

**Home-Based Child Care Provider Perspectives on Agency  
Support: A Sub-Study of an Evaluation of a Relationship-  
Based Training Pilot for Agency Specialists**

**Final Report to Illinois Action for Children**

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# Executive Summary

## Background

Home-based, non-parental child care providers account for a majority of the child care workforce and more than half of young children are cared for in these child care settings (Porter, Paulsell, Del Grosso, Avellar, Hass, & Vuong, 2010). Although we know little about the effectiveness of specific strategies to improve quality in home-based child care, research suggests that providers who belong to a support group or have some affiliation with a group of other providers offer higher quality care than providers without any support or affiliation (Kontos, Howes, Shinn, & Galinsky, 1995). Moreover, an emerging body of research on quality improvement efforts suggest that individualized approaches to working with providers such as home visiting and coaching may be promising strategies for quality improvement in this sector (Bromer, VanHaitsma, Daley, & Modigliani, 2009; Bryant et al, 2009; McCabe & Cochran, 2008).

## The study

Although research points to the importance of support in improving quality in home-based child care, relatively little has been documented about providers' experiences with specific types of support services. This report summarizes findings from 42 in-person interviews conducted with 14 licensed and 28 license-exempt home-based child care providers who had opportunities to receive visits to their homes from specialists and attend group training sessions. The purpose of this qualitative study was to examine home-based provider perspectives on the benefits and meaning of agency support and how this support shapes their experiences caring for children. This study was part of an evaluation of a training program for agency staff working with home-based child care providers (Bromer & Korfmacher, 2012). Providers in this study participated in two agency programs to improve quality of care through visits to provider homes from an agency specialist, one program focused on infant-toddler development and the other on early literacy. All of the providers in this study received bi-monthly visits over the course of 4 to 6 months from an agency specialist who was participating in an intensive, relationship-based training program on how to work with home-based child care providers around quality improvement.

Providers reported many years experience caring for children and all but seven providers cared for mixed-age groups of children including school-age children. Most of the providers interviewed were either African American or Latina. Almost half of the providers had a high-school degree or less, 31% held an associate's degree or some college coursework, 24% held a BA degree and one licensed provider held a Masters degree.

## Findings

Confirming prior research on provider reports of services (Porter et al, 2010a), the most common areas of information and help received by providers in this study, included activity ideas, materials and equipment for children, and child development information. Fewer providers reported receiving help and information focused on aspects of caregiving that may have been unique to home-based child care settings – negotiating relationships with parents, working with mixed-age groups, and improving the home environment for child care.

The study also reveals new themes about how home-based child care providers perceive and experience specific types of support services such as home visits and group sessions and the types of

relationships that develop as a result of these interventions. In addition to information and help, providers also reported *how* agency specialists helped them improve their care of children. Providers rated services received from their specialists as high on strengths-based dimensions and providers reported visits that focused both on activities and enrichment for children as well as visits to homes that focused on provider needs.

Provider experiences with a specialist suggest that strong relationships develop between providers, specialists, and children in care, even after only a limited dosage of services. Providers described a continuum of relationships with their specialists from personal friendships to more professional and business-like relationships. For some providers, these relationships were often close and family-like and provided a trusting context for providers to explore new ways of understanding and responding to children. For other providers, experiences with an agency specialist emphasized the isolation they experienced in their caregiving roles. Over half (55%) of the providers described the close relationships that children in care developed with specialists, sometimes leading to difficult transitions when the program ended. Providers wished that the support from a specialist was available in an ongoing manner rather than through a time-limited number of visits. Many providers expressed disappointment when the specialists' visits were completed.

This study gathered provider reports about challenges they experienced working with an agency specialist both in visits to their homes and in group sessions. Findings here echo themes from prior research regarding logistical challenges as well as reveal new findings about provider perceptions of program dosage and provider expectations of services. Providers in this study expressed a need for ongoing services including home visits and group sessions as well as clearer expectations about program services.

## **Policy and Program Implications**

Findings from this qualitative study of providers are preliminary but offer useful insights into provider perspectives on receiving support services from agency staff. Previous research studies have offered similar recommendations for programs working to improve quality in home-based child care (Paulsell et al, 2010). The recommendations below build on these prior findings:

- Develop a clear set of expectations for provider participation.
- Group sessions should include child care, transportation, and other logistical supports to providers.
- Create avenues for on-going support services including increased dosage of visits and group sessions.
- Create opportunities for ongoing networking and support among providers.
- Differentiate support services to meet diverse needs of providers.
- Develop family child care specialist role at agencies to support quality in family child care homes.

## **Introduction and Background**

Home-based, non-parental child care providers account for a majority of the child care workforce and more than half of young children are cared for in these child care settings (Porter, Paulsell, Del Grosso, Avellar, Hass, & Vuong, 2010a). Although we know little about the effectiveness of specific strategies to improve quality in home-based child care, research suggests that providers who belong to a support group or have some affiliation with a group of other providers offer higher quality care than providers without any support or affiliation (Kontos, Howes, Shinn, & Galinsky, 1995). Moreover, an emerging body of research on quality improvement efforts suggest that individualized approaches to working with providers such as home visiting and coaching may be promising strategies for quality improvement in this sector (Bromer, VanHaitisma, Daley, & Modigliani, 2009; Bryant et al, 2009; McCabe & Cochran, 2008). Unlike center-based child care providers who work under the guidance of a director or supervisor, most home-based child care providers work alone and may be more likely to benefit from the support and guidance offered by these one-on-one approaches to support.

A recent review of initiatives aimed at improving home-based child care (Porter et al., 2010b) found that home-based child care providers seek support for a variety of reasons. Licensed family child care providers typically seek support and training to improve and maintain quality in order to ensure that they meet licensing standards and other quality benchmarks. Family, friend, and neighbor caregivers, who care for children outside of the regulatory system, are often eager to participate in support programs in order to enhance their knowledge of health and safety, child development, behavior management, and community resources, and they tend to prefer support groups to more formal training opportunities (Susman-Stillman & Banghart, 2011; Porter et al, 2010a). The isolation that many home-based child care providers experience may be a motivation for these providers to seek support.

## **Overview of study**

The purpose of this qualitative study was to examine home-based provider perspectives on the benefits and meaning of agency support and how this support shapes their experiences caring for children. This study was part of an evaluation of a training program for agency staff working with home-based child care providers (Bromer & Korfmacher, 2012). Providers in this study participated in two agency programs to improve quality of care through visits to provider homes from an agency specialist, one program focused on infant-toddler development and the other on early literacy. All of the providers in this study received bi-monthly visits over the course of 4 to 6 months from an agency specialist who was participating in an intensive, relationship-based training program on how to work with home-based child care providers around quality improvement (see Appendix for description of training program and service delivery models). In addition to visits to homes, providers had the opportunity to participate in monthly group training sessions on various topics related to child development.

Although research points to the importance of support in improving quality in home-based child care, relatively little has been documented about providers' experiences with specific types of support services. This report summarizes findings from 42 in-person interviews conducted with home-based child care providers who had opportunities to receive visits to their homes from specialists and attend group training sessions.

## Methods

Interviews were conducted with license-exempt and licensed family child care providers who received support from an infant-toddler (IT) specialist or a child care resource facilitator at Illinois Action for Children (IAFC). The specialists were simultaneously participating in a professional development program. The year-long program was conducted by Erikson Institute and was specifically designed for agency specialists working with home-based child care providers.

During the fall of 2010 and spring of 2011, four IT specialists and four child care resource facilitators, who were participating in a training program for agency specialists working with home-based child care providers, recruited license-exempt and licensed family child care providers who had worked with them in the past two to three months to participate in the research study. Most providers received visits from a specialist over the duration of four months. Specialists shared the names and contact information for providers who agreed to participate with the research team. From a recruitment pool of 66 providers, the research team selected three to five providers per specialist at each recruitment period (fall and spring). Researchers interviewed a total of 42 providers (18 during fall and 24 during spring) for the study. Only two providers who were selected and contacted did not participate in the study.

Interviews took place (at times that were convenient for the providers) in provider homes where they cared for children. Interviews lasted on average 30 minutes in length. Ten interviews were conducted in Spanish. All interview protocols were translated from English to Spanish.

The interview protocol consisted of open-ended interview questions about providers' experiences receiving support from a specialist including areas of learning, benefits and challenges. The study asked specific questions about the relationship provider had with their specialists. The study also asked providers to rate their specialist on their strengths-based approach to offering support, using *The Strengths-Based Practices Inventory* (Green, McAllister, & Tarte, 2004).

Interview data were entered into the qualitative software program NVIVO and coded for relevant themes related to providers' experiences receiving support through home visits and group sessions. Codes were developed through an iterative process wherein the principal investigator (PI) and a research assistant independently highlighted themes in several transcripts and used these themes to develop a coding structure. The coding scheme was then applied to all the transcripts. For the first round of interviews, the PI and research assistant independently coded all transcripts and reached

consensus on items where there was disagreement. For the second round of interviews, a different research assistant was trained on the coding system. After consensus was reached on two transcripts, the research assistant coded every transcript and the PI coded every fifth transcript. The research team reconciled all discrepancies through discussion. Coding summaries were then developed for data analysis. Additional codes emerged in the analysis process. For example, several providers talked about feeling isolated in their caregiving. Isolation was identified as an emergent code and the research team re-read the transcripts to code for this theme. Once coding categories were determined, further descriptive analyses were conducted by licensing status, race/ethnicity, and education.

## **Sample Description**

Thirty providers received visits to their homes from an infant-toddler specialist and 12 received visits from a resource facilitator whose visits focused on early literacy activities for preschool-aged children. Specialists who worked with these providers all participated in a year-long, relationship-based training program focused on working with home-based child care providers. Many of the specialists also worked with center-based programs and most of the specialists did not have a background in working with home-based child care (see Bromer & Korfmacher, 2012 for detailed description of specialists and their experiences working with providers and receiving training; also see Appendix).

Two thirds of providers in this study were license-exempt<sup>1</sup> caregivers (see Table 1). The others were licensed by the Illinois Department of Child and Family Services to provide family child care and offered group care in their homes. Providers reported many years experience caring for children and all but seven providers cared for mixed-age groups of children. Most of the providers cared for infants and toddlers, 69% cared for school-age children in addition to younger children, and a little over half (57%) cared for preschoolers in addition to infants and toddlers. Most of the providers interviewed were either African American or Latina. Almost half of the providers had a high-school degree or less, 31% held an associate's degree or some college coursework, 24% held a BA degree and one licensed provider held a Masters degree. The study did not collect systematic data on provider relationships to children in care, yet many providers in the study reported caring for grandchildren or other relatives.

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<sup>1</sup> A child care license is required in Illinois if a provider is caring for more than three children that are not related. Providers caring for fewer than three unrelated children are considered license-exempt.

**Table 1: Demographic characteristics of providers (N=42)**

	Number	Percent
<b>Race/Ethnicity</b>		
Black/African American	25	60%
Latina	14	33%
White	1	2%
Other	2	5%
<b>Education</b>		
< Highschool	4	10%
Highschool or GED	14	33%
AA/Some AA or college	13	31%
BA	10	24%
MA	1	2%
<b>Age</b>		
20-29	1	2%
30-39	15	36%
40-49	13	31%
>50	13	31%
<b>Length of time caring for children</b>		
1 year or less	10	24%
2-5 years	11	26%
6-10 years	5	12%
>10 years	16	38%
<b>Licensing status</b>		
Licensed	14	33%
License-exempt	28	67%
<b>Number of children in care</b>		
1-2	8	19%
3-5	24	57%
6-9	5	12%
>10	5	12%
<b>Number of providers caring for children by age group<sup>a</sup></b>		
Infants/toddlers	38	90%
Preschoolers	24	57%
School-age children	29	69%

<sup>a</sup> Missing data on ages of children for two providers.

Some descriptive differences were found between licensed and license-exempt providers (Table 2). A majority of the licensed providers were African-American while close to half of license-exempt providers were Latina. While all of the licensed providers had at least a high school degree and many had some college or an undergraduate degree, most of the license-exempt provider held less than a college degree and 14% had not graduated from high school. Licensed providers cared for larger groups of children than license-exempt providers.



Table 2: Demographic characteristics of providers by licensing status

	Percent licensed (n=14)	Percent license-exempt (n=28)
<b>Race/Ethnicity</b>		
Black/African American	79%	50%
Latina	14%	43%
White	7%	0%
Other	0%	7%
<b>Education</b>		
< Highschool	0%	14%
Highschool or GED	29%	36%
AA/Some AA or college	21%	36%
BA	43%	14%
MA	7%	0%
<b>Age</b>		
20-29	0%	4%
30-39	43%	32%
40-49	36%	29%
>50	21%	36%
<b>Number of children in care</b>		
1-2	7%	25%
3-5	43%	64%
6-9	14%	11%
>10	36%	0%

It should be noted that some descriptive differences were also found between the first and second rounds of provider interviews. The first round of provider interviews (n=18) included mostly license-exempt providers (78%) while the second round of interviews (n=24) included a more even distribution of license-exempt (58%) and licensed (42%) providers. The first round of provider interviews included providers with less education than those in the second round of provider interviews and the first round of interviews included providers caring for fewer children than providers in the second round.

## Findings

This study examined the types of support and help providers reported receiving from an agency specialist as well as provider perceptions of *how* information and help were delivered during visits to homes. An examination of provider perceptions of approaches to service delivery and support is an area that has not been explored in previous research. Provider reports about how agency specialists work with them and offer support may contribute new knowledge about the training needs of home-based child care providers and how to best deliver services to these providers.

## Types of information and help received

### Information and help received during visits to provider homes

Providers were asked to describe the types of information and help they received from a specialist during visits to their homes. The most common areas of information and help received included activity ideas, materials and equipment for children, and child development information. Fewer providers reported receiving help working with parents, help working with mixed age groups of children, links to resources and services, and suggestions about the child care environment (see Table 3). No differences were found in the types of information and help received by licensing status of providers.

**Table 3: Information and help received**

Support received	Percent of providers (n=42)
Activity ideas	83%
Materials and equipment	79%
Child development information	71%
Working with parents	52%
Working with mixed-age groups	48%
Links to resources	33%
Improving the home child care environment	14%

### ***Most commonly reported information received: Activity ideas, materials, and child development information***

Part of the specialists' job with providers was to deliver specific curricular and program activities. The infant-toddler specialists, for example, delivered the Play and Learn series, a program consisting of age-appropriate activities for very young children and the resource specialists focused their visits on literacy activities for preschool-aged children through a "reading readiness" program (see Appendix). Most providers in this study (83%) reported learning new activity and curriculum ideas to do with children, including math, science, and literacy activities. Providers also noted that they were able to do many of the activities with their children even when the specialist was not present:

"She would share the curriculum or songs that she had and I would take those ideas and use them in my own way. I would adapt the ideas to my work."

Beyond specific activities, providers reported receiving help from their specialist with scheduling of activities and learning about the importance of establishing predictable child care routines for both themselves and children in their care:

"She was the one who gave me the idea of having a schedule. She thought that once I had a schedule that the four-year-old, maybe his behavior would improve because he would have a routine. You know, now he knows what to expect at this time of day. You know, he may not know what time his mom's picking him up, but he knows at this time I'm going to do this and this time I'm going to do that so it's worked out thanks to the specialist."

“This I learned about kids: you can’t do long things. I learned from her. After each activity we move around, relax a bit, or take a break...and this has been fabulous for us. Because now the child learns more, isn’t seeking attention, and we can also move forward more.”

In addition, a few providers mentioned that their specialists encouraged them to turn off the television or minimize viewing time during child care hours.

Given the emphasis in the provider services program on delivery of resources, it’s not surprising that most providers (79%) reported receiving materials for children including toys, books, craft materials, blocks, literacy, and math games. One provider said she developed a new appreciation for books since working with her specialist:

“And before that like I wasn’t really, I didn’t really look at books as, you know, some material to play with kids and all... now I want to visit the library and look at more age appropriate books.”

Close to half of providers (48%) in this study had no college degree and although we did not systematically probe for formal training in early childhood education for child development, very few volunteered that they had a degree or specialized training in this area. The specialist visits offered providers an opportunity to develop their own knowledge and learning in the area of child development outside of participating in formal training or coursework as the following provider articulated:

“Because it’s a good thing, it really is. To have someone to come in your home and just educate you and you don’t have to go to school for it, but they are bringing you this knowledge into the home. So I just hope it continues because it’s a good thing.”

Most providers (71%) reported that they gained new knowledge and information about the stages of children’s development and new ways of understanding children’s behavior as a result of working with a specialist. Providers who received visits from infant-toddler specialists emphasized learning about infant-toddler development in particular as this provider explained:

“I have learned that I have to have more patience with the children... I mean, in the sense that you have to give them their time. As I told you, I have experience with three to five, and they listen better to instructions, and they work more independently. But the younger kids... even though I know you have to give them time... it is hard to change your thinking, because I am like that. So, I am changing...yes....But with this age, I have relaxed a lot. Because you know what? We started to see that they stay, and they go... That is the most important thing I have learned from her. “

Providers also reported learning about the importance of play for children as this license-exempt provider noted:

“It’s so important, and I did not know that, you know, give them a little time just to play, and then at the same time they’re learning to build their mind up that’s -- and I didn’t connect that, and I’m 52 years old, and I know I should have at least had that connection. That if you let them play for a little while, then they can start to grow, and learn, you know, easier. ”

Several providers talked about learning to see children’s behavior and activity in new ways. They gave examples of learning to use age appropriate practices from feeding practices to television use. They also talked about finding new ways to teach children through daily activities as the following suggests:

“The way I talk to them has changed because I’m always asking them something that it makes them think on an educational level. If one of my babies needs help with their colors, I make sure I tell her don’t just go sit down. You know, sit down in the blue chair, sit down in the red chair. Go sit down in the big chair.”

“We may be mothers but we may not know the correct age to begin educating a child. We might think that a child can only listen and understand us when he is able to talk, not before. But those are our own ways of thinking, right? The nice thing about [the specialist] is that she told me that even when a baby is in the womb, he or she can hear you.... these were things I didn’t know. One doesn’t just know things, one doesn’t study to become a mother.”

“For example, when the little girl would go up and down the stairs by herself...I would understand why that was an important part of physical development. She [the specialist] helped me understand the “why” for each activity.”

They also talked about learning to take a child’s perspective and using positive discipline strategies rather than punitive ones.

### ***Other types of help and information received: Help with parents, mixed-age groups, resources, and the child care environment***

Fewer providers reported receiving help and information focused on aspects of caregiving that may have been unique to home-based child care settings – negotiating relationships with parents, working with mixed-age groups, and improving the home environment for child care. Just over half of the providers (52%) reported ways in which their specialists helped them with parents of children in their care, including the following:

- Materials for parents such as magazines or information about community resources
- Setting limits with parents
- Communicating effectively with parents
- Understanding parents’ viewpoints

Many home-based child care providers care for mixed-age groups of children from infants through school-agers. Nearly half of providers (48%) reported that their specialist helped them work with mixed-age groups of children. This included giving them ideas of how to include all the children in care in an activity as the following provider explained:

“So it actually brought the game up to our level to where everybody was able to stand around the table, because the other children were here as well... So it allowed us all to interact with each other.”

Learning how to integrate school-age children into activities for younger children was a challenge cited by some home-based child care providers. One provider noted that since her specialist was an infant-toddler specialist, she only received help on activities for the younger children in her care:

“Because it is difficult to interest the school-aged children in the activities. I am always looking for activities that they will like, but I haven’t gotten help in that. I would love it... she only dealt with infants, toddlers and preschoolers.”

One third of providers (33%) reported that their specialist linked them to helpful resources including:

- Child and Adult Care Food Program (CACFP) participation
- Classes, training workshops
- Referrals for children with special needs
- Free resources/materials for children, including on-line resources
- Other resources and specialists at Action for Children (e.g., mental health consultant)
- Information for parents about community resources e.g., libraries and food pantries
- Licensing information

Finally, 14% of providers reported ways in which the specialists helped them set up or change their home environment for children. This was not a focus of either of the specialist programs and so may not have been discussed as often as other topics during visits. Nonetheless, home-based child care providers often have to negotiate the demands and space constraints of their own family and home environment with the emotional and physical space needs of their child care children and families. Providers mentioned getting help to change their child care set-up – such as hanging pictures at children’s eye level or setting up a cozy reading area for children – so that children would be more engaged. Providers also mentioned getting help with health and safety improvements to their homes, including covering outlets, minor house repairs, rug cleaning, and changing the water temperature to comply with licensing regulations.

### **Information and help received from group sessions**

In addition to receiving visits from an agency specialist, providers participated in group workshops and training sessions conducted by their specialists. A majority of providers (72%) reported that they attended the group sessions and that the sessions were helpful. The most commonly cited topics of group sessions were issues related to child development or age-appropriate activities for children, including use of television in child care, interacting with parents, health and safety, environment and materials, and discipline.

Over two thirds (69%) of the providers mentioned that group sessions offered them opportunities to network with other providers and to share and learn from each other.

“Another great thing about it was that I was able to meet other providers from my community and share... see what they are doing. I was even able to visit some of the

providers in my community and develop a relationship with them. They are also going to refer children to me since many of them have waiting lists.”

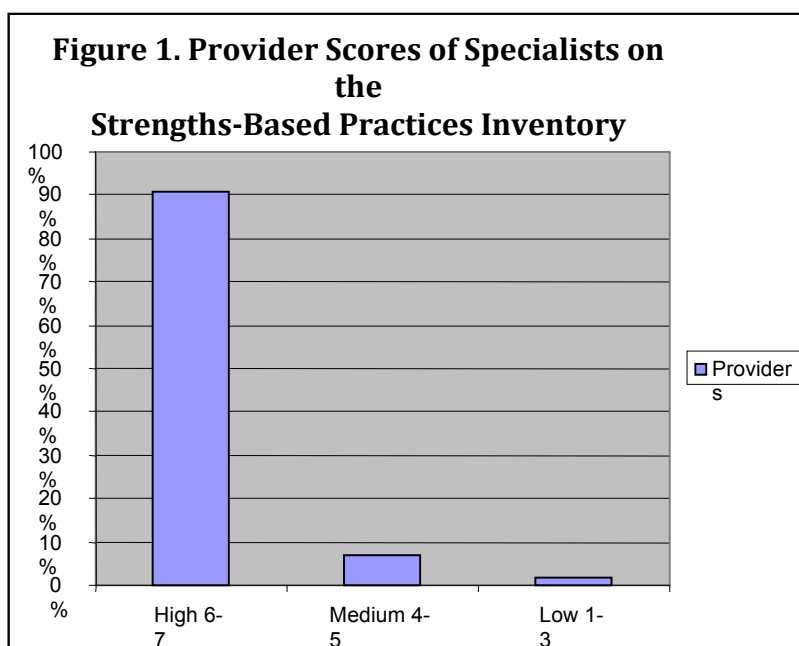
“It was helpful because you wouldn’t even know that you had a specific problem but then someone would share something and you would think, oh that happens to me too, I didn’t know it was a problem.”

## Approaches to helping

In addition to information and help, providers also reported *how* agency specialists helped them improve their care of children. Prior research has not examined provider perceptions of relationships that develop with agency specialists and agency approaches to helping that are most responsive. This study was part of an evaluation of a relationship-based training program for agency specialists working with home-based child care providers. The training included a focus on relational approaches to support and communication strategies such as active and empathic listening (Bromer & Bibbs, 2011; Bromer & Korfmacher, 2012) that may have been reflected in the provider perceptions reported below.

## Strengths-based services

We used the *Strengths-Based Practices Inventory* (Green, McAllister, & Tarte, 2004) to ask providers to rate their specialist on the following four dimensions: the extent to which providers felt their specialists delivered support that was strengths-based, culturally competent, relationship-based, and delivered in a competent manner. Providers rated services received from their specialists as high on strengths-based dimensions (average of 6.3 on a 7-point scale). Almost all providers (90%) rated their specialists on average as either a 6 or 7 on a 7-point scale. Ratings ranged from 1 to 7. Figure 1 shows the percent of providers that rated their specialist as high, medium, and low.



Providers described a typical visit from a specialist, including how the specialist helped them during visits. Provider responses suggest that some specialists focused on working directly with children, either through modeling for the provider or facilitating the provider's work with children. Other providers reported that their specialists focused on the provider's own needs and experiences related to caring for children.

### **Child-focused help**

Seventeen (41%) of the providers reported that their specialists modeled how to work with children during their visits. Modeling included demonstration of different teaching techniques including how to read to children and play games. One provider described this help as "on-the-job training." Other providers described how their specialist worked with them and the children in care:

"Well she basically sat on the floor with the kids—with me and the kids and showed me how, you know, how to play with them and you know, how the toys—how to interact with the kids, you know, with the toys."

"I learned a lot because she was just showing me how you can advance in a child by giving them and asking them for things back. So she gave me a, a lot of, you know, hints about doing things."

Some providers also reported that their specialists observed them working with children and gave feedback:

"Because while she is actually interacting with the children she's telling me what she's doing...and she's watching me and telling me what I'm doing...So she's reinforcing what I'm already doing."

Direct work with children through reading to children, playing with toys the specialist had, or teaching a specific lesson, was beneficial for some providers and may have been perceived as less helpful for other providers. As one provider articulated, having a specialist come in and focus exclusively on the children was a school readiness opportunity for children in home-based child care because it offered children the experience of feeling comfortable with other caregivers:

"How helpful it is for another person to come and be with the children and just showing the children new ways and as well that helps the children because they're not going to be with you forever. They're going to go to school and have new teachers so that helps the children also see how different people teach different ways."

In contrast, another provider explained that when the specialist interacted directly with children, "that was the part [of the visit] that she took over," suggesting that this part of the visit may not have been that helpful to the provider's own learning and development.

### **Provider-focused help**

Over one third (43%) of providers reported that their specialists focused some part or all of the home visit on the provider's own concerns, questions, and goals. These providers reported that their

specialists understood their goals and needs as caregivers. For example, one provider commented, “I think she understand what we go through as daycare providers.” Providers commented that their specialists would ask questions, listen to their concerns, remember topics they wanted to discuss, and generally find time in the visit to focus on the provider and the children in care. These providers described how having a specialist focus on what they were doing well was encouraging and made them feel valued and recognized. As one provider described, “she’s catching stuff that you don’t see in yourself.”

For some providers, their specialist helped them gain a new appreciation of and perspective on their role as caregiver. The following excerpt from a licensed provider suggests that the specialist helped her see herself as an educator of both children and parents in care:

“It has kind of like motivated me to keep doing what I already was doing. Not to get so lax, you know, because I’m in the home and stuff, but to still remember that I’m educating these children and the parents. You know because sometime you think oh, I’m at home, I can just lay around, and you know, do nothing. No it has reminded me too that I am an educator still, you know, even though I’m in the household.”

A license-exempt provider described the unexpected experience of coming to see her work taking care of children as more than just babysitting but a real job. She emphasized the hard work involved in coming to see herself as an educator and developing high expectations for herself as a result of working with a specialist:

“And [the specialist] brought a lot of that to me because even though I have been doing this for a long time, when you take it and put the educational piece with it, girl, it’s hard. It got hard. I said man, I said I’m cleaning up, I’m working, I’m cooking. I’m like, I said shoot, this is a job, okay. So, you know, even talking to the kids now about cleaning up, I say, you know, I’m like I’m tired. We have to do this every day, you know. I said every time we play with something, we’ve got to put it back. We’ve got to wipe it off and stuff like, and you know, and I’m like okay, this is a job.”

This example also points to the importance of ongoing support, especially for providers who may see themselves as emerging child care professionals.

## **Provider-specialist relationships**

All the providers spoke positively about their specialists. Providers described trusting and “comfortable” relationships with their specialist and being able to “open up” and ask questions. One provider said she felt her specialist could “explain everything in a way that didn’t make me feel bad about myself.” A Spanish-speaking provider noted the importance of a linguistic and cultural match with her specialist when she commented, “it’s important to have people who speak our language because that way you feel like you can trust the person and ask any questions you have.”

For some providers, the trusting relationship and shared values with a specialist helped build the foundation for making changes as the following provider explained:



“Well, I think we have the same values because we got along well. For example, during the first visit, she explained that the kids shouldn’t watch so much television and everything like that, so I took that into consideration because I knew she was giving me good advice about how to work with the kids.”

Providers described a continuum of relationships with their specialists from close and personal friendships to more professional and business-like relationships. Many providers did not have much to say about their relationships with a specialist beyond the positive feeling described above. However, 12 providers described their relationship with their specialist as close and personal. As one provider put it, “she didn’t come off so much as a teacher, but more as a friend.” Others described their specialist as “like part of the family,” “like a sister,” and “like we had known each other for years.” While this personal bond with a specialist was described as a positive aspect of receiving agency support, in some cases a friendship relationship may be inappropriate and disappointing. One license-exempt provider said her specialist’s view of the relationship as a friendship felt unprofessional and uncomfortable.

Nine providers emphasized the distant and professional aspects of their relationship with their specialist – as one provider put it, “strictly business.” They appreciated that the specialist came to do a specific job; one provider commented, “and when she says that she’s going to do it, she does it.” Others echoed the importance of the specialist being reliable and taking her job seriously. For example, one provider commented, “You know she came in and did what she had to do.” One provider noted the distant relationship heard in a provider’s description of her specialist as “just a worker; she would come here and do what she had to do and go back out the door...”

### **Provider isolation and support**

This study confirmed prior research that has identified isolation as a challenge expressed by home-based child care providers (Porter et al, 2010a). This study builds on these findings by examining provider perceptions of how working with a specialist shaped their feelings of isolation. Eight providers alluded to the isolated nature of home-based child care when they described relationships with their specialists. These providers emphasized the importance of having “someone to talk to” as the following excerpt suggests:

“I was so like isolated even socially, home with my two kids one after another and I like to talk ...She, she pretty much understood like, you know, as a friend I could even talk to her if I had something bothering me, or something on my mind. And she, she would like, you know, yes, take time to talk to me or give me examples from maybe other parents, you know, that, yes, you know it’s not just you. So, that, that kind of helped me. Sometimes you know how you just need somebody to talk to.”

Another provider described a similar emotional connection to her specialist. In talking about when the program ended, this provider expressed regret at having developed a close bond and connection to the specialist since the relationship would not continue beyond the program.

“I miss her. Every time I get to knowing somebody nice, you have to lose them. I said I ain’t gonna sign up with nobody else. “

Seven out of eight providers who emphasized feeling isolated were license-exempt. All but two of these eight isolated providers held less than a BA degree and all but two were African-American. This sub-group of providers may have been particularly vulnerable for a variety of reasons including poverty, lack of social support networks, lack of material and economic resources, as well as health and mental health issues. Although this study did not gather economic data about providers, IAFC’s focus on serving low-income populations of providers and families, suggests that many of the providers in this study were serving low-income children and families and were, themselves, living in or near poverty. No generalizations can be made from this small, non-representative sample, yet it’s possible that this sub-group of isolated providers also had limited access to child care resources and networks in their neighborhoods.

### **Specialist-child relationships**

Over half (55%) of the providers emphasized that the children in their care developed relationships with the specialists despite the short duration of the provider visits. These providers described children’s anticipation of the specialist’s time in their homes and described relationships that developed over time between the children and the specialist. According to provider reports, providers perceived these relationships as both beneficial to children and difficult to navigate.

Some providers noted that they liked that children had an opportunity to interact with someone another other than themselves. The following comments from providers suggest how specialists helped reduce the isolation for both the provider and children in care:

“She would just on and on and on and I really like that ‘cause my kids had someone else to discuss with things besides me.... They would tell me the same thing too. But the thing about it is to me, it’s an everyday thing. And to her, she was a stranger, but they would read to her. They would sit and talk to her....To them it was an exciting thing. Cause a child looks for a grown person to listen to them. Especially when they done been somewhere and they really enjoyed it. They want to share this with somebody else besides you.”

“Well for one thing the children really love a new person being in the environment.”

“But I thought it was a good thing because it gave kids a chance to see other people other than me.”

“Someone coming in from the outside that actually don’t even know you and then come to see how, you know, how you interact with the children and how the children interact with her.”

On the other hand, providers noted that there was no formal transition when the program ended, leaving providers to have to explain to children why the specialists were not coming back. “They were asking if she's coming back. Because they keep asking for her....When is that lady coming again?”

As the following excerpt suggests, providers may have felt inadequate in their capacity to help children understand the feeling of loss when the relationship they had formed with the specialist ended:

“They really communicated with Ms. Smith. And today they ask me, “When is Ms. Smith coming back, Mommy?” “I don't know sweetie, Ms. Smith is over with.” “No, she got to come back one more time. We have to tell her about our little events we had at the school.” Ms. Smith don't want to know nothing about no events that's going on in school. She's got enough events going in her life. “No, Mommy. Let me go with you to the next meeting so I can tell her about what happened at the school. How we got this party going on” And on and on. And then we went to this concert and whatever. I'm like, “Baby, Ms. Smith got other things to do. She got her job to do.” “But no, she need to come back.” “Well she'll be back one day. One day I'll call her and ask Ms. Smith, will you come back and see what the kids got to talk to you about, or whatever.”

## **Potential challenges for providers**

Previous evaluation research has documented some challenges and barriers to delivering services to home-based child care providers (Paulsell et al, 2010). This study gathered provider reports about challenges they experienced working with an agency specialist both in visits to their homes and in group sessions. Findings here echo themes from prior research regarding logistical challenges as well as reveal new findings about provider perceptions of program dosage and provider expectations of services.

### **Not enough visits or sessions**

A majority of providers (81%) reported they wished there could be more visits and opportunities to work with a specialist in an ongoing manner. None of the providers felt there were too many visits. Providers emphasized that they needed the support and encouragement to try new ideas, and they talked about how the program ended just as they were developing relationships with their specialists:

“I got used to her visits and truthfully I'm going to miss her. I was used to the fact that she would be here every two weeks.”

Similar to transition issues with specialist visits to provider homes, providers also commented on the lack of continuity once the group sessions ended. As one provider put it, “it was time for the next group.” These providers mentioned the missed opportunities for ongoing networking and relationship-building. As one provider commented, “we regret that the sessions were over just as soon as I think we all felt that we were really opening up to one another.” One provider talked about wanting to set up an email list so that the providers could continue to network with each other after the program ended, rather than depending on the specialist to connect them to each other.

## **Logistical barriers**

Close to a third of providers (29%) described having scheduling conflicts around visits to their homes from specialists. Some providers said they wished the specialist would come during children's nap time so that they could really focus the visit on talking with the specialist. It was hard for these providers to focus on learning when children needed their attention. Other providers wished their specialist would schedule visits when children were awake so that they could demonstrate activities and interact directly with children. Other providers described how having a visitor sometimes interrupted the flow of the day.

Scheduling and child care were also barriers reported by half of the providers who did not attend any group sessions. These providers cited not having anyone to take care of their own children and the children they cared for on weekends in order for them to attend training sessions. They also talked about not being able to give up an entire day due to other job responsibilities and family obligations. Weather and transportation were also cited as barriers.

Providers who did attend the group sessions, commented on scheduling and transportation as challenges to attending the trainings. One provider explained the difficulties of having to travel from the north to the south side in order to attend the group sessions:

“I had to take a train – two trains and a bus to get there, and finally I took a cab – that was a lot of work just to get there.”

## **Unclear expectations**

A few providers (10%) described feeling unsure or hesitant about working with a specialist in the beginning of the program because they did not know what to expect. These providers described the potential challenge of developing trust and a relationship - “you're not sure if they are on the same values that you are. So that's always difficult in the beginning.” For some providers, the purpose of a visit to their home from an agency specialist was not always clear. As described earlier, it appears that some specialists focused more directly on working with children while others focused more on provider education and needs.

In summary, this qualitative study confirms previous findings from research on home-based child care providers, including their interest in receiving materials, equipment, and developmental information as well as their interest in alternative approaches to training through home visits and support groups (Porter et al, 2010). However, this study also reveals new themes about how home-based child care providers perceive and experience specific types of support services such as home visits and group sessions and the types of relationships that develop as a result of these interventions. Information about provider perceptions of agency help and, in particular, the types of relationships that

develop between providers, agency specialists, and children in care, may inform future efforts to develop services for providers that are responsive to their needs and circumstances.

## Discussion

Findings from this qualitative study offer new insights into how providers experience and perceive support services in their homes and through group sessions. The model for provider support in this project included a relatively short series of 6 to 8 visits over a 4 to 6 month period and monthly group training sessions with a specialist (see Appendix). Specialists that worked with providers in this study also delivered a set curriculum focused on infant-toddler development and early literacy and were participating in a year-long training program focused on working with home-based child care providers.

Providers in this study report receiving a broad range of developmental and curricular information as well as materials and equipment. However, fewer providers received information and help around topics specifically related to home-based child care such as working with mixed-age groups of children and improving the home environment. This study was not able to examine whether these types of information were not exchanged because providers did not ask for them or if agency specialists were not trained to deliver support in these areas. It's possible that license-exempt providers in this study were caring for small numbers of children so the topics of mixed-age groups and environments were not as salient. Agency specialists may not have had sufficient background or knowledge of home-based child care settings to focus visits on these unique concerns and contexts. Providers in this study were all working with specialists who were participating in a training program focused on working with home-based child care providers. Yet, it's unclear from provider reports whether or not the training shaped the types of supports and information specialists shared with providers. As other researchers have suggested (Porter et al, 2010), directions for future program development might include training staff on these specific aspects of home-based child care in order to help them in their quality improvement efforts with providers in these settings.

Provider experiences with a specialist suggest that strong relationships develop between providers, specialists, and children in care, even after only a limited dosage of services. For some providers, these relationships were often close and family-like and provided a trusting context for providers to explore new ways of understanding and responding to children. For other providers, experiences with an agency specialist emphasized the isolation they experienced in their caregiving roles. Several providers described the close relationships that children in care developed with specialists, sometimes leading to difficult transitions when the program ended. Providers wished that the support from a specialist was available in an ongoing manner rather than through a time-limited number of visits. Many providers expressed disappointment when the specialists' visits were completed. The short duration of the intervention and the lack of relationship continuity once the program ended were challenges for some providers and children in care.

Provider reports suggest that in many cases, specialists interacted directly with children while the provider observed. This approach may have introduced the provider to new ways of working but may have lead to some providers feeling inadequate compared to the specialist. Many providers described the ways children in care bonded with the specialist and looked forward to their visits. Yet unintended consequences of these visits may have included feelings of loss when the specialist left and incompetence about their ability to help children on their own.

Prior research has pointed to the heterogeneity and diversity of home-based child care providers both in terms of motivations, need for services, and challenges experienced (Porter et al, 2010a). Home-based child care providers are a heterogeneous group and difficult to categorize, presenting a challenge to programs that aim to offer a set curriculum or program to home-based providers. Findings from this qualitative study echo these previous research findings and suggest that interventions and services may need to be tailored to the unique contexts, situations, and backgrounds of providers (Paulsell et al., 2010). For example, providers who are most vulnerable to isolation and lack of resources may need additional sources of emotional and social support in addition to child development information. Findings from this study and previous studies about the importance of social networking through support groups and group training sessions, suggests that opportunities to create community, networking, and social connections for providers may be an important part of any home visiting program. Specialists working with isolated providers may need to take a different approach to their relationship-building and intervention approach than those working with more professionalized providers who may feel more connected to other adults and resources in their communities.

The research presented in this report has several limitations including reliance on provider report and lack of observational data. Provider reports of their perceptions of receiving agency help offer insight into how providers experience support and what types of strategies and approaches might engage home-based child care providers. On the other hand, the lack of observational or objective assessments of provider knowledge and practice and the lack of a control group that did not receive services, limits the conclusions that can be made about effectiveness of agency support on quality improvement in child care homes.

Nevertheless, the preliminary findings from this study may set the stage for further research on provider experiences with quality improvement services. Differences between licensed and license-exempt providers could be further examined and used to tailor agency services to meet the diverse needs of providers. Moreover, future studies could conduct observational assessments of provider-specialist interactions in order to better understand the nature of these relationships and the ways support services shape provider practices over time.

## Recommendations

Findings from this study of providers offer useful insights into provider perspectives on receiving support services from agency staff. Previous research studies have offered similar recommendations for programs working to improve quality in home-based child care (Paulsell et al, 2010). The recommendations below build on these prior findings:

- *Develop a clear set of expectations for provider participation.* Clear expectations should be articulated for providers who are participating in provider visiting programs. Information on what to expect from a provider visit would help providers feel comfortable participating. In addition, helping providers transition out of programs should be integrated into program planning and development.
- *Group sessions should include child care, transportation, and other logistical supports to providers.* As other research on home-based child care suggests, barriers to participation in training and group sessions often include lack of child care and transportation to sessions (Porter et al, 2010).
- *Create avenues for on-going support services.* Programs that offer ongoing support should be considered for home-based providers, especially for those providers who are interested in moving forward with professional development. Increased dosage of visits and group sessions may be preferred by providers who lack other outlets for networking and support around child care.
- *Create opportunities for ongoing networking and support.* Opportunities for meeting other caregivers in their neighborhoods, community building, and networking should be integrated into provider support programs, especially those programs serving isolated providers. Connections between child care programs could help to reduce isolation of providers and children. Such connections need to introduce providers as well as children to outside experiences, networks, and resources. Programming should also include ways for providers to keep in touch with other providers involved in the programs after the program ends.
- *Differentiate support services to meet needs of providers.* Isolated providers may need more intensive, relationship-based support whereas more connected and professional providers may benefit from curricular and program materials.
- *Develop family child care specialist role.* Agencies might consider developing family child care specialists who work exclusively with home-based providers. Age-specific specialists such as infant-toddler specialists may not be equipped with the knowledge to help providers work with mixed-age groups of children or school-aged children.

## References

- Bromer, J. & Korfmacher, J. (2012). Evaluation of a Relationship-Based Training Pilot for Agency Specialists Working with Home-Based Child Care Providers: Final Report Summary. Chicago, IL: Herr Research Center for Children and Social Policy, Erikson Institute.
- Bromer, J., & Bibbs, T. (2011). Improving support services for family child care through relationship-based training. *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.
- Green, B. L., McAllister, C. A., & Tarte, J. (2004) The Strengths-Based Practices Inventory: A measure of strengths-based practices for social service programs. *Families in Society: A Journal of Contemporary Human Services*, 85(3) 326-334.
- Kontos, S., Howes, C., Shinn, M., & Galinsky, E. (1995). *Quality in family child care and relative care*. New York: Teachers College Press.
- 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.
- Porter, T., Paulsell, D., DelGrosso, P., Avellar, S., Hass, R., & Vuong, L. (2010a). *A review of the literature on home-based child care: Implications for future directions*. Princeton, NJ: Mathematic Policy Research, Inc.
- Porter, T., Nichols, T., Del Grosso, P., Begnoche, C., Hass, R., Vuong, L., & Paulsell, D. (2010b). *A compilation of initiatives to support home-based child care*. Princeton, NJ: Mathematic Policy Research, Inc.
- Paulsell, D., Porter, T., Kirby, G., Boller, K., Martin, E.S., Burwick, A., Ross, C., & Begnoche, C. (2010). *Supporting quality in home-based child care: Initiative design and evaluation options*. Princeton, NJ: Mathematic Policy Research, Inc.
- 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>



## Appendix

### **Erikson Institute Professional Development Program for Agency Staff 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 (ILAFAC), the largest child care resource and referral agency in the state. 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.

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### **Illinois Action for Children –Provider services programs delivered by two groups of agency specialists.**

Infant-toddler specialists delivered a program to both home-based and center-based child care providers based on the Infant Toddler Play and Learn Series. The series consisted of 6-8 visits to the provider's home. Visits included one-on-one sessions between the provider and the specialist addressing any topics, questions, or needs concerning children from birth to 3 years of age. There were also monthly group sessions that focused on sharing experiences and learning new ideas from a specialist.

Child care resource facilitators offered visits to provider homes focused on early literacy activities. Through “Reading Readiness” visits, specialists shared educational games and activities that providers can use to encourage and support early literacy development in preschool-age children.

For more information on Illinois Action for Children’s provider services programs, see:

[http://www.actforchildren.org/site/PageServer?pagename=Provider\\_Services](http://www.actforchildren.org/site/PageServer?pagename=Provider_Services)