risk factors increases. At the individual level, 9.7% of infants were born at low birth weight and 53% of young children (ages 3-4) were not attending school. At the family level, 23% of children are living in poverty, 40% are living in single-parent families, and 11% are living in homes where the head of the household does not have a high school diploma. Community factors include 30% of children living in a home where parents lack secure employment and 12% living in high poverty areas.

The role of poverty is related to a wide range of risk factors for poor health and developmental outcomes across the life span (Evans, 2016; Evans & Kim, 2013). Approximately 20% of children under the age of five live in poverty and poverty rates are higher among young children as compared to older children (Pac et al. 2017). Furthermore, many areas of South Carolina are affected by persistent poverty, which impacts families across generations.



Figure 1. Persistent Child Poverty Counties



Within South Carolina, a number of counties experience rates of persistent poverty. Persistent child poverty is defined by having poverty rates of 20% or more for the past 30 years, as measured by the 1980, 1990, and 2000 decennial censuses (Dalaker, 2019) and illustrated in Figure 1. While these counties all experience persistent poverty, these counties evidence a wide range of distribution of resources as measured by per capita income (PCI) or average income earned per person, which serves as a proxy for the standard of living and quality of life of children and the population in the county. Among counties with persistent poverty, Charleston County has the highest PCI of \$35,587, while Allendale has a PCI of \$13,439, which is among the lowest in the state.

For children under the age of 5, these counties with persistent poverty account for 26.6% of children in the population, 89% of all children residing in rural areas, and 34.8% of the minority child population (i.e., having a concentration of minority children where more than 10% are from one minority group). Research studies suggest a strong correlation between geographical locations and several factors associated with child well-being: segregation, income inequality, local school quality, social capital, and family structure (Chetty et al., 2014a, 2014b). Children living in rural communities are more likely than their non-rural peers to experience health problems associated with their physical environment, socioeconomic status, their families' health behaviors, and their access to quality clinical care (Probst et al., 2018; Sing et al., 2014). In addition to understanding poverty at a county level, we also must consider the poverty level classification of the student population across school districts. The SC Department of Education (SCDE) designates a poverty index for each school and

The SCDE School District Poverty Index is based on students who are considered a Pupil in Poverty (PIP). A student can be a PIP if they have one of the following criteria:

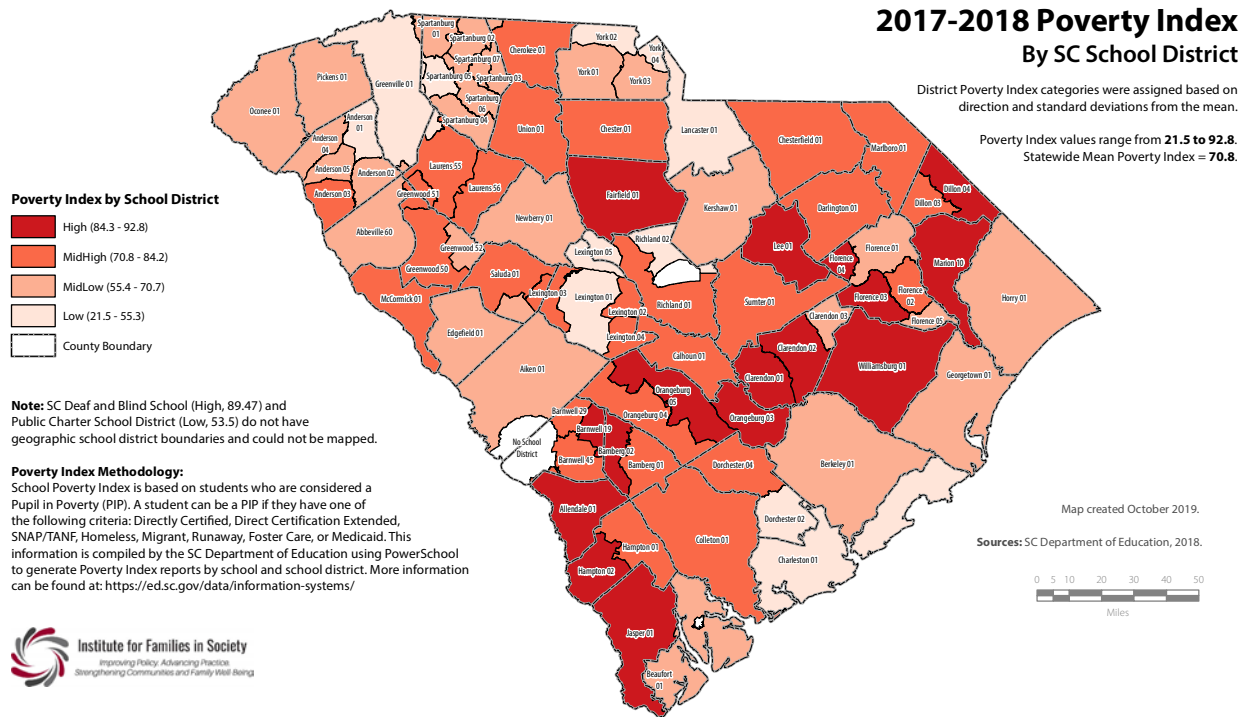


Directly Certified, Direct Certification Extended, SNAP/TANF, Homeless, Migrant, Runaway, Foster Care, or Medicaid.

This information is compiled by the SC Department of Education using PowerSchool to generate Poverty Index reports by school and school district.

More information can be found at ed.sc.gov/data/information-systems.

Figure 2. 2017-2018 Poverty Index



school district in the state of South Carolina. The poverty index is a value from 0-100 where a larger value indicates a higher level of poverty in the school district. The average poverty index for school districts in South Carolina is 70.8. Figure 2 illustrates school districts as characterized by their poverty index values. Those school districts with poverty levels higher than the state average are categorized as Mid-High and High levels.

Forty-eight percent of school districts (39 of 81) classified as Mid-High and High levels of poverty are located in child persistent poverty counties. The 17-county area known as “South Carolina’s I-95 corridor” stretches from Jasper County at the state’s southernmost point to Marlboro County on the North Carolina border. Those counties through which I-95 crosses represent 10 of the 24 child persistent poverty counties and are home to 15 of the Mid-High and High poverty level school districts.

In addition to poverty and additional risk factors noted within the KIDS COUNT data, information important for understanding child well-being in South Carolina can be gleaned from information on the number of children and youth involved in other state service systems. For example, in each year from FY2014-FY2018, approximately 600,000 children living in low-income families were Medicaid recipients (<https://www.schealthviz.sc.edu/medicaid-enrollment>). In FY2017-FY2018 the SC Department of Social Services founded 11,000 cases of child maltreatment (https://dss.sc.gov/media/2098/child-welfare-flow-chart_sfy2018.pdf). Challenges for children track into adolescence. For example, 33% of high school students report significant symptoms of depression, and 19% have seriously considered attempting suicide (<https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/south-carolina/index.html>). According to the latest available data, in 2016-2017 the Department of Juvenile Justice processed 13,591 cases (<http://www.state.sc.us/djj/pdfs/2016-17%20Annual%20Statistical%20Report.pdf>).

If we are to have an impact on the prevalence rates of the risk factors noted above, we must focus on our youngest citizens in the 0-5 age range. Experiences in these early years impact every aspect of how we function as human beings—how healthy we are; how we manage our thoughts, feelings, and behaviors; how we relate to others; our ability to be ready for and to perform well in school; and our capacity to thrive into adulthood (Shonkoff, 2010). Indeed, the National Conference of State Legislatures, recognizing the importance of this developmental period, has dedicated resources for supporting state lawmakers in this area (<http://www.ncsl.org/research/human-services/early-childhood-101.aspx>). South Carolina is fortunate to have visionary leaders and a governance structure supporting an early childhood organization with a focus on school readiness for children in the 0-5 age range. This organization is First Steps.

First Steps Evaluation

First Steps, per the enabling legislation, is “a comprehensive, results-oriented initiative for improving early childhood development” whose purpose is to “...develop, promote, and assist efforts of agencies, private providers, and public and private organizations and entities, at the state level and the community level, to collaborate and cooperate in order to focus and intensify services, assure the most efficient use of all available resources, and eliminate duplication of efforts to serve the needs of young children and their families. First Steps funds must not be used to supplant or replace any other funds being spent on services but must be used to expand, extend, improve, or increase access to services or to enable a community to begin to offer new or previously unavailable services in their community” (SC CODE OF LAWS SECTION 59-152-20).

The legislation (SC CODE OF LAWS SECTION 59-152-30) establishes 5 goals for the First Steps initiative:

1. Provide parents with access to the support they might seek to strengthen their families and to promote the optimal development of their preschool children;
2. Increase comprehensive services, so children have reduced risk for major physical, developmental, and learning problems;
3. Promote high-quality preschool programs that provide a healthy environment that will promote normal growth and development;
4. Provide services, so all children receive the protection, nutrition, and health care needed to thrive in the early years of life, so they arrive at school ready to learn; and
5. Mobilize communities to focus efforts on providing enhanced services to support families and their young children to enable every child to reach school healthy and ready to learn.

During the 2013-2014 to 2017-2018 time frame of this evaluation, First Steps has worked to reach these legislative goals through activities in specific service domains. These service domains included Family Strengthening, Health, Early Intervention, Quality Childcare, Early Education, and School Transition. Of note, on July 1, 2017, Early Intervention (IDEA Part C) services transitioned to the SC Department of Health and Human Services and are not included in this evaluation. In addition, the limited number of programs in the Health Services area are now incorporated into the First Steps Family Strengthening Program area. The mechanism for impact rests on the organization of First Steps: a state-level office and semi-autonomous county-level partnerships in each county in South Carolina. Direct program support and service delivery occur primarily at the county level through the First Steps local partnerships; each county offers a unique range of services and supports falling within the service domains noted above. Specific supports and services at the county level vary based on the local determination of needs and stakeholder preferences. These First Steps local partnership services are the focus of the current evaluation (i.e., other statewide programs administered by First Steps, including but not limited to 4k, are not included in this evaluation).

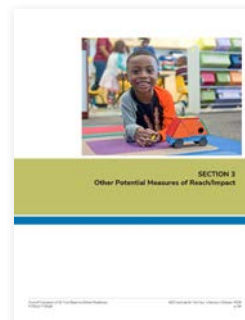
The current evaluation of First Steps local partnership services is framed around four key questions:

1. What is the impact of First Steps local partnership programs and services on school readiness for children entering 5K? (Quantitative)
2. What is the impact of First Steps local partnership programs and services on Parenting Competence and Confidence? (Mixed Methods: Quantitative and Qualitative)
3. What is the impact of First Steps local partnership services on Child Care Quality? (Mixed Methods: Quantitative and Qualitative)
4. To what degree does First Steps at the state and local level serve as a hub for early childhood services? (Mixed Methods: Quantitative and Qualitative)

This report is organized into four sections:



Section One includes descriptive information on First Steps service areas over the evaluation period and descriptive data on the children and families who received First Steps services during the 2013-2014 to 2017-2018 evaluation period.



Section Three contains potential measures of reach and impact on other areas relevant for school readiness to assist in setting benchmarks for improvement as part of future First Steps Evaluations.



Section Two contains the four key questions guiding this evaluation (above), focusing on the approach taken and the relevant findings.



Section Four contains the summary and recommendations arising from this evaluation.



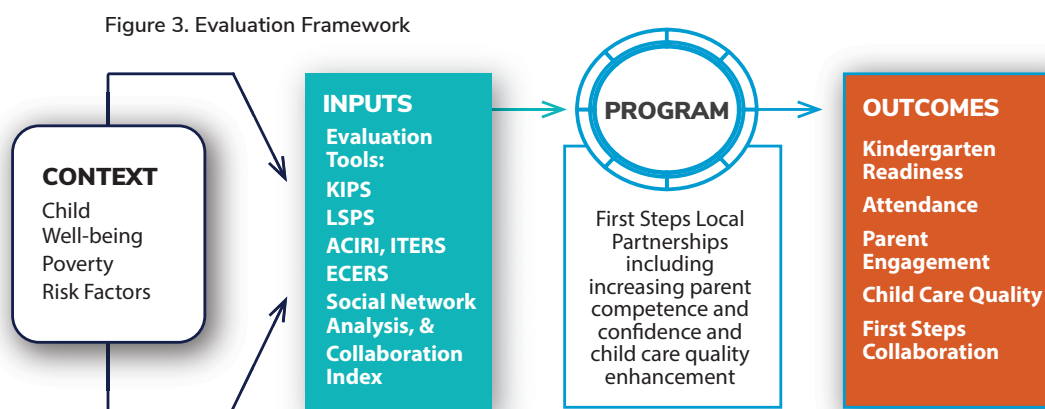
SECTION 1

The First Steps Program Evaluation Landscape

SECTION ONE: The First Steps Program Evaluation Landscape

Understanding the impact of First Steps during the 2013-2014 to 2017-2018 time frame of this evaluation begins with understanding the reach of First Steps programs and services into the target population. Eligibility for First Steps services rests on the presence of risk factors at the individual and family level that have been determined to impact school readiness and in the First Steps Partnership and Program Accountability Standards developed by First Steps.

Families may be involved in one or more services provided by First Steps. Services fall into overarching domains and include Family Strengthening/Health, Quality Childcare, Early Education, and School Transition. (As previously noted, in 2017 Early Intervention or IDEA Part C services transitioned to the SC Department of Health and Human Services and are not included in this evaluation of First Steps impact, nor are other statewide programs or early education services specifically evaluated). As such, the evaluation requires an approach that captures the context, input, program, and outcomes (Figure 3).

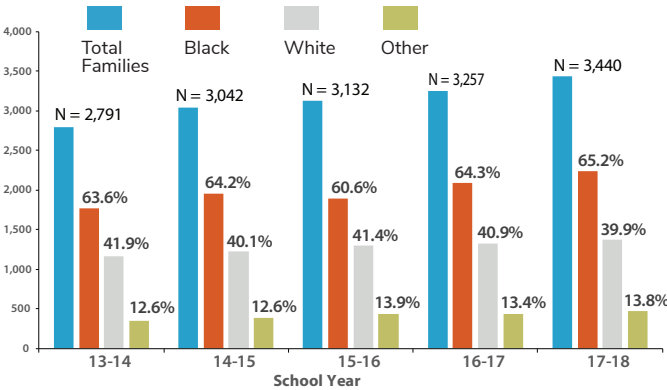


A mixed-methods approach frames the evaluation. A mixed-methods approach is ideal in that it is “an intuitive way of doing research that is constantly displayed though our everyday lives” (Creswell & Plano Clark, 2011). This approach has a long history in education research practice combining rigorous quantitative (e.g., casual-comparative statistics) and qualitative (e.g., unstructured interviews and surveys) methods. Conducting mixed-methods evaluations requires a team of researchers with skills in both quantitative and qualitative methods with a commitment to the value each brings to the understanding of the research questions. As such, the evaluation seeks to address the unique contributions of each of these approaches through the report and highlight the results of each of the methods. As with any evaluation, there were several limitations:

- Access and participation of critical stakeholders differed by counties.
- The evaluation team received most of the data required to complete the quantitative analysis less than 1 month before the final report deliverable. Delays in receipt of other data elements limited the extent of the analysis that could be accomplished. We are grateful for the support of the First Steps State Office, the assistance of SC Revenue and Fiscal Affairs, and SC Department of Education for facilitating access to required data for the quantitative evaluation.
- Although First Steps data was available for the 5-year evaluation period, linked data between First Steps and the SC Department of Education was only available for the school year 2017-2018 to measure school readiness using the SCKRA. It is important to note that the 2017-2018 school year was the 1st year of statewide administration of the SCKRA.

Who are the children and families served by First Steps Local Partnerships?

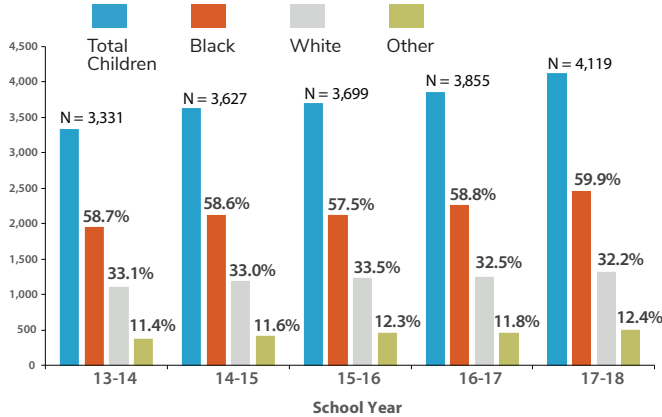
Figure 4. Race/Ethnicity of Families in First Steps



Note: Race/ethnicity was self-reported. Families are able to select more than one race/ethnicity category and, therefore, categories may not sum to total.

Local First Steps partnership participants during the time frame of the evaluation from 2013-2014 to 2017-2018 included 15,662 families and 18,631 children. With regard to demographic factors, we report racial categories as identified by participants. Black families and their children account for over 50% of the study population (Figure 4). This finding is consistent with the high rates of poverty among Black individuals in South Carolina. In 2018, approximately one of every four Black children was living in families with incomes below the poverty level (Annie E. Casey Foundation, 2018).

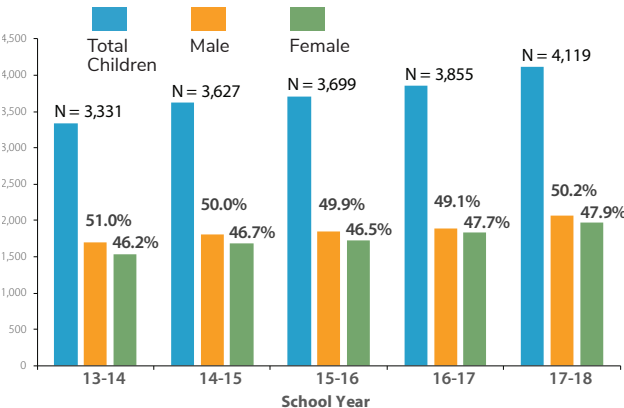
Figure 5. Race/Ethnicity of Children in First Steps



Note: Race/ethnicity was self-reported. Students are able to select more than one race/ethnicity category and, therefore, categories may not sum to total.

Similarly, Black children make up the most substantial proportion of children receiving First Steps services (Figure 5). Black children were 3 times as likely to live in low-income families as White children in 2015. Twelve percent of White and Asian children lived in low-income families, compared with 36% of Black children, 30% of Hispanic children, 33% of American Indian children, and 19% categorized as other (U.S. Department of Education, Significant Disproportionality, 2017)

Figure 6. Gender of Children in First Steps



Note: In all years, unknown gender accounts for < 4% of the child population and is not shown.

Male children were more likely to be receiving services (Figure 6).

First Steps Participants and Children in Poverty

KEY FINDING:

From 2013-2014 to 2017-2018, the engagement of families out of the number of families eligible has increased 56% statewide. Additionally, the engagement of children out of the number of children eligible has increased 47% statewide from 2013-2014 to 2017-2018.

IFS evaluated the reach of engagement of First Steps children and families by state and by county using poverty as a measure of the eligible population. Census data provided the best estimates of children and families in poverty for this evaluation; however, this measure is only a proxy for the eligible population. (Note: Estimates of the number of children and families in poverty used in this report may differ from those reported by First Steps due to differences in the operational definition of poverty).

To help us understand the connection between children and families in poverty receiving First Steps services from local partnerships, children were counted by fiscal year enrolled regardless of program enrollment within the First Steps local partnerships clients dataset. Families were counted by fiscal year if an adult was indicated as receiving services within the First Steps local partnerships clients dataset. See Figures 7 and 8 for the number of children and families enrolled in First Steps compared to the number of children and families in poverty statewide.

Figure 7.

First Steps Enrollment, 2013-2017
Compared to Poverty Rate
Children Ages 0-5

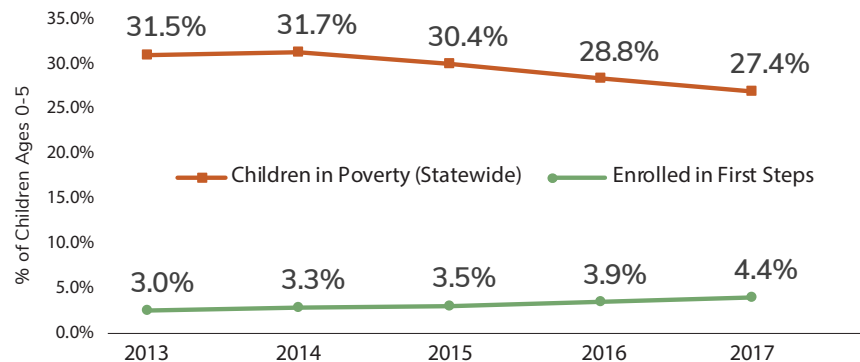
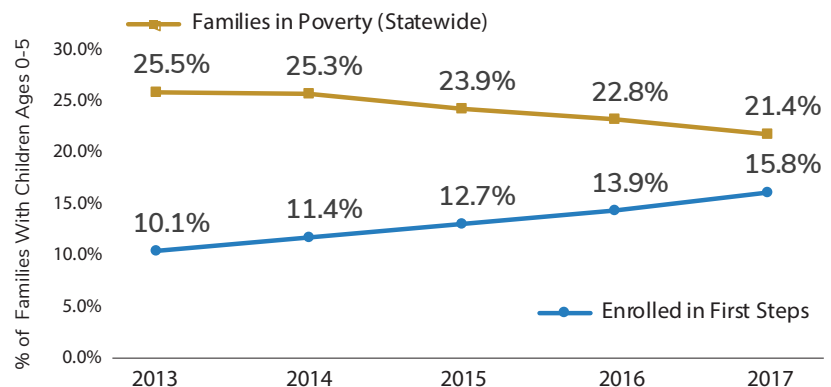


Figure 8.

First Steps Enrollment, 2013-2017
Compared to Poverty Rate
of Families With Children Ages 0-5



First Steps local partnerships serve those children (and families) in poverty who are also experiencing additional risk factors for poor school performance including, but not limited to, having a history of child maltreatment or a caregiver experiencing mental illness or substance abuse, or who has been incarcerated. Table 1 below provides the specific risk factors that are considered for eligibility; many of these were derived from an empirical evaluation in 2007 examining attributes of children in the state who were failing in school by grade 3. Since that original report, the list of risk factors has been expanded by First Steps to include adverse childhood experiences that are predictive of future maladaptive outcomes in young children (Freeman, 2014).

Table 1. Risk Factors for Early School Failure Used by First Steps to Determine Eligibility

TANF Eligibility (50% of Federal Poverty or below)

Supplemental Nutrition Assistance Program (SNAP - formerly Food Stamps) or Free School Lunches Eligibility

BabyNet (IDEA Part C) or Local School District (IDEA Part B) special service eligibility

Referral Abuse

Referral Neglect

Foster Child

Teenage Custodial Parent

Low Maternal Education (less than high school graduation)

Substance Abuse

Exposure to Parental/Caregiver Depression

Exposure to Parental/Caregiver Mental Illness

Exposure to parental/Caregiver Intellectual Disability

Domestic Violence

Low Birth Weight (5.5 lbs/2500 grams or less) in Association With Poverty (130% Federal Poverty Level or below) and/or Serious Medical Complications

Preschool-Aged Child With Documented Developmental Delay

English Is Not The Primary Language Spoken In The Home

Single parent household and has need of Other Services

Transient/Numerous Family Relocations and/or Homeless

Incarcerated Parent

Death in the Immediate Family

Military Family

Recent Immigrant or Refugee Family

Child Removed from Child Care for Behavior

For this evaluation, First Steps local partnerships data were summarized to describe the number of risk factors evidenced by children and families during the evaluation period. Table 2 shows that on average more than 80% of children have two or more risk factors, and nearly 25% of children have four or more risk factors. Of note, almost 2% have seven or more risk factors. Additional risk factor data can be seen in Table A-1 in Appendix A.

Table 2. Number of Children by Risk Factor Count

		YEAR									
		2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
TOTAL NUMBER OF CHILDREN IN FIRST STEPS LOCAL PARTNERSHIPS		3,303		3,352		3,517		3,743		3,067	
Number of Children by Risk Factor Count	Number of Risk Factors	N	%	N	%	N	%	N	%	N	%
	0	148	4	179	5	232	7	163	4	82	3
	1	444	13	420	13	347	10	435	12	330	11
	2	957	29	912	27	977	28	1,146	31	1,038	34
	3	977	30	913	27	1,047	30	1,102	29	912	30
	4-6	741	22	882	26	848	24	833	22	646	21
	7+	36	1	46	1	65	2	64	2	59	2



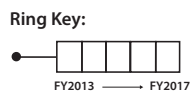
ABOUT THE POVERTY DATA

The total number of children in poverty for each year 2013-2014–2017-2018 by state and county were extracted from the US Census American Fact Finder. Each year of data used was from the American Community Survey (ACS) data 5-year estimates. For year 2013-2014 counts, the 5-year estimates from 2009-2013 were used; for year 2014-2015 counts, the 5-year estimates from 2010-2014 were used; and forward for years 2015-2016 to 2017-2018.

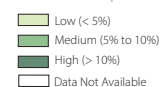
The number of families in poverty with at least one child ages 0-5 were extracted for the same years. The engagement percentages for children and families were calculated for each year by dividing by the number of children 0-5 and families enrolled in First Steps with children 0-5 in poverty by fiscal year. In some cases, the number of families engaged was greater than the number of families in poverty with children 0-5 due to the nature of the ACS estimates. For these estimates, the percent of engagement is reported as greater than 95%.

To provide context in relation to overall poverty, ring maps for both children and families receiving First Steps services were created (Figures 9 and 10). In the child ring map, Figure 9, the lighter green rings indicate lower levels of engagement (<5%) among children 0-5 in poverty while the darker green rings indicate a higher level of engagement (>10%) among children 0-5 in poverty. Notice that areas of higher engagement (counties in dark blue outline) are co-located with school districts classified with a higher than average poverty index (darker orange-red color on map) as seen in Allendale, Bamberg, Barnwell, Fairfield, and Lee Counties. This engagement can be particularly important for child educational success.

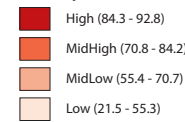
Figure 9. Children Enrolled in First Steps 2013-2017, Compared to the Poverty Rate of Children Ages 0-5 By County



Ring Classification:
% Children 0-5 in Poverty Who Are Enrolled in First Steps



Basemap: School District Poverty Index



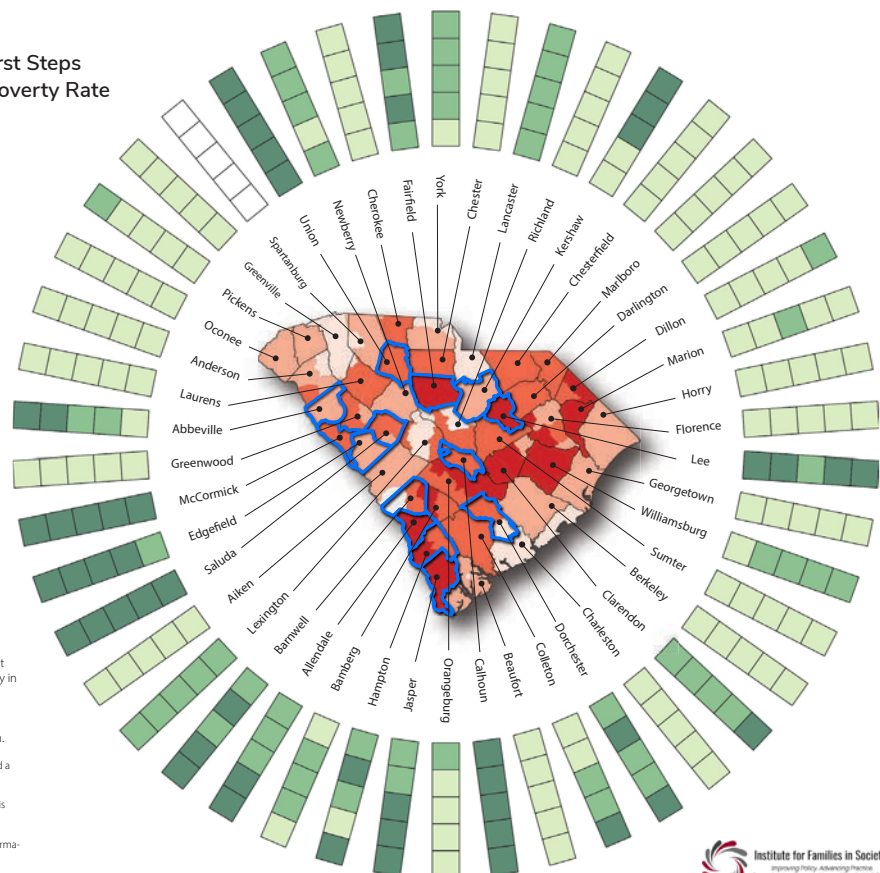
Notes

Rings show the population of children 0-5 enrolled in the First Steps program out of the total child 0-5 population in poverty in that county in years 2013 to 2017.

In each year (ring), approximately one third of the child 0-5 population in poverty was enrolled in the First Steps program.

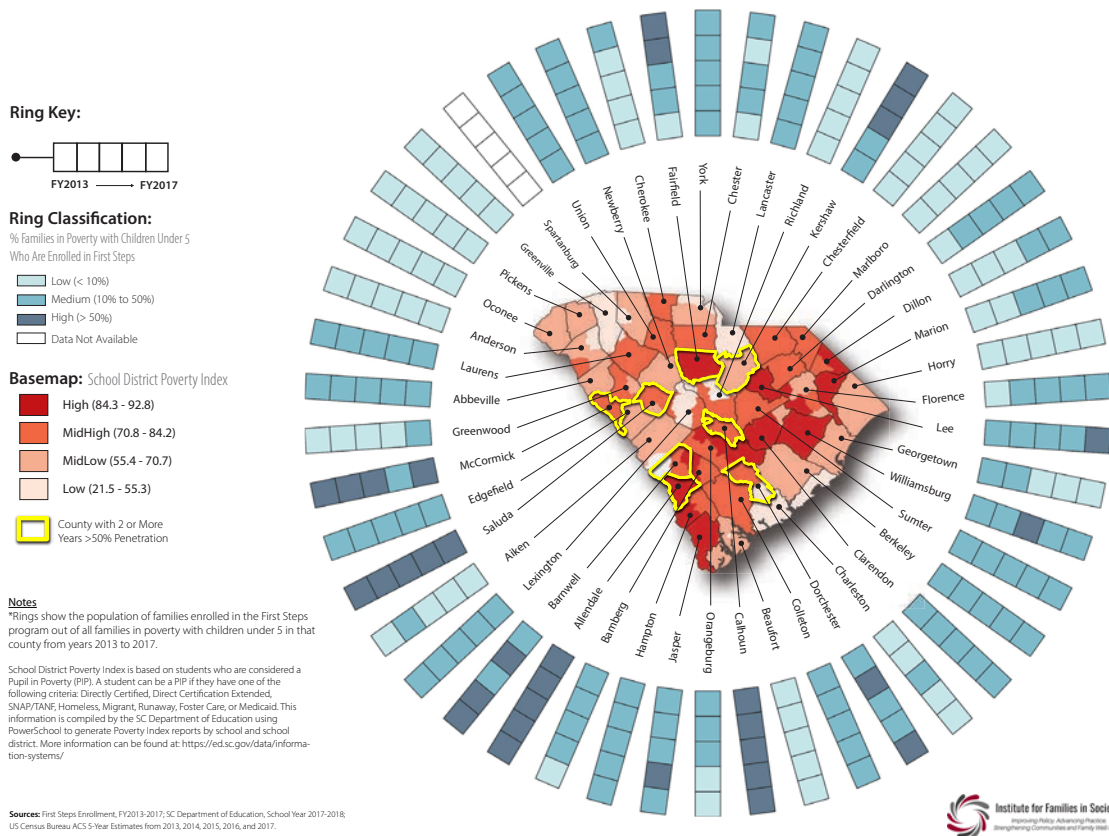
School District Poverty Index is based on students who are considered a Pupil in Poverty (PIP). A student can be a PIP if they have one of the following criteria: Directly Certified, Direct Certification Extended, SNAP/TANF, Homeless, Migrant, Runaway, Foster Care, or Medicaid. This information is compiled by the SC Department of Education using PowerSchool to generate Poverty Index reports by school and school district. More information can be found at: <https://ed.sc.gov/data/information-systems/>

Sources: First Steps Enrollment, FY2013-2017, SC Department of Education, School Year 2017-2018; US Census Bureau ACS 5-Year Estimates from 2013, 2014, 2015, 2016, and 2017.



These maps also highlight potential gaps where First Steps services and engagement can be targeted further among children in school districts with higher than average poverty indexes such as Clarendon, Dillon, Marion, Orangeburg, and Williamsburg Counties. In the family ring map (Figure 10), we see similar patterns of participation with families in First Steps as compared to children in First Steps except for less participation in school districts with a high poverty index.

Figure 10.
Families Enrolled in First Steps, 2013-2017
Compared to the Poverty Rate of Families With Children Under 5
By County





SECTION 2

Key Research Questions

QUESTION 1:

“What is the impact of First Steps local partnership programs and services on school readiness for children entering 5K? Is it influenced by school district?”

Each of the four research questions that frame this evaluation include the approach, methods, results and key findings.

1. *What is the impact of First Steps local partnership programs and services on school readiness for children entering 5K? Is it influenced by school district?*

The primary focus of First Steps as an organization is on school readiness. The term school readiness has a variety of definitions and can be understood as an interaction between individual child skills and abilities in the context of families and early educational opportunities; in practical terms, this is most commonly measured by child characteristics (Paro & Pianta, 2000). In South Carolina, legislation in FY2014-2015 mandated that children in publicly funded prekindergarten and kindergarten programs must be administered a readiness assessment within the first 45 days of the school year. The current instrument being used is known as the South Carolina Kindergarten Readiness Assessment (SCKRA) and was implemented statewide in the 2017-2018 school year. Assessment components include social foundations, language/literacy, mathematics, and physical well-being (<https://ed.sc.gov/tests/elementary/pre-k-and-kindergarten-readiness-assessments/kindergarten-readiness-assessment-kra/>). The assessment contains scores for each component as well as an overall score (range 202-298). A higher score indicates a higher level of readiness for kindergarten. Scores are categorized into groups: Emerging Readiness (202-257), Approaching Readiness (258-269), and Demonstrating Readiness (270-298). The goal of First Steps is to move more children towards demonstrating readiness.

Another measurable indicator of school readiness is attendance in 5K. Attendance is an important factor both in terms of readiness and current and future performance in school. Students who attend school regularly have been shown to achieve at higher levels than students who do not attend regularly (<https://nces.ed.gov/pubs2009/attendedata/chapter1a.asp>).

About the Data

IFS received multiple data files from the Department of Revenue and Fiscal Affairs (RFA), including: (a) First Steps local partnership data linked to SCDE SCKRA data via the First Steps clients file; (b) SCKRA scores for all children in 5K school year 2017-2018; (c) special education categories recognized by the Individuals with Disabilities Education Act (IDEA) that indicate a child is eligible to receive special education services; (d) indication of whether the child was determined to be in poverty; (e) indication of whether the child attended public 4K or First Steps funded 4K in 2016-2017; and (f) demographic, school district, and attendance days data for all children in 5K school year 2017-2018. (See Appendix B for summary Tables B-1 and B-2.)

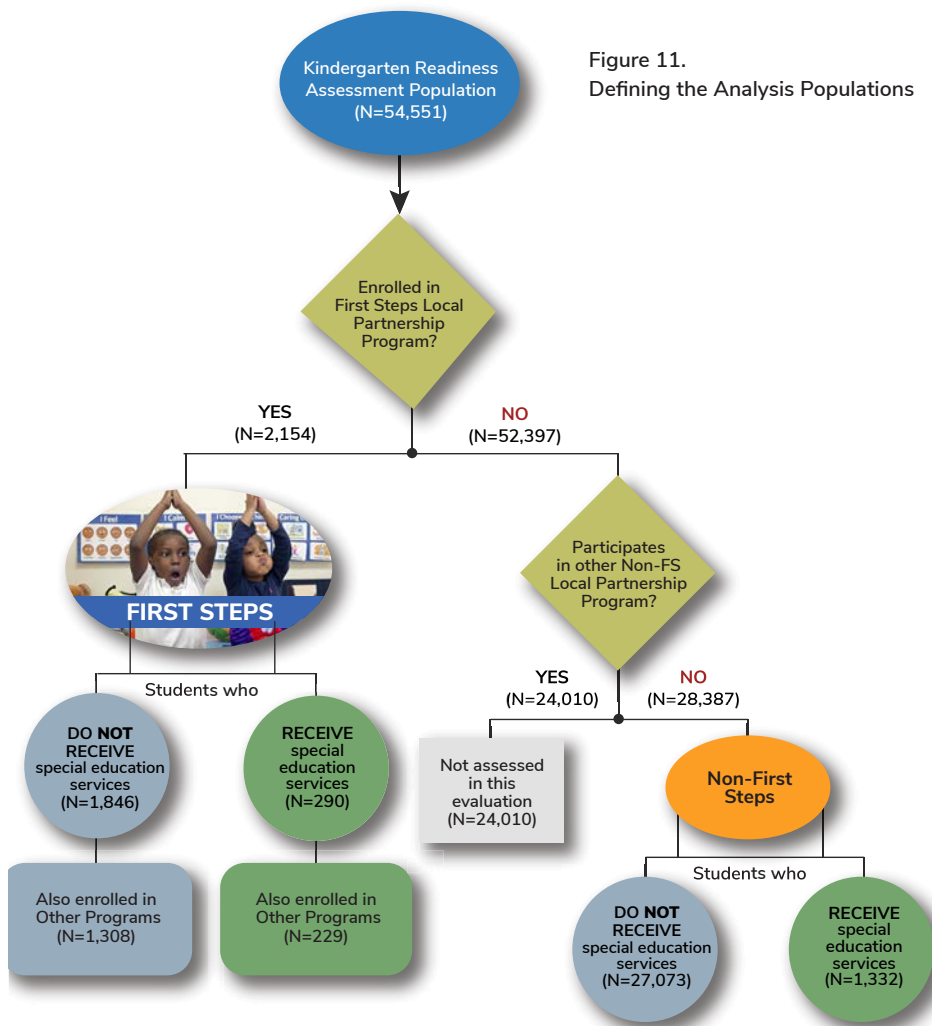
APPROACH

The analysis utilized a cohort of children who were born between September 1, 2011, and August 31, 2012, who were old enough to enter 5K and take the SCKRA in the Fall of 2017. Figure 11 illustrates how children were divided into categories. Children with SCKRA scores and enrollment in any of the First Steps local partnership programs in any year were categorized first and are referred to as “First Steps” children. Other children not in First Steps local partnership programs or services and not receiving other services (for which we had data) were grouped as Non-First Steps. Within each of these categories, two groups were established: those identified as eligible for special education (see Appendix A-2 for codes) and those not, called “Non-Special Education.” Children in Special Education were analyzed separately from children not in Special Education in order to fully explore any differences between the groups.

To examine overall impact of the different components of the First Steps programs and activities on school readiness, a quantitative approach using propensity score analysis was applied. Propensity score analysis is a strong

quasi-experimental approach using statistical models to compare the impact of an intervention (i.e., First Steps services) on those receiving it as compared to a matched comparison group of similar individuals who did not receive the intervention. Propensity score analysis allows matching on multiple variables and is often used when random assignment to an intervention or to a comparison group is not ethical, feasible, or desirable.

If a model is not a good fit, then matching elements that do not contribute to a match are excluded until a good fit is reached. While we strive to create similar matching across the whole analysis, there are some cases where a statistical good match could not be reached. In these cases, if there were significant differences in the makeup of the matched populations, such as with school district poverty level categories, then the variables were placed into the



analysis model to examine how these differences impact SCKRA performance and attendance.

For this analysis, we compared children in the First Steps group to similar children (those with comparable demographic characteristics) from the Non-First Steps group on their performance on the SCKRA taken upon entry to 5K. In addition to the overall performance analysis, SCKRA performance was examined by school district poverty index

category to see if any differences existed at these different categories when it was not used in the matching process.

Attendance data was analyzed as an additional measure of readiness and future performance. Chronic absenteeism is defined as missing 10% or more of the school year. Attendance was evaluated as attending all 180 school days, missing less than 5% of school days, missing less 10% of school days, and being chronically absent.

METHODS

First Steps children were identified from the linkage between the SCKRA data and First Steps local partnership data and made up the First Steps group. Variables used in the one-to-one propensity score matching included poverty, race, gender, and school district poverty level. For the special education group, children were classified as only having one special education code and those having more than one; and in the matching process, in addition to the variables of poverty, race, gender and school district poverty level, those with only one special education code were a one-to-one match, and those with two or more were a many-to-many match (i.e., not a specific code match but multiple condition match).

Analyses were conducted among special education and non-special education children for comparing First Steps vs. Non-First Steps children. We used a greedy 5 to 1 digit matching algorithm to complete the one-to-one propensity score matching for each analysis. Propensity scores were output if the Hosmer and Lemeshow GOF test indicated a good fit for the model. After matching, we tested the performance of children taking the SCKRA by using an ordinal logistic regression since the outcome scores were in order of least to greatest (Emerging Readiness, Approaching Readiness, Demonstrating Readiness). Overall scores of 202-257 were considered Emerging Readiness, overall scores of 258-269 were considered Approaching Readiness, and overall scores of 270-298 were considered Demonstrating Readiness.

For all outcome models, unadjusted models (only the group comparison variable was included) were conducted and adjusted models were completed when necessary. For example, when school district poverty level was not used in the matching process, adjusted models included the group comparison variable as well as the school district poverty level (Low, Mid-Low, Mid-High, High) along with their interaction. The interaction variable was included in order to see where the differences in outcomes for comparison groups could be detected to aid in interpretation and outreach to particular school district poverty level(s).

An **odds ratio (OR)** is a measure of association between a certain outcome (e.g. SCKRA scores or attendance) and an exposure (e.g. First Steps services). The OR denotes the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure.

OR = 1 denotes the Exposure does not affect the odds of the outcome

OR > 1 denotes the Exposure is positively associated with the outcome
(i.e., *more likely than the comparison group*)

OR < 1 denotes the Exposure is negatively associated with the outcome
(i.e., *less likely than the comparison group*)

The 95% confidence interval (CI) that accompanies the OR, is used to estimate the precision of the OR. A wide CI indicates a low level of precision of the OR, while a narrow CI indicates a higher precision of the OR.

An unadjusted OR is one that only evaluates the outcome of interest in terms of the exposure. An adjusted OR is one that accounts for other factors (e.g. race or school district poverty level) that contribute to the outcome of interest in addition to the exposure.

School attendance was categorized based on a 180-day school year; however, if attendance was greater than 180, we capped the max to 180. The four categories of attendance were as follows: attendance all days, between 100% to 95% (inclusive) of days, between 95% and 90% (inclusive) of days, and below 90%. School attendance was analyzed using an ordinal logistic regression model as well. In some cases however, the proportional odds assumption was violated, and a less restrictive model (multinomial generalized logits model) was used. In either model, odds ratios were obtained.

See Appendix E for definitions of statistical terms used in this analysis.

A child who is absent 10% (i.e., attended 162 or less days) or more of the 180 days is chronically absent. A logistic regression model was used to analyze the outcome of chronically absent with an odds ratio provided.

Similarly, for the attendance analyses, unadjusted and adjusted models were run where appropriate. All statistical tests were run and analyzed at alpha = 0.05 (i.e., any p-value < 0.05 indicates a statistically significant finding).

RESULTS

Special Education Children

First Steps vs. Non-First Steps

Propensity matching conducted for 290 children in special education on gender, race, poverty, special education, and school district poverty category yielded a total of 580 children analyzed. First, we tested to see if differences in SCKRA scores were equal across the three levels (Emerging, Approaching and Demonstrating Readiness) by using ordinal logistic regression; however, this test was rejected ($p=0.0036$) and a less restrictive model (i.e., multinomial logit model) was used. Upon fitting a multinomial model (generalized logits regression) to the data measured on an ordinal scaled (SCKRA score), the results showed significant differences in the SCKRA scores among the groups. Table B3 found in Appendix B confirms that the matching process between First Steps and Non-First Steps resulted in groups that were comparable on gender, race, poverty, special education, and school district poverty index. Such comparability between the statistically created groups strengthens the inference that the program in question is responsible for differences in outcomes obtained when random assignment to condition (i.e., First Steps or not) is not ethical, practical, or feasible.



KEY FINDING:

Children in Special Education receiving First Steps services were 78% more likely to score Demonstrating Readiness than Emerging Readiness when compared to children in special education not receiving First Steps services ($p=0.0396$) (Table B4 in Appendix B).

When testing whether there is a difference in attendance, we found that **children in special education receiving First Steps services were 58% less likely to be chronically absent** than children in special education not receiving First Steps services ($p=0.0053$). Significant differences were also identified in levels of attendance where the First Steps service receiving children in special education were 1.9 and 2 times more likely to attend school between 95% and 99% of days and 90% and 94% of days, respectively, compared to those in special education and not receiving First Steps services ($p=0.0036$ and $p=0.0040$, respectively). (Tables B5 and B6 in Appendix B)

Isolating Impact of First Steps Local Partnerships Services

As seen in the earlier group categorization flow chart (Figure 11), there is a large overlap between children in special education receiving First Steps services from local partnerships and those children who receive other services. Isolating just the children receiving First Steps services alone resulted in 61 children who were propensity score matched to children in the Non-First Steps group. No statistically significant differences were detected between these groups on any outcome (Tables B7, B8, B9, and B10 in Appendix B). *This analysis requires caution in interpretation. While the evaluators tried to isolate only those children receiving First Steps local partnerships services, the isolation did not consider specific services received such as child care scholarships, Dolly Parton's Imagination Library, or intensive home visitation services. This is an area for further research.*



Non-Special Education Children

First Steps vs. Non-First Steps

Propensity matching conducted for 1,845 children on gender, race, and poverty yielded a total of 3,690 children analyzed. First, we tested to see if differences in SCKRA scores were equal across the three levels (Emerging, Approaching and Demonstrating Readiness) by using ordinal logistic regression; however, this test was rejected ($p=0.0053$) and a less restrictive model (i.e., multinomial logit model) was used. Upon fitting a multinomial model (generalized logits regression) to the data measured on an ordinal scaled (SCKRA score), the results showed that there are significant differences in the SCKRA scores among the groups. (Table B11 in Appendix B)

Unadjusted Odds Ratio Results



KEY FINDING:

Children receiving First Steps services were 74% more likely to score Demonstrating Readiness than Emerging Readiness when compared to non-special education children not receiving First Steps services ($p<0.0001$). Also, non-special education children receiving First Steps local partnership services were 62% more likely to score Approaching than Emerging Readiness ($p<0.0001$). (Table B12 in Appendix B)

When testing whether there is a difference in attendance, we found that **children receiving First Steps services were 66% less likely to be chronically absent** than children not receiving First Steps services ($p<0.0001$). Significant differences were also identified in levels of attendance where the **First Steps service receiving children not in special education were 1.9, 1.6, and 1.5 times more likely to attend school all 180 days**, between 95% and 99% of days, and between 90% and 94% of days, respectively, compared to those not receiving First Steps services ($p<0.0001$ for all three tests). (Tables B13 and B14 in Appendix B)

Adjusted Odds Ratio Results

SCKRA Scores

Since school district poverty level categories were not used in the matching process but were statistically different (chi square $p<0.0001$, Table B11 in Appendix B), the school district poverty level variable was put into the model to assess differences by school district poverty level category. With this multinomial model, the overall results of children receiving First Steps local partnership services compared to Non-First Steps children with regard to SCKRA scores was not significant ($p=0.1704$); however, the interaction term (i.e., the evaluation of the groups by the different school district poverty levels) was significant ($p<0.0001$).



KEY FINDING:

In High poverty index school districts, **children in First Steps local partnerships are 5.6 times more likely to score Demonstrating versus Emerging Readiness** compared to children not in First Steps ($p < 0.0001$) and **2.2 times more likely to score Approaching versus Emerging Readiness** compared to children not in First Steps ($p = 0.0017$).

In Mid-High poverty index school districts, children in First Steps local partnerships are **2.5 times more likely to score Demonstrating versus Emerging Readiness** compared to children not in First Steps ($p < 0.0001$) and **1.7 times more likely to score Approaching versus Emerging Readiness** compared to children not in First Steps ($p = 0.0003$).

In Mid-Low poverty index school districts, children in First Steps local partnerships are **2.0 times more likely to score Demonstrating versus Emerging Readiness** compared to children not in First Steps ($p < 0.0001$) and 1.8 times more likely to score Approaching versus Emerging Readiness compared to children not in First Steps ($p < 0.0001$).

In Low poverty index school districts, no differences in SCKRA scores were detected between groups. (Table B15 in Appendix B).

Chronic Absence

When evaluating attendance as an outcome in a multinomial model, the overall results of children receiving First Steps local partnership services compared to Non-First Steps children were not significant ($p = 0.4175$); however, the interaction term (i.e., the evaluation of the groups by the different school district poverty levels) was significant ($p = 0.0002$).

In Mid-High poverty level school districts, non-special education children **receiving First Steps services are 38% less likely to be chronically absent than children not receiving First Steps services** ($p < 0.0001$). In Mid-Low poverty level school districts, non-special education children receiving First Steps local partnership services are **77% less likely to be chronically absent** than children not receiving First Steps services ($p = 0.0440$). (Table B16 in Appendix B).

Attendance Days

Evaluating the outcome attendance categories with a multinomial model showed receiving services from First Steps local partnerships was significant overall ($p = 0.0311$), and the interaction term was significant ($p = 0.0003$). **Children receiving First Steps services at High poverty level school districts were 6.5 times more likely to attend all 180 of classes as opposed to <90% of all days when compared to children not receiving First Steps services** also at High poverty level school districts ($p = 0.0160$). Children receiving First Steps services **at Mid-High poverty level school districts were 5.3 times more likely to attend all 180 of classes as opposed to <90% of all days** when compared to children not receiving First Steps services also at Mid-High poverty level school districts ($p < 0.0001$) and 2 times more likely to attend between 90-94% of days and 95-99% compared to <90% of days ($p < 0.0001$ and $p < 0.0001$). Also, children receiving First Steps services at Mid-Low poverty level school districts were 1.5 times more likely to attend between 95-99% of days when compared to children not receiving First Steps services ($p = 0.0061$). Similarly, children receiving First Steps services at Low poverty level school districts were 1.7 times more likely to attend all 180 of classes as opposed to <90% of all days when compared to children not receiving First Steps services also at low poverty level school districts ($p = 0.0015$). Additional results can be found in (Table B17 in Appendix B).

Isolating First Steps Local Partnerships

As seen in the earlier group categorization flow chart (Figure 11), there is a large overlap between non-special education children receiving First Steps services from local partnerships and those children who receive other services. Isolating just the children receiving services from First Steps alone resulted in 538 children who were propensity score matched to children in the Non-First Steps group.

No statistically significant differences were detected on the SCKRA between these groups on any outcome (Tables B18, B19, B20, and B21 in Appendix B). *This analysis requires caution in interpretation. While the evaluators tried to isolate only those children receiving First Steps local partnerships services, the isolation did not consider specific services received such as child care scholarships, Dolly Parton's Imagination Library, or intensive home visitation services. This is an area for further research.*

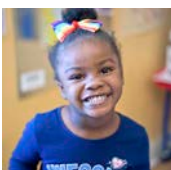


Within Group Comparisons

SCKRA Scores

Solely among Non-First Steps children, when compared to Low poverty school districts, children at High poverty and Mid-High poverty school districts are 30% and 41% less likely to score Demonstrating than Emerging (i.e., they are less ready than children at Low poverty school districts) ($p=0.0001$ and $p<0.0001$, respectively). Children at Mid-Low poverty level school districts are 75% less likely to score Demonstrating versus Emerging readiness ($p=0.0359$). Also, when compared to Mid-Low poverty school districts, children at High poverty school districts are 40% less likely to score Demonstrating Readiness compared to Emerging Readiness (i.e., they are less ready than children at Low poverty school districts) ($p=0.0026$) (Table B22). **In other words, we see significantly poorer performance in the higher poverty school districts than lower poverty school districts among Non-First Steps children.**

Among First Steps local partnerships children only, we see more positive results. Children at High and Mid-Low poverty school districts are 68% and 51% more likely to score Demonstrating Readiness than Emerging Readiness when compared to Low poverty level school districts ($p=0.0147$ and 0.0165 , respectively); and First Steps children at High poverty school districts are 60% more likely to score Demonstrating Readiness than Emerging Readiness when compared to Mid-High poverty school districts ($p=0.0185$) (Table B23). **Further, children receiving services from First Steps show no other significant differences on SCKRA scores at other school district poverty levels.**



First Steps is decreasing the gap in school readiness among children at higher school district poverty levels.

Attendance Days

Among just Non-First Steps children, those in Mid-High poverty level school districts are 2 times more likely than children at Low poverty level school districts and 1.5 times more likely than children at Mid-Low poverty level school districts to be chronically absent ($p<0.0001$ and $p=0.0046$, respectively). Children at Mid-Low poverty level school districts are 1.4 times more likely to be chronically absent than children at Low poverty level school districts ($p=0.0097$) (Tables B24, B25).

Among only children receiving First Steps services, children in Mid-High poverty level school districts are 72% less likely to be chronically absent than those in Mid-Low poverty level school districts ($p=0.0231$) (Tables B26, B27).

In other words, First Steps is decreasing the gap in chronic absence between children living in Mid-High and Mid-Low poverty school districts.

ADDITIONAL QUESTION

In addition to understanding the overall impact of First Steps programs and services on children's school readiness as measured by the SCKRA, we further examined how the most frequently utilized First Steps interventions influence children's school readiness in 5K. The largest First Steps investments are in: (1) intensive home visitation services (in the Family Strengthening program area) and (2) preschool scholarships in private child care settings.

METHODS

Intensive Home Visitation Services and Scholarships: To examine the impact of children receiving scholarships alone compared to children receiving scholarships along with intensive home visitation services on SCKRA performance, we identified children in First Steps local partnerships for whom we also had an SCKRA score. Similar to the overall analysis described above, we analyzed children in special education separately from those not in special education. Children with any indication of receiving a scholarship in any year were flagged as having a scholarship. Any child participating in the Family Strengthening programs [Parents as Teachers (201), Parent Child Home (206), Nurse Family Partnership (214), and Early Steps to School Success (213)] in any year were flagged as having an intensive home visitation service.

Of the 290 children in special education and receiving First Steps services, only 35 had any indication of receiving scholarship support. We used a chi-square test to test for differences in SCKRA scores (Note: no propensity score matching was conducted in this analysis). When the chi-square test showed significant differences, we tested the performance of children taking the SCKRA by using an ordinal logistic regression since the outcome scores were in order of least to greatest (Emerging Readiness, Approaching Readiness, Demonstrating Readiness). Overall scores of 202-257 were considered Emerging Readiness, overall scores of 258-269 were considered Approaching Readiness, and overall scores of 270-298 were considered Demonstrating Readiness. In some cases however, the proportional odds assumption was violated and a less restrictive model (multinomial generalized logit model) was used. In either model, odds ratios were obtained comparing those with scholarships vs. those with scholarships and intensive home visitation services together.

RESULTS

Children Receiving Special Education Services

Scholarships vs. Scholarships + Intensive Home Visits (IHV)

Chi-square tests conducted to test differences in SCKRA scores between special education children receiving First Steps scholarships compared to special education children receiving First Steps scholarships plus intensive home visits showed no significant differences ($p=0.8094$) (Table 3).

Table 3. Chi-square Test Results: Scholarships vs. Scholarships + IHV for Children Receiving Special Education Services

Outcome: KRA Overall Score (in order)	Scholarships only (n=19)	Scholarships and IHV (n=16)	Chi-square p-value
Emerging Readiness	11 (57.89)	9 (56.25)	0.8094
Approaching Readiness	3 (15.79)	4 (25)	(Fisher
Demonstrating Readiness	5 (26.32)	3 (18.75)	Exact)

Children Not Receiving Special Education Services

Scholarships vs. Scholarships + Intensive Home Visits

Chi-square tests conducted to test differences in SCKRA scores between children receiving First Steps scholarships compared to children receiving First Steps scholarships plus intensive home visits showed no significant differences ($p=0.8952$) (Table 4).

Table 4. SCKRA Chi-square Test Results: Scholarships vs. Scholarships + IHV for Children Not Receiving Special Education Services

Outcome: KRA Overall Score (in order)	Scholarships only (n=153)	Scholarships and IHV (n=95)	Chi-square p-value
Emerging Readiness	37 (24.18)	21 (22.11)	0.8952
Approaching Readiness	62 (40.52)	38 (40)	
Demonstrating Readiness	54 (35.29)	36 (37.89)	

However, statistically significant differences were detected among the different school district poverty levels, which lead us to apply a multinomial model with SCKRA scores and school district poverty level categories (Table 5). None of the terms in the model were significant. Note that propensity score matching was not used for this within First Steps program analysis and caution is needed when interpreting these results. This analysis did not address differences between these groups in terms of race or risk factors. Scholarships may be an additional incentive to keep families in home visiting services. Finding no significant difference between these groups could indicate that the combination of scholarships and intensive home visitation services are necessary for these children to perform just as well as those children who receive scholarship support alone. Further analysis is needed to examine this possibility. Additional details about the home visitation services are described in the qualitative section.



Table 5. SCKRA Chi-square Test Results: Scholarships vs. Scholarships + IHV for Children Receiving Not Special Education Services by School District Poverty Index Category

Outcome: KRA Overall Score (in order)	Scholarships only (n=153)	Scholarships and IHV (n=95)	Chi-square p-value
Emerging Readiness	37 (24.18)	21 (22.11)	0.8952
Approaching Readiness	62 (40.52)	38 (40)	
Demonstrating Readiness	54 (35.29)	36 (37.89)	
School District Poverty Index			0.0022
Low (lowest poverty levels)	43 (28.1)	11 (11.58)	
MidLow	56 (36.6)	34 (35.79)	
MidHigh	29 (18.95)	35 (36.84)	
High (highest poverty levels)	25 (16.34)	15 (15.79)	

QUESTION 2:

“What is the impact of First Steps local partnerships on Parenting Competence and Confidence?”

2. What is the impact of First Steps local partnerships on Parenting Competence and Confidence?

Family Strengthening represents the largest program investment and includes intensive home visitation programs as well as parenting and family support and family literacy interventions that foster healthy child development. These programs share a focus on parents and primary caregivers, as they are the most important individuals influencing the development of young children. Parenting supports and interventions that assist parents to engage responsively and warmly with their children, encourage positive daily interactions, establish and maintain safety, and provide structure and limits in a non-coercive manner are particularly important (Shapiro, 2016).

The most frequently used interventions in this category during the evaluation period include Parents as Teachers and Nurse Family Partnership. Both share a focus on parents and caregivers as primary agents of change, and the critical importance of parent-child relationships to infants and children's positive development (Olds, 2006; Olds et al., 2003; Zigler et al., 2008). Other parenting and family support programs in use during this time frame similarly target parenting and the parent-child relationship as a means of improving child social, emotional, behavioral, and academic outcomes and include, but are not limited to, Parent Child Home (Manz et al., 2016), Incredible Years (Webster-Stratton et al., 2008), and the Triple P-Positive Parenting Program (Sanders et al., 2014). Thus, this evaluation sought to examine the impact of these types of programs delivered during the evaluation period on parenting skills and efficacy (parenting competence and confidence) and on parent-child relationships.

Assessment of the impact of First Steps Family Strengthening programs and services on parenting competence and confidence was accomplished using a mixed methods approach. Combining both quantitative and qualitative methods deepens understanding of program impact in a way that neither data collection method alone can accomplish.

First, the quantitative data analyses and outcomes are reported, followed by the results of qualitative interviews.

QUANTITATIVE ANALYSIS

About the Data

Data received for all assessments of parenting skills (Keys to Interactive Parenting Scale, Life Skills Progression, and the Adult Child Interactive Reading Inventory; see Approach section below for details) had multiple entries for individuals with dates the assessments were conducted. Data included 2013-2014 to 2017-2018.

APPROACH

To address the impact of Family Strengthening services on parent competence and confidence, we used a mixed methods approach involving both qualitative and quantitative measures. Qualitative measures included interviews with current and former First Step parents. Quantitative measurement of parenting skills and the parent-child relationship was made possible by data currently being collected from parents/caregivers and families who are involved in Family Strengthening services. In terms of school readiness, understanding the nature of the parent/caregiver-child relationship is most critical, as this reflects the child's earliest learning context and reflects the importance of adult-child relationships in healthy development. First Steps data include three different measures of the parent-child relationship:

- The first is an observational measure with one overall score designed to examine the quality of the parent-child relationship called Keys to Interactive Parenting (KIPS).
- The second is an inventory completed by providers as part of the Parents As Teachers Program called the Life Skills Progression Inventory (LSP), which has multiple measures that are scored. LSP describes individual parent and infant/toddler progress using 43 types of life skills, which are grouped into five scales: Relationships (items 1-11), Education (items 12-16), Mental health/substance abuse and other risks (items 24-29), Basic essentials (items 30-35), and Infant/toddler development (items 36-43). This analysis focused specifically on the questions reflecting items regarding caregiver relationship to their child in these areas: nurturing, discipline, support of development, and safety.
- The third measure is an assessment of parent-child interactive reading skills called the Adult-Child Interactive Reading Inventory (ACIRI), which has three scoring measures for adults and three for children. The ACIRI scoring measures include three domains assessed separately for adults and children. These domains include: Enhancing Attention to Text (EAT), Promoting Interactive Reading and Supporting Comprehension (PIRSC), and Using Literacy Strategies (ULS).

Both the KIPS and the LSP tests are scored on a scale from 1-5 where a score of 5 indicates better performance and the ACIRI tests are scored on a scale from 1-3 where a score of 3 indicates a higher quality of adult-child interactions. KIPS scores are designed to be grouped into three Likert scale quality descriptions of parenting skills: 1.0 - 2.99: Low quality parenting, 3.0 - 3.99: Moderate quality parenting, and 4.0 - 4.99: High quality parenting. For the ACIRI and LSP assessments, the score itself is less important than the measure of whether gains were achieved post-intervention.

METHODS

For all tests (KIPS, LSP, and ACIRI), all individuals with only one test and all individuals with only one test inside an analysis year were removed. For those individuals who had more than two tests within the same fiscal year, the earliest test in the analysis year was marked as the pre-test score and the first test within the 4-12 month timeframe within the same analysis year was marked as the post-test; the rest of the scores for that individual were removed. Also, those individuals who only had pre/post-tests less than 1 month apart were removed from the analysis. Pre- and post-test differences were tested using a paired t-test and summarized by treatment length (1-3, 4-6, 7-9, and 10+ months) within each analysis year. Note that when we look at the LSP and ACIRI results, the number of individuals in a treatment length and analysis year are the same across measures.

Cohen's *d*, a measure of effect size, was also calculated. This measure is useful to indicate practical significance even if statistical significance is not detected. Effect size is a measure of the magnitude of an event or how important a difference is: the larger the effect size, the stronger the relationship between the two variables. The effect size allows for comparing the effectiveness of interventions of different sizes more fairly because effect size is independent of sample size (McLeod, 2019). Numeric values of Cohen's *d* can be interpreted as seen in Table 6.

Table 6. Interpretation of Numeric Values of Cohen's d

Effect size	d	Reference
Very small	0.01	Sawilowsky, 2009
Small	0.20	Cohen, 1988
Medium	0.50	Cohen, 1988
Large	0.80	Cohen, 1988
Very large	1.20	Sawilowsky, 2009
Huge	2.0	Sawilowsky, 2009

Effect size is a measure of the magnitude of an event or how important a difference is: the larger the effect size, the stronger the relationship between the two variables.

By using Cohen's d, we can measure the magnitude of the First Steps Family Strengthening programs by calculating Cohen's d between the pre- and post-intervention assessments in each school year. These values indicate the size of the practical significance of the change in pre- and post-test scores.

RESULTS



KEY FINDING:

Over the 5-year evaluation period statistically significant gains were seen over time on three separate measures of parenting competence:

- Keys to Interactive Parenting Scale
- Life Skills Progression
- Adult-Child Interactive Reading Inventory

Intensive family services result in improvements in parenting and in parent-child relationships.

Keys to Interactive Parenting (KIPS)

For the 5 years of this study (2013-2014 to 2017-2018), Table 7 shows statistically significant differences between average pre- and post-intervention assessment scores indicating improved parent-child relationship with treatment lengths of 1-3 months, 4-6 months and 7-9 months.

Cohen's d values in Table 7 hover around having a medium practical significance in most years and most treatment lengths. However, with the exception of 2013-2014 treatment length 1-3 months, the average pre- and post-intervention scores are all within the moderate quality parenting range (3-3.99) of KIPS scores suggesting only moderate improvement.

Table 7. Keys to Interactive Parenting (KIPS)

Treatment Length by School Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's d
2013-2014	1-3 months	49	2.89	3.08	0.19	0.0147	0.21
	4-6 months	485	3.17	3.68	0.51	<0.0001	0.69
	7-9 months	108	3.16	3.48	0.32	<0.0001	0.49
2014-2015	1-3 months	69	3.13	3.58	0.45	<0.0001	0.57
	4-6 months	450	3.18	3.60	0.43	<0.0001	0.56
	7-9 months	56	3.32	3.78	0.45	<0.0001	0.52
2015-2016	1-3 months	121	3.17	3.45	0.29	<0.0001	0.38
	4-6 months	389	3.27	3.66	0.39	<0.0001	0.57
	7-9 months	120	3.30	3.67	0.37	<0.0001	0.50
2016-2017	1-3 months	99	3.51	3.73	0.22	<0.0001	0.33
	4-6 months	490	3.20	3.60	0.41	<0.0001	0.53
	7-9 months	147	3.24	3.63	0.39	<0.0001	0.54
2017-2018	1-3 months	105	3.10	3.37	0.27	0.0002	0.33
	4-6 months	483	3.13	3.49	0.36	<0.0001	0.44
	7-9 months	122	3.30	3.61	0.31	<0.0001	0.47

* Red text indicates statistically significant findings.

LSP tabular results can be found in Appendix C.

Life Skills Progression (LSP)

In 2013-2014 among 305 individuals, statistically significant differences were seen between average pre- and post-intervention assessment scores for *Nurturing* treatment lengths 1-3 months ($p=0.0464$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0085$); *Discipline* treatment lengths 1-3 months ($p=0.0382$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0201$); *Support of Development* treatment lengths 4-6 months ($p<0.0001$) and 7-9 months ($p=0.0004$); and *Safety* treatment length 7-9 months ($p=0.0013$). Large to Very Large effect sizes were found in the 1-3 month treatment length across all measures in 2013-2014 and only small to medium in the other treatment lengths (Very small found in 2013-2014 *Safety* measure 4-6 months treatment length).

In 2014-2015 among 392 individuals, statistically significant differences were seen between average pre- and post-intervention assessment scores for *Nurturing* treatment lengths 4-6 months ($p=0.0422$) and 7-9 months ($p=0.0046$); *Discipline* treatment lengths 1-3 months ($p=0.0058$) and 4-6 months ($p<0.0001$); *Support of Development* treatment lengths 4-6 months ($p<0.0001$) and 7-9 months ($p=0.0399$); and *Safety* treatment lengths 1-3 months ($p=0.0080$), 4-6 months ($p=0.0042$), and 7-9 months ($p=0.0267$). Most effect sizes for this analysis year have small practical significance.

In 2015-2016 among 441 individuals, statistically significant differences were seen between average pre- and post-intervention assessment scores for *Nurturing* treatment lengths 1-3 months ($p=0.0414$) and 4-6 months ($p<0.0001$); *Discipline* treatment lengths 1-3 months ($p=0.0249$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0214$); *Support of Development* treatment lengths 1-3 months ($p=0.0053$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$); and *Safety* treatment lengths 1-3 months ($p=0.0259$) and 4-6 months ($p<0.0001$). Most effect sizes for this analysis year have small practical significance.

In 2016-2017 among 500 individuals, statistically significant differences were seen between average pre- and post-intervention assessment scores for *Nurturing* treatment length 4-6 months ($p=0.0012$); *Discipline* treatment lengths 4-6 months ($p<0.0001$) and 7-9 months ($p=0.0154$); *Support of Development* treatment lengths 4-6 months ($p<0.0001$) and 7-9 months ($p=0.0044$); and *Safety* treatment length 4-6 months ($p=0.0017$). Most effect sizes for this analysis year have small or very small practical significance.

In 2017-2018 among 515 individuals, statistically significant differences were seen between average pre- and post-intervention assessment scores for **Nurturing** treatment lengths 4-6 months ($p < 0.0001$) and 7-9 months ($p = 0.0028$); **Discipline** treatment lengths 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0151$); **Support of Development** treatment lengths 1-3 months ($p = 0.0171$) and 4-6 months ($p < 0.0001$); and **Safety** treatment length 4-6 months ($p < 0.0001$). Most effect sizes for this analysis year have small or very small practical significance.



KEY FINDING:

For all years, LSP performance improved for varying treatment lengths in all areas: Nurturing (Table C-1); Discipline (Table C-2); Support of Development (Table C-3) and Safety (Table C-4 in Appendix C). The effect size had small or very small practical significance in all years except the first (2013-2014).

Adult-Child Interactive Reading Inventory (ACIRI)

The results for adult and child are presented in Appendix C.

In 2013-2014, among 364 adult/child interactions evaluation, statistically significant differences were seen between average pre- and post-intervention assessment scores for:

- ADULT: Enhancing Attention to Text (EAT) treatment lengths 1-3 months ($p = 0.0079$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHILD: Enhancing Attention to Text treatment lengths 1-3 months ($p = 0.0117$), 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0006$);
- ADULT: Promoting Interactive Reading and Supporting Comprehension (PIRSC) treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHILD: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0003$); and
- ADULT: Using Literacy Strategies (ULS) treatment lengths 1-3 months ($p = 0.0079$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHILD: Using Literacy Strategies treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0002$).

Among Adult and Child EAT scores in treatment months 4-6 and 7-9, larger than medium effect sizes were seen. Among Adult and Child PIRSC scores in all treatment months, medium effect sizes were seen; and among all ULS scores in all treatment months, smaller than medium effects sizes were seen.

In 2014-2015, among 319 adult/child interactions evaluation, statistically significant differences were seen between average pre- and post-intervention assessment scores for:

- ADULT: Enhancing Attention to Text treatment lengths 1-3 months ($p = 0.0079$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHILD: Enhancing Attention to Text treatment lengths 1-3 months ($p = 0.0117$), 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0006$);
- ADULT: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHILD: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0003$); and
- ADULT: Using Literacy Strategies treatment lengths 1-3 months ($p = 0.0079$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHILD: Using Literacy Strategies treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p = 0.0002$).

Among Adult and Child EAT scores in treatment months 4-6 and 7-9, larger than medium effect sizes were seen. Among Adult and Child PIRSC scores in all treatment months, medium effect sizes were seen; and among all ULS scores in all treatment months, smaller than medium effects sizes were seen.

In 2015-2016, among 380 adult/child interactions evaluation, statistically significant differences were seen between average pre- and post-intervention assessment scores for:

- ADULT: Enhancing Attention to Text treatment lengths 1-3 months ($p=0.0029$), 4-6 months ($p<0.0001$) and 7-9 months ($p<0.0001$) and CHILD: Enhancing Attention to Text treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$) and 7-9 months ($p<0.0001$);
- ADULT: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$) and CHILD: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$); and
- ADULT: Using Literacy Strategies treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$) and CHILD: Using Literacy Strategies treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$).

Among Adult and Child EAT scores in treatment months 4-6 and 7-9, larger than medium effect sizes were seen. Among Adult and Child PIRSC scores in all treatment months, larger than medium effect sizes were seen; and among all ULS scores in all treatment months, medium to large effects sizes were seen.

In 2016-2017, among 359 adult/child interactions evaluation, statistically significant differences were seen between average pre- and post-intervention assessment scores for:

- ADULT: Enhancing Attention to Text treatment lengths 1-3 months ($p=0.0002$), 4-6 months ($p<0.0001$) and 7-9 months ($p=0.0004$), and CHILD: Enhancing Attention to Text treatment lengths 1-3 months ($p=0.0010$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0001$);
- ADULT: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0039$) and CHILD: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p=0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0005$); and
- ADULT: Using Literacy Strategies treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$) and CHILD: Using Literacy Strategies treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$).

Among Adult and Child EAT scores in treatment months 4-6 and 7-9, less than medium effect sizes were seen. Among Adult and Child PIRSC scores in all treatment months, medium effect sizes were seen; and among all ULS scores in all treatment months, medium effects sizes were seen.

In 2017-2018, among 390 adult/child interactions evaluation, statistically significant differences were seen between average pre- and post-intervention assessment scores for:

- ADULT: Enhancing Attention to Text treatment lengths 1-3 months ($p=0.0013$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0003$) and CHILD: Enhancing Attention to Text treatment lengths 1-3 months ($p=0.0017$), 4-6 months ($p<0.0001$), and 7-9 months ($p=0.0005$);
- ADULT: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$) and CHILD: Promoting Interactive Reading and Supporting Comprehension treatment lengths 1-3 months ($p<0.0001$), 4-6 months ($p<0.0001$), and 7-9 months ($p<0.0001$); and

- ADULT: Using Literacy Strategies treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$) and CHLD: Using Literacy Strategies treatment lengths 1-3 months ($p < 0.0001$), 4-6 months ($p < 0.0001$), and 7-9 months ($p < 0.0001$).

Among Adult and Child EAT scores in treatment months 4-6 and 7-9, less than medium effect sizes were seen. Among Adult and Child PIRSC scores in all treatment months, larger than medium effect sizes were seen; and among all ULS scores in all treatment months, medium to large effects sizes were seen.

QUALITATIVE ANALYSIS

METHODS

Interviews With Parents Served by First Steps

In order to expand our understanding of the impact of First Steps services on parent competence and confidence, a series of in-depth interviews ($n=8$) were conducted with current and former parents or caregivers across SC who received services from First Steps during 2016-2017, 2017-2018, and/or 2018-2019. Parents/caregivers interviewed received services for a total of 9 or more months (with no more than a 2-month gap in service at any point) and were served by one of the following programs: Parents as Teachers, Parent-Child Home, or Early Steps to School Success. The individuals who participated in the qualitative interviews were drawn from a sample of 76 parents randomly selected from the South Carolina First Steps Database developed and housed at RFA. Evaluation staff attempted to contact those selected for interviews. Of the parents/caregivers contacted, 50% ($n=38$) had phone numbers listed that were disconnected or no longer in service, and 18% ($n=14$) did not have a phone number listed in the database.

A semi-structured interview guide was designed to understand parent's perspectives on their parenting skills and confidence. Questions were developed to examine the impact of First Steps services on parenting skills, parenting confidence, and school readiness. Sample questions include: How did those services affect your ability to parent? How did those services affect your confidence as a parent? and After receiving First Steps services, how do you think your skills and confidence will affect or has affected your child being ready for school? The full interview guide is included in Appendix G. Participants were given a \$30 incentive for their participation.

Protocol for All Interviews

All phone interviews were recorded when given permission. Detailed notes were taken during the call and, when applicable, assembled from the recordings.

An inductive approach was used to analyze data wherein emergent themes were identified in the data. Data were reviewed until saturation was reached (no new themes or ideas emerge from the data) and recurring themes were identified. Verbatim quotes from the interview participants were used to validate interpretation of emergent themes.

RESULTS

Interviews With Parents Served by First Steps

A majority of parents interviewed received home visiting services from First Steps Parents as Teachers Program. Of the parents interviewed, half had more than one child; the children served by First Steps ranged in ages from 1 to 4 years. Of the seven parents who received home visiting services, four parents reported they had the same home visitor during their time with First Steps. Parents reported they got involved with First Steps for a variety of reasons including wanting to teach their child new things, their child was premature or had a speech delay, or they heard good things about the programs through someone they knew.



KEY FINDING:

Parent themes—

First Steps improved their ability to parent and boosted their confidence.

Parents know how to interact and play with their child.

Parents better understand how to handle different situations with their children.

First Steps home visitors supported the whole family.

Impact of First Steps on Ability and Confidence as a Parent

Parents reported the services they received from First Steps helped their ability to parent and boosted their confidence, especially for handling different situations with their child(ren). Parents agreed the services they received helped them understand how their child grows and develops, how to talk and read with their child, how to respond when the child does something that upsets them, how to help the child get along with other children and, how to get the child ready for school. Parents shared that First Steps services made parenting easier.

Parents who received home visiting services reported their home visitor gave them more ways to interact with their child, teaching them age-specific activities and new educational games. Parents noted they now know what type of toys to get for their child and what types of games to play based on the age of their child(ren). One parent said she was more confident because she knew her son was getting the help he needed and is progressing as he should be. In addition, one parent noted how her home visitor helped motivate her to participate in things the child was doing at child care, like potty training.

Parents receiving home visiting services, reported their home visitors were extremely supportive, teaching them how to handle different situations. One mother talked about how her home visitor helped identify a speech delay, which she would not have known otherwise; the home visitor began tailoring activities to help her child's speech. In addition, the home visitor helped the parent navigate through different speech therapists to find one that best supported the child's development. She said that having the home visitor notice the speech delay early on and helping her get help for it was the most valuable aspect of her participation with First Steps. Several parents discussed that the most valuable teachings they learned from their time with the home visitors was how to be patient and how to appropriately handle the child when they misbehave.

One parent that was interviewed had not received home visiting services but shared how helpful the child care scholarship was that she received from First Steps. She shared how it allowed her to be more independent-- to go to school and to work so she could provide for her son. In addition, having the child in a preschool program removed the burden of providing care off the child's grandparents.

Beyond home visiting services and child care scholarships, parents mentioned other services provided by First Steps. First Steps has provided them opportunities like hosting holiday events for First Steps parents so they can engage with the community and with other parents and children that are participating in First Steps programs. One parent shared how valuable the resources (books, shoes, clothes, etc.) were that First Steps has given her family.

Impact of First Steps in Getting Children Ready for School

Overall, parents reported that their children were doing well. Some parents with children in school described that their child was developmentally progressing, learning and using their words. Parents reported that if they did not have a home visitor, they think their child would not be as prepared for school. Parents shared how the home visitors helped them register their child for school, get in the habit of doing homework with their child, and helped the child with different activities that build their sensory skills. Parents said home visitors help with learning letters and words, recognizing numbers and colors, counting to 10, reading, following directions, and communication skills. The parent who received the childcare scholarship explained that having their child in an early childhood program helped give structure and an environment that would help her child get ready for school.

Impact of First Steps on the Family as a Whole

Parents receiving home visiting services reported how the home visitor engaged all the children and family members in activities and games when they came to the house. Parents reported that this has brought their families closer together. One mother explained how she did an activity with her home visitor that dipped the child's and mother's hands and feet into paint and stamped them onto paper to show how people grow and develop over time. She said she then used the same activity later with the whole family at Thanksgiving to make turkey paintings with hand stamps. Another mother said that her child had some separation anxiety when the child left to stay with the father. The mother was able to teach the father how to play some games with the child to help distract and comfort the child when she left and while she was gone. Several parents said that their home visitor helped everyone in their family understand each other better.

Parent Satisfaction With First Steps Services

Parents reported they are very satisfied with the services they are receiving from First Steps. Parents discussed how it was a great experience for both the child and the parent. The parents who received home visiting services described their relationship with their home visitor and their child's relationship with their home visitor as "excellent." Parents said that their children loved when the home visitor would come to the house and that the home visitor was always supportive of the whole family. Many parents said they would not change anything about the First Steps services they are receiving. One parent wished they had known about it earlier for their first child. She found out about the program once her eldest child was already in school. Parents said they would highly recommend and encourage anyone they knew to participate in First Steps services.

QUESTION 3:

“What is the impact of First Steps on child care quality?”

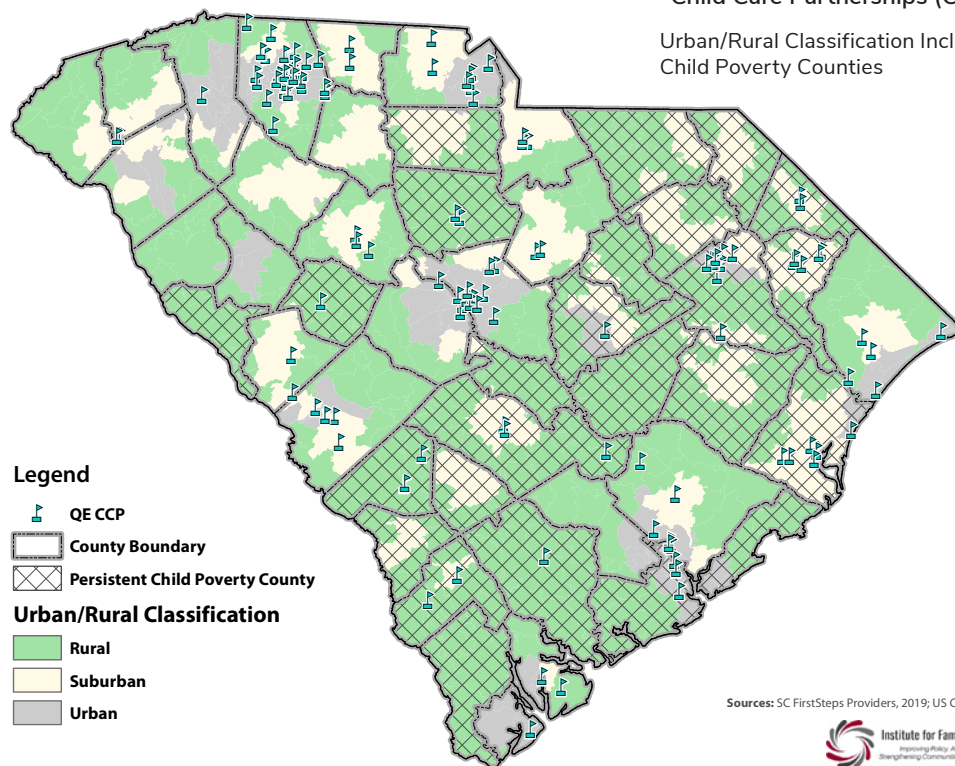
3: What is the impact of First Steps on Child Care Quality?

First Steps supports young children and families by providing quality enhancement programs in select child care centers. The selection criteria include the percentage of children in poverty served or the location of the center in an elementary school attendance zone rated “below average” or “at-risk” in the prior 3-year period. Quality enhancement programs activities include provision of technical assistance to the center by First Steps staff and preschool scholarships in private child care settings.

As a component of the analysis, the locations of child care centers were mapped to illustrate the geographic spread of participation based on urban and rural designation, child persistent poverty counties, and school district poverty. Figure 12 highlights the locations of the Child Care Partnerships in the Quality Enhancement (QE) program as a component of urban-rural classification and their location with respect to persistent child poverty counties. The map does not account for the number of children eligible to participate or in need of child care services. The visualization of the location of child care partnerships indicates a disproportionate representation in urban and non-persistent child poverty counties. However, it identifies underserved areas with the opportunities for expanding these services in rural and child persistent poverty counties.

Figure 12. Quality Enhancement (QE) Child Care Partnerships (CCP)

Urban/Rural Classification Including Persistent Child Poverty Counties



Sources: SC FirstSteps Providers, 2019; US Census Bureau



Figure 13. Quality Enhancement (QE) Child Care Partnerships (CCP)

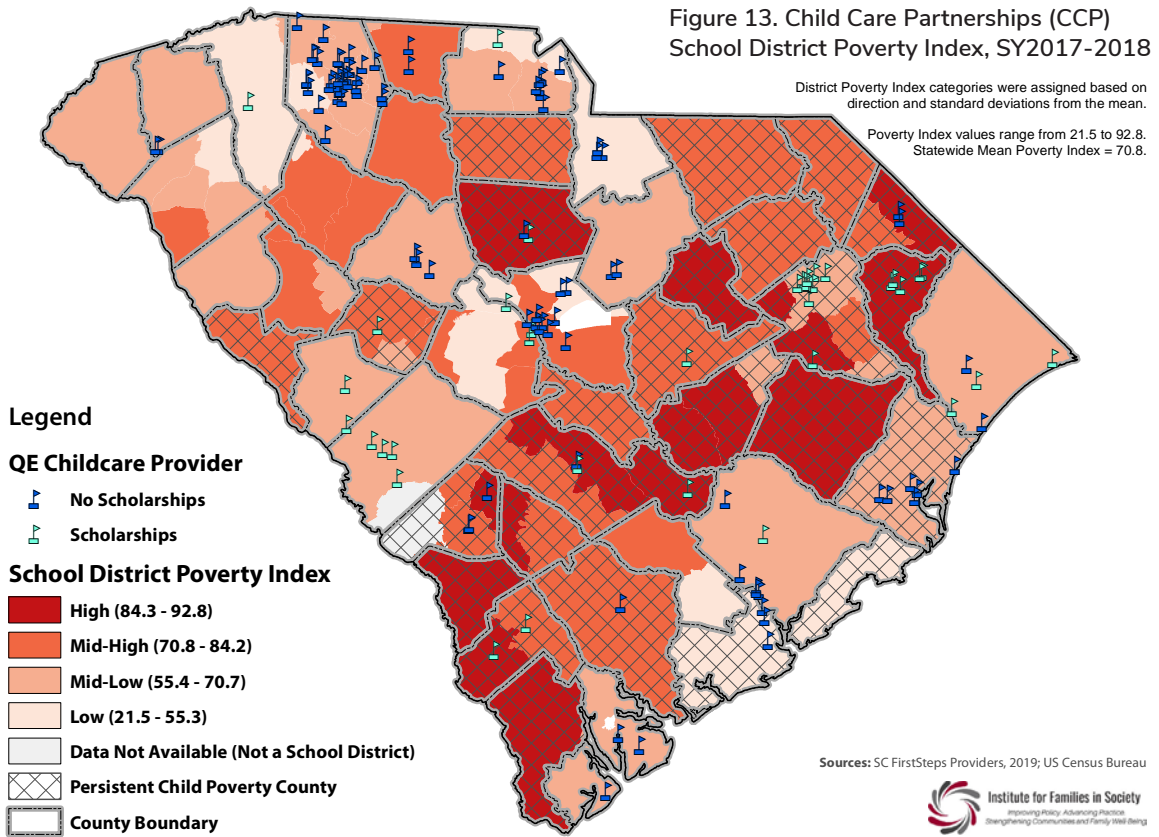


Figure 13 highlights a growing gap between a low presence of QE child care partnerships in high poverty school districts, child persistent poverty counties, and the award of scholarships for child care attendance.

The next section of the report analyzes the impact of First Steps Child Care Quality Enhancement activities on the quality of child care services. Similar to our approach to assess the impact of First Steps services on parenting confidence, the analyses that follows also utilized a mixed methods approach. Combining both quantitative and qualitative methods deepens understanding of program impact in a way that neither data collection method alone can accomplish. First, the quantitative data analyses and outcomes are reported, followed by the results of qualitative interviews with directors of child care centers who had received First Steps quality enhancement services.

The goal of the technical assistance activities provided by First Steps to select child care centers is to enhance the quality of care received by children in these centers as the quality of child care services is an important determinant of children’s developmental and educational outcomes. The measurement of child care technical assistance activities provided by First Steps includes the number of sites or classroom visits made and the number of hours committed. Child care quality is assessed for First Steps using two instruments: the Infant-Toddler Environmental Rating Scale (ITERS) and the Early Childhood Environmental Rating Scale (ECERS). These assessment tools evaluate child care facilities on seven different aspects of the child care environment: Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities, Interactions, Program Structure, and Parents and Staff. The administrations of these assessments are conducted pre- and post-intervention by First Steps. The pre and post approach allows for

an evaluation of the impact of the interventions. Scores range from 1-7, with 7 being the best score. A score of 1 represents inadequate care, 3 minimal care, 5 good care, and 7 excellent care.

The First Steps program data contained information on the number of site visits, hours of administration, technical services provided with each classroom visit, and a provider environment assessment for the study period. The assessment data was from the ITERS and ECERS with data about the child care center, specific classroom, the number of children, assessment date, and assessment score.

NOTE:

Only the overall scores were provided for analysis preventing the researchers from exploring domain differences and the impact of each domain on the overall score.

QUANTITATIVE ANALYSIS

METHODS

There were 605 observations for ITERS (N=351) and ECERS (N=254) assessments. Each assessment was for a child care provider and distinct classroom at that provider. To ensure a robust analysis, a single administration for a classroom and multiple test scores for a classroom were excluded from the data. As an example, for those classrooms that had more than two tests within the same analysis year, the earliest test in the analysis year was marked as the pre-test score, and the first test within the 4-12 month range within the same analysis year was the post-test. Classrooms with only pre/post-test scores less than 1 month apart were not included in the analysis. Many classrooms only had one assessment within the 5-year analysis period. Sixty-eight assessment pairs were analyzed for ITERS, and 49 assessment pairs were analyzed for ECERS. Five-year assessment pairs without regard to school year of intervention were also analyzed to evaluate the 5-year impact. Results on this analysis can be found in Table D-1 in Appendix D.

Pre- and post-test differences were tested using a paired t-test and summarized by Treatment Length (1-3, 4-6, 7-9, and 10+ months) within each analysis year. In some treatment lengths, there were not enough classrooms to be able to test differences. Cohen's d, a measure of effect size, was also calculated. This measure is useful to indicate practical significance even if statistical significance is not detected.

Effect size is a measure of the magnitude of an event or how important a difference is: the larger the effect size, the stronger the relationship between the two variables. The effect size allows comparison of the effectiveness of interventions of different sizes more fairly because effect size is independent of sample size (McLeod, 2019). Numeric values of Cohen's d can be interpreted as seen in Table 12.

Table 12. Interpretation of Numeric Values of Cohen's d

Effect size	d	Reference
Very small	0.01	Sawilowsky, 2009
Small	0.20	Cohen, 1988
Medium	0.50	Cohen, 1988
Large	0.80	Cohen, 1988
Very large	1.20	Sawilowsky, 2009
Huge	2.0	Sawilowsky, 2009

Effect size is a measure of the magnitude of an event or how important a difference is: the larger the effect size, the stronger the relationship between the two variables.

RESULTS



KEY FINDING:

Statistically significant gains in quality of the childcare environment on the Infant/Toddler Environment Rating Scale (ITERS) were noted in most years.

Statistically significant gains in quality of the childcare environment on the Early Childhood Environment Rating Scale (ECERS) were seen in 3 of 5 years.

ITERS

As seen in Table 13, in 2013-2014 among 13 different classrooms; statistically significant differences were seen between average pre- and post-intervention assessment scores for ITERS treatment length 4-6 months ($p=0.0019$). large to very large effect sizes were found in this evaluation.

In 2014-2015, no statistically significant differences between pre- and post-intervention assessment scores were detected ($p=0.3643$) among 11 classrooms; however, an effect size = 0.4 was found, which indicates a medium practical significance in the intervention.

In 2015-2016, statistically significant differences were seen between average pre- and post-intervention assessment scores for ITERS treatment length 4-6 months ($p=0.0030$). The calculated effect size was 1.43, which indicates very large practical significance.

In 2016-2017 among 12 different classrooms, statistically significant differences were seen between average pre- and post-intervention assessment scores for ITERS treatment length 4-6 months ($p=0.0006$). The calculated effect size was 1.23, which indicates very large practical significance.

In 2017-2018, statistically significant differences were seen between average pre- and post-intervention assessment scores for ITERS treatment lengths 1-3 months ($p<0.0001$) and 4-6 months ($p<0.0001$). The calculated effect size was 1.06 for 1-3 months and 0.65 for 4-6 months, which indicates large practical significance.

Table 13. Infant-Toddler Environment Rating Scale (ITERS)

Treatment Length by School Year	N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's d	
2013-2014	1-3 months	1	5.56	5.58	0.02	.	.
	4-9 months	12	4.35	5.37	1.02	0.0019	1.01
2014-2015	1-3 months	1	2.77	2.67	-0.10	.	.
	4-9 months	10	4.87	5.20	0.33	0.3643	0.40
2015-2016	1-3 months	3	5.75	5.56	-0.19	0.6870	-0.26
	4-9 months	11	3.82	5.00	1.18	0.0030	1.43
2016-2017	4-9 months	11	3.82	4.92	1.11	0.0006	1.23
	10+ months	1	2.04	2.66	0.62	.	.
2017-2018	4-9 months	18	3.71	4.72	1.02	<.0001	1.06

* Red text indicates statistically significant findings.

ECERS

As seen in Table 14, in 2013-2014 among six different classrooms, statistically significant differences were seen between average pre- and post-intervention assessment scores for ECERS treatment length 4-6 months ($p=0.0011$). Very large effect sizes were found in this evaluation.

In 2014-2015 among 11 different classrooms, no statistically significant differences between pre- and post-intervention assessment scores were detected ($p=0.2044$); however, an effect size = 0.46 was found, which indicates a medium practical significance in the intervention.

In 2015-2016, among six different classrooms, no statistically significant differences between pre- and post-intervention assessment scores were detected ($p=0.3261$); however, an effect size = 0.45 was found, which indicates a medium practical significance in the intervention.

In 2016-2017, among 12 different classrooms, statistically significant differences were seen between average pre- and post-intervention assessment scores for ECERS treatment length 4-6 months ($p=0.0002$). The calculated effect size was 0.93, which indicates more significant to very large practical significance.

In 2017-2018, among 17 different classrooms, statistically significant differences were seen between average pre- and post-intervention assessment scores for ECERS treatment length 4-6 months ($p=0.0014$). The calculated effect size was 1.0 for 4-6 months, which indicates a large practical significance.

Table 14. Early Childhood Environment Rating Scale (ECERS)

Treatment Length by School Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's d
2013-2014	4-9 months	6	3.50	4.44	0.95	0.0011	1.37
2014-2015	4-9 months	7	4.36	4.74	0.38	0.2044	0.46
2015-2016	4-9 months	6	4.08	4.52	0.44	0.3261	0.45
2016-2017	1-3 months	1	2.59	4.53	1.94	-	-
	4-9 months	11	3.60	4.61	1.01	0.0002	0.93
2017-2018	4-9 months	17	3.68	4.49	0.81	0.0014	1.00
	10+ months	1	4.14	5.66	1.52	-	-

* Red text indicates statistically significant findings.

Child Care Centers Technical Assistance and Training

As seen in Table 15, the number of child care providers who received quality enhancement services grew 21% from 2013-2014 (N=130 providers) to 2017-2018 (N=157 providers). Hours of administrative mentoring these child care providers received started at 40 hours in 2013-2014, dropped to less than 30 hours in 2014-2015 and 2015-2016, and then increased to 48 and 40 hours in 2016-2017 and 2017-2018, respectively.

The hours of administrative technical assistance were approximately 2,000 from 2013-2014 to 2015-2016. In 2016-2017, almost 1,400 hours were spent on administrative technical assistance.

The hours of non-intensive technical assistance (NITA) are broken down by specific areas of assistance, whether it be printed material, assisting providers with networking, or pre-/post-visit preparation. These values can be seen in Table 15. In Table 15, the number of classrooms visited grew 88% from 2013-2014 (N=206 classrooms) to 2017-

Table 15. Site Visit Measures by School Year

Site Visit Measures		School Year				
		2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
Unique Child Care Providers		130	134	137	146	129
Hours of Administrative Mentoring		40	21	28	48	40
Hours of Administrative Technical Assistance		1,864	1,912	2,031	1,988	1,397
Hours of Non-Intensive Technical Assistance (NITA)	Printed Material	52	31	8	26	14
	Consultation via Phone	71	37	14	17	18
	Assist with Grants	2	5	10	4	2
	Assist with Networking	0	3	4	2	7
	Referral to Local Resources	55	27	2	5	14
	Purchasing Toys/Equip	78	48	14	33	29
	Problem Solving	7	18	2	9	8
	Helping Assist Refer Families	52	24	2	2	6
	Public Events	10	13	0	13	32
	Assist with Access to Training	46	19	13	5	6
	Other NITA	206	104	28	6	1
	Pre/Post Visit Preparation	99	79	44	10	27
Unique Classrooms		206	232	177	192	200
Number of Kids		2,158	2,362	1,898	2,027	2,206
Hours of Classroom Mentoring		161	5	5	48	57
Hours of Classroom Technical Assistance		4,585	3,762	3,342	4,055	4,381

2018 (N=285 classrooms). The number of children in these classrooms started at 2,158 in 2013-2014 and grew to 3,032 in 2017-2018 (up 41%). Also, in Table 15, the number of hours spent in classroom mentoring and hours of technical assistance care are provided.

In summary, over the 5 years, from 2013-2014 to 2017-2018, the First Steps Child Care Quality Enhancement program has supported an average of 139 child care providers with an average of 33 hours of administrative mentoring, 1,670 hours of administrative technical assistance, and 260 hours of Non-Intensive Technical Assistance (NITA). Additionally, the program has been at an average of 215 classrooms with 2,281 children, spending an average of 49 hours of classroom mentoring and 3,783 hours of classroom technical assistance.

Qualitative Analysis

Qualitative assessment of the impact of activities designed to strengthen the quality of child care center services was accomplished using interviews with a sample of child care providers. Within these interviews, information about the impact of First Steps services on child care quality was examined.

METHODS

Protocol for All Interviews

All interviews were conducted via telephone and recorded. Detailed notes were assembled from the recordings. This study was approved by the University of South Carolina Institutional Review Board.

An inductive approach was used to analyze data wherein emergent themes were identified in the data. Data were reviewed until saturation was reached (no new themes or ideas emerge from the data) and recurring themes were identified. Verbatim quotes from the interview participants were used to validate interpretation of emergent themes.

Interviews With Child Care Providers

A random sample of child care programs across the state were selected for interviews to learn more about the role of First Steps role in enhancing the quality of their programs and satisfaction with the services received from First Steps. The universe of child care programs was extracted from a database developed by RFA.

A semi-structured interview guide was designed to understand child care providers perspectives on the impact of activities designed to strengthen the quality of child care centers. Within these interviews, information about the impact of First Steps services on child care quality was examined. Sample questions included: *Which services that you received from First Steps (or from any organization) do you think helped the most in enhancing the quality of your child care program? If First Steps had not been around, what would your child care center's quality look like?* and *How are the quality of services provided from First Steps compared to other programs and organizations?* The full interview guide is included in Appendix H.

A sample of 25 child care programs were randomly selected. Evaluation staff contacted each program via phone to schedule a phone interview. Three attempts were made to contact the program directors. Of the 25 programs contacted, a total of 16 calls were scheduled and 13 were successfully completed. A total of four programs had phone lines that were busy at each call attempt or the lines were disconnected. For five of the programs, messages for the director requesting an interview were left with child care program staff and the calls were not returned.

Of the 16 calls scheduled, three interviews were not completed. These three interviews were canceled because either the director was new to the program and not familiar with services the program had received from First Steps, or the director was unable to be reached at the scheduled interview time.

Interviews With Child Care Program Directors

The program directors that were interviewed have extensive careers in early childhood education. The number of years child care directors served the programs ranged from 1.5 to 41 years with an average of 17.5 years. Many of the directors are also the owners of the child care programs. For some of the directors who served in the leadership role for shorter periods of time, they had previously served in a different role at the preschool program.

RESULTS

Program Engagement with First Steps

In addition to extensive careers in early childhood, the directors also have a long history of engaging with First Steps. A little over 40% of the directors stated they have received services from their local First Steps office for ten (10) or more years with approximately three quarters (75%) receiving services 5 or more years. A few directors noted they had been engaged with First Steps “from the very beginning,” attending meetings when the local partnership was being formed. One director stated she served on the inaugural First Steps Board in her county.

For directors who had not been engaged with First Steps when it was being established in their counties, they learned about the local partnership’s services in two primary means: 1) marketing and awareness opportunities and 2) word of mouth. Many of the programs received a visit from First Steps staff who shared the services they could provide. Two directors mentioned they learned about First Steps at the Southern Early Childhood Association annual conference; they visited the First Steps exhibitor booth and talked with staff and picked up materials. Most of the directors learned about First Steps through word of mouth. Two directors noted they learned about First Steps in their previous careers in the public-school system. Other directors mentioned they had heard about First Steps from other child care providers in the community who were already receiving services or at trainings they attended.

The primary reason directors mentioned why they got involved with First Steps was how the organization’s services would strengthen the quality of and advance their center. They recognized the services would benefit their programs both educationally and financially (i.e., training and coaching at no cost).

All of the programs that participated in the interviews received more than coaching and technical assistance from their local First Steps partnership. All but one program mentioned receiving formal training for its staff. Almost three quarters (73%) of the programs had received child care scholarships. A quarter of the programs had health and developmental screenings provided by First Steps.

Child Care Director’s Satisfaction With First Steps Services

Directors were asked to rate their satisfaction on five quality components. A 4-point Likert Scale was used (Very Dissatisfied; Somewhat Dissatisfied; Somewhat Satisfied; Very Satisfied). For all five quality components, directors rated their satisfaction as Somewhat Satisfied or Very Satisfied. Table 16 shows the quality component and the corresponding responses. Overall, child care program directors are very satisfied with the quality of the services they receive from First Steps and their relationship with First Steps coaches. Directors described the First Steps coaches and Technical Assistance (TA) providers as knowledgeable and informative. Many directors mentioned that their

Table 16. Level of Satisfaction with Quality Components

QUALITY COMPONENT	LEVEL OF SATISFACTION (# OF RESPONSES)
Frequency of Coaching/Technical Assistance	Very Satisfied (11); Somewhat Satisfied (2)
Quality of Coaching	Very Satisfied (11); Somewhat Satisfied (2)
Quality of Relationship with Program Director and First Steps Coach	Very Satisfied (13)
Quality of Relationship with Teachers and First Steps Coach	Very Satisfied (12); Somewhat Satisfied (1)
Quality of Services Compared to Services From Similar Programs	Very Satisfied (12); Somewhat Satisfied (1)

classroom teachers do not have degrees in early childhood education. They described the training and coaching provided by First Steps as worthwhile and an important resource in building the skills and capacity of their teachers in early childhood competencies. One director mentioned that First Steps keeps their program updated on the national standards and best practices in early childhood education. Many directors described their relationship with First Steps as a strong partnership. First Steps staff were in tune with the program's needs and responsive to their requests. One director stated *"It is one of the best benefits we could receive. They are an integral part of our program... they work side by side with us and have helped us build and sustain quality [of the program]."* One director rated the frequency of coaching as Somewhat Satisfied because she *"wished she could get more."*

About half of the directors mentioned they had received services from other organizations similar to First Steps. Other programs and organizations mentioned were ABC Quality (South Carolina Department of Social Services), Quality Counts, and South Carolina Child Care Inclusion Collaborative. With the exception of ABC Quality, a voluntary rating and improvement program for child care and day care providers, directors mentioned the services they received were typically early childhood training. When asked about the quality of services received from First Steps compared to those provided by other programs and organizations, directors responded they were very satisfied with the services provided by First Steps. Some directors felt the trainings and services received from all of the organizations including First Steps were similar in content and quality. However, the key difference mentioned was that First Steps services are on-going and address the needs of the child care program. Services provided by the other programs and organizations were typically short term and, if a program was interested in receiving training again, it would have to be scheduled when services were available and sometimes the additional training would have an associated cost. Child care programs experience high turnover rates among their teaching staff. It is financially difficult for programs to pay for training and coaching for their teachers. Directors noted a key benefit of working with First Steps is that they can rely on receiving high quality and ongoing training and coaching for free for their teachers.

It was difficult for directors to pinpoint a single service offered by First Steps as the most helpful in enhancing the quality of their child care programs. The classroom materials and supplies and provided by First Steps at initial program set up were described as age appropriate and beneficial for the children; they were also valued because it reduced the financial burden on programs to purchase. Training, coaching, and technical assistance offered by First Steps were considered equally beneficial, noted for their high quality, and beneficial to program staff. Two directors shared that they could see a difference in the children after First Steps got involved with their programs. Before receiving First Steps assistance, they noticed a number of children with developmental delays such as speech. When First Steps started providing services to their programs, they have noticed their children are more prepared for starting public school.

Based on the quantitative and qualitative data collected, First Steps activities to support child care quality are having a positive impact.



KEY FINDING:

Directors of Child Care programs themes—

First Steps enhanced the quality of their programs.

Programs receive TA and coaching that meets their needs, is ongoing, and is free.

Teachers receive high quality TA and coaching that builds their skills in early childhood competencies.

QUESTION 4:

“To what degree does First Steps at the state and local level serve as a hub for early childhood services?”

4. To what degree does First Steps at the state and local level serve as a hub for early childhood services?

First Steps legislation mandates that the agency mobilize communities to address and support families of children 0-5 to enable them to reach school ready to learn. As such, it is critical to understand the role of First Steps at both the state and county level to act as a hub for early childhood services and supports.

APPROACH

To accomplish this goal for this evaluation, information was gathered from First Steps local partnerships, local community organizations, the First Steps state board, and state-level partners. Social Networks Analysis was the primary approach selected in order to understand the degree and strength of connection between First Steps and partner organizations at both the state and county level. In addition, we performed an assessment of local and state First Steps Partnership Boards' effectiveness based on members' level of collaboration using the Wilder Collaboration Factors Inventory.

Social Networks Analysis

Understanding current social networks will enable First Steps to set goals for how these networks may be enhanced in service of promoting readiness for school success for children 0-5. At the local level, this information can be used to examine the degree of connection between board composition and the ability to serve as a convener for issues impacting school readiness of children 0-5. Research has highlighted the importance of network structures in shaping the flow of information and patterns of collaboration among organizations and agencies. Network analysis provides researchers, practitioners, and stakeholders a set of tools and measures by which to: (1) map the structure of a network, (2) measure the overall degree of integration, (3) compare network structures to collective outcomes, and (4) identify network leverage points through which organizational and community efficiencies can be improved.

Description of the Social Network Analysis

Social network analysis (SNA) is a method by which to formally map the relationships existing among members of social networks. In this case, we mapped the collaborative relationships among First Steps and other members of the First Steps county networks. By mapping those connections, SNA provides information about the nature and pattern of collaborations among network members and potential points of intervention in which to improve the collab-

orations that First Steps has with its partners as well as the collaborations that local partners have with each other (Galaskiewicz, 1985; Hall et al., 1977; Hall et al., 2010; Hall et al., 2012; Moore, et al., 2006; Provan and Milward, 1995; Provan & Sebastian, 1998;).

SNA methods were used to assess the degree to which First Steps' local partnerships: (i) acted as a hub for early childhood services and supports at the county level and methods, and (ii) were located within dense or cohesive county networks. Understanding current social networks will enable First Steps to set goals for how these networks may be enhanced in service of promoting readiness for school success for children 0-5. At the local level, this information can be used to examine the degree of connection between board composition and the ability to serve as a convener for issues impacting school readiness of children 0-5. Research has highlighted the importance of network structures in shaping the flow of information and patterns of collaboration among organizations and agencies.

METHODS

SNA proceeded in four phases: (1) *sample selection*, (2) *boundary specification*, (3) *network mapping*, and (4) *network analysis*.

Sample Selection

Before conducting the SNA, it was decided that for this evaluation, SNA would be limited to a sample of 24 randomly selected counties and the statewide network. (The SNA will be repeated for the remaining counties in Fall of 2019/Spring of 2020).

We used stratified random sampling to select the 24 counties that would be included in the network analysis. All South Carolina counties were stratified into quartiles ranked according to county population size. Six counties were then randomly selected from each quartile for a total of 24 counties.

Boundary Specification

Within each of the 24 counties and the statewide network, we conducted a census of organizations, agencies, and other formal entities that are seen as key partners or potential partners to First Steps at the local and state levels. Local First Steps Board members and Executive Directors were asked to identify key partners or potential partners in their counties that were relevant to each of First Steps main programmatic areas. After eliminating duplicate names, an organizational list was compiled for each SC county and separately, the state as a whole.

Network Mapping

Using the census created for each county, we contacted each organization listed and invited them to complete an online network survey. This survey was used to map the number and degree of collaborations among the First Steps county networks. These collaborations were mapped in the following steps:

- To map collaborations among network members, survey participants were first provided with the organizational list for their county and asked to identify those that they thought played an important role in serving children age 0-5 in their community.
- From those organizations identified, participants were then asked: "Of those organizations you think are important, please indicate with which organizations you have collaborated and the type(s) of collaboration that your organization has engaged in (e.g. service agreements) within the past five years."

Participants were asked to check all that apply, with the following response options provided:

- My organization has written and/or submitted grants with this organization.
- My organization has formal contracts or agreements (including MOUs/MOAs) in place to provide services to this organization.
- My organization has formal contracts or agreements in place to receive services from this organization.
- We have implemented services together.
- We have organized programs, events or trainings together.
- We have served on committees or workgroups together.

The response options were later recoded so that higher level of collaborations received a higher value, and if an organization had multiple ties with another organization then this connection was also valued at a higher level.

Network Analysis

The social network data collected from these surveys were used to calculate a network-level measure of density for each county and two organizational-level measures of centrality for each First Steps partnership.

1. County network density: Density measures the overall connectedness of a network. Density is formally defined as the proportion of all ties present over all possible ties in a network. Density thus takes on values between 0 for a completely disconnected network and 1 for a completely connected network (Wasserman & Faust, 1994).

Using our sample data, we calculated the median value for all county networks. **Counties that had a network density above the median were classified as high density, whereas those with a value below the median were classified as low density.**

2. First Steps centrality: Centrality measures the prominence, influence, and power of organizations in a network. In-degree centrality represents the degree to which other organizations identified themselves as having collaborative ties with the local First Steps partnership (Wasserman & Faust, 1994). The non-valued in-degree centrality is the number of organizations that reported having collaborations with the First Steps partnership; the xu in-degree centrality is the value assigned to those collaborations as a function of the number of organizations that reported having collaborations with the First Steps partnership.

Using our sample data, we classified First Steps partnerships into tertiles of high, medium, and low in-degree centrality. **First Steps partnerships that had a centrality above the 66th percentile were classified as high centrality, those with a value between the 33rd-65th were classified as medium centrality, and those from 0 to 32nd percentile were classified as low centrality.**

3. Using this information on First Steps centrality and county network density we created a network typology of six different hub/environments (Table 17).

Table 17. Network Typology

DENSITY	CENTRALITY		
	High	Medium	Low
High	Type I	Type II	Type III
Low	Type IV	Type V	Type VI

This typology was used to characterize the degree to which the local First Steps partnership may be acting as a hub and the network environment in which they were located.

RESULTS

Organizational census and response rates

There was an average of 23.1 organizations identified as key partners or potential key partners, with a maximum of 44 organizations and minimum of eight. At least one representative from each of the organization was sent an invitation to the online network survey. If there was more than one respondent for an organization, we summed their responses together for the network analysis.

The overall response rate to the network mapping survey was 29.9%. Table 18 provides the list of counties randomly selected to participate in the network analysis component of the evaluation. Table 18 also provides information on the number of organizations identified for each county and their response rates. Costenbader & Valente (2003) examined the correlation between network centrality measures based on 100% response rates with network measures at different response rates. Costenbader & Valente (2003) showed that network surveys with response rates of 20% have an average correlation of 0.65 with those same networks at a 100% response rate; the average correlation was 0.65-0.8 for surveys having response rates between 20-30%; and correlations greater than 0.8 for surveys with response rates greater than 30%. Based on these findings, we excluded those counties with response rates less than 20% from any further network analysis. Table 18 also includes the number of organizations and response rates at the state level.

Table 18: Counties selected into the network component of the evaluation, response rates, number of organizations, and validity level

	County	Number of Organizations	Response Rates (%)	Low Validity County/ Excluded
1	Aiken	21	29.17	No
2	Berkeley	24	35.71	No
3	Calhoun	16	13.04	Yes
4	Charleston	22	48.00	No
5	Cherokee	25	21.88	No
6	Colleton	14	46.67	No
7	Dillon	12	12.50	Yes
8	Dorchester	20	42.86	No
9	Edgefield	35	11.43	Yes
10	Florence	44	13.64	Yes
11	Greenwood	24	11.54	Yes
12	Hampton	13	12.50	Yes
13	Horry	8	75.00	No
14	Lancaster	27	25.81	No
15	Laurens	24	20.83	No
16	Lexington	30	16.67	Yes
17	Marlboro	15	33.33	No
18	Marion	18	50.00	No
19	McCormick	13	30.77	No
20	Newberry	24	48.00	No
21	Orangeburg	14	30.00	No
22	Pickens	23	37.50	No
23	Saluda	11	36.36	No
24	Union	34	23.53	No
25	SC State	66	21.59	No

Network measures

For those counties deemed to have valid network data, Table 19 provides the density for each county, the centrality values (valued and non-valued) for the First Steps partnership in those counties, and Hub/Network Type in which the local First Steps partnership was classified. Table 19 also indicates whether the local First Steps partnership responded to the network survey. Since in-degree scores are based on whether another organization reported having a tie to the First Steps partnership or not, the choice of the First Steps partnership to respond or not to the network survey did not affect their in-degree centrality scores.

Table 19: First Steps and County Network Measures

	County	Type	Density	Density Group	In-Degree Valued	In-Degree	Centrality Group	Did the county First Steps' agency respond?
1	Aiken	V	0.05	Low	8	2	Medium	No
2	Berkeley	V	0.07	Low	9	3	Medium	Yes
4	Charleston	II	0.08	High	8	4	Medium	Yes
5	Cherokee	IV	0.07	Low	14	3	High	Yes
6	Colleton	III	0.11	High	4	2	Low	Yes
8	Dorchester	V	0.05	Low	9	4	Medium	No
13	Horry	II	0.20	High	7	2	Medium	Yes
14	Lancaster	I	0.08	High	15	3	High	Yes
15	Laurens	VI	0.06	Low	6	1	Low	Yes
17	Marlboro	I	0.12	High	12	4	High	No
18	Marion	VI	0.02	Low	2	1	Low	No
19	McCormick	I	0.16	High	11	2	High	Yes
20	Newberry	I	0.11	High	11	5	High	Yes
21	Orangeburg	VI	0.06	Low	0	0	Low	No
22	Pickens	II	0.12	High	8	5	Medium	No
23	Saluda	III	0.12	High	3	2	Low	Yes
24	Union	VI	0.02	Low	2	1	Low	Yes
Mean			0.09		7.6	2.6		
Median			0.08		8.0	2.0		
TERTILE	1				6.3			
	2				9			
	3				15			

County Network Density

Network density represents the proportion of actual ties over all possible ties, and the value can thus range from 0.0 – 1.0. The average network density for the sample of 17 counties was 0.09, with a median value of 0.08. This means that 8-9% of all possible collaborative ties between organizations actually exist within the county networks. Using the median network density value of 0.08, we classified counties into low- and high-density groups. Table 19 shows the group in which each county was classified. There were 8 low-density counties and 9 high-density counties.

First Steps Centrality

For each First Steps local partnership, we calculated the number of ties that they received from other local organizations within the county (in-degree centrality) and the level of collaboration existing between the county's First Steps partnership and other county agencies and organizations. The average in-degree centrality was 2.6 and the average valued in-degree centrality was 7.6. Using the valued in-degree centrality score, we grouped First Steps local partnerships into tertiles of low, medium and high centrality. The cut-off values for the three groups were 0-6.33, 6.34-9, and 9.1-15 respectively. The valued in-degree score was used since the score captures both the number of received ties and the value of those ties. Table 19 shows the centrality group in which each county's First Steps partnership was classified. There were six partnerships in the low-centrality group, six partnerships in the medium-centrality group, and five partnerships in the high-centrality group.

Network/Hub Typology

Using the county density categories and agency centrality values, we classified each First Steps local partnership network into six types. Figure 14 indicates the Network/Hub Type for each First Steps local partnership. Table 20 shows the number of partnerships classified into the different types and an example network diagram for that type.

Figure 14: Network/Hub Types of First Steps Agencies

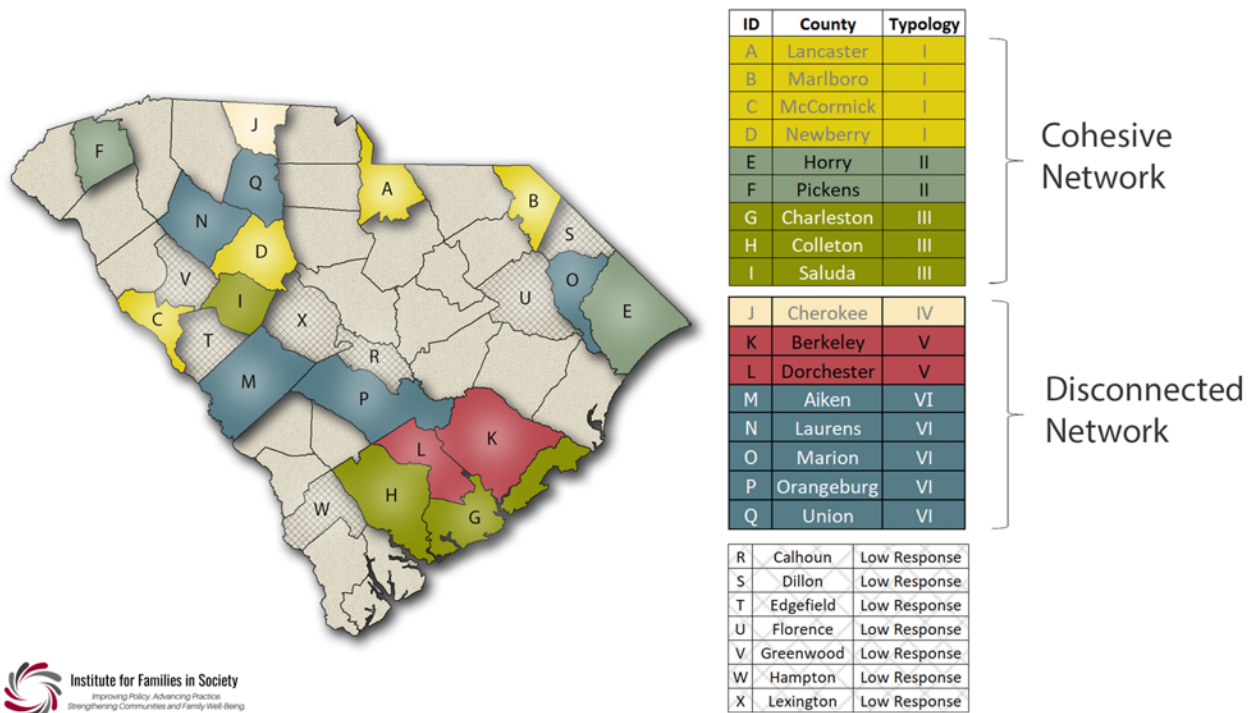


Table 20: Network/Hub Typology

Type	Type Count	Example Diagram
I	4	
II	3	
III	2	

Note: Red dot indicates the First Step Local Partnership program. Blue dots indicate other identified partnership organizations. Lines indicate connections between organizations.

Table 20: Network/Hub Typology (continued)

IV	1	
V	3	
VI	4	

Note: Red dot indicates the First Step Local Partnership program. Blue dots indicate other identified partnership organizations. Lines indicate connections between organizations.

The SC Statewide Network

Table 21 provides key measures of the statewide network. There was a total of 66 agencies and organizations identified as belonging to the statewide network. The statewide network survey had a response rate of 21.6%. This low response rate limits the type of conclusions that may be drawn from these data.

Table 21: Statewide Network Measures

Number of Relevant Partners	Response Rate	Average Density	Average In-degree centrality	Average valued In-degree centrality
66	21.6%	0.02	0.003	1.0

Network Recommendations

The following recommendations are based on the network/hub typologies (Table 22).

Table 22. Network Recommendations

Type	Recommendations
I	Sustain current agency and network activities.
II	The local First Steps agency might: i) Expand collaborations that it undertakes with other network members. ii) Deepen collaborations that it undertakes with current network ties.
III	The local First Steps agency might: i) Build and develop its collaborations with other network members.
IV	The local First Steps agency might: i) Foster trust and collaborations among network members in general.
V	The local First Steps agency might: i) Expand collaborations that it undertakes with other network members. ii) Deepen collaborations that it undertakes with current network ties. iii) Foster trust and collaborations among network members in general.
VI	The local First Steps agency might: i) Build and develop its collaborations with other network members. ii) Foster trust and collaborations among network members in general.

Wilder Collaboration Factors Inventory

In addition to the Social Network Analysis, we performed an assessment of local and state First Steps Partnership Boards' effectiveness based on members' level of collaboration using the Wilder Collaboration Factors Inventory. The Wilder Collaboration Factors Inventory (WCFI) is a research-based survey tool constructed to assess 22 factors that influence the success of collaboration (Mattessich et al., 2018; Amherst H. Wilder Foundation, 2019.). WCFI has been used by groups made up of a single sector (non-profit organizations, government agencies, universities, local communities) and those made up of multiple sectors (cross-institutional partnerships, local coalitions) (O'Connor et al., 2015; Horne et al., 2013; Olson, et al., 2011; Townsend & Shelley, 2008). One case study used WCFI to assess the change in coalition strength of community-researcher partnerships in 15 urban areas across the United States and in Puerto Rico aiming to reduce the local youth HIV rates (Ziff et al., 2010). The findings of this study shed light on how WCFI tool/collaboration factors can be used with collaborations of long duration and community partnerships that evolve over time.

Table 23 shows the 22 research-based factors assessing the success of collaboration. Each factor has one to three corresponding statements for a total of 44 items in which respondents rate their level of agreement. These statements focus on specific domains such as collaborative environment, membership characteristics, process and structure, communication, and purpose and resources. For a comprehensive list of the 22 factors and their respective 44 items, see Appendix H.

Table 23: 22 Factors in the Wilder Collaboration Factors Inventory

Wilder Factors	
1.	History of collaboration or cooperation in the community
2.	Collaboration group seen as a legitimate leader in the community
3.	Favorable political and social climate
4.	Mutual respect, understanding, and trust
5.	Appropriate cross section of members
6.	Members see collaboration as in their self-interest
7.	Ability to compromise
8.	Members share a stake in both process and outcome
9.	Multiple layers of participation
10.	Flexibility
11.	Development of clear roles and policy guidelines
12.	Adaptability to changing conditions
13.	Appropriate pace of development
14.	Evaluation and continuous learning
15.	Open and frequent communication
16.	Established informal relationships and communication links
17.	Concrete, attainable goals and objectives
18.	Shared vision
19.	Unique purpose
20.	Sufficient funds, staff, materials, and time
21.	Skilled leadership
22.	Engaged stakeholders

METHODS

An online survey including the full WCFI was created using Qualtrics survey software. Two versions of the survey were created—one version for the boards of First Steps local partnerships and one for the South Carolina First Steps Board of Trustees. The online survey link was distributed to each Executive Director who then distributed the survey link to their First Steps Board Members and select administrative staff that regularly participate in board activities. In addition to the WCFI factors, several demographic questions were included in the survey to learn more about the makeup of the boards of local partnerships and the SC First Steps Board of Trustees. Demographic questions include age, gender, race, and years served on the board.

In completing the WCFI, survey participants rated their agreement with 44 statements using a 5-point Likert scale (1 – Strongly Disagree to 5 – Strongly Agree). An average (mean) score was calculated for each factor by averaging the scores from the associated statements. For example, the average score for Factor 1, *History of collaboration or cooperation in the community*, was calculated from the average of two agreement statements—1) *Agencies in our communities have a history of working together* and 2) *Trying to solve problems through collaboration has been common in this community. It has been done before.*

Boards from all 46 local First Steps partnerships and the South Carolina First Steps Board of Trustees received the survey. A total of 610 respondents completed the survey. The following sections separates results by First Steps local partnerships and the state level board.

To interpret the results of the WCFI scores, the following general rules apply:

Factor Score Range of 4.0 to 5.0 = Partnership Strength; Does not need special attention

Factor Score Range of 3.0-3.9 = Borderline; Area that may need further discussion or attention

Factor Score Range 1.0 to 2.9 = Area for improvement; Concerns that should be addressed

RESULTS

First Steps Local Partnerships

A total of 594 survey respondents from the 46 First Steps local partnerships completed the survey. An average of 13 respondents per local partnership completed the survey with the lowest number of four responses from four counties and highest number of 25 responses.

Demographics of Survey Respondents

Of the total number of respondents, 70.5% identified themselves as board members, 16.8% identified themselves as staff (Administrative Staff and Executive Directors) and 12.7% held other types of board positions. For Race, a total of 49.5% identified themselves as Black/African American; 49% of the respondents identified themselves as White; and 1.5% identified themselves as other races such as Alaskan or Asian origin. For Gender, a total of 82.0% respondents identified themselves as Female and 16.7% identified themselves as Male. The average number of years members served on the board was 4.69 years (range 1.3 to 10.1 years).

WCFI Findings

Table 24 displays the combined individual scores across all 46 First Steps local partnerships for each of the 22 factors. For 21 of the 22 factors, the average score ranged between 4.0 and 5.0, showing that local partnerships, overall, have strong collaborations across the specific domains. The factor with the highest average score was Skilled leadership; its combined average score was 4.5 out of 5. Thus, on average, boards of First Steps local partnerships rated the leadership as a strength. The factor with the lowest average score was Factor 20, Sufficient funds, staff, materials, and time. The combined average score across all local partnerships was 3.2; thus, this factor is identified as an area that may need further discussion.

Table 24. Individual WCFI Factor Scores Across Local First Steps Partnerships (N= 46 counties)

Individual Factors		Individual Score (Average)	Factor Minimum Score	Factor Maximum Score
1.	History of collaboration or cooperation in the community	4.1	3.3	4.7
2.	Collaboration group seen as a legitimate leader in the community	4.2	3.5	4.7
3.	Favorable political and social climate	4.2	3.8	4.6
4.	Mutual respect, understanding, and trust	4.3	3.9	4.6
5.	Appropriate cross section of members	4.0	3.6	4.5
6.	Members see collaboration as in their self-interest	4.2	3.8	4.8
7.	Ability to compromise	4.2	3.5	4.8
8.	Members share a stake in both process and outcome	4.2	3.7	4.6
9.	Multiple layers of participation	4.0	3.4	4.6
10.	Flexibility	4.3	3.7	4.5
11.	Development of clear roles and policy guidelines	4.2	3.9	4.6
12.	Adaptability to changing conditions	4.2	3.8	4.6
13.	Appropriate pace of development	4.1	3.6	4.7
14.	Evaluation and continuous learning	4.3	3.8	4.7
15.	Open and frequent communication	4.4	3.9	4.7
16.	Established informal relationships and communication links	4.2	3.8	4.6
17.	Concrete, attainable goals and objectives	4.4	3.8	4.8
18.	Shared vision	4.3	3.9	4.7
19.	Unique purpose	4.2	3.5	4.7
20.	Sufficient funds, staff, materials, and time	3.2	2.1	4.1
21.	Skilled leadership	4.5	4.0	5.0
22.	Engaged stakeholders	4.2	3.3	4.8

Table 25 shows the overall collaboration scores and the lowest (minimum) and highest (maximum) factor scores and associated factors (numbers in parentheses) for each local First Steps partnership and the SC First Steps state office.

The “Collaboration Score” refers to the overall average of the 22 factor scores for any single First Steps office. Overall, 42 of the 46 local First Step partnerships had an average factor score between 4.0 and 5.0. Based on WCFI’s general rules these counties have a very strong foundation for collaboration. Four First Steps local partnerships (Barnwell, Dorchester, Horry, and Sumter) had average scores for factors that fell within the 3.0-3.9 range; WCFI general rules identify this as an area that may deserve discussion.

For 43 First Steps local partnerships (93.5%), Factor 21, *Skilled leadership*, was the highest or next to highest scoring factor. Additional factors with high scores include *Concrete, attainable goals*; *Unique purpose*; and *Members see collaboration as in their self-interest*. The lowest scoring factor for 42 counties was *Sufficient funds, staff, materials and time*. These scores ranged between 1.0 and 2.9 represent an area for further discussion and action.

Table 25: Overall Collaboration Scores for the First Steps Local Partnerships and SC First Steps (State Office)

Location	Collaboration Score (Average)	Minimum Factor Score (Factor numbers)	Maximum Factor Score (Factor numbers)
State	3.7	2.7 (1)	4.4 (3,19)
Abbeville	4.2	3.0 (20)	4.5 (21)
Aiken	4.3	3.4 (20)	4.6 (12, 17)
Allendale	4.3	3.8 (20)	4.6 (3, 8, 17)
Anderson	4.3	3.5(20)	4.6 (4)
Bamberg	4.4	3.3 (20)	4.8 (21)
Barnwell	3.9	3.0 (20)	4.3 (21)
Beaufort	4.1	2.9 (20)	4.3 (2,4,5,6,10,12,15,16,21,22)
Berkeley	4.1	2.7 (20)	4.7 (21)
Calhoun	4.0	3.5 (1)	4.4 (21)
Charleston	4.3	3.6 (20)	4.8 (21)
Cherokee	4.2	3.2 (20)	4.5 (4,10, 17,21)
Chester	4.1	3.1 (20)	4.4 (6,7, 16,18,19,21)
Chesterfield	4.0	2.7 (20)	4.4 (21)
Clarendon	4.3	2.8 (20)	5.0 (21)
Colleton	4.2	3.0 (20)	4.5 (21)
Darlington	4.0	3.3 (20)	4.4 (21)
Dillon	4.2	2.1 (20)	4.6 (14,15,17,21)
Dorchester	3.9	2.6 (20)	4.4 (18)
Edgefield	4.3	3.9 (5, 9, 20)	4.6 (15)
Fairfield	4.4	3.3 (20)	4.8 (17, 21)
Florence	4.2	2.9 (20)	4.5 (6)
Georgetown	4.2	2.3 (20)	4.5 (6)
Greenwood	4.2	3.0 (20)	4.5 (11, 13,17,18, 21,)
Greenville	4.5	3.3 (20)	4.8 (21,22)
Hampton	4.3	3.6 (20)	4.6 (4, 6, 11, 21)
Horry	3.9	3.3 (1,22)	4.4 (4)
Jasper	4.1	2.3 (20)	4.5 (18,21)
Kershaw	4.0	3.0 (20)	4.3 (14, 16, 17)
Lancaster	4.3	3.7(20)	4.6(17)

Table 25 (continued): Local Partnerships and SC First Steps (State office) Scores Across All WCFI Factors and Associated Factor Numbers

Location	Collaboration Score (Average)	Minimum Factor Score (Factor numbers)	Maximum Factor Score (Factor numbers)
Laurens	4.1	2.8(20)	4.5(15, 21)
Lee	4.2	2.9(20)	4.5(18)
Lexington	4.3	3.0(20)	4.8(21)
Marion	4.3	2.6(20)	4.5(21)
Marlboro	4.0	3.7(20)	4.2(21, 22)
McCormick	4.1	3.6(9)	4.7(21)
Newberry	4.1	3.1(20)	4.7(21)
Oconee	4.1	3.6(20)	4.4(21)
Orangeburg	4.1	3.4(1)	4.6(21)
Pickens	4.5	3.5(20)	4.8(6)
Richland	4.1	3.2(20)	4.5(6, 15)
Saluda	4.1	3.6(20)	4.5(21)
Spartanburg	4.4	3.4(20)	4.8(21)
Sumter	3.9	2.8(20)	4.6(21)
Union	4.3	3.7(20)	4.8(6)
Williamsburg	4.1	3.6(20)	4.4(15, 16, 17, 21)
York	4.3	3.1(20)	4.9(21)



KEY FINDING:

Local First Steps Partnerships have strong foundation of collaboration.
Overall highest score—Skilled leadership

Other high scores:
 Concrete, attainable goals;
 Unique purpose; and
 Members see collaboration as in their self-interest

Lowest score—Sufficient funds, staff, materials, and time

First Steps (State Office) Results

Demographics of State Level Respondents

A total of 16 respondents completed the state level First Steps survey. Of the 16 respondents, 50% of the respondents identified themselves as board members, 43.75% represented state level First Steps staff (Administrative and Executive Director, and 6.25% represented other position types. For Race, 87.5% identified themselves as White and 12.5% identified themselves as Black/African American. For Gender, 81.3% identified themselves as Female and 18.8% identified themselves as Male. Respondents had served an average of 4.1 years on the SC First Steps Board of Trustees.

Findings

The average factor scores of the state level responses are displayed in Table 26. The factors with the highest average score (4.4) are Factor 3, Favorable political and social climate, and Factor 19, Unique purpose. Of the 22 factors, 15 factors had scores that ranged between 3.0 and 3.9. Based on this range, the state level collaboration may have some areas that require further attention. The factors with the lowest scores were Factor 1, *History of collaboration or cooperation in the community* (2.7) and, similar to the local partnerships, Factor 20, *Sufficient funds, staff, materials, and time* (2.0). These two scores represent areas in state collaborative function that need to be addressed.

Table 26: South Carolina First Steps Average Scores Per Factor (Number of respondents= 16)

Factor		Average score
1.	History of collaboration or cooperation in the community	2.7
2.	Collaboration group seen as a legitimate leader in the community	3.7
3.	Favorable political and social climate	4.4
4.	Mutual respect, understanding, and trust	3.7
5.	Appropriate cross section of members	3.4
6.	Members see collaboration as in their self-interest	4.1
7.	Ability to compromise	3.8
8.	Members share a stake in both process and outcome	3.6
9.	Multiple layers of participation	3.5
10.	Flexibility	3.9
11.	Development of clear roles and policy guidelines	3.8
12.	Adaptability to changing conditions	4.1
13.	Appropriate pace of development	3.7
14.	Evaluation and continuous learning	3.6
15.	Open and frequent communication	3.7
16.	Established informal relationships and communication links	3.8
17.	Concrete, attainable goals and objectives	3.9
18.	Shared vision	3.9
19.	Unique purpose	4.4
20.	Sufficient funds, staff, materials, and time	2.9
21.	Skilled leadership	4.3
22.	Engaged stakeholders	3.5

In sum, with regard to collaboration, reported collaborations at the local partnership boards appear strong, however with *Sufficient funds, staff, materials, and time* appearing as the primary area needing further attention. At the state level, reported levels of collaboration are somewhat lower across a number of domains. Activities to increase collaboration at the state level are recommended.



KEY FINDING:

SC First Steps State Office has a unique purpose and exists in a favorable social and political climate.

SCFS is led by *Skilled Leadership*.

SCFS does not have *Sufficient funds, staff, materials and time*.

Lowest Score–*History of collaboration or cooperation in the community*



SECTION 3

Other Potential Measures of Reach/Impact

SECTION THREE: Other Potential Measures of Reach/Impact

In order to support further growth and development of First Steps services, the research team has identified a number of potential objectives and benchmarks First Steps could consider to enhance their current evaluation of the organization's impact on child and family outcomes. These potential areas for measurement are noted in Table 27.

Table 27. Potential Impact Objectives and Benchmarks

CHILD OUTCOME MEASURES		
MEASURE	DEFINITION(S)	CURRENT BASELINE
Developmental Delay Services	% of First Steps children with positive screens for developmental delay (measured using a validated tool) who receive services within a timely manner	Not yet available
Immunization Status	% of First Steps Children ages 0-5 years who have received all AAP recommended immunizations based on age	2014-2016 Vaccination Coverage with Combined 7-vaccine series among Children Aged 19-35 months- 69.7% (Source: SCD-HEC)
Low Birth-Weight Rates	SC low birthweight rates at county and state level	2017 SC Low Birthweight Percent- 9.7% (Source: SCAN DHEC)
CAREGIVER/FAMILY OUTCOME MEASURES		
MEASURE	DEFINITION(S)	CURRENT BASELINE
Parent Literacy	% of First Steps caregivers whose educational level is less than a high school diploma or GED % of First Steps caregivers who received their high school diploma or completed the GED while receiving FS services	2018 SC High School Graduation Rate- 84.6% (Source: SCDHEC SHIP)
Parenting Self-Efficacy	% of First Steps caregivers who rate improvement in parenting self-efficacy (measured using a validated tool) before and after receipt of Family Strengthening services	Not yet available
Parental Mental Health and Well-Being	% of FS caregivers referred to services for a positive screen for depression (measured using a validated tool) who receive one or more service contacts	Not yet available
Interpersonal Violence (IPV)	% of FS caregivers with positive screens for IPV (measured using a validated tool) who receive referral information for IPV	Not yet available
Food Insecurity	% of FS caregiver responses stating the frequency per month in which they worried about running out of food and not having money to buy more.	Not yet available
Housing Security	N of times a FS caregiver has moved in the past 12 months	Not yet available

The first three potential outcome measures noted, *Developmental Delay Services*, *Immunization Status*, and *Low Birth-Weight Rates*, are directly linked to child outcomes and readiness for kindergarten. In addition, they are measures that are currently being collected by other early childhood programs such as the federally mandated benchmarks for the Maternal Infant and Early Childhood Home Visiting (MIECHV) program in which South Carolina is a grantee recipient. These measures are also supported by other statewide initiatives. The Alliance for a Healthier South Carolina is focused on two of the three measures. In addition, South Carolina received a federal Preschool Development Grant (PDG) in which First Steps and the South Carolina Department of Social Services are key leaders. In 2018-2019, the PDG has developed a draft strategic plan developed from a year-long needs assessment; this strategic plan includes objectives that are focused on these objectives.

The second set of measures are focused on additional caregiver/family outcomes—specifically, *Parent Literacy and Self-efficacy*, *Parental Mental Health and Well-Being*, *Interpersonal Violence*, *Food Insecurity and Housing Stability*. These factors have a significant and enduring influence on child developmental outcomes that can track into adulthood and are worth consideration for tracking within the population served by First Steps. Importantly, these measures have been identified as important to collect by the MIECHV program and the Preschool Development Grant's strategic plan. While it is understood that First Steps is not the agency to provide services to directly address or treat these factors, enhancing knowledge of the social and environmental contexts in which infants and young children develop is critical to supporting key collaborations between First Steps and other child- and family-serving organizations to develop necessary supports and services.

Two current initiatives are important to note as they related to these additional outcome measures. There is a statewide initiative, sponsored by the BlueCross BlueShield Foundation of South Carolina and the Duke Endowment, focused on addressing social determinants of health such as housing stability and food insecurity. In addition, IFS, with funding by the Duke Endowment, is currently using Geospatial Environmental Scan[®] technology to track and understand factors impacting the developmental health of children ages 0-5 in South Carolina in a project called Children's Health and Resource Geographic Exploration for Data-Driven Decisions (CHARGED3). These two initiatives are designed to identify barriers to and gaps in services in local communities so they can be removed and families can get the support they need with the goal to improve child outcomes.



SECTION 4

Summary & Recommendations

SECTION FOUR: Summary and Recommendations

SUMMARY

Strengths:

The current evaluation of First Steps local partnership programs and services from 2013-2014 to 2017-2018 reveals a number of areas of strength.

First Steps has demonstrated positive impact and reach into the target population of children being raised in poverty during the evaluation period. Importantly, First Steps local partnership services are closing the gap for children in poverty. Positive impact on readiness for kindergarten as assessed using the SCKRA was found for children who received local First Steps partnership programs and services. First Steps services to enhance Child Care Quality also appear to result in improvements based on measures of the child care environment within child care settings. Strong leadership and collaborations at the local partnership level are evident that support the delivery of these effective services.

More specifically, children receiving local First Steps partnership programs or services are more likely to be ready for 5K by scoring in the Demonstrating Readiness range (vs. the Approaching or Emerging Readiness ranges) on the SCKRA as compared to similar children in the state who have not received First Steps services. This impact was seen for children regardless of special education status. The impact of local First Steps partnership programs and services on school readiness as assessed by the SCKRA increases with the poverty index of the school districts in which these children are nested. These findings suggest that First Steps services are most important and have the most impact for children being raised in poverty or are being served in a school district with a high poverty index rating. This is of key importance as poverty is a risk factor for poor outcomes that impacts more than half a million children ages 0-5 in South Carolina.

In addition to positive impact of First Steps services on 5K performance, children receiving local First Steps partnership services also attend school at higher rates as compared to similar peers. Specifically, children receiving First Steps services are less likely to be chronically absent; chronic absenteeism has a negative impact on children's academic performance.

Children involved in intensive home visitation services supported or provided by First Steps made significant gains on three separate measures of the parent/caregiver-child relationship. Specifically, gains are seen in the quality of the parent/caregiver-child relationship as assessed by two separate measures, and in the quality of interactions during joint book reading, a critical activity supporting school readiness for children.

With regard to child care quality, child care providers enrolled in the quality enhancement services provided by First Steps saw statistically significant gains in measures of their child care environments in most years during the evaluation period.

Achieving these important results is a function of the strong collaborations evidenced by the social networks and collaboration evaluation of the local First Steps local partnerships.

Areas for Improvement

Several potential areas for growth were identified in this evaluation.

One significant area for growth is in distribution of scholarships and child care quality support services provided by First Steps partnerships. Both resources are found in regions of the state with relatively lower rates of poverty. Examination of resource allocation is especially important given the findings of increased positive impact of First Steps local partnership services on SCKRA performance as the poverty index of the school district increases.

With regard to child care scholarships, no differences were found in SCKRA scores between children receiving First Steps scholarships alone compared to children receiving First Steps scholarships plus intensive home visitation services. Thus, it may be important to further examine the impact of scholarships on children's readiness for 5K.

Another area for improvement identified are the connections and collaborations with other organizations at the level of the State First Steps office. While the history of relationships between organizations cannot be changed, efforts to enhance engagement with other state-level organizations that serve infants, young children, and families should continue to occur. Importantly, such collaborations are now occurring. One prominent example is the fruitful collaboration between First Steps and the South Carolina Department of Social Services on the federal Preschool Development Grant. This activity has the potential to strengthen relationships with multiple early childhood stakeholders.

Cooperation between state-level agencies with regard to data sharing is necessary. Given the focus of First Steps on school readiness, routine access to SCKRA, attendance, behavioral indicators, and related risk factor data on an annual basis can support future analysis and decision-making.

Limitations

All evaluations have limitations that must be considered to fully understand findings. In this evaluation, several key limitations must be noted.

- With regard to the propensity score analysis used to assess SCKRA performance, data from only one cohort (children entering 5K in 2017-2018 school year) were available. This data should be interpreted with caution; it would be preferable to repeat these analyses with additional cohorts in order to increase confidence that the predictors of school performance are stable over time and not subject to a cohort effect.
- The evaluation of both parenting interventions and child care quality enhancement activities was limited to outcome variables contained in the First Steps database. In addition, the design of these evaluations as a pre-test/post-test study with no comparison group does limit the strength of our conclusions. It may be beneficial to further assess these intervention programs using a prospective design in which a larger range of outcome variables is assessed and to include a comparison group.
- With regard to the social networks analysis (targeting 24 counties), the analysis could not be completed for six counties due to low response rates to the on-line survey. The surveys, conducted to assess the strength of the 1) local First Steps boards and 2) local early childhood networks, were developed so that submitted responses would be anonymous. Thus, there was no way to identify who had or had not completed the survey. Response rates may have increased if there was a mechanism to identify who completed the surveys. Subsequent emails could have been sent beyond the initial email with the on-line survey link to encourage survey completion.
- There are limitations to the qualitative data collection (interviews with both parents and child care providers) due to lower numbers of participants being reached as compared to the number initially targeted. Research shows that 16 interviews are sufficient for qualitative data collection and reporting and 24 interviews are ideal to validate findings; we were not able to achieve these goals. This may in part be due to the sampling frame. Specifically, a universe of parents and child care providers who received services from First Steps in 2016-2017 and 2017-2018 was extracted from the First Steps database administered by RFA; both parents and child care providers were randomly sampled from this larger group for qualitative interviews. Unfortunately, almost half of the parents that received services from First Steps in the past two fiscal years had disconnected phone numbers. In addition, several of the child care providers who were contacted for interviews had disconnected phone numbers. Completion rates of interviews may increase if a more recent time period is used to extract the universe.

RECOMMENDATIONS

1. The local First Steps partnerships are a primary provider of parent support services in South Carolina, and Family Strengthening programs touch more young children and families than other types of First Steps supported services at the local level. Given the positive impact seen on school readiness for children who have received local First Steps services, it is likely that parent support programs are an important part of this impact. This impact appears greatest for children in areas of highest poverty; thus, allocation of these family strengthening resources to areas in highest poverty are recommended.
2. Given the positive but relatively small impact of child care quality enhancement services seen on the quality of child care classrooms, it is important to consider how these services may be deepened or strengthened. Many rural and high poverty areas do not have these child care supports. Allocation of child care quality support resources to rural and high poverty areas are recommended.
3. Consideration should be given to further evaluation of the impact of scholarships on school readiness, as well as evaluation of outcomes of school transition programs provided by First Steps (i.e. the popular Count-down to Kindergarten program).
4. There are several early childhood initiatives in the state that are focused on improving the outcomes of children ages 0-5. There are similar measures collected by those initiatives; however, the operational definitions vary. To assess the collective impact of early childhood initiatives, it is recommended to develop a core set of standardized metrics in which each initiative collects and reports on an annual basis.
5. The highest rated collaborations factor across First Steps local partnerships was Skilled leadership. First Steps boards recognized the strength of their partnerships' leadership in working with other people and organizations. The lowest rated factor across almost all local First Steps partnerships was Sufficient funds, staff, materials and time. Board members and First Steps staff reported the funds and "people power" to accomplish its goals were inadequate. It is recommended that First Steps continue to identify additional funding opportunities to enhance its current financial support. This includes collaborating with other early childhood initiatives to pool resources and advocating for additional funding from the state legislature.
6. In recent years there has been an increased emphasis on formative evaluation and quality improvement defined as the use of both qualitative and quantitative data collection and review during implementation to modify processes to increase efficiency and effectiveness. Such methods incorporate rapid problem-solving intended for decision-making and improvement. Currently, First Steps conducts a robust program evaluation every 5 years. It is recommended that First Steps collect both quantitative and qualitative data (i.e., conduct a modified or more limited evaluation) on an annual or biennial basis that includes satisfaction assessments in order to monitor and improve performance on an ongoing basis.
7. Initial social network evaluation information suggests that there is an opportunity to enhance and strengthen collaborations between organizations supporting children 0-5 and their families at the local level in some counties. (Completion of this type of evaluation in the remaining counties is needed; this is underway). Work with local partnerships to implement typology recommendations (Table 22).
8. The state-level office of First Steps underwent organizational change during the evaluation period, coming under new leadership in December of 2017, less than 2 years ago. New leadership represents an important opportunity for First Steps at the state level to renew and/or strengthen collaboration with other child-serving agencies and organizations; this appears necessary given perceptions of a history of poor collaboration. Positive movement in this arena is evidenced by the visible presence of First Steps in the federal Preschool Development Grant planning grant, a collaborative undertaking with multiple early childhood stakeholders, that is currently underway. Opportunities for states to further collaborations supporting child well-being are now occurring with the passage of federal Families First legislation, especially around delivery of evidence-based family support programs. Given that this is an area of strength for First Steps, we encourage leadership to pursue opportunities that may arise as a result of this legislation.

9. Given complexities of data sharing and to avoid challenges related to reporting deadlines, it is recommended that First Steps partner with SCDE to obtain SCKRA data on an annual basis to allow for ongoing assessment of First Steps local partnership impact.
10. Given that the analyses in this report focused on overall impact of First Steps local partnership services, it is recommended that further analyses be conducted on First Steps local partnership programs to determine which programs may be the primary drivers of improvement and where are they located. Such nuanced analyses can be important for program planning and implementation.

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APPENDICES

Appendix A:
Descriptive Data Tables

Descriptive Data Tables

Table A-1. Number of Children in First Steps Local Partnerships by Risk Factors, 2013-2014 to 2017-2018

	Year									
	2013-2014		2014-2015		2015-2016		2016-2017		2017-2018	
	N	%	N	%	N	%	N	%	N	%
Total Number of Children in First Steps Local Partnerships	3,303		3,352		3,517		3,743		3,067	
BabyNet (IDEA Part C) or local school district (IDEA Part B) special service eligibility	273	8	248	7	274	8	282	8	245	8
Child removed from child care for behavior	0	0	0	0	6	0	6	0	3	0
Preschool aged child with a documented developmental delay.	280	8	275	8	278	8	279	7	216	7
Death in the Immediate Family - The death of a child, parent or sibling.	0	0	1	0	51	1	52	1	54	2
Foster Child	75	2	94	3	72	2	101	3	65	2
Exposure to parental/caregiver intellectual disability	123	4	114	3	97	3	94	3	71	2
Recent Immigrant or Refugee Family	0	0	0	0	37	1	51	1	84	3
Incarcerated Parent	0	0	2	0	77	2	85	2	65	2
Low Birth Weight in association with poverty (130% Federal Poverty Level or below) and/or serious medical complications.	337	10	329	10	360	10	319	9	264	9
Military Family	0	0	0	0	21	1	17	0	28	1
Exposure to parental/caregiver mental illness	125	4	92	3	119	3	127	3	97	3
Low Maternal Education (less than high school graduation)	975	30	848	25	762	22	705	19	517	17
Referral Neglect	140	4	93	3	116	3	147	4	119	4
Exposure to parental/caregiver depression	574	17	417	12	413	12	383	10	311	10
Single parent household and has need of other services.	17	1	1,179	35	1,554	44	1,790	48	1,661	54
Supplemental Nutrition Assistance Program (SNAP) or Free School Lunches eligibility	2,599	79	2,413	72	2,635	75	2,927	78	2,480	81
Substance Abuse	220	7	179	5	180	5	184	5	136	4
TANF Eligibility (50% of Federal Poverty or below)	1,858	56	1,627	49	1,540	44	1,488	40	1,161	38
Teenage Custodial Parent	590	18	491	15	489	14	358	10	288	9
Transient/ numerous family relocations and/or homeless	7	0	212	6	275	8	278	7	208	7
Domestic Violence	224	7	194	6	181	5	232	6	156	5

Table A-2. Special Education Codes

*DD	Developmental Delay
AU	Autism
EH	Emotionally Handicapped
EM	Educable Mentally Handicapped
HH	Hearing Handicapped
HO	Homebound
LD	Learning Disability
OH	Orthopedically Handicapped
OHI	Other Health Impairment
PMD	Profoundly Mentally Disabled
SP	Speech Handicapped
TBI	Traumatic Brain Injury
TM	Trainable Mentally Handicapped
VH	Visually Handicapped

Appendix B:

Children With SC Kindergarten Readiness Assessment (SCKRA) Scores, School Year 2017-2018

Table B-1. Children With SC Kindergarten Readiness Assessment (SCKRA) Scores, School Year 2017-2018

Measure	Measure Category	Non-First Steps				First Steps Local Partnerships (N = 285)		
		In Poverty (N = 955)		Not in Poverty (N = 377)		N	%	
		N	%	N	%			
Race	Black	418	43.8	41	10.9	169	59.3	
	Hispanic	87	9.1	19	5.0	28	9.8	
	White	431	45.1	298	79.0	85	29.8	
	Other	19	2.0	19	5.0	3	1.1	
Gender	Female	286	29.9	110	29.2	94	33.0	
	Male	669	70.1	267	70.8	191	67.0	
School District Poverty Index	High	61	6.4	5	1.3	20	7.0	
	Mid-High	208	21.8	37	9.8	87	30.5	
	Mid-Low	413	43.2	145	38.5	100	35.1	
	Low	273	28.6	190	50.4	78	27.4	
Attendance	Low (<= 162 Days)	273	28.6	41	10.9	78	27.4	
	Moderate Low (163 - 170 Days)	253	26.5	80	21.2	100	35.1	
	Moderate High (171 - 179 Days)	372	39.0	228	60.5	87	30.5	
	High (>= 180 Days)	57	6.0	28	7.4	20	7.0	
KRA Scores	Social Foundations	Emerging (202 - 257)	564	59.1	138	36.6	152	53.3
		Approaching (258 - 269)	209	21.9	103	27.3	69	24.2
		Demonstrating (270 - 298)	182	19.1	136	36.1	64	22.5
	Language and Literacy	Emerging (202 - 257)	486	50.9	101	26.8	141	49.5
		Approaching (258 - 269)	376	39.4	171	45.4	105	36.8
		Demonstrating (270 - 298)	93	9.7	105	27.9	39	13.7
	Mathematics	Emerging (202 - 257)	546	57.2	133	35.3	167	58.6
		Approaching (258 - 269)	312	32.7	130	34.5	91	31.9
		Demonstrating (270 - 298)	97	10.2	114	30.2	27	9.5
	Physical Well-Being and Motor Development	Emerging (202 - 257)	522	54.7	154	40.8	146	51.2
		Approaching (258 - 269)	221	23.1	87	23.1	61	21.4
		Demonstrating (270 - 298)	212	22.2	114	30.2	78	27.4
	Overall Score	Emerging (202 - 257)	552	57.8	122	32.4	168	58.9
		Approaching (258 - 269)	221	23.1	144	38.2	77	27.0
		Demonstrating (270 - 298)	212	22.2	111	29.4	40	14.0
Special Education Codes	Developmental Delay	106	11.1	22	5.8	35	12.3	
	Other Health Impairment	10	1.0	2	0.5	1	0.4	
	Profoundly Mentally Disabled	2	0.2	-	-	-	-	
	Traumatic Brain Injury	1	0.1	-	-	-	-	
	Autism	22	2.3	6	1.6	3	1.1	
	Emotionally Handicapped	-	-	1	0.3	2	0.7	
	Educable Mentally Handicapped	3	0.3	-	-	-	-	
	Hearing Handicapped	1	0.1	-	-	-	-	
	Homebound	1	0.1	-	-	-	-	
	Learning Disability	23	2.4	2	0.5	5	1.8	
	Orthopedically Handicapped	2	0.2	-	-	-	-	
	Speech Handicapped	431	45.1	269	71.4	167	58.6	
	Trainable Mentally Handicapped	1	0.1	-	-	-	-	
	Visually Handicapped	1	0.1	2	0.5	-	-	
Multiple Disabilities	351	36.8	73	19.4	72	25.3		

Table B-2.
Children Without a Special Education Indication With an SCKRA Score, School Year
2017-2018

Measure	Measure Category	Non-First Steps				First Steps Local Partnerships (N = 1,712)		
		In Poverty (N = 14,036)		Not in Poverty (N = 13,037)		N	%	
		N	%	N	%			
Race	Black	5,989	42.7	1,493	11.5	1,053	61.5	
	Hispanic	1,271	9.1	734	5.6	226	13.2	
	White	6,390	45.5	10,076	77.3	417	24.4	
	Other	386	2.8	734	5.6	16	0.9	
Gender	Female	7,011	50.0	6,561	50.3	863	50.4	
	Male	7,025	50.0	6,476	49.7	849	49.6	
School District Poverty Index	High	686	4.9	84	0.6	229	13.4	
	MidHigh	2,746	19.6	1,053	8.1	576	33.6	
	MidLow	5,513	39.3	4,481	34.4	483	28.2	
	Low	5,091	36.3	7,419	56.9	424	24.8	
Attendance	Low (<= 162 Days)	3,981	28.4	1,244	9.5	350	20.4	
	Moderate Low (163 - 170 Days)	3,608	25.7	2,281	17.5	406	23.7	
	Moderate High (171 - 179 Days)	5,636	40.2	7,845	60.2	806	47.1	
	High (>= 180 Days)	811	5.8	1,667	12.8	150	8.8	
KRA Scores	Social Foundations	Emerging (202 - 257)	5,053	36.0	2,172	16.7	528	30.8
		Approaching (258 - 269)	3,854	27.5	3,236	24.8	463	27.0
		Demonstrating (270 - 298)	5,128	36.5	7,629	58.5	721	42.1
		Blank	1	0.0	-	-	-	-
	Language and Literacy	Emerging (202 - 257)	4,880	34.8	1,556	11.9	432	25.2
		Approaching (258 - 269)	6,142	43.8	5,160	39.6	790	46.1
		Demonstrating (270 - 298)	3,012	21.5	6,320	48.5	490	28.6
		Blank	2	0.0	1	0.0	-	-
	Mathematics	Emerging (202 - 257)	6,019	42.9	2,079	15.9	612	35.7
		Approaching (258 - 269)	5,122	36.5	4,797	36.8	727	42.5
		Demonstrating (270 - 298)	2,894	20.6	6,161	47.3	373	21.8
		Blank	1	0.0	-	-	-	-
	Physical Well-Being & Motor Development	Emerging (202 - 257)	5,150	36.7	2,412	18.5	482	28.2
		Approaching (258 - 269)	5,122	36.5	2,808	21.5	454	26.5
		Demonstrating (270 - 298)	2,894	20.6	7,817	60.0	776	45.3
		Blank	1	0.0	-	-	-	-
	Overall Score	Emerging (202 - 257)	5,233	37.3	1,648	12.6	467	27.3
		Approaching (258 - 269)	5,552	39.6	4,421	33.9	750	43.8
		Demonstrating (270 - 298)	3,251	23.2	6,968	53.4	495	28.9
		Blank	-	-	-	-	-	-

Table B-3.

Propensity Score Match Results for Children With a Special Education Indication in First Steps Local Partnerships vs. Those Not in First Steps

Measure	Special Education Children ONLY	FirstSteps (N=290)	Non- FirstSteps (N=290)	Chi-square p-value	
		N (%)	N (%)		
Matched On	Gender	Female	96 (33.10)	96 (33.10)	1
		Male	194 (66.90)	194 (66.90)	
	Race	Black	172 (59.31)	172 (59.31)	1
		White	87 (30.00)	87 (30.00)	
		Others	31 (10.69)	31 (10.69)	
	Poverty	Yes	260 (89.66)	261 (90.00)	0.8907
		No	30 (10.34)	29 (10.00)	
	Special Education	1 Special Education Indication	217 (74.83)	216 (74.48)	0.924
		More than 1 Special Education Indication	73 (25.17)	74 (25.52)	
	School District Poverty Index	Low (lowest poverty levels)	78 (26.90)	79 (27.24)	0.9997
		Mid-Low	100 (34.48)	100 (34.48)	
		Mid-High	91 (31.38)	90 (31.03)	
High (highest poverty levels)		21 (7.24)	21 (7.24)		
Outcomes	KRA Overall Score (in order)	Emerging Readiness	170 (58.62)	166 (57.24)	0.0139
		Approaching Readiness	78 (26.90)	101 (34.83)	
		Demonstrating Readiness	42 (14.48)	23 (7.93)	
	Chronically Absent	Yes (Attended <= 162 days)	56 (19.31)	85 (29.31)	0.005
		No	234 (80.69)	205 (70.69)	
	Attendance Categories	180 days (100%)	22 (7.59)	22 (7.59)	0.0144
		Between >= 171 days (95%) and < 180 days (100%)	130 (44.83)	113 (38.97)	
Between >= 162 days (90%) and < 171 days (95%)		90 (31.03)	75 (25.86)		
< 162 days (90%)		48 (16.55)	80 (27.59)		

* Red text indicates statistically significant finding

Table B-4.

Special Education First Steps Local Partnership Children vs. Non-First Steps, SCKRA Score Comparison

Special Education First Steps vs. Special Education Non-First Steps				
SCKRA Score Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Demonstrating Readiness vs. Emerging Readiness	1.78	1.03	3.10	0.0396
Approaching Readiness vs. Emerging Readiness	0.75	0.52	1.09	0.1289

* Red text indicates statistically significant finding

Table B-5.

Special Education First Steps Local Partnerships Children vs. Non First-Steps, Chronically Absent Comparison

Special Education First Steps vs. Special Education Non-First Steps				
Chronically Absent Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Chronically absent vs. Not chronically absent	0.58	0.39	0.85	0.0053

* Red text indicates statistically significant finding

Table B-6.

Special Education First Steps Local Partnerships Children vs. Non First-Steps, Attendance Category Comparisons

Special Education First Steps vs. Special Education Non-First Steps				
Attendance Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Attended all 180 days vs. <90% days	1.67	0.84	3.33	0.1476
Attended between 95 - 99% days vs. <90% days	1.92	1.24	2.97	0.0036
Attended between 90 - 94% days vs. <90% days	2.00	1.25	3.20	0.0040

* Red text indicates statistically significant finding

Table B-7. Propensity Score Match: Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps

Measure	Special Education Children ONLY	FirstSteps, No Services (N=61)	Non-FirstSteps (N=61)	Chi-square p-value	
		N (%)	N (%)		
Matched On	Gender	Female	21 (34.43)	21 (34.43)	1
		Male	40 (65.57)	40 (65.57)	
	Race	Black	38 (62.30)	38 (62.30)	1
		White	19 (31.15)	19 (31.15)	
		Others	4 (6.56)	4 (6.56)	
	Poverty	Yes	56 (91.80)	56 (91.80)	1
		No	5 (8.20)	5 (8.20)	
	Special Education	1 Special Education Indication	48 (78.69)	48 (78.69)	1
		More than 1 Special Education Indication	13 (21.31)	13 (21.31)	
	School District Poverty Index	Low (lowest poverty levels)	11 (18.03)	11 (18.03)	1
		MidLow	22 (36.07)	22 (36.07)	
		MidHigh	26 (42.62)	26 (42.62)	
High (highest poverty levels)		2 (3.28)	2 (3.28)		
Outcomes	KRA Overall Score (in order)	Emerging Readiness	33 (54.10)	32 (52.46)	0.9598
		Approaching Readiness	21 (34.43)	21 (34.43)	
		Demonstrating Readiness	7 (11.48)	8 (13.11)	
	Retention	Not retained	61 (100)	61 (100)	-
	Chronically Absent	Yes (Attended <= 162 days)	20 (32.79)	17 (27.87)	0.5546
		No	41 (67.21)	44 (72.13)	
	Attendance Categories	180 days (100%)	2 (3.28)	4 (6.56)	0.4671
		Between >= 171 days (95%) and < 180 days (100%)	27 (44.26)	23 (37.70)	
		Between >= 162 days (90%) and < 171 days (95%)	14 (22.95)	20 (32.79)	
		< 162 days (90%)	18 (29.51)	14 (22.95)	

* Red text indicates statistically significant finding

Table B-8. Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps, SCKRA Score Comparisons

Special Education First Steps, No Services vs. Special Education Non-First Steps				
SCKRA Score Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Obtaining a higher SCKRA Score vs. Lower Score	1.09	0.55	2.15	0.8270

* Red text indicates statistically significant finding

Table B-9. Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps, Chronically Absent Comparison

Special Education First Steps, No Services vs. Special Education Non-First Steps				
Chronically Absent Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Chronically absent vs. Not chronically absent	0.79	0.37	1.72	0.5665

* Red text indicates statistically significant finding

Table B-10. Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps, Attendance Category Comparisons

Special Education First Steps, No Services vs. Special Education Non-First Steps				
Attendance Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Attended all 180 days vs. <90% days	1.10	0.57	2.11	0.7887

* Red text indicates statistically significant finding

Table B-11. Propensity Score Match Results for Children Without a Special Education Indication in First Steps Local Partnerships vs. Those Not in First Steps

Measure		Non-Special Education Children ONLY	FirstSteps (N=1,845)	Non-FirstSteps (N=1,845)	Chi-square p-value
			N (%)	N (%)	
Matched On	Gender	Female	919 (49.81)	919 (49.81)	1
		Male	926 (50.19)	926 (50.19)	
	Race	Black	1163 (63.04)	1163 (63.04)	1
		White	433 (23.47)	433 (23.47)	
		Others	249 (13.50)	249 (13.50)	
	Poverty	Yes	1723 (93.39)	1723 (93.39)	1
No		122 (6.61)	122 (6.61)		
School District Poverty Index	Low (lowest poverty levels)	434 (23.52)	653 (35.39)	< 0.0001	
	Mid-Low	536 (29.05)	682 (36.96)		
	Mid-High	619 (33.55)	387 (20.98)		
	High (highest poverty levels)	256 (13.88)	123 (6.67)		
Outcomes	KRA Overall Score (in order)	Emerging Readiness	504 (27.32)	710 (38.48)	< 0.0001
		Approaching Readiness	810 (43.90)	706 (38.27)	
		Demonstrating Readiness	531 (28.78)	429 (23.25)	
	Chronically Absent	Yes (Attended <= 162 days)	387 (20.98)	528 (28.62)	< 0.0001
		No	1458 (79.02)	1317 (71.38)	
	Attendance Categories	180 days (100%)	161 (8.73)	120 (6.50)	< 0.0001
		Between >= 171 days (95%) and < 180 days (100%)	860 (46.61)	783 (42.44)	
		Between >= 162 days (90%) and < 171 days (95%)	477 (25.85)	445 (24.12)	
		< 162 days (90%)	347 (18.81)	497 (26.94)	

* Red text indicates statistically significant finding

Table B-12. Non-Special Education First Steps Local Partnerships Children vs. Non-First Steps SCKRA Score Comparisons

FirstSteps vs. Non-FirstSteps (Non-Special Education)				
SCKRA Score Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Demonstrating Readiness vs. Emerging Readiness	1.74	1.47	2.07	< 0.0001
Approaching Readiness vs. Emerging Readiness	1.62	1.39	1.88	< 0.0001

* Red text indicates statistically significant finding

Table B-13. Non-Special Education First Steps Local Partnerships Children vs. Non-First Steps, Chronically Absent Comparison

First Steps vs. Non-First Steps (Non-Special Education)				
Chronically Absent Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Chronically absent vs. Not chronically absent	0.66	0.57	0.77	<0.0001

* Red text indicates statistically significant finding

Table B-14. Non-Special Education First Steps Local Partnerships Children vs. Non-First Steps, Attendance Category Comparison

First Steps vs. Non-First Steps (Non-Special Education)				
Attendance Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Attended all 180 days vs. <90% days	1.92	1.46	2.53	<0.0001
Attended between 95 - 99% days vs. <90% days	1.57	1.33	1.86	<0.0001
Attended between 90 - 94% days vs. <90% days	1.54	1.27	1.85	<0.0001

* Red text indicates statistically significant finding

Table B-15. Non-Special Education First Steps Local Partnerships Children vs. Non-First Steps, SCKRA Score Comparisons by School District Poverty Levels

First Steps vs Non-First Steps (Non-Special Education)					
SCKRA Score Category Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Demonstrating Readiness vs Emerging Readiness	High	5.64	2.93	10.86	<0.0001
	Mid-High	2.55	1.77	3.66	<0.0001
	Mid-Low	2.03	1.50	2.73	<0.0001
	Low	1.00	0.73	1.37	0.9867
Approaching Readiness vs Emerging Readiness	High	2.21	1.35	3.61	0.0017
	Mid-High	1.69	1.27	2.26	0.0003
	Mid-Low	1.82	1.38	2.40	<0.0001
	Low	1.27	0.95	1.69	0.1072

* Red text indicates statistically significant finding

Table B-16. Non-Special Education First Steps Local Partnerships Children vs. Non-First Steps, Chronically Absent Comparison by School District Poverty Levels

First Steps vs Non-First Steps (Non-Special Education)					
Chronically Absent Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Chronically absent vs. Not chronically absent	High	0.66	0.41	1.08	0.0974
	Mid-High	0.38	0.28	0.50	<0.0001
	Mid-Low	0.77	0.59	0.99	0.0440
	Low	0.89	0.66	1.19	0.4250

* Red text indicates statistically significant finding

Table B-17. Non-Special Education First Steps Local Partnerships Children vs. Non-First Steps, Attendance Category Comparisons by School District Poverty Levels

First Steps vs Non-First Steps (Non-Special Education)					
Attendance Category Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Attended all 180 days vs <90% days	High	6.51	1.42	29.94	0.0160
	Mid-High	5.35	2.70	10.57	<0.0001
	Mid-Low	0.99	0.54	1.81	0.9812
	Low	1.72	1.13	2.62	0.0115
Attended between 95% days - 99% days vs <90% days	High	1.70	0.98	2.95	0.0604
	Mid-High	2.73	1.98	3.76	<0.0001
	Mid-Low	1.50	1.12	2.00	0.0061
	Low	1.00	0.72	1.39	0.9828
Attended between 90% days - 94% days vs <90% days	High	1.45	0.80	2.61	0.2205
	Mid-High	2.50	1.74	3.60	<0.0001
	Mid-Low	1.30	0.95	1.80	0.1038
	Low	1.15	0.79	1.67	0.4910

* Red text indicates statistically significant finding

Table B-18. Propensity Score Match: Non-Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps

Measure		Non-Special Education Children ONLY	FirstSteps, No Services (N=537)	Non-FirstSteps (N=537)	Chi-square p- value
			N (%)	N (%)	
Matched On	Gender	Female	267 (49.72)	267 (49.72)	1
		Male	270 (50.28)	270 (50.28)	
	Race	Black	329 (61.27)	329 (61.27)	1
		White	151 (28.12)	151 (28.12)	
		Others	57 (10.61)	57 (10.61)	
	Poverty	Yes	480 (89.39)	480 (89.39)	1
No		57 (10.61)	57 (10.61)		
School District Poverty Index		Low (lowest poverty levels)	183 (34.08)	143 (26.63)	0.0001
		MidLow	212 (39.48)	187 (34.82)	
		MidHigh	104 (19.37)	165 (30.73)	
		High (highest poverty levels)	38 (7.08)	42 (7.82)	
Outcomes	KRA Overall Score (in order)	Emerging Readiness	197 (36.69)	190 (35.38)	0.0479
		Approaching Readiness	202 (37.62)	237 (44.13)	
		Demonstrating Readiness	138 (25.70)	110 (20.48)	
	Retention	Not retained	537 (100)	537 (100)	-
	Chronically Absent	Yes (Attended <= 162 days)	151 (28.12)	126 (23.46)	0.0812
		No	386 (71.88)	411 (76.54)	
	Attendance Categories	180 days (100%)	42 (7.82)	31 (5.77)	0.1037
		Between >= 171 days (95%) and < 180 days (100%)	226 (42.09)	250 (46.55)	
Between >= 162 days (90%) and < 171 days (95%)		130 (24.21)	143 (26.63)		
< 162 days (90%)		139 (25.88)	113 (21.04)		

* Red text indicates statistically significant finding

Table B-19. Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps, SCKRA Score Comparisons

First Steps, No Services vs. Non-First Steps (Non-Special Education)				
SCSCKRA Score Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Demonstrating Readiness vs. Emerging Readiness	0.83	0.60	1.14	0.2443
Approaching Readiness vs. Emerging Readiness	1.22	0.93	1.60	0.1625

* Red text indicates statistically significant finding

Table B-20. Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps, Chronically Absent Comparison

First Steps, No Services vs. Non-First Steps (Non-Special Education)				
Chronically Absent Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Chronically absent vs. Not chronically absent	0.78	0.60	1.03	0.0814

* Red text indicates statistically significant finding

Table B-21. Special Education First Steps Local Partnerships Children Without Any Other Services vs. Non-First Steps, Attendance Category Comparisons

First Steps, No Services vs. Non-First Steps (Non-Special Education)				
Attendance Category Comparison Group	Odds Ratio	95% Confidence Interval		P Value
		Lower	Upper	
Obtaining a higher Attendance category vs. a lower Attendance category	1.11	0.89	1.38	0.3688

* Red text indicates statistically significant finding

Table B-22. Among Non-First Steps Children, SCKRA Score Comparisons by School District Poverty Levels

Among Non-First Steps ONLY (Non-Special Education)					
SCKRA Score Category Comparison Group	School District Poverty Level Comparison	Odds Ratio	95% Confidence Limits		P Value
			Lower	Upper	
Demonstrating Readiness vs Emerging Readiness	High vs. Mid-High	0.73	0.38	1.37	0.3281
	High vs. Mid-Low	0.40	0.22	0.72	0.0026
	High vs. Low	0.30	0.16	0.54	0.0001
	Mid-High vs. Mid-Low	0.55	0.39	0.78	0.0009
	Mid-High vs. Low	0.41	0.29	0.58	<0.0001
	Mid-Low vs. Low	0.75	0.57	0.98	0.0359
Approaching Readiness vs Emerging Readiness	High vs. Mid-High	0.91	0.59	1.41	0.6854
	High vs. Mid-Low	0.87	0.57	1.32	0.5227
	High vs. Low	0.72	0.47	1.10	0.1266
	Mid-High vs. Mid-Low	0.96	0.72	1.26	0.7637
	Mid-High vs. Low	0.79	0.60	1.05	0.1059
	Mid-Low vs. Low	0.83	0.65	1.07	0.1404

* Red text indicates statistically significant finding

Table B-23. Among First Steps Local Partnerships Children, SCKRA Score Comparisons by School District Poverty Levels

Among First Steps ONLY (Non-Special Education)					
SCKRA Score Category Comparison Group	School District Poverty Level Comparison	Odds Ratio	95% Confidence Limits		P Value
			Lower	Upper	
Demonstrating Readiness vs Emerging Readiness	High vs. Mid-High	1.60	1.08	2.37	0.0185
	High vs. Mid-Low	1.11	0.74	1.65	0.6277
	High vs. Low	1.68	1.11	2.54	0.0147
	Mid-High vs. Mid-Low	0.69	0.51	0.94	0.0199
	Mid-High vs. Low	1.05	0.75	1.46	0.8016
	Mid-Low vs. Low	1.51	1.08	2.12	0.0165
Approaching Readiness vs Emerging Readiness	High vs. Mid-High	1.19	0.82	1.71	0.3650
	High vs. Mid-Low	1.06	0.72	1.54	0.7911
	High vs. Low	1.26	0.86	1.85	0.2473
	Mid-High vs. Mid-Low	0.89	0.67	1.18	0.4249
	Mid-High vs. Low	1.06	0.79	1.42	0.7125
	Mid-Low vs. Low	1.19	0.88	1.62	0.2697

* Red text indicates statistically significant finding

Table B-24. Among Non-First Steps Children, Chronically Absent Comparison by School District Poverty Levels

Among Non-First Steps ONLY (Non-Special Education)					
Chronically Absent Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Chronically absent vs. Not chronically absent	High vs. Mid-High	0.69	0.45	1.07	0.0991
	High vs. Mid-Low	1.01	0.66	1.54	0.9632
	High vs. Low	1.40	0.91	2.15	0.1246
	Mid-High vs. Mid-Low	1.47	1.13	1.91	0.0046
	Mid-High vs. Low	2.03	1.54	2.67	<0.0001
	Mid-Low vs. Low	1.38	1.08	1.77	0.0097

* Red text indicates statistically significant finding

Table B-25. Among Non-First Steps Children, Attendance Category Comparisons by School District Poverty Levels

Among Non-First Steps ONLY (Non-Special Education)					
Attendance Category Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Attended all 180 days vs <90% days	High vs. Mid-High	0.68	0.15	3.19	0.6380
	High vs. Mid-Low	0.33	0.08	1.44	0.1397
	High vs. Low	0.11	0.03	0.48	0.0033
	Mid-High vs. Mid-Low	0.48	0.24	0.97	0.0409
	Mid-High vs. Low	0.16	0.09	0.32	<0.0001
	Mid-Low vs. Low	0.34	0.21	0.54	<0.0001
Attended between 95% days - 99% days vs <90% days	High vs. Mid-High	1.34	0.81	2.19	0.2553
	High vs. Mid-Low	0.95	0.59	1.52	0.8270
	High vs. Low	0.66	0.41	1.07	0.0937
	Mid-High vs. Mid-Low	0.71	0.53	0.95	0.0219
	Mid-High vs. Low	0.50	0.37	0.67	<0.0001
	Mid-Low vs. Low	0.70	0.53	0.92	0.0111
Attended between 90% days - 94% days vs <90% days	High vs. Mid-High	1.81	1.06	3.09	0.0301
	High vs. Mid-Low	1.14	0.69	1.88	0.6340
	High vs. Low	1.12	0.67	1.88	0.6868
	Mid-High vs. Mid-Low	0.63	0.45	0.88	0.0071
	Mid-High vs. Low	0.62	0.43	0.88	0.0084
	Mid-Low vs. Low	0.98	0.72	1.34	0.9260

* Red text indicates statistically significant finding

Table B-26. Among First Steps Local Partnerships Children, Chronically Absent Comparison by School District Poverty Levels

Among First Steps ONLY (Non-Special Education)					
Chronically Absent Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Chronically absent vs. Not chronically absent	High vs. Mid-High	1.21	0.85	1.74	0.3005
	High vs. Mid-Low	0.87	0.61	1.25	0.4622
	High vs. Low	1.05	0.72	1.53	0.8269
	Mid-High vs. Mid-Low	0.72	0.54	0.96	0.0231
	Mid-High vs. Low	0.86	0.63	1.18	0.3549
	Mid-Low vs. Low	1.20	0.88	1.63	0.2461

* Red text indicates statistically significant finding

Table B-27. Among First Steps Local Partnerships Children, Attendance Category Comparisons by School District Poverty Levels

Among First Steps ONLY (Non-Special Education)					
Attendance Category Comparison Group	School District Poverty Level	Odds Ratio	95% Confidence Interval		P Value
			Lower	Upper	
Attended all 180 days vs <90% days	High vs. Mid-High	0.83	0.44	1.58	0.5811
	High vs. Mid-Low	2.16	1.05	4.45	0.0358
	High vs. Low	0.42	0.23	0.79	0.0074
	Mid-High vs. Mid-Low	2.61	1.45	4.68	0.0014
	Mid-High vs. Low	0.51	0.32	0.81	0.0046
	Mid-Low vs. Low	0.20	0.11	0.35	<0.0001
Attended between 95% days - 99% days vs <90% days	High vs. Mid-High	0.83	0.55	1.25	0.3812
	High vs. Mid-Low	1.07	0.72	1.61	0.7495
	High vs. Low	1.12	0.73	1.72	0.6097
	Mid-High vs. Mid-Low	1.29	0.94	1.76	0.1122
	Mid-High vs. Low	1.35	0.96	1.90	0.0860
	Mid-Low vs. Low	1.05	0.74	1.47	0.8042
Attended between 90% days - 94% days vs <90% days	High vs. Mid-High	1.05	0.67	1.62	0.8549
	High vs. Mid-Low	1.26	0.81	1.96	0.3068
	High vs. Low	1.41	0.89	2.26	0.1479
	Mid-High vs. Mid-Low	1.21	0.85	1.71	0.2955
	Mid-High vs. Low	1.35	0.92	1.99	0.1230
	Mid-Low vs. Low	1.12	0.76	1.65	0.5710

* Red text indicates statistically significant finding

Appendix C:

**Impact of First Steps
Local Partnerships on
Parenting Competence
and Confidence**

Table C-1. Life Skills Progression (LSP): Nurturing Assessment Pre-/Post-Test Analysis Results

Treatment Length by Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	6	2.00	4.17	2.17	0.0464	1.29
	4-6 months	251	4.22	4.45	0.23	<0.0001	0.31
	7-9 months	48	4.23	4.64	0.41	0.0085	0.43
2014-2015	1-3 months	29	4.47	4.40	-0.07	0.5806	-
	4-6 months	296	4.23	4.32	0.09	0.0422	0.10
	7-9 months	67	4.12	4.39	0.27	0.0046	0.29
2015-2016	1-3 months	33	4.05	4.35	0.30	0.0414	0.28
	4-6 months	333	4.19	4.41	0.22	<0.0001	0.26
	7-9 months	75	4.27	4.47	0.20	0.0562	0.23
2016-2017	1-3 months	31	4.05	4.15	0.10	0.5953	0.08
	4-6 months	410	4.17	4.30	0.13	0.0012	0.12
	7-9 months	59	4.43	4.46	0.03	0.7611	0.03
2017-2018	1-3 months	34	4.10	4.18	0.07	0.3921	0.06
	4-6 months	432	4.33	4.48	0.15	0.0001	0.19
	7-9 months	49	4.37	4.56	0.19	0.0028	0.28

Table C-2. Life Skills Progression (LSP): Discipline Assessment Pre-/Post-Test Analysis Results

Treatment Length by Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	6	1.33	3.83	2.50	0.0382	1.66
	4-6 months	251	3.74	4.15	0.42	<0.0001	0.39
	7-9 months	48	3.68	4.05	0.38	0.0201	0.29
2014-2015	1-3 months	29	3.97	4.33	0.36	0.0058	0.41
	4-6 months	296	3.95	4.15	0.19	<0.0001	0.20
	7-9 months	67	3.70	3.80	0.10	0.1889	0.06
2015-2016	1-3 months	33	3.39	3.95	0.56	0.0249	0.34
	4-6 months	333	3.84	4.00	0.15	0.0001	0.14
	7-9 months	75	3.92	4.14	0.22	0.0214	0.22
2016-2017	1-3 months	31	3.73	3.74	0.02	0.9262	0.01
	4-6 months	410	3.82	4.04	0.22	<0.0001	0.19
	7-9 months	59	4.12	4.43	0.31	0.0154	0.40
2017-2018	1-3 months	34	3.87	4.03	0.16	0.0778	0.14
	4-6 months	432	3.96	4.17	0.21	<0.0001	0.19
	7-9 months	49	3.88	4.26	0.38	0.0151	0.32

Table C-3. Life Skills Progression (LSP): Support of Development Assessment Pre-/Post-Test Analysis Results

Treatment Length by Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	6	1.83	3.58	1.75	0.0957	1.15
	4-6 months	251	3.73	4.03	0.30	<0.0001	0.36
	7-9 months	48	3.67	4.23	0.56	0.0004	0.58
2014-2015	1-3 months	29	4.09	4.24	0.16	0.0831	0.16
	4-6 months	296	3.87	4.14	0.27	<0.0001	0.34
	7-9 months	67	3.80	4.06	0.26	0.0399	0.25
2015-2016	1-3 months	33	3.41	3.92	0.52	0.0053	0.41
	4-6 months	333	3.79	4.05	0.26	<0.0001	0.30
	7-9 months	75	3.77	4.14	0.37	<0.0001	0.40
2016-2017	1-3 months	31	3.71	3.92	0.21	0.2142	0.18
	4-6 months	410	3.87	4.09	0.22	<0.0001	0.23
	7-9 months	59	3.86	4.13	0.27	0.0044	0.33
2017-2018	1-3 months	34	3.91	4.16	0.25	0.0171	0.34
	4-6 months	432	3.94	4.20	0.26	<0.0001	0.30
	7-9 months	49	4.19	4.36	0.16	0.1561	0.17

Table C-4. Life Skills Progression (LSP): Safety Assessment Pre-/Post-Test Analysis Results

Treatment Length by Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	6	2.75	4.08	1.33	0.1443	0.99
	4-6 months	251	4.24	4.31	0.07	0.1792	0.09
	7-9 months	48	3.89	4.47	0.58	0.0013	0.55
2014-2015	1-3 months	29	4.24	4.48	0.24	0.008	0.37
	4-6 months	296	4.32	4.44	0.12	0.0042	0.18
	7-9 months	67	4.22	4.49	0.27	0.0267	0.31
2015-2016	1-3 months	33	3.89	4.33	0.44	0.0259	0.37
	4-6 months	333	4.16	4.36	0.20	<0.0001	0.23
	7-9 months	75	4.32	4.45	0.13	0.1792	0.15
2016-2017	1-3 months	31	4.02	4.27	0.26	0.1868	0.21
	4-6 months	410	4.22	4.36	0.14	0.0017	0.15
	7-9 months	59	4.54	4.63	0.08	0.2351	0.13
2017-2018	1-3 months	34	4.16	4.19	0.03	0.6763	0.02
	4-6 months	432	4.31	4.51	0.20	<0.0001	0.24
	7-9 months	49	4.45	4.59	0.14	0.1138	0.18

**Table C-5. Adult-Child Interactive Reading Inventory (ACIRI):
ADULT–Enhancing Attention to Text (EAT) Assessment Pre-/Post-Test Analysis Results**

Treatment Length by Year		N	Pre- Intervention Average Score	Post- Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	65	2.44	2.57	0.13	0.0079	0.25
	4-6 months	251	2.17	2.52	0.35	<0.0001	0.62
	7-9 months	48	2.28	2.60	0.33	<0.0001	0.62
2014-2015	1-3 months	51	2.36	2.56	0.20	0.0072	0.32
	4-6 months	246	2.22	2.58	0.37	<0.0001	0.65
	7-9 months	22	2.49	2.66	0.17	0.0248	0.46
2015-2016	1-3 months	65	2.33	2.54	0.21	0.0029	0.39
	4-6 months	261	2.26	2.55	0.28	<0.0001	0.52
	7-9 months	54	2.21	2.63	0.43	<0.0001	0.69
2016-2017	1-3 months	60	2.35	2.60	0.25	0.0020	0.47
	4-6 months	247	2.33	2.56	0.23	<0.0001	0.40
	7-9 months	52	2.34	2.62	0.27	0.0004	0.50
2017-2018	1-3 months	69	2.52	2.68	0.16	0.0013	0.40
	4-6 months	270	2.26	2.53	0.27	<0.0001	0.48
	7-9 months	51	2.26	2.55	0.29	0.0003	0.50

**Table C-6. Adult-Child Interactive Reading Inventory (ACIRI):
CHILD–Enhancing Attention to Text (EAT) Assessment Pre-/Post-Test Analysis Results**

Treatment Length by Year		N	Pre- Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	65	2.34	2.48	0.14	0.0117	0.23
	4-6 months	251	2.02	2.44	0.42	<0.0001	0.70
	7-9 months	48	2.00	2.40	0.40	0.0006	0.56
2014-2015	1-3 months	51	2.16	2.37	0.21	0.0417	0.29
	4-6 months	246	2.09	2.43	0.35	<0.0001	0.54
	7-9 months	22	2.28	2.44	0.16	0.2238	0.23
2015-2016	1-3 months	65	2.17	2.45	0.28	<0.0001	0.48
	4-6 months	261	2.09	2.47	0.38	<0.0001	0.67
	7-9 months	54	2.12	2.60	0.49	<0.0001	0.78
2016-2017	1-3 months	60	2.15	2.45	0.30	0.0010	0.49
	4-6 months	247	2.20	2.42	0.22	<0.0001	0.34
	7-9 months	52	2.20	2.46	0.26	0.0001	0.50
2017-2018	1-3 months	69	2.36	2.58	0.22	0.0017	0.39
	4-6 months	270	2.09	2.41	0.32	<0.0001	0.48
	7-9 months	51	2.25	2.55	0.30	0.0005	0.56

**Table C-7. Adult-Child Interactive Reading Inventory (ACIRI):
ADULT–Promoting Interactive Reading and Supporting Comprehension Assessment
Pre-/Post-Test Analysis Results**

Treatment Length by Year	N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>	
2013-2014	1-3 months	65	2.05	2.33	0.28	<0.0001	0.41
	4-6 months	251	1.76	2.14	0.38	<0.0001	0.56
	7-9 months	48	1.77	2.19	0.42	<0.0001	0.60
2014-2015	1-3 months	51	1.82	2.10	0.28	0.0021	0.33
	4-6 months	246	1.75	2.17	0.42	<0.0001	0.61
	7-9 months	22	1.90	2.25	0.35	0.0033	0.49
2015-2016	1-3 months	65	1.82	2.23	0.41	<0.0001	0.61
	4-6 months	261	1.85	2.27	0.42	<0.0001	0.67
	7-9 months	54	1.81	2.37	0.55	<0.0001	0.76
2016-2017	1-3 months	60	1.80	2.12	0.32	<0.0001	0.47
	4-6 months	247	1.91	2.23	0.32	<0.0001	0.45
	7-9 months	52	2.05	2.28	0.23	0.0039	0.36
2017-2018	1-3 months	69	1.92	2.24	0.32	<0.0001	0.52
	4-6 months	270	1.82	2.20	0.38	<0.0001	0.55
	7-9 months	51	1.83	2.35	0.52	<0.0001	0.79

**Table C-8. Adult-Child Interactive Reading Inventory (ACIRI):
CHILD–Promoting Interactive Reading and Supporting Comprehension Assessment
Pre-/Post-Test Analysis Results**

Treatment Length by Year	N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>	
2013-2014	1-3 months	65	1.76	2.12	0.36	<0.0001	0.45
	4-6 months	251	1.52	1.92	0.40	<0.0001	0.52
	7-9 months	48	1.44	1.85	0.42	0.0003	0.48
2014-2015	1-3 months	51	1.45	1.84	0.39	<0.0001	0.43
	4-6 months	246	1.43	1.89	0.46	<0.0001	0.62
	7-9 months	22	1.55	1.93	0.39	0.0040	0.47
2015-2016	1-3 months	65	1.53	1.92	0.39	<0.0001	0.53
	4-6 months	261	1.52	2.05	0.52	<0.0001	0.79
	7-9 months	54	1.66	2.18	0.52	<0.0001	0.65
2016-2017	1-3 months	60	1.45	1.81	0.36	0.0001	0.51
	4-6 months	247	1.66	2.05	0.39	<0.0001	0.53
	7-9 months	52	1.81	2.09	0.28	0.0005	0.41
2017-2018	1-3 months	69	1.62	2.01	0.39	<0.0001	0.53
	4-6 months	270	1.52	2.00	0.48	<0.0001	0.64
	7-9 months	51	1.54	2.18	0.63	<0.0001	0.94

**Table C-9. Adult-Child Interactive Reading Inventory (ACIRI):
ADULT–Using Literacy Strategies Assessment Pre-/Post-Test Analysis Results**

Treatment Length by Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	65	1.69	2.03	0.34	<0.0001	0.40
	4-6 months	251	1.36	1.73	0.37	<0.0001	0.45
	7-9 months	48	1.42	1.86	0.44	<0.0001	0.54
2014-2015	1-3 months	51	1.55	1.95	0.40	0.0001	0.45
	4-6 months	246	1.39	1.85	0.46	<0.0001	0.59
	7-9 months	22	1.44	1.93	0.49	0.0051	0.61
2015-2016	1-3 months	65	1.29	1.85	0.57	<0.0001	0.73
	4-6 months	261	1.47	1.96	0.49	<0.0001	0.68
	7-9 months	54	1.60	2.20	0.61	<0.0001	0.75
2016-2017	1-3 months	60	1.32	1.90	0.58	<0.0001	0.77
	4-6 months	247	1.53	1.93	0.39	<0.0001	0.50
	7-9 months	52	1.70	2.09	0.39	<0.0001	0.50
2017-2018	1-3 months	69	1.50	1.90	0.40	<0.0001	0.51
	4-6 months	270	1.44	1.91	0.46	<0.0001	0.56
	7-9 months	51	1.34	2.01	0.67	<0.0001	0.86

**Table C-10. Adult-Child Interactive Reading Inventory (ACIRI):
CHILD–Using Literacy Strategies Assessment Pre-/Post-Test Analysis Results**

Treatment Length by Year		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value	Cohen's <i>d</i>
2013-2014	1-3 months	65	1.57	1.85	0.28	<0.0001	0.30
	4-6 months	251	1.22	1.65	0.43	<0.0001	0.50
	7-9 months	48	1.17	1.65	0.47	0.0002	0.51
2014-2015	1-3 months	51	1.35	1.65	0.29	0.0004	0.31
	4-6 months	246	1.23	1.68	0.45	<0.0001	0.56
	7-9 months	22	1.35	1.73	0.38	0.0072	0.43
2015-2016	1-3 months	65	1.10	1.57	0.47	<0.0001	0.58
	4-6 months	261	1.32	1.80	0.48	<0.0001	0.62
	7-9 months	54	1.51	2.18	0.67	<0.0001	0.80
2016-2017	1-3 months	60	1.23	1.65	0.41	<0.0001	0.52
	4-6 months	247	1.40	1.77	0.37	<0.0001	0.45
	7-9 months	52	1.47	1.91	0.44	<0.0001	0.56
2017-2018	1-3 months	69	1.29	1.81	0.51	<0.0001	0.59
	4-6 months	270	1.30	1.77	0.48	<0.0001	0.56
	7-9 months	51	1.24	1.98	0.74	<0.0001	0.93

Table D-1. Child Quality Enhancement Assessment: Infant-Toddler Environment Rating Scale (ITERS) and Early Childhood Environment Rating (ECERS) 5-Year Pre-/Post-Test Analysis Results

Infant-Toddler Environment Rating Scale (ITERS)						
Average Treatment Length		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value
2013-2018	18 months	104	3.76	4.62	0.86	<0.0001
Early Childhood Environment Rating Scale (ECERS)						
Average Treatment Length		N	Pre-Intervention Average Score	Post-Intervention Average Score	Average Difference Between Pre & Post Scores	p-value
2013-2018	14 months	80	3.61	4.42	0.81	<0.0001

* Red text indicates statistically significant finding

STATISTICAL TERMINOLOGY

Propensity score matching is used when the “treatment” group (e.g., children in First Steps) is not the same as the “control” group (e.g., children not in First Steps). A propensity score balances the two groups so that they are comparable. “Treated” and “Control” group individuals with similar propensity scores have identical distributions for baseline variables.

Greedy 5 to 1 digit matching is a type of propensity score matching. It takes the calculated propensity scores up to 5 digits after the decimal place and makes the first, best match of all 5 digits. For any records without a 5-digit match, then 4 digits are used to make the best match; and so forth until 1-digit matching is conducted. Any records remaining are from the analysis without a matched record.

Ex.

5-digit match: Propensity score 0.12345 (First Steps child) = score 0.12345 (Non-First Steps child)

2-digit match: Propensity score 0.56789 (First Steps child) = score 0.56xxx (Non-First Steps child)

Logistic Regressions:

Ordinal logistic regression is used to predict dependent variables with multiple ordered categories

(such as KRA score categories).

Multinomial logistic regression is a type of linear regression and is used when the outcome being

modeled is nominal (i.e., names or categories not numeric values) with more than 2 categories and the categories are not ordered. This model can also be used as a less restrictive version of the ordinal model above.

County/State list with demographics of respondents

Location	# of Respondents	FS Board Member (%)	Avg # of Years Serving on Board	Race-White (%)	Race-African American (%)	Other Races	Female (%)	Male (%)
State Total	16	50.0	4.1	87.5	12.5	0.0	81.3	18.8
Abbeville	19	78.9	6.2	84.2	15.8	0.0	78.9	21.1
Aiken	13	76.9	6.1	30.8	69.2	0.0	84.6	15.4
Allendale	10	70.0	4.3	30.0	60.0	10.0	70.0	30.0
Anderson	14	71.4	6.5	100.0	0.0	0.0	92.9	7.1
Bamberg	15	81.3	4.7	18.8	81.3	0.0	93.8	6.3
Barnwell	13	84.6	1.7	46.2	46.2	7.7	84.6	15.4
Beaufort	6	50.0	3.8	50.0	50.0	0.0	100.0	0.0
Berkeley	10	80.0	5.8	40.0	60.0	0.0	100.0	0.0
Calhoun	11	63.6	1.3	0.0	90.9	9.1	63.6	27.3
Charleston	14	50.0	2.5	21.4	71.4	7.10	78.6	14.3
Cherokee	24	75.0	4.5	54.2	45.8	0.0	79.2	20.8
Chester	9	55.6	2.2	22.2	77.8	0.0	77.8	22.2
Chesterfield	10	72.7	8.0	54.5	45.5	0.0	63.6	36.4
Clarendon	4	75.0	4.5	25.0	75.0	0.0	100.0	0.0
Colleton	11	72.7	3.4	63.6	36.4	0.0	100.0	0.0
Darlington	17	52.9	3.1	47.1	47.1	0.0	82.4	11.8
Dillon	12	83.3	6.3	25.0	75.0	0.0	66.7	33.3
Dorchester	9	77.8	5.4	66.7	33.3	0.0	88.9	11.1
Edgefield	18	83.3	6.1	61.1	38.9	0.0	94.4	5.6
Fairfield	17	82.4	5.4	76.5	23.5	0.0	82.4	17.6
Florence	15	73.3	5.3	40.0	60.0	0.0	93.3	6.7
Georgetown	4	75.0	2.8	25.0	75.0	0.0	100.0	0.0
Greenwood	11	75.0	7.4	100.0	0.0	0.0	68.8	31.3
Greenville	16	72.7	6.3	9.10	90.9	0.0	72.7	18.2
Hampton	9	55.6	1.7	11.1	88.9	0.0	100.0	0.0
Horry	4	50.0	4.0	25.0	50.0	25.0	75.0	25.0
Jasper	10	60.0	4.0	30.0	70.0	0.0	70.0	20.0
Kershaw	11	81.8	5.7	54.5	45.5	0.0	72.7	27.3
Lancaster	21	66.7	4.5	66.7	28.6	4.8	76.2	23.8
Lauren	14	71.4	5.9	85.7	14.3	0.0	100.0	0.00

Lee	16	44.4	10.1	0.0	100.0	0.0	83.3	16.7
Lexington	13	69.2	5.3	92.3	7.7	0.0	76.9	23.1
Marion	11	63.6	4.8	18.2	81.8	0.0	81.8	18.2
Marlboro	8	50.0	5.1	0.0	100.0	0.0	87.5	12.5
McCormick	10	60.0	5.1	30.0	70.0	0.0	70.0	20.0
Newberry	13	69.2	3.9	61.5	30.8	7.7	76.9	23.1
Oconee	10	90.0	4.9	80.0	20.0	0.0	90.0	10.0
Orangeburg	11	54.5	1.7	0.0	100.0	0.0	81.8	18.2
Pickens	10	60.0	3.5	80.0	10.0	10.0	70.0	30.0
Richland	23	79.2	2.8	54.2	45.8	0.0	83.3	16.7
Saluda	11	81.8	3.0	90.9	9.1	0.0	72.7	27.3
Spartanburg	25	72.0	3.8	72.0	28.0	0.0	92.0	4.0
Sumter	16	68.8	7.9	18.8	81.3	0.0	62.5	37.5
Union	10	90.0	3.0	70.0	30.0	0.0	70.0	20.0
Williams- burg	22	59.1	3.5	9.1	90.9	0.0	90.9	9.1
York	14	78.6	6.3	78.6	21.4	0.0	85.7	14.3
County Total	594	70.5	4.69	49.0	49.5	1.50	82.0	16.7
Grand Total	610	78.6	4.75	49.8	48.8	1.4	82.1	16.6

Appendix G: Interview Guides

Interview Guide for Parents Who Have Received First Steps Services

1. What services did you receive from COUNTY First Steps?
 - Home visiting:
 - a. Parents as Teachers
 - b. Early Steps to School Success
 - c. Parent Child Home
 - d. Healthy Families America
 - Voucher for child care
 - Reading/literacy
 - Parenting

2. Tell me why you got involved with First Steps services within the past two years? (DEFINE THE PROBLEM)

3. How did those services affect your ability to parent?

PROBES:

 - Understanding how my child grows and develops
 - Knowing what kind of behavior to expect based on my child's age
 - How to talk to and read with my child
 - Picking activities to do with my child that are right for my child's age
 - Helping my child get along with other children
 - How to respond to my child based on his or her personality and needs
 - How to respond in the right way when my child does something that upsets me
 - Do the things I need to do to get my child ready for school

4. How did those services affect your confidence as a parent?

PROBES:

 - Understanding how my child grows and develops
 - Knowing what kind of behavior to expect based on my child's age
 - How to talk to and read with my child
 - Picking activities to do with my child that are right for my child's age
 - Helping my child get along with other children
 - How to respond to my child based on his or her personality and needs
 - How to respond in the right way when my child does something that upsets me
 - Helping my child get ready for school
 - How to advocate for my child

5. How old is your child/are your children now?

6. How are they doing? If school aged, ask how are they doing in school?

7. If you did not have this home visiting program, what would be different?

8. After receiving FS services, how do you think your skills and confidence will affect or has affected your child being ready for school?

PROBES:

 - Identifying letters and numbers
 - Managing their own emotions
 - Getting along with other children

- Following directions
9. During your time with First Steps, did you have the same home visitor?
 10. What was your relationship (with your home visitor) like?
 11. What is the most valuable thing you learned from your time with your home visitor?
 12. What about the program/your home visitor could have been improved?
 13. How did the services you receive affect your family as a whole?
 14. What would you tell a friend who was interested in receiving services from FS?

Interview Guide for Child Care Providers Who Receive First Steps Services

1. Were you director of XYZ center at any point between July 1, 2017 and June 30, 2019?
(only continue if YES)
2. During the time when you were director, did coaches from First Steps come to your center?
(only continue if YES)
3. How did you learn about the coaching program from First Steps?
4. What were your reasons for getting involved with First Steps?
 - PROBES:
 - Materials
 - Scholarships (for teachers or students)
 - Improve quality of the center
 - Training opportunities
5. How long have you been receiving services from First Steps?
 - 0-1 years
 - 2-3 years
 - 4+ years
6. Satisfaction likert scale: VERY DISSATISFIED/ SOMEWHAT DISSATISFIED/ SOMEWHAT SATISFIED /VERY SATISFIED
 - Frequency of coaching/TA provided
 - Quality of Coaching received
 - Quality of relationship between you (director) and FS Coach/TA provider
 - Quality of relationship between teachers in your center and FS coach/TA provider
 - Quality of services compared to services provided by other programs and organizations.
7. What type of services did you receive from First Steps, besides coaches coming to your center?
 - PROBES:
 - Child care scholarships/vouchers
 - Training for staff
 - Health/developmental screenings for children
 - Head Start/Early Head Start
 - First Steps 4K
8. Which services that you received from FS (or from any organization) do you think helped the most in enhancing the quality of your child care program?
9. Have you ever received coaching services from programs or organizations other than First Steps?
10. If yes above, how did those coaching services compare to those received from First Steps?
11. What would you tell other childcare providers in your community who were interested in receiving services from FS?

Appendix H:
**The Full Wilder
Collaboration
Factors Inventory -
Third Edition**

The Full Wilder Collaboration Factors Inventory- Third Edition

The Wilder Collaboration Factors Inventory

Name of Collaboration Project _____

Date _____

Statements about Your Collaborative Group:

Factor	Statement	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
History of collaboration or cooperation in the community	1. Agencies in our community have a history of working together.	1	2	3	4	5
	2. Trying to solve problems through collaboration has been common in this community. It has been done a lot before.	1	2	3	4	5
Collaborative group seen as a legitimate leader in the community	3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	1	2	3	4	5
	4. Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.	1	2	3	4	5
Favorable political and social climate	5. The political and social climate seems to be "right" for starting a collaborative project like this one.	1	2	3	4	5
	6. The time is right for this collaborative project.	1	2	3	4	5
Mutual respect, understanding, and trust	7. People involved in our collaboration trust one another.	1	2	3	4	5
	8. I have a lot of respect for the other people involved in this collaboration.	1	2	3	4	5
Appropriate cross section of members	9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	1	2	3	4	5
	10. All the organizations that we need to be members of this collaborative group have become members of the group.	1	2	3	4	5
Members see collaboration as being in their self-interest	11. My organization will benefit from being involved in this collaboration.	1	2	3	4	5
Ability to compromise	12. People involved in our collaboration are willing to compromise on important aspects of our project.	1	2	3	4	5

Wilder Collaboration Factors Inventory – third edition
www.wilderresearch.org

The Full Wilder Collaboration Factors Inventory- Third Edition (continued)

Factor	Statement	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
Members share a stake in both process and outcome	13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	1	2	3	4	5
	14. Everyone who is a member of our collaborative group wants this project to succeed.	1	2	3	4	5
	15. The level of commitment among the collaboration participants is high.	1	2	3	4	5
Multiple layers of participation	16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.	1	2	3	4	5
	17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.	1	2	3	4	5
Flexibility	18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	1	2	3	4	5
	19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	1	2	3	4	5
Development of clear roles and policy guidelines	20. People in this collaborative group have a clear sense of their roles and responsibilities.	1	2	3	4	5
	21. There is a clear process for making decisions among the partners in this collaboration.	1	2	3	4	5

The Full Wilder Collaboration Factors Inventory- Third Edition (continued)

Factor	Statement	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
Adaptability to changing conditions	22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	1	2	3	4	5
	23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	1	2	3	4	5
Appropriate pace of development	24. This collaborative group has been careful to take on the right amount of work at the right pace.	1	2	3	4	5
	25. This group is currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	1	2	3	4	5
Evaluation and continuous learning	26. A system exists to monitor and report the activities and/or services of our collaboration.	1	2	3	4	5
	27. We measure and report the outcomes of our collaboration.	1	2	3	4	5
	28. Information about our activities, services, and outcomes is used by members of the collaborative group to improve our joint work.	1	2	3	4	5
Open and frequent communication	29. People in this collaboration communicate openly with one another.	1	2	3	4	5
	30. I am informed as often as I should be about what is going on in the collaboration.	1	2	3	4	5
	31. The people who lead this collaborative group communicate well with the members.	1	2	3	4	5
Established informal relationships and communication links	32. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	1	2	3	4	5
	33. I personally have informal conversations about the project with others who are involved in this collaborative group.	1	2	3	4	5

The Full Wilder Collaboration Factors Inventory- Third Edition (continued)

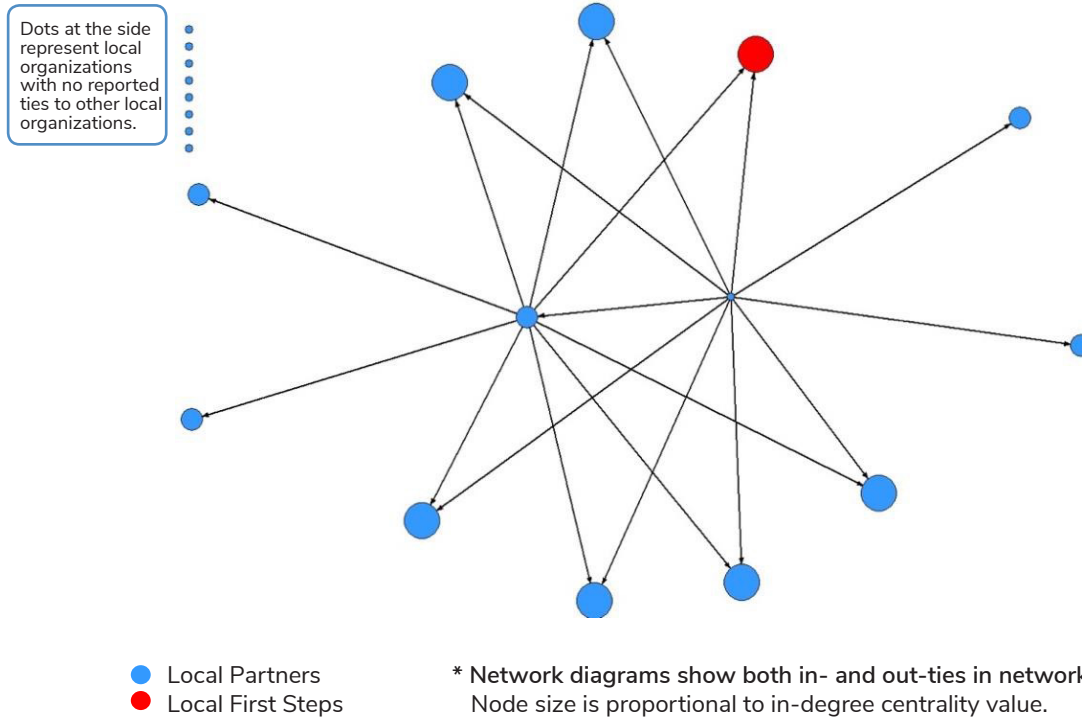
Factor	Statement	Strongly Disagree	Disagree	Neutral, No Opinion	Agree	Strongly Agree
Concrete, attainable goals and objectives	34. I have a clear understanding of what our collaboration is trying to accomplish.	1	2	3	4	5
	35. People in our collaborative group know and understand our goals.	1	2	3	4	5
	36. People in our collaborative group have established reasonable goals.	1	2	3	4	5
Shared vision	37. The people in this collaborative group are dedicated to the idea that we can make this project work.	1	2	3	4	5
	38. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	1	2	3	4	5
Unique purpose	39. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	1	2	3	4	5
	40. No other organization in the community is trying to do exactly what we are trying to do.	1	2	3	4	5
Sufficient funds, staff, materials, and time	41. Our collaborative group has adequate funds to do what it wants to accomplish.	1	2	3	4	5
	42. Our collaborative group has adequate "people power" to do what it wants to accomplish.	1	2	3	4	5
Skilled leadership	43. The people in leadership positions for this collaboration have good skills for working with other people and organizations.	1	2	3	4	5
Engaged stakeholders	44. Our collaborative group engages other stakeholders, outside of the group, as much as we should.	1	2	3	4	5

Appendix I:
County Network Profiles

AIKEN COUNTY NETWORK PROFILE

TYPE V

Type V represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.



CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	5.0%	Low
First Steps' Valued In-Centrality	8	Medium
First Steps' In-Centrality	2	
No. County Partners/Agencies	21	
Network Survey Response Rates	29.2%	

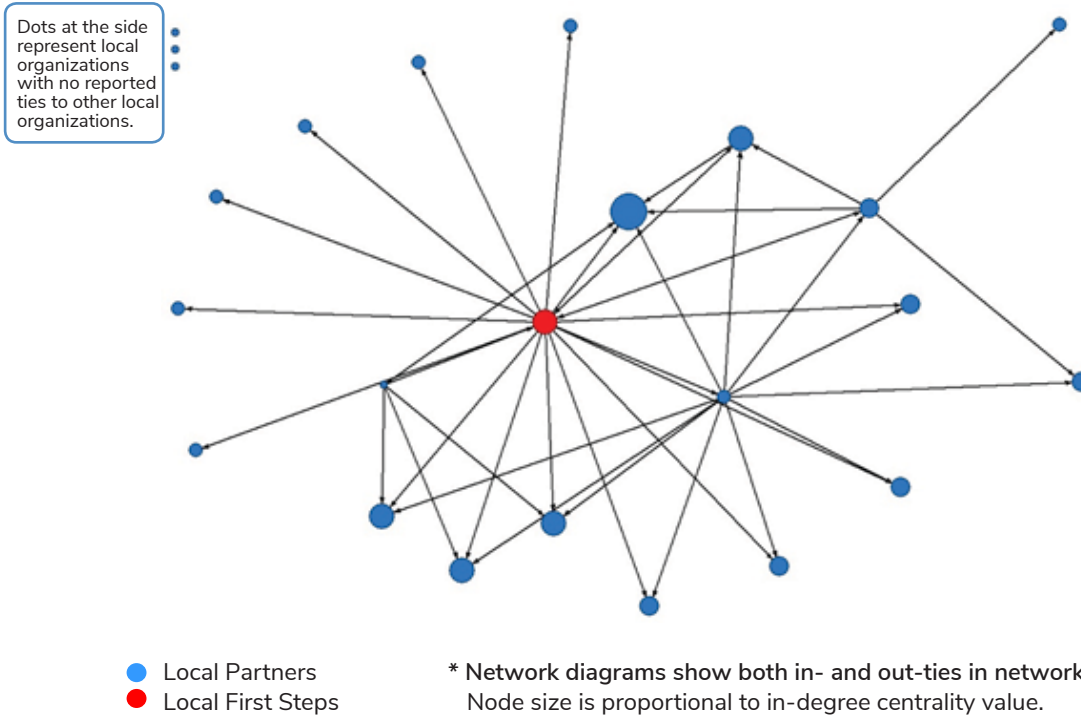
In a Type V network, development may occur along the following dimensions:

- facilitating the development of the network overall by promoting inter-organizational collaborations within the county;
- extending the collaborations that the local First Steps' agency has with other organizations; and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

BERKELEY COUNTY NETWORK PROFILE

TYPE V

Type V represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.



CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	7.0%	Low
First Steps' Valued In-Centrality	9	Medium
First Steps' In-Centrality	3	
No. County Partners/Agencies	24	
Network Survey Response Rates	35.7%	

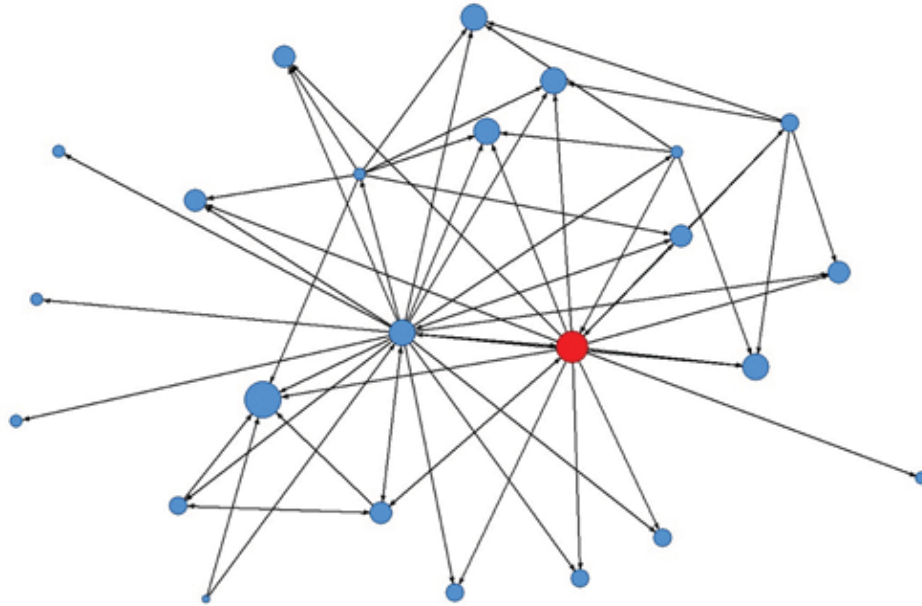
In a Type V network, development may occur along the following dimensions:

- facilitating the development of the network overall by promoting inter-organizational collaborations within the county;
- extending the collaborations that the local First Steps' agency has with other organizations; and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

CHARLESTON COUNTY NETWORK PROFILE

TYPE II

Type II represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	8.0%	High
First Steps' Valued In-Centrality	8	Moderate
First Steps' In-Centrality	8	
No. County Partners/Agencies	22	
Network Survey Response Rates	48.0%	

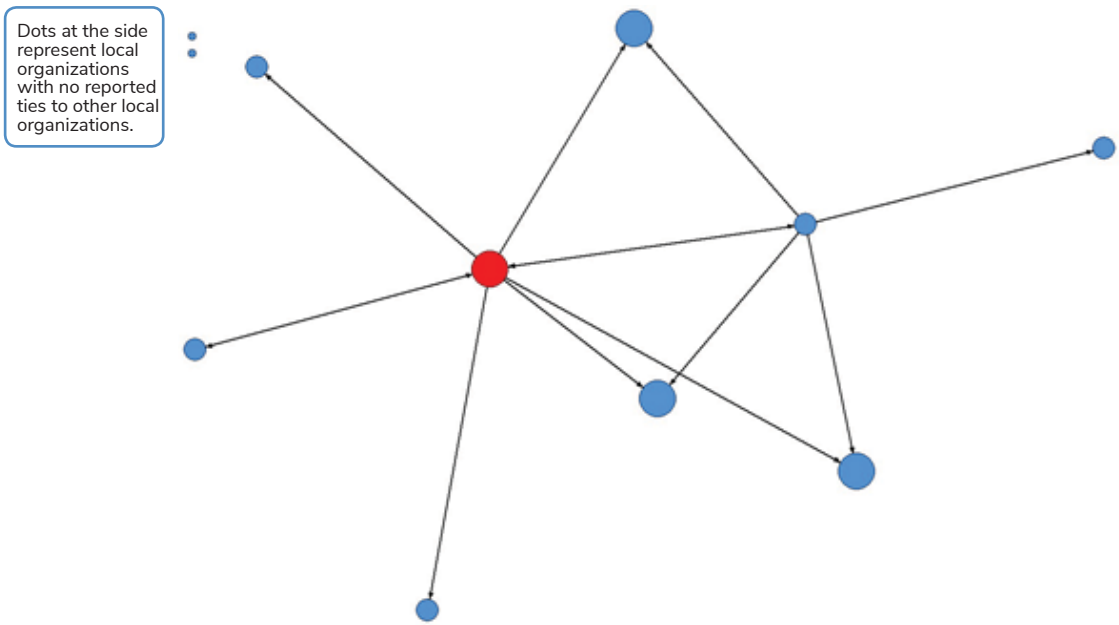
In a Type II network, network development may occur along two dimensions:

- extending the collaborations that the local First Steps' agency has with other organizations, and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

CHEROKEE COUNTY NETWORK PROFILE

TYPE IV

Type IV represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a high level of centrality.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	7.0%	Low
First Steps' Valued In-Centrality	14	High
First Steps' In-Centrality	3	
No. County Partners/Agencies	25	
Network Survey Response Rates	21.9%	

In a Type IV network, network development may occur along the following dimension:

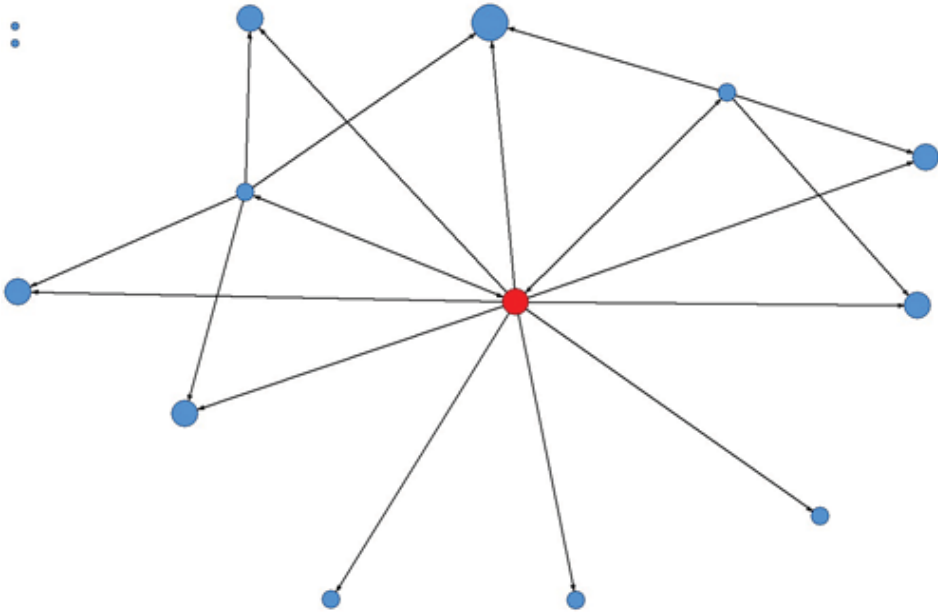
- foster inter-organizational collaborations among network members as a whole.

COLLETON COUNTY NETWORK PROFILE

TYPE III

Type III represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	11.0%	High
First Steps' Valued In-Centrality	4	Low
First Steps' In-Centrality	2	
No. County Partners/Agencies	14	
Network Survey Response Rates	46.7%	

In a Type III network, network development may occur along two dimensions:

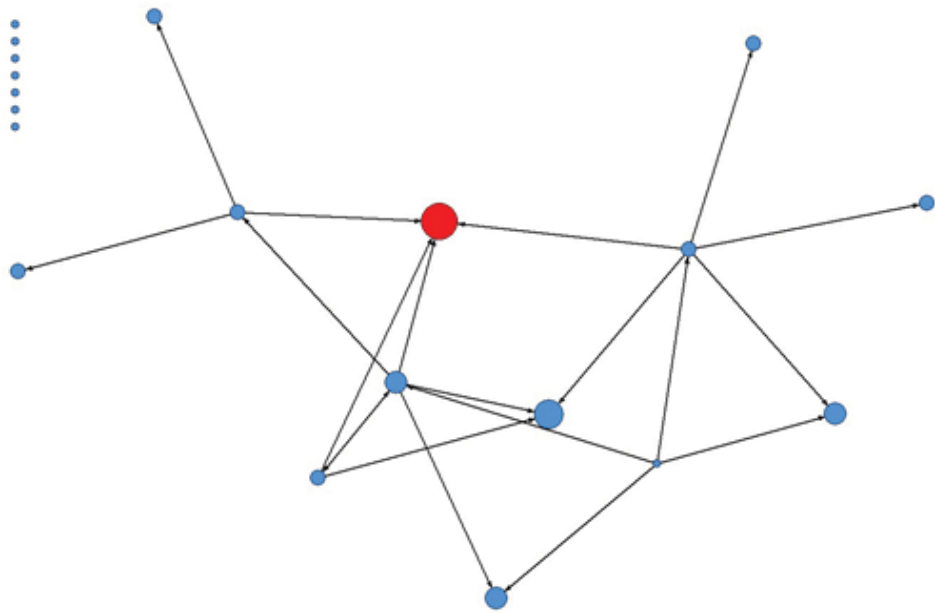
- building collaborations that the local First Steps' agency has with other organizations, and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

DORCHESTER COUNTY NETWORK PROFILE

TYPE V

Type V represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



● Local Partners
● Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	5.0%	Low
First Steps' Valued In-Centrality	9	Moderate
First Steps' In-Centrality	4	
No. County Partners/Agencies	20	
Network Survey Response Rates	42.9%	

In a Type V network, development may occur along the following dimensions:

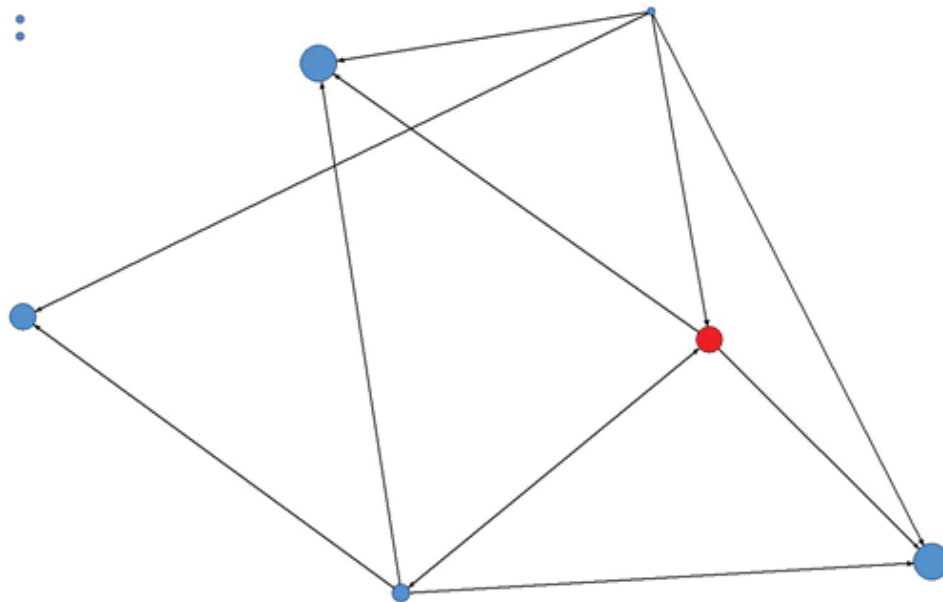
- building collaborations that the local First Steps' agency has with other organizations,
- deepening the current collaborations that the local First Steps' agency already has with other organizations; and
- fostering inter-organizational collaborations among network members as a whole.

HORRY COUNTY NETWORK PROFILE

TYPE II

Type II represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	20.0%	High
First Steps' Valued In-Centrality	7	Moderate
First Steps' In-Centrality	2	
No. County Partners/Agencies	8	
Network Survey Response Rates	75.0%	

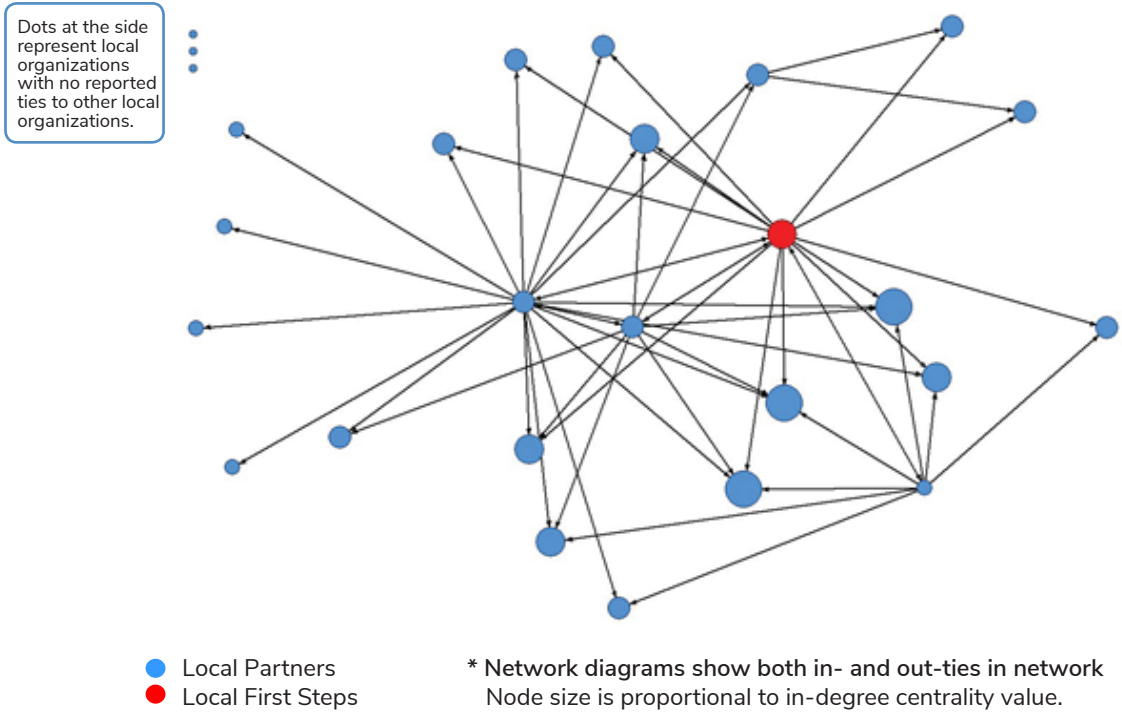
In a Type II network, network development may occur along two dimensions:

- extending the collaborations that the local First Steps' agency has with other organizations, and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

LANCASTER COUNTY NETWORK PROFILE

TYPE I

Type I represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a high level of centrality.



CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	8.0%	High
First Steps' Valued In-Centrality	15	High
First Steps' In-Centrality	3	
No. County Partners/Agencies	27	
Network Survey Response Rates	25.8%	

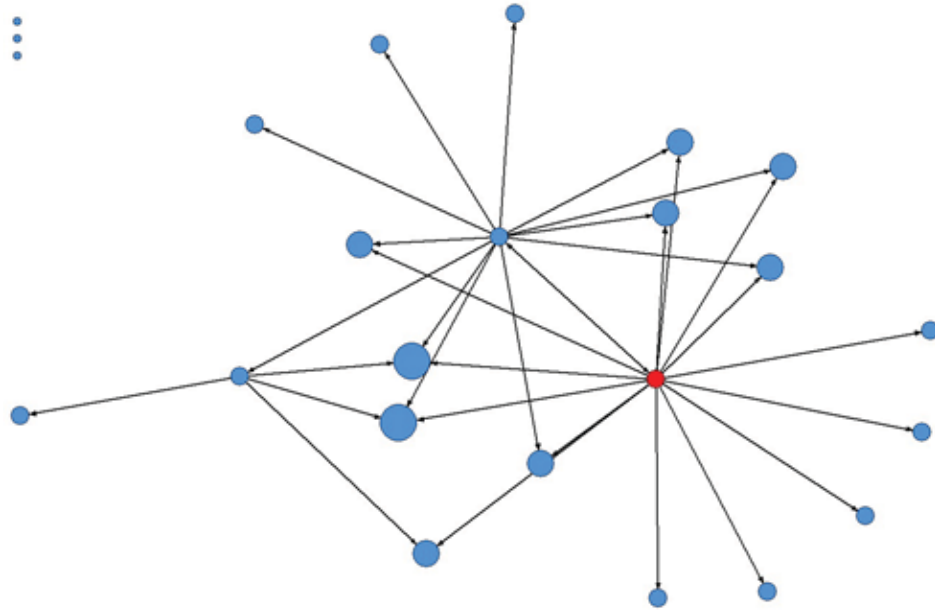
In a Type I network, network activities should be sustained.

LAURENS COUNTY NETWORK PROFILE

TYPE VI

Type VI represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a low level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	6.0%	Low
First Steps' Valued In-Centrality	6	Low
First Steps' In-Centrality	1	
No. County Partners/Agencies	24	
Network Survey Response Rates	20.8%	

In a Type VI network, network development may occur along the following dimensions:

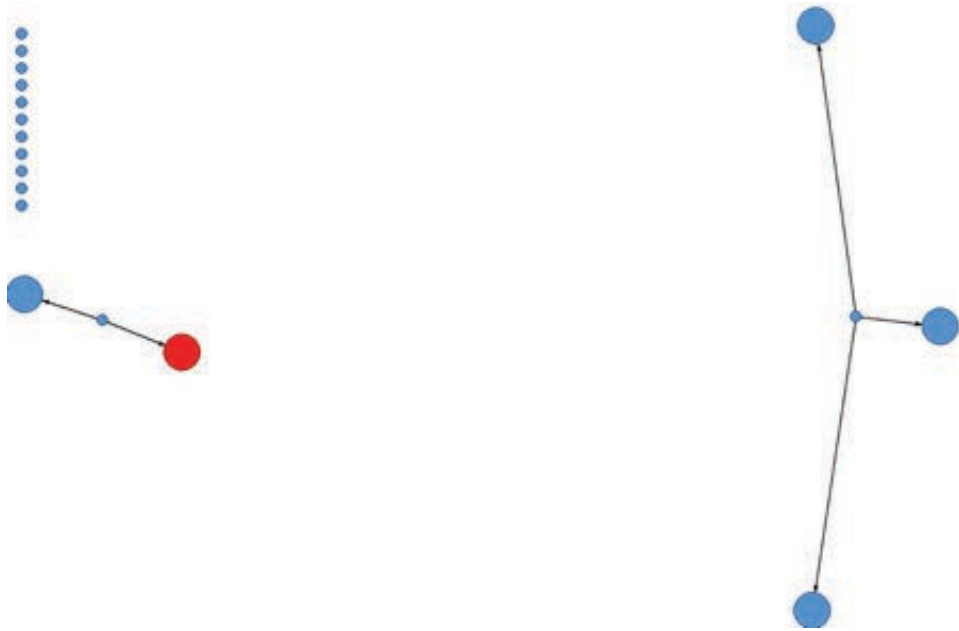
- create FS organizational collaborations with network members.; and
- foster inter-organizational collaborations among network members as a whole.

MARION COUNTY NETWORK PROFILE

TYPE VI

Type VI represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a low level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	2.0%	Low
First Steps' Valued In-Centrality	2	Low
First Steps' In-Centrality	1	
No. County Partners/Agencies	18	
Network Survey Response Rates	50.0%	

In a Type VI network, network development may occur along the following dimensions:

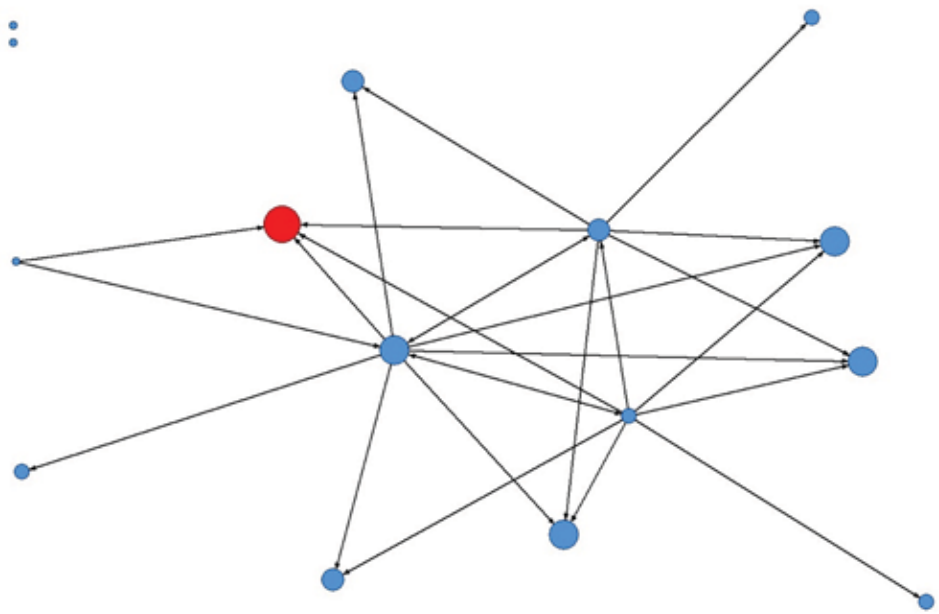
- create FS organizational collaborations with network members.; and
- foster inter-organizational collaborations among network members as a whole.

MARLBORO COUNTY NETWORK PROFILE

TYPE I

Type I represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a high level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

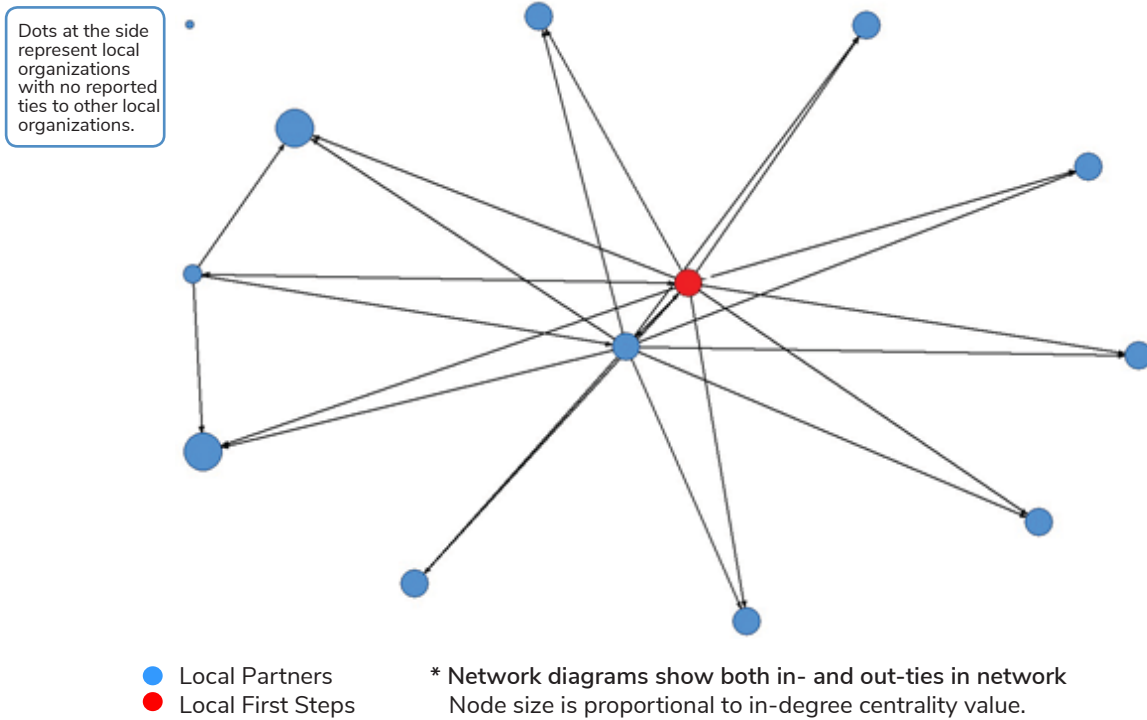
CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	12.0%	High
First Steps' Valued In-Centrality	12	High
First Steps' In-Centrality	4	
No. County Partners/Agencies	15	
Network Survey Response Rates	33.3%	

In a Type I network, network activities should be sustained.

McCORMICK COUNTY NETWORK PROFILE

TYPE I

Type I represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a high level of centrality.



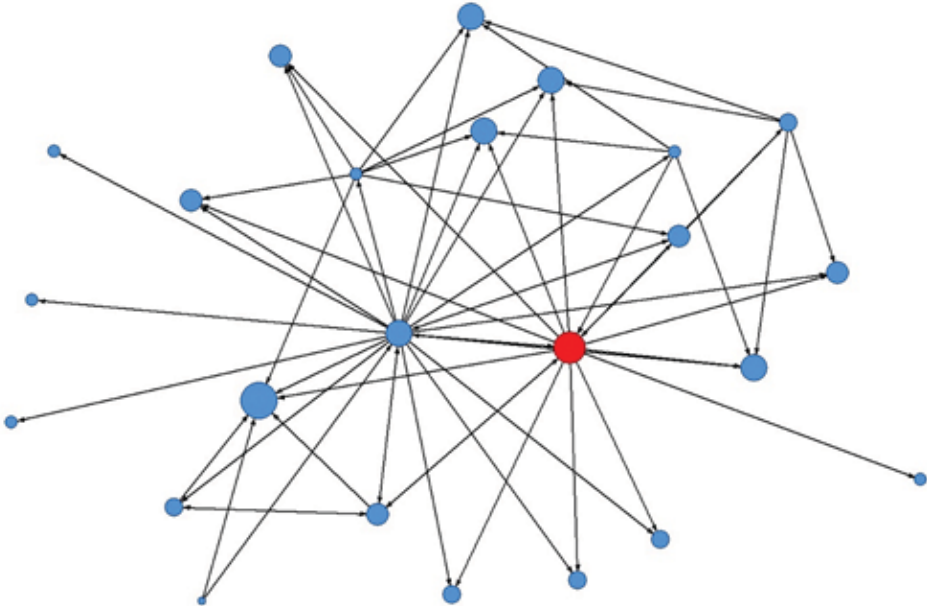
CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	16.0%	High
First Steps' Valued In-Centrality	11	High
First Steps' In-Centrality	2	
No. County Partners/Agencies	13	
Network Survey Response Rates	30.8%	

In a Type I network, network activities should be sustained.

NEWBERRY COUNTY NETWORK PROFILE

TYPE I

Type I represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a high level of centrality.



- Local Partners
- Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

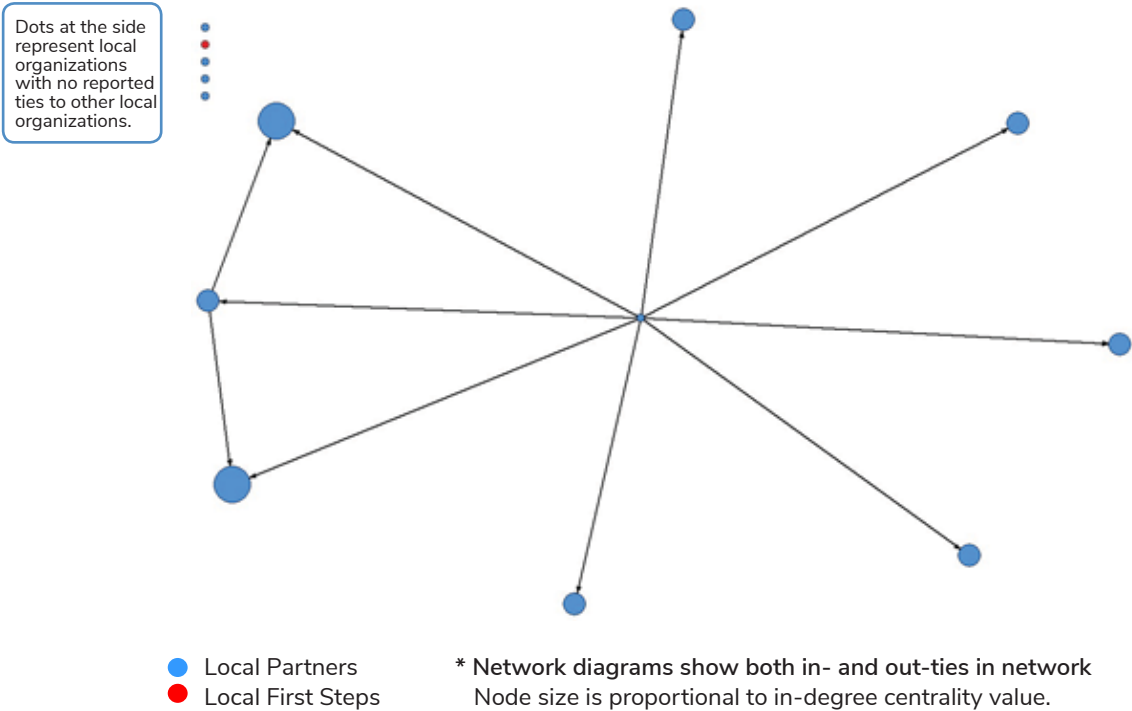
Characteristics	Value	Category
Overall Network Density	11.0%	High
First Steps' Valued In-Centrality	11	High
First Steps' In-Centrality	5	
No. County Partners/Agencies	24	
Network Survey Response Rates	48.0%	

In a Type I network, network activities should be sustained.

ORANGEBURG COUNTY NETWORK PROFILE

TYPE VI

Type VI represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a low level of centrality.



CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	6.0%	Low
First Steps' Valued In-Centrality	0	Low
First Steps' In-Centrality	0	
No. County Partners/Agencies	14	
Network Survey Response Rates	30.0%	

In a Type VI network, network development may occur along the following dimensions:

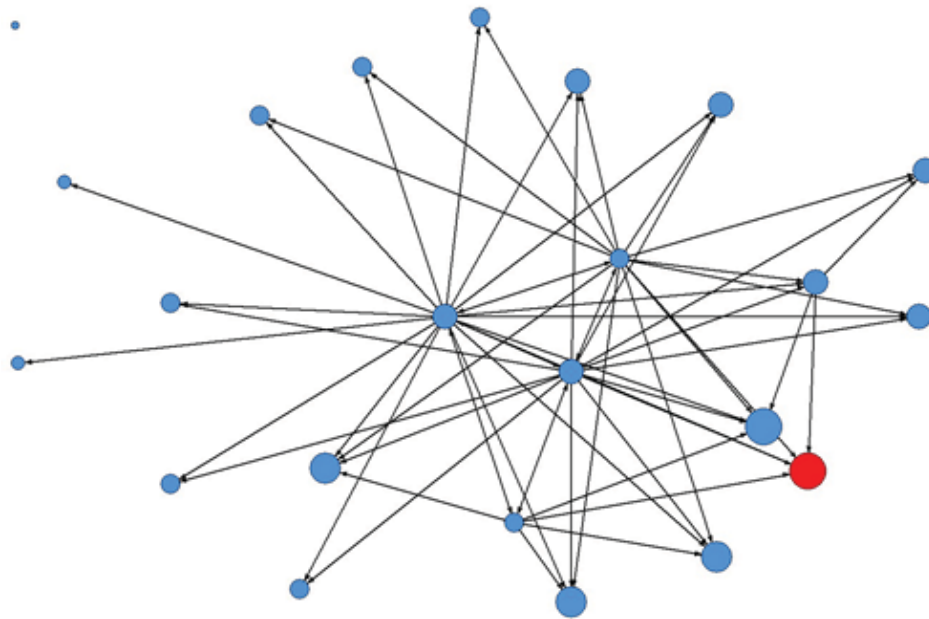
- create FS organizational collaborations with network members.; and
- foster inter-organizational collaborations among network members as a whole.

PICKENS COUNTY NETWORK PROFILE

TYPE II

Type II represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.

Dots at the side represent local organizations with no reported ties to other local organizations.



● Local Partners
● Local First Steps

* Network diagrams show both in- and out-ties in network
Node size is proportional to in-degree centrality value.

CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	12.0%	High
First Steps' Valued In-Centrality	8	Moderate
First Steps' In-Centrality	5	
No. County Partners/Agencies	23	
Network Survey Response Rates	37.5%	

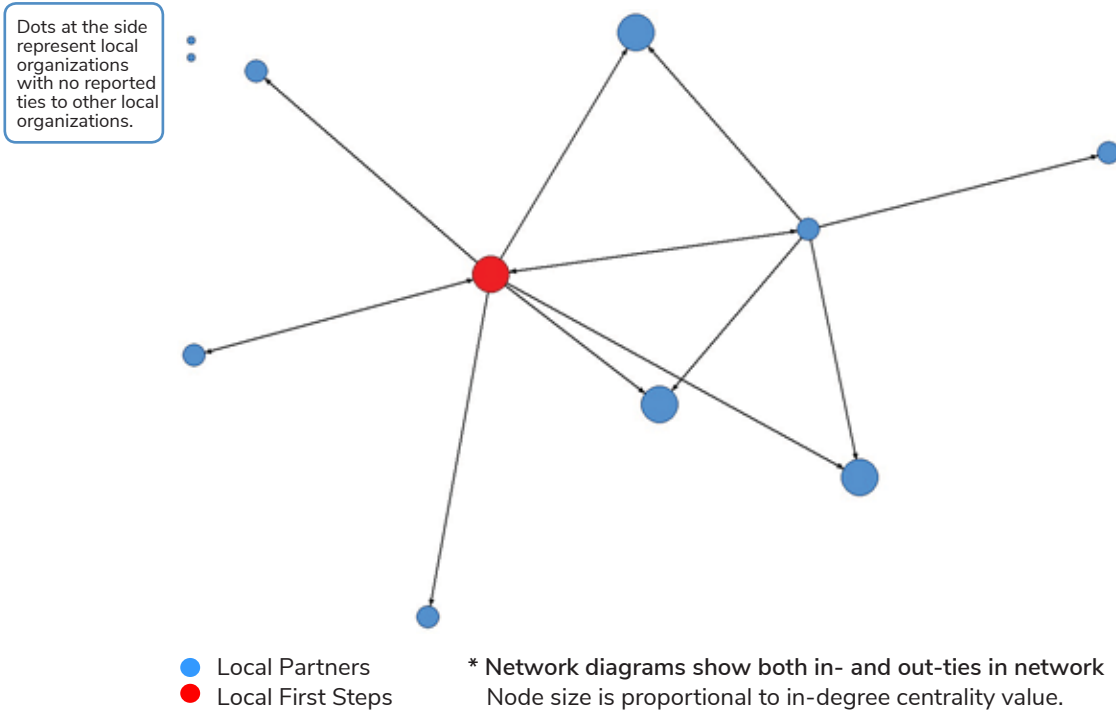
In a Type II network, network development may occur along two dimensions:

- extending the collaborations that the local First Steps' agency has with other organizations, and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

SALUDA COUNTY NETWORK PROFILE

TYPE III

Type III represents a hub/network environment characterized by high density in the overall collaborations in the county and the local First Steps' agency with a moderate level of centrality.



CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	12.0%	High
First Steps' Valued In-Centrality	3	Low
First Steps' In-Centrality	2	
No. County Partners/Agencies	11	
Network Survey Response Rates	36.4%	

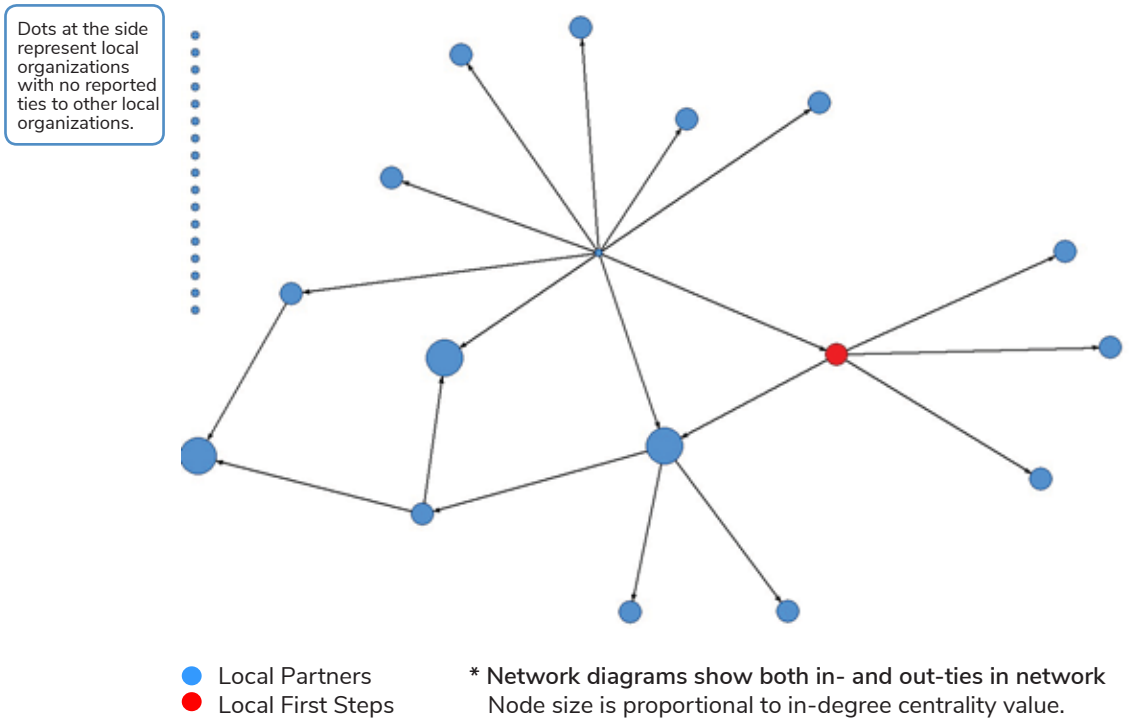
In a Type III network, network development may occur along two dimensions:

- building collaborations that the local First Steps' agency has with other organizations, and
- deepening the current collaborations that the local First Steps' agency already has with other organizations.

UNION COUNTY NETWORK PROFILE

TYPE VI

Type VI represents a hub/network environment characterized by low density in the overall collaborations in the county and the local First Steps' agency with a low level of centrality.



CHARACTERISTICS	VALUE	CATEGORY
Overall Network Density	2.0%	Low
First Steps' Valued In-Centrality	2	Low
First Steps' In-Centrality	1	
No. County Partners/Agencies	34	
Network Survey Response Rates	23.5%	

In a Type VI network, network development may occur along the following dimensions:

- create FS organizational collaborations with network members.; and
- foster inter-organizational collaborations among network members as a whole.

Appendix J:
**First Steps Partnership
Collaboration Factor
Scoring Summary
Infographics**

FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

ABBEVILLE

19
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.4 History of collaboration or cooperation in the community

3.0-3.9 BORDERLINE

3.0

Sufficient funds, staff, materials, and time

3.9

Multiple layers of participation

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

AIKEN

13
Total # of
Respondents

4.0-5.0 STRENGTHS

4.6 Adaptability in changing conditions

4.6 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.4

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

ALLENDALE

10
Total # of
Respondents

4.0-5.0 STRENGTHS

4.6 Favorable political and social climate

4.6 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.8

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

ANDERSON

14
Total # of Respondents

4.0-5.0 STRENGTHS

4.6 Mutual respect understanding, and trust

4.5 Open and frequent communication

3.0-3.9 BORDERLINE

3.5

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

BAMBERG

15
Total # of Respondents

4.0-5.0 STRENGTHS

4.8 Skilled leadership

4.7 Engaged stakeholders

3.0-3.9 BORDERLINE

3.3

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

BARNWELL

13
Total # of Respondents

4.0-5.0 STRENGTHS

4.3 Skilled leadership

4.2 Ability to compromise

3.0-3.9 BORDERLINE

3.9

Engaged stakeholders

3.9

Unique purpose

3.9

Shared vision

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

BEAUFORT

4.0-5.0 STRENGTHS

4.3 Skilled leadership

4.3 Mutual respect, understanding and trust



3.0-3.9 BORDERLINE

3.9

Multiple layers of participation

3.6

Appropriate pace of development

1.0-2.9 CONCERNS

2.9

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

BERKELEY

10
Total # of Respondents

4.0-5.0 STRENGTHS

4.7 Skilled leadership

4.5 Adaptability to changing conditions

3.0-3.9 BORDERLINE

3.9

Appropriate pace of development

3.9

Appropriate cross section of members

3.7

Multiple layers of participation

1.0-2.9 CONCERNS

2.7

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

CALHOUN

11
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.3 Open and frequent communication

3.0-3.9 BORDERLINE

3.9

Collaboration seen a legitimate leader in the community

3.8

Favorable political and social climate

3.8

Members share a stake in both process and outcome

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9

FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

CHARLESTON

14
Total # of Respondents

4.0-5.0 STRENGTHS

4.8 Skilled leadership

4.6 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.6

Sufficient funds, staff, materials and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

CHEROKEE

24
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.5 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.9

Appropriate pace of development

Multiple layers of participation

3.9

Ability to compromise

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

CHESTER

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.4 Shared vision



3.0-3.9 BORDERLINE

3.8

Collaboration seen as a legitimate leader in the community

3.7

Multiple layers of participation

3.6

History of collaboration in the community

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9

FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

CHESTERFIELD

10
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.3 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.9

Members share a stake both in process and outcome

3.9

Adaptability to changing conditions

3.9

Established informal relationships & communication links

1.0-2.9 CONCERNS

2.7

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

CLARENDON

4
Total # of Respondents

4.0-5.0 STRENGTHS

5.0 Skilled leadership

4.8 Ability to compromise

3.0-3.9 BORDERLINE

3.9

Favorable political & social climate

3.9

Multiple layers of participation

3.8

Adaptability to changing conditions

1.0-2.9 CONCERNS

2.8

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

COLLETON

11
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.4 Mutual respect, understanding and trust

3.0-3.9 BORDERLINE

3.0

Sufficient funds, staff, materials and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

DARLINGTON

17
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.3 Mutual respect, understanding and trust

3.0-3.9 BORDERLINE

3.9

Appropriate pace of development

Engaged stakeholders

3.8

Multiple layers of participation

3.8

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

DILLON

12
Total # of Respondents

4.0-5.0 STRENGTHS

4.6 Skilled leadership

4.6 Open and frequent communication

3.0-3.9 BORDERLINE

3.9

Unique purpose

1.0-2.9 CONCERNS

2.1

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

DORCHESTER

9
Total # of Respondents

4.0-5.0 STRENGTHS

4.3 Skilled leadership

4.4 Shared vision

3.0-3.9 BORDERLINE

3.9

Appropriate cross section of members

3.9

Appropriate pace of development

3.9

Open and frequent communication

1.0-2.9 CONCERNS

2.6

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

EDGEFIELD

18
Total # of Respondents

4.0-5.0 STRENGTHS

4.6 Open and frequent communication

4.5 Skilled leadership

3.0-3.9 BORDERLINE

3.9

Appropriate cross-section of members

3.9

Sufficient funds, staff, materials and time

3.9

Multiple layers of participation

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

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Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

FAIRFIELD

17
Total # of Respondents

4.0-5.0 STRENGTHS

4.8 Skilled leadership

4.8 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.3

Sufficient funds, staff, materials and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

FLORENCE

15
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Members see collaboration as in their self-interest

4.4 Favorable political and social climate

3.0-3.9 BORDERLINE

There were no scores between 3.0-3.9

1.0-2.9 CONCERNS

2.9

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

GEORGETOWN

4
Total # of Respondents

4.0-5.0 STRENGTHS

4.3 Skilled leadership

4.5 Members see collaboration as in their self-interest

3.0-3.9 BORDERLINE

3.7

Open and frequent communication

3.6

Adaptability to changing conditions

3.5

Multiple layers of participation

1.0-2.9 CONCERNS

2.3

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

GREENVILLE

16
Total # of Respondents

4.0-5.0 STRENGTHS

4.8 Skilled leadership

4.8 Engaged stakeholders

3.0-3.9 BORDERLINE

3.3

Sufficient funds, staff, materials, and time

3.9

Favorable political and social climate

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

GREENWOOD

11
Total # of
Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.5 Appropriate pace of development

3.0-3.9 BORDERLINE

3.0

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

HAMPTON



4.0-5.0 STRENGTHS

4.6 Skilled leadership

4.6 Mutual respect, understanding and trust

3.0-3.9 BORDERLINE

3.9

Appropriate pace of development

3.9

History of collaboration in the community

3.8

Collaboration group seen as a legitimate partner

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

HORRY

4
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Mutual respect, understanding and trust

4.3 Unique purpose

3.0-3.9 BORDERLINE

3.9

Shared vision

3.9

Established informal relationships and communication links

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

JASPER

10
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.5 Shared vision

3.0-3.9 BORDERLINE

3.8

Ability to compromise

1.0-2.9 CONCERNS

2.3

Sufficient funds, staff, materials, and time



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

KERSHAW

11
Total # of Respondents

4.0-5.0 STRENGTHS

4.3 Evaluation and continuous learning

4.3 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.9

Members share a stake in process and outcome

3.9

Multiple layers of participation

3.6

Appropriate cross-section of members

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration
Factor Scoring
Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

LANCASTER

21
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.6 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.7

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

LAURENS

14
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.5 Open and frequent conversation

3.0-3.9 BORDERLINE

3.9

History of collaboration or cooperation in the community

3.9

Collaboration group seen as a legitimate leader in the community

3.7

Appropriate cross-section of members

1.0-2.9 CONCERNS

2.8

Sufficient funds, staff, materials, and time



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

LEE

16
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.5 Shared vision

3.0-3.9 BORDERLINE

There were no scores between 3.0-3.9

1.0-2.9 CONCERNS

2.9

Sufficient funds, staff, materials, and time



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Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

LEXINGTON

13
Total # of Respondents

4.0-5.0 STRENGTHS

4.8 Skilled leadership

4.7 Unique purpose

3.0-3.9 BORDERLINE

3.9

Appropriate cross-section of members

3.0

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

MARION

11
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.4 Shared vision

3.0-3.9 BORDERLINE

3.9

Multiple layers of participation

3.8

Unique purpose

1.0-2.9 CONCERNS

2.6

Sufficient funds, staff, materials, and time



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Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

MARLBORO



4.0-5.0 STRENGTHS

4.2 Mutual respect understanding, and trust

4.2 Open and frequent communication

3.0-3.9 BORDERLINE

3.9

Appropriate cross-section of members

Ability to compromise

3.9

Adaptability to changing conditions

3.9

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

MCCORMICK

10
Total # of Respondents

4.0-5.0 STRENGTHS

4.7 Skilled leadership

4.5 Open and frequent communication

3.0-3.9 BORDERLINE

3.8

Adaptability to changing conditions

3.7

Sufficient funds, staff, materials, and time

3.6

Multiple layers of participation

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

NEWBERRY

13
Total # of Respondents

4.0-5.0 STRENGTHS

4.7 Skilled leadership

4.6 Shared vision

3.0-3.9 BORDERLINE

3.1

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

OCCONEE

10
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.3 Mutual respect, understanding and trust

3.0-3.9 BORDERLINE

3.9

Collaboration group seen as a legitimate leader

3.9

Adaptability to changing conditions

3.7

Unique purpose

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

ORANGEBURG

11
Total # of Respondents

4.0-5.0 STRENGTHS

4.6 Skilled leadership

4.4 Shared vision

3.0-3.9 BORDERLINE

3.8

Adaptability to changing conditions

3.7

Appropriate cross-section of members

3.5

Unique purpose

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

PICKENS

10
Total # of Respondents

4.0-5.0 STRENGTHS

4.7 Skilled leadership

4.8 Members see collaboration as in their self-interest

3.0-3.9 BORDERLINE

3.5

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration
Factor Scoring
Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

RICHLAND

23
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Members see collaboration as in their self-interest

4.5 Open and frequent communication

3.0-3.9 BORDERLINE

3.9

Appropriate pace of development

3.8

Appropriate cross-section of members

3.7

Engaged stakeholders

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

SALUDA

11
Total # of Respondents

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.3 Engaged stakeholders

3.0-3.9 BORDERLINE

3.8

Appropriate pace of development

3.9

Favorable political and social climate

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

SPARTANBURG

25
Total # of Respondents

4.0-5.0 STRENGTHS

4.8 Skilled leadership

4.7 Shared vision

3.0-3.9 BORDERLINE

3.4

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

SUMTER

16
Total # of Respondents

4.0-5.0 STRENGTHS

4.6 Skilled leadership

4.2 Favorable political and social climate

3.0-3.9 BORDERLINE

3.9

Collaboration group seen as a legitimate leader in the community

3.9

Members see collaboration as in their self-interest

3.9

Ability to compromise

1.0-2.9 CONCERNS

2.8

Sufficient funds, staff, materials, and time



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

UNION

4.0-5.0 STRENGTHS

4.5 Skilled leadership

4.8 Members see collaboration as in their self-interest

3.0-3.9 BORDERLINE

3.7

Sufficient funds, staff, materials,
and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9

10
Total # of
Respondents



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

WILLIAMSBURG

22
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Skilled leadership

4.4 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.9

History of collaboration or cooperation in the community

3.9

Favorable political and social climate

3.7

Appropriate cross-section of members

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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FIRST STEPS PARTNERSHIP

Collaboration Factor Scoring Summary



Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

YORK

14
Total # of Respondents

4.0-5.0 STRENGTHS

4.9 Skilled leadership

4.8 Concrete, attainable goals and objectives

3.0-3.9 BORDERLINE

3.1

Sufficient funds, staff, materials, and time

1.0-2.9 CONCERNS

There were no scores between 1.0-2.9



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Factors identified as "Strengths" are ones that are working well and do not need special emphasis.



Factors identified as "Borderline" and/or "Concerns" merit discussion and would possibly benefit from increased emphasis within the collaboration.

STATE OFFICE

16
Total # of Respondents

4.0-5.0 STRENGTHS

4.4 Favorable political and social climate

4.4 Unique purpose

3.0-3.9 BORDERLINE

3.9

Concrete, attainable goals and objectives

3.9

Flexibility

3.9

Shared vision

1.0-2.9 CONCERNS

2.9

Sufficient funds, staff, materials, and time

2.7

History of collaboration or cooperation in the community



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