Evaluation of a Relationship-Based Training Pilot for Agency Specialists Working with Home-Based Child Care Providers

Final Report Summary

June 2012

Juliet Bromer

Jon Korfmacher

Herr Research Center for Children and Social Policy

Erikson Institute

Acknowledgements

We thank Illinois Action for Children for sponsoring and funding this project and for their ongoing guidance and collaboration.

We would like to thank all of the participants in the training program and the instructor for their time and commitment to this evaluation project.

The following research assistants provided help with data collection, data entry, coding, and analysis:

Judith Stewart

Dana Keiser

Hannah Pick

Introduction

Home-based child care is the most commonly-used type of non-parental child care arrangement for young children in the U.S. and includes family, friend, and neighbor caregivers or relative caregivers (FFN), as well as licensed family child care providers (FCC) who offer care in their own homes to non-relative children (Laughlin, 2010; Porter et al, 2010a). Moreover, one third of children receiving government-subsidized child care through the federal Child Care & Development Fund (CCDF) are cared for by home-based child care providers (U.S. Child Care Bureau, 2009). Recent federal and state policy initiatives have targeted improving quality in home-based child care. Family child care is now an official option of both Head Start and Early Head Start, and most states with Quality Rating and Improvement Systems (QRIS) include FCC providers. Yet, despite this prevalence and public investment, research reveals low quality in many of these home-based child care arrangements, especially those serving low-income families.

An emerging body of research on support strategies suggests that individualized, on-site approaches to working with providers may be a promising strategy for quality improvement in this sector (Bromer, VanHaitsma, Daley, & Modigliani, 2009; Bryant et al, 2009; McCabe & Cochran, 2008). Such strategies involve one-on-one technical assistance, such as coaching, consultation, and home visiting with providers over several months. Moreover, relationship-based approaches to support are widely regarded as effective in working with families in early care and education and early intervention settings (Gilkerson & Koppel, 2005), although the field lacks empirical evidence on how these approaches are implemented and how they help providers improve quality.

Training of agency specialists who support home-based providers has been identified as an important yet under-recognized aspect of quality improvement initiatives. Bromer et al. (2009) found that providers who received individualized support such as home visits, support groups, and feedback opportunities from agency staff with specialized training, offered significantly higher quality care than providers who received services from agency staff without specialized training.

This report summarizes findings from an evaluation of a pilot of a relationship-based training program developed at Erikson Institute for agency specialists working with home-based child care providers.

Pilot of Relationship-Based Training for Agency Specialists Working With Home-Based Child Care Providers

The relationship-based training program was developed at Erikson Institute and piloted with a cohort of 16 agency staff from Illinois Action for Children (ILAFC), the largest child care resource and referral agency in Illinois. The year-long program entailed advanced-level weekly seminars;

curriculum focused on developmental principles across the age span; reflective practice and collaborative learning; and a focus on the unique context of home-based child care.

The program draws on a variety of theoretical and practice perspectives, including an emphasis on relationship-based practice (Heffron, 2005), adult learning theory (Mezirow, 1990), and the concept of skilled dialogue in early childhood settings (Barrera & Kramer, 2009). The training program piloted in this project was rooted in the notion of “parallel process”. Parallel process refers to the idea that relationships formed in the training between the instructor and the participants would shape how participants develop relationships with providers and ultimately how providers develop relationships with families and children. One of the goals of the training pilot was to offer participants a structured setting in which to “pause” in their week to reflect on their own experiences, ask questions, and gain new perspective on their work with providers over time (Heffron, 2005).

Evaluation Methods

The process evaluation of the training pilot sought to describe participant reports of perceived changes in knowledge, skills, and experiences of work with providers over the course of the training year. All 16 participants in the training program took part in the evaluation activities.

Data Collection

Data collection activities included in-person, semi-structured, hour-long interviews with participants at three time points – beginning of training year, mid-training, and post-training, as well as self-report surveys at these same three time points to assess perceived changes in knowledge mastery and professionalism over time.

Measures and Protocols

In the study, we used the following research protocols to gather information about participants’ experiences and growth during the training year.

Interview protocol. The interview protocols asked participants to discuss their training goals and experiences and their current approaches to working with providers. In addition, participants were asked to respond to a series of vignettes about hypothetical situations that might occur with providers during a visit to a provider home. Two vignettes were presented at the beginning of the training program and two vignettes, including one vignette from the first interview, were presented at the end of the program. The purpose of the vignettes was to assess the extent to which specialists use the principles of relationship-based work to support and help providers. The use of case vignettes in both a beginning-of-the-year assessment as well as in a post-program assessment help to evaluate participant’s changes in attitude and approach with caregivers. Basic demographic information was also gathered through a short written survey.

Stage of Change Scale. The Stage of Change Scale ***(Children's Institute, 2009)*** measures stages of readiness to change professional practices. With permission from the author, a modification of the scale for agency specialists was used to assess their readiness to change practices with providers at three data collection periods (beginning, mid-program, end-program). In addition, the instructor used a mentor version of the scale to rate specialists on their readiness to change at two time points (mid-program and end program).

Professional Development Core Knowledge Self-Assessment. This self-report scale was developed by Erikson Institute's Infant Specialist Certificate Program and modified for use in this study. The self-assessment asked participants to rate their own feelings of mastery over content knowledge covered in the training year and was administered at baseline and at the end of the training program.

Data Analysis

Interview transcripts were coded through an iterative process wherein the principal investigator (PI) and the co-investigator independently highlighted themes in three transcripts and used these themes to develop a coding structure. The coding scheme was then applied again to the same transcripts and consensus was reached through discussion for items where there was disagreement. A research assistant was then trained on the coding system, and the remaining transcripts were independently coded by the research assistant and the PI. All coding discrepancies were reconciled through discussion.

The same core coding scheme was used for baseline, mid-, and post-program interviews, with additional codes added throughout the project to reflect the additional interview questions. For example, codes about how the training helped specialists work with providers were added for the mid- and post-year interviews. Coding summaries were then developed for data analysis.

Sample Description

The 16 participants in the program consisted of 12 agency specialists and four supervisors of these specialists. The 12 specialists were comprised of staff from three agency job roles and included four infant-toddler specialists, four quality rating specialists, and four resource facilitators. The specialists provided services to license-exempt family, friend, and neighbor caregivers and licensed family child care providers. Some specialists also worked with centers in addition to home-based providers. The job roles all included conducting visits to provider homes to deliver resources and support to both providers and children in care around development, curriculum, literacy, and family support as well as group sessions with providers on a variety of topics. Within these similar activities, however, the focus and intensity of visits and group sessions varied depending on role.

Table 1 presents demographic information for participating specialists and supervisors. All 12 specialists who participated in the training held a BA degree, one held a degree in early childhood education, and eight held a degree in education or a related human services field. Two specialists had previously worked with home-based child care providers, and three had home visiting experience. All but one of the specialists were hired by the agency within the last year. Three of the supervisors held a masters degree and one a BA degree. One supervisor held a degree in early childhood education, and three held degrees in unrelated fields. All but one of the supervisors had been in this position for more than one year and most had no prior experience working directly with children or home-based child care providers.

Table 1: Demographic Characteristics of Specialists and Supervisors

	Specialists (n=12)	Supervisors (n=4)
Race/ethnicity		
Black/African-American	6	3
Hispanic	4	0
White	2	1
Education		
BA	11	1
MA	1	3
Major		
Early childhood education	1	1
Education or related field	8	0
Non-related field	3	3
Age		
20-29	4	
30-39	6	1
40-49	2	1
Over 50	0	2
Length of time in current position*		
< 1 year	10	1
> 1 year	1	3
Prior experience with home-based child care*		
Yes	2	1
No	9	3
Prior experience working with children*		
Yes	7	1
No	4	3
Prior experience with home visiting*		
Yes	3	1
No	8	3

* Missing data from one respondent

Findings

The evaluation identified successes and challenges experienced by specialists working with providers, as well as changes in how they approached their work with providers, in three areas,

including: use of reflective practice and perspective-taking with providers, new communication and listening skills, new approaches to developing partnerships and handling conflict.

Rewards and Challenges of Working With Providers

Specialists reported many successes they experienced from working with home-based child care providers and described small changes they observed providers making to their environments or routines. Some specialists emphasized a longer-term reward of working with providers around quality child care: "So I think for me that reward, like when they get an 'ah-ha' moment, then it's like, I helped them to understand it!"

Despite the successes, specialists also described an array of challenges they faced when working with home-based child care providers. The most frequently cited challenges included observing inappropriate practices with children, provider defensiveness, provider cancellations, challenging home neighborhood environments, establishing professional boundaries, and addressing provider mental health and trauma issues. Other common challenges involved logistical issues related to specialists' own time management and lack of supervisor understanding of the daily demands of their work with providers. Table 2 lists common challenges faced by specialists and the number of specialists who mentioned each challenge.

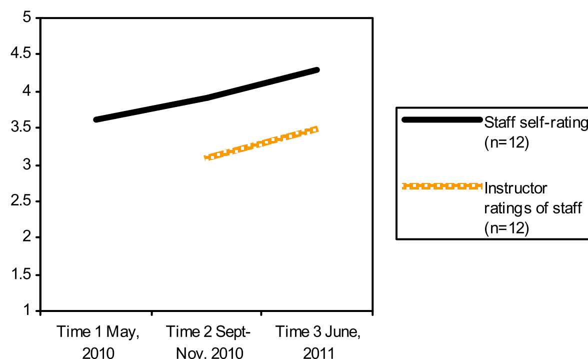
Table 2: Challenges of Working with Providers (n=12)

Challenges mentioned by specialists	Number of specialists (N=12)
Inappropriate practices with children	11
Provider defensiveness	10
Provider cancellations or scheduling conflicts	9
Challenging home environments	5
Establishing personal/ professional boundaries	5
Direct confrontation with providers	4
Provider's mental health and/or trauma issues	4
Logistical challenges related to organization and time management	8
Challenges with supervision and support (i.e., supervisors don't understand work of specialists and family child care).	7

Specialists' Experiences in the Training Program

Specialists began the training program with high levels of readiness to change their professional practices with providers (see Figure 1). Both specialists and the instructor reported progress in professionalism and readiness to change over the course of the year, yet specialists rated themselves as feeling more ready to change their professional practices across time points than the instructor rated them on these dimensions.

Figure 1. Stage of Change Scale ratings: Specialists and Instructor



Specialists reported gaining confidence in the areas of child development and culturally responsive care, including new insights into the role of parents in child care settings and how to help providers work more effectively with parents through understanding the needs and circumstances that families face. Specialists also reported learning about the unique context of family child care. Most participants had limited to no knowledge or experience working with family child care providers prior to this role. As one specialist explained, the training helped her to "understand the whole dynamic of family child care and how it's different from other care…"

In addition to content knowledge, specialists reported that the reflective practice component of the training was particularly helpful for specialists to build stronger teams and peer support. The seminars provided specialists with a formal structure and purpose for sharing with their coworkers, learning how to present experiences from the field, how to receive and integrate feedback, and how to give constructive feedback to their peers. Related to this, the training helped specialists feel more comfortable with their supervisors. Specialists explained that their supervisors understood the realities of their work with providers and their work in the field better as a result of participating in the training with them.

At the end of the training year, specialists expressed increased confidence in their abilities to carry out their job and their work with home-based child care providers. At the beginning of the training year, many felt unsure about their job role and responsibilities and lacked clarity about how

to conduct home visits with providers. Most of the specialists had recently been hired by ILAFC. By mid-year, none of the specialists expressed this concern. As one specialist explained about the training, "it really makes me feel like what I'm doing has a purpose."

Others reported that the training made them feel more comfortable in their job role:

> "I feel like I've grown a lot professionally and just my confidence as a professional… Just being able to think better on my feet and just a different skill set that I didn't have before."

In addition, several specialists mentioned plans to continue their education as a result of the training program experience. One expressed concern about the lack of a clear career path for this type of work. She described her commitment and passion for this work with providers and her drive to continue her education in this area. Yet at the same time she articulated her concern that further education and training would not lead to a higher-paying position that involved direct work with providers.

Ways in Which Training Shapes Specialists' Practices with Providers

Six core elements of the training emerged from specialist interviews, which asked them to describe areas where they learned new skills and approaches for working with providers: social support, reflective practice, perspective-taking, communication, developing partnerships, and handling conflict.

Social support. At the beginning of the training year, specialists reported that they thought about providers "all the time" and felt overwhelmed by situations they encountered in the field. At the mid-year interview and at the end of the training year, nine specialists described the reflective practice component of the training as an outlet for support and stress reduction. The training may have helped them learn how to set boundaries for themselves between work and personal life and how to reflect constructively on difficult situations. Specialists noted that group training offered them an outlet for releasing stress:

> "I think to have an opportunity to express what we do in our everyday work, and freedom to express it. Every day in child development is not beautiful…there are some days when it's not so good. There are some days when you can't help a family. You can't help a provider to convert to what's best for a child. But having a safe way to say you know, I'm, I'm tired. I don't know how else to work with this person. And having a couple other opinions sometimes is, is good. That's a good thing."

Reflective practice. Over the course of the training year, specialists moved from what Schon refers to as "reflection on action" toward "reflection in action" (Schon, 1983). In the beginning of

the year, participants used reflective practice to come up with “strategies and solutions” for specific situations with providers and to figure out “what’s working, what’s not.” By the end of the training year, some specialists described how they were able to “step back from the situation and give yourself that moment to check out what’s going on.” Weekly opportunities to discuss the work may have helped them implement reflective practice during visits to provider homes:

> “[B]ecause we have the sessions each week and we’re going over these particular things, when you go out on a visit it causes you to be more reflective and think about exactly what you’re going out to the home for.”

Perspective-taking. The training program helped specialists learn how to take a non-judgmental approach to working with providers by helping them “see things through the perspective of the provider” and approach differences with an open mind. Specialists described learning to examine their own “biases” in working with providers – especially grandmothers and other informal caregivers in their programs:

> “You know before I pass judgment and come up with my own conclusions to get background information, you never know what a person’s day has been like. And you know you -- coming in there and you’re telling them that this is wrong, and they may have already started out with a terrible day and may not be able to receive that information. So, just keeping an open mind on how I deal with the providers.”

Communication. At the beginning of the training year only three specialists emphasized the importance of listening as part of conducting home visits with providers. However, by the end of the training program, six specialists said they learned how to become “better listeners.” Specialists described how the training helped them learn to shift the focus of their visits with providers from solving problems for providers to listening to providers in order to help them deliver guidance and support more effectively. Specialists also learned how to ask open-ended questions about providers’ goals. These new communication skills helped them connect with providers and gather information that would help them offer effective support. One specialist compared her new approach to prior attempts to talk with providers: “It was more like okay, we're just going to have a conversation here and they would talk me to death. And now it's more -- not like an interview but more purposeful conversation.”

Partnerships. Seven out of twelve specialists reported they shifted their approach to working with providers from taking an expert stance (e.g. telling providers what to do), to developing partnerships with providers. Specialists reported engaging with providers to solve problems and working together with providers rather than doing activities for the provider. Parallel process was a key component of the training program, and specialists’ comments about developing partnerships with providers echoed their descriptions of working with coworkers and supervisors

through teamwork and sharing. The training program's emphasis on building a coherent and strong cohort among participants may have helped the specialists develop and build similarly strong partnerships and teams with providers in their caseloads.

Handling conflict. Specialists reported that the training helped them learn how to address conflict and difficult situations with providers, including helping providers who engaged in inappropriate practices with children:

> "But Erikson helped me think of ways in which to tell the provider that that's not okay, which I didn't have that when I worked with this provider, so I was nervous to even say he really shouldn't be smoking with kids in the next room."

Specialists' responses to vignettes describing challenging situations with providers at both the beginning and end of the training year revealed both strengths and areas for improvement. Specialists were rated moderately high on dimensions related to handling difficult situations and offering information and guidance to providers. Specialists' responses to vignettes suggest that some made improvements in how to work with challenging and difficult provider situations. This was indicated by their responses at baseline where they described intrusive strategies and suggestions for providers, compared to responses at end of the program, where they described asking questions, gathering information about situations, and helping providers solve problems.

Few specialists, however, articulated approaches to working with providers that included validating and empowering providers. Specialists also did not articulate awareness of cultural differences in responding to vignettes, nor did they demonstrate an awareness of reflective practice in their responses, despite their reporting progress in both of these areas in the interviews and the knowledge self-assessment. Specialists may have gained a greater appreciation for and understanding of these aspects of working with providers, yet need ongoing practice in translating the concepts of cultural responsiveness and reflection into direct work with providers. Moreover, vignettes were not able to capture a direct assessment of practice and the discrepancy in specialists' responses to vignettes and their reports of skills and knowledge may be partially explained by the hypothetical nature of the vignette scenarios.

Supervisor Experiences in the Training Program

Only four supervisors participated in the training program, yet their perspective on the training experience offers insights into how training can shape relationships across job roles within an agency. Findings from supervisor interviews are preliminary and point to the need for further research on the experiences of supervisors and their needs for training. The main theme that emerged from the supervisor interviews was the deeper understanding and perspective that supervisors gained related to their supervisees' work with providers. This parallels specialists'

reports of feeling better understood by their supervisors. Participating in the training helped supervisors gain a deeper understanding of what is involved in conducting provider visits. One supervisor noted: "I think I just learned from the staff about their experiences. It was more real than just trying to glean something from a book or an article." Supervisors' descriptions of learning about the realities of their supervisees' work suggests that some supervisors lacked hands-on experience conducting home visits or working with providers. Supervisors also emphasized throughout the interviews that the training offered a learning environment in which hierarchical relationships at the agency between supervisors and supervisees were de-emphasized, allowing them to build trust and understanding.

Similar to specialists' reports of how the training helped them develop new skills for communicating and working with providers, supervisors also reported learning new approaches to supporting their supervisees. These skills focused on communication approaches and the use of reflective practice. The reflective seminars in particular were designed to help specialists learn how to reflect on their experiences with providers, as well as help supervisors gain skills in facilitating reflection with their staff. Supervisors reported that the training helped them improve programming at the agency. One supervisor described how the reflective practice sessions lead to an agency retreat with supervisors and specialists to talk about their jobs and challenges related to one of the provider programs. The retreat resulted in programmatic changes that were more responsive to the needs of providers.

Discussion

Findings from the process evaluation suggest that the training program for agency specialists who work with home-based child care providers helps specialists gain new knowledge related to home-based child care, child development, and working with adults. In particular, specialists reported gaining an appreciation and understanding of home-based child care and how providers in these settings differ from center-based teachers.

The training program appeared to be useful for specialists who had limited background in early childhood or home visiting and/or who were inexperienced in this job role. In addition to content knowledge and skills, specialists reported that the training helped them gain clarity and confidence about their job role and how to carry out their work with providers. While the evaluation could not determine what role the training experience contributed to specialists' job competence, it seems plausible that a combination of the training and experience on the job throughout the year contributed to this increased sense of job clarity and competence among the specialists in this cohort.

Beyond perceived gains in knowledge and confidence, specialists also reported gains in new skills in how to work with providers. The hands-on approach and intensity of the training program

with weekly seminars, offered them regular and multiple opportunities to try out new ideas and approaches with providers and then report back to their peer group about the experiences.

Specialists' descriptions of learning how to communicate, listen, reflect, and develop reciprocal partnerships with providers suggests the program was successful in moving them from an information-delivery approach toward a relationship-based approach to support. Some specialists came into the training year feeling uncomfortable in their titles of specialist and left feeling more confident in those roles. Yet, they also learned that becoming an expert entailed acting less like an expert. The training helped specialists recognize that becoming an expert included knowing *how* to use your knowledge, skills, and expertise in ways that build trust and relationships (Pawl & St. John, 2000).

The training program also helped specialists approach their work with providers around quality improvement in new ways. While some expressed frustration at the beginning of the year with providers who could not articulate goals or providers who would not follow through on quality improvements, by the end of the year specialists offered many examples of learning how to step back and work with providers at their level and stage of readiness. Getting a provider to turn off the television or helping a provider rearrange some furniture were seen as small but important steps toward improving child care settings for children. The training may have helped specialists appreciate incremental change and modify their expectations for provider behavior while still maintaining the ultimate goal of quality improvement and positive child outcomes.

Finally, findings from interviews with specialists and supervisors suggest that in addition to helping individuals gain skills and knowledge, the program also enhanced agency-level capacity to support providers. Team building and improved collaboration both across departments, as well as between supervisors and supervisees, may lead to more effective and coordinated service delivery to providers. Moreover, specialists reported that the agency's sponsoring of the training program made them feel valued and appreciated. This may also have enhanced agency capacity to retain a committed and consistent workforce and build sustainability of programming and services.

Program Implications

Findings from this process evaluation suggest implications for agency programs that deliver outreach and support services to home-based child care providers in three areas:

1. ***Offer opportunities for structured reflection***. Study findings suggest that there are many challenges associated with conducting provider visits and working with providers around quality improvement. Specialists who carry out these tasks may need regular opportunities for structured reflection and sharing about their experiences with providers – both challenges and successes. The pilot training program offered specialists weekly opportunities to come together and reflect on their experiences in the field,

problem solve, and learn from each other. Establishing these types of activities within agency schedules and protocols may be a way for agencies to increase the retention of staff in these positions while also improving the quality of service delivery to providers.

2. ***Offer opportunities for on-going practice of new skills.*** Specialists and supervisors may need ongoing practice with communication and conflict resolution skills. The year-long training process allowed specialists and supervisors time to try out new ideas and skills, process these experiences with their peers and facilitator, and then refine their skills.

3. ***Support the practice of reflective supervision.*** Ongoing reflective supervision beyond the training program may be useful for both supervisors and supervisees in improving collaboration and effectiveness of support services for providers. Supervision was not a main focus of the training program, yet some of the participating supervisors expressed a need for additional support around facilitating meaningful and effective reflective practice sessions.

Policy Implications

Most state Quality Rating and Improvement Systems include family child care providers, and many of these providers require support and assistance in meeting standards. Relationship-based agency staff training may be a promising direction for preparing a workforce of agency specialists to help home-based child care providers improve quality.

Yet challenges regarding the feasibility of this type of intensive staff training, suggests that more work needs to be done on identifying the key components of training that could be offered in a variety of formats while maintaining program integrity and fidelity. For example, on-line modules or different levels of relationship-based training might be developed to meet the needs of agency specialists with varying experiences and relevant education levels. Helping agencies implement ongoing opportunities for reflective practice and support at the agency, may be another promising and cost-effective direction for promoting relationship-based skills among agency specialists.

Although many states require providers of technical assistance (coaches, consultants, agency specialists) to complete some amount of training, educational requirements and advanced specialized training are minimal in most states for these job roles (Smith, Schneider, & Kreader, 2010). Moreover, our findings suggest that some specialists view this job as a career, yet they find there are few options for advancement. Greater attention to the job roles and career pathways of agency specialists should be integrated into state career lattices and professional development systems intended to improve early care and education quality.

Future Research

This process evaluation was the first phase in an ongoing project to examine relationship-based training for agency specialists who support home-based child care providers. The next phase of this project entails implementation and evaluation of the program with a new cohort of agency specialists, including specialists across agencies and specialists working within different early childhood systems (e.g., Head Start and Early Head Start.)

The next phase will continue to identify the effective components of this program and will seek to understand how the training shapes practices beyond perceived improvements. Future work will also explore mechanisms for disseminating and delivering this type of training off-site in order to reach more participants both within and beyond Illinois. Issues related to frequency, intensity, and feasibility of the training program will need to be addressed in future projects through examination of on-line and train-the-trainer approaches.

Conclusions

In sum, this study highlights the potential of relationship-based training for agency specialists who work with family child care and family, friend, and neighbor caregivers around quality improvement. Home-based child care providers care for a majority of young children who are in out of home child care, especially children from low-income families. The unique context and potential for quality caregiving in home-based child care settings also suggests that unique skills and knowledge may be needed by agency specialists who deliver quality supports to these providers. Understanding this sector of the child care workforce more broadly may enhance efforts to deliver and sustain high-quality supports to home-based child care providers.

Future research might examine this sector of the workforce, including motivations that specialists have to carry out this work, the challenges and rewards of the work and the types of supports specialists need to work effectively with child care providers in order to inform training and professional development efforts in this area.

References

Barrera, I., & Kramer, L. (2009). *Using skilled dialogue to transform challenging interactions: Honoring identity, voice, and connection.* Baltimore: Brookes.

Bromer, J. & Bibbs, T. (2011). Relationship-Based Professional Development for Support Staff and Quality Improvement in Family Child Care: From Research to Program Development. *Zero to Three, 31* (5), 30-37.

Bromer, J., Van Haitsma, M., Daley, K. & Modigliani, K. (2009). *Staffed support networks and quality in family child care: The family child care network impact study*. Chicago, IL: Herr Research Center for Children and Social Policy, Erikson Institute.

Bryant, D., Wesley, P., Burchinal, P., Sideris, J., Taylor, K., Fenson, C., & Iruka, I. (2009). *The QUINCE – PFI study: An evaluation of a promising model for child care provider training. Final report.* Chapel Hill, NC: FPG Child Development Institute, University of North Carolina at Chapel Hill.

Capizzano, J., Adams, G., & Sonenstein, F. (2000). *Child care arrangements for children under 5: Variations across states.* (Findings from the 1999 Survey of America's Families, Series B, no. B7). Washington, DC: Urban Institute.

Children's Institute (2009). *Stage of change scale for early education and care*. Rochester, NY: Children's Institute.

Gilkerson, L., & Cochran, Kopel, C. (2005). Relationship-based systems change: Illinois model for promoting social/emotional development in Part C early intervention. *Infants and Young Children, 18*(4). 349-365.

Heffron, M.C. (2005). Reflective supervision in infant, toddler, and preschool work. In K. Finello (Ed.), *The handbook of training and practice in infant and preschool mental health* (pp. 114–136). San Francisco: Jossey-Bass.

Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York: Teachers College Press.

Laughlin, L. (2010). *Who's minding the kids? Child care arrangements: Spring 2005/ Summer 2006*. Washington, DC: U.S Census Bureau. http://www.census.gov/prod/2010pubs/p70-121.pdf

McCabe, L.A. & Cochran, M. (2008). *Can Home Visiting Increase the Quality of Home-Based Child Care? Findings from the Caring for Quality Project* (Research Brief No. 3). Cornell, NY: Cornell University Early Childhood Program.

Pawl, J.H. & St. John, M. (2000). Inclusive interaction in infant-parent psychotherapy. In J.H. Pawl et al. (Eds.), *Responding to infants and parents: Inclusive interaction assessment, consultation, and treatment in infant/family practice* (pp. 8-14). Washington D.C.: Zero to Three.

Porter, T., Pausell, D., DelGrosso, P., Avellar, S., Hass, R., & Vuong, L. (2010). *A review of the literature on home-based child care: Implications for future directions.* Princeton, NJ: Mathematic Policy Research, Inc.

Schon, D. (1983). *The reflective practitioner. How professionals think in action*. London: Temple

Smith, S., Schneider, W., & Kreader, J. L. (2010). Features of professional development and on-site assistance in child care quality rating improvement systems: A survey of state-wide systems. National Center for Children in Poverty. Retrieved from: http://www.nccp.org/.

Susman-Stillman, A. & Banghart, P. (2011). *Quality in family, friend, and neighbor child care settings*. New York: Columbia University National Center for Children in Poverty, Child Care and Early Education Research Connections. http://www.researchconnections.org/childcare/resources/14340/pdf

U.S. Child Care Bureau (2009). Table 6: Child Care and Development Fund Average Monthly Percentages of Children Served in All Types of Care (FFY 2007). FFY 2007 CCDF Data Tables. Washington, DC: Administration on Children, Youth and Families. U.S. Department of Health and Human Services. http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/07acf800/table6.htm.

For more information on this project or a copy of the full project report, contact:

Juliet Bromer, Ph.D., Erikson Institute, 451 N. LaSalle St., Chicago, IL 60654; 312-893-7127;

jbromer@erikson.edu