

# Improving Support Services For Family Child Care Through Relationship-Based Training

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**F**amily child care (FCC) providers often experience isolation from other early childhood and child care professionals. They work long hours in their homes, often without much contact with other adults. Although many FCC providers report being well connected to family and neighbors in their immediate communities (Bromer, 2002), few report having connections with other FCC providers or support groups (Kontos, Howes, Shinn, & Galinsky, 1995). In addition, the decentralized nature of FCC makes it difficult to deliver training, supervision, and other support services to providers. These realities may serve as barriers to providers accessing support. Yet, research suggests that providers who network with other providers, engage with community resources, and belong to support groups tend to offer higher quality child care (Kontos et al.; Doherty, Forer, Lero, Goelman, & LaGrange, 2006).

This article results from a collaboration between a researcher and a program director at Erikson Institute. Our goal is to illustrate how a set of research study findings led to the development of a training model for support staff persons who work with FCC providers. First, we give a brief overview of what we know about the role of professional supports and FCC quality. Then we describe the Family Child Care Network Impact Study, which examined the relationship between support network affiliation and quality in FCC. In the second part of the article, we describe a professional development training model that emerged from the study findings and is currently being developed and piloted at Erikson Institute in Chicago.

## Professional Support and FCC Quality

**T**HE FEW RESEARCH studies that have examined the link between provider support groups and quality found that support from other providers and professionals has the potential to improve quality in FCC. Kontos et al. (1995) found that providers who were involved with other providers through provider associations and networks were more likely to deliver higher quality care.

A handful of other studies have documented similar findings regarding support and quality in FCC. In a study of Canadian FCC providers, Doherty et al. (2006) found that opportunities to network with other

providers and access toy lending libraries and community resources were correlated with higher quality scores among providers.

By connecting providers to experienced and trained network staff, training opportunities, and other providers, staffed networks that offer a range of services through paid

### Abstract

**Family child care (FCC) providers often experience isolation from other early childhood and child care professionals. Yet, research suggests that providers who network with other providers, engage with community resources, and belong to support groups tend to offer higher quality child care. For example, the Family Child Care Network Impact Study found that relationship-based network supports delivered by a specially trained staff person were associated with higher quality caregiving among network-affiliated family child care providers. The authors present the study and describe the dimensions and components of a relationship-based training program, developed based on the research findings, for support staff members who work with FCC providers.**

staff members may help to ameliorate some of the barriers to quality and professionalism in FCC such as decentralization and isolation (Hamm, Gault, & Jones-DeWeever, 2005; Hershfield, Moeller, Cohen, & the Mills Consulting Group, 2005). Staffed networks may be a particularly effective strategy for improving FCC in low-income neighborhoods. Larner and Chaudry (1993) identified the following characteristics of staffed networks that had success working with low-income providers: financial and material resources to support home improvements and purchases of equipment, and learning materials; and one-to-one contact with staff members who have a background similar to the provider's own and who respect and can communicate easily with the providers.

In addition to improving quality of FCC, staffed networks may also have the potential to serve as a vehicle for low-income community development and infrastructure building (Gilman, 2001; Meyer, Smith, Porter, & Cardenas, 2003). Staffed networks are often housed in community-based organizations that may help increase community awareness and recognition of FCC as an important community service for families with young children (Gilman). Moreover, once staffed networks are well-established within a community, they may have the potential to extend their support services to other home-based providers in the community such as license-exempt providers.

## The Family Child Care Network Impact Study

**B**UILDING ON THESE prior findings regarding the importance of support in quality improvement in FCC, the Family Child Care Network Impact Study sought to examine a particular type of support: staffed FCC networks (Bromer, Van Haitsma, Daley, & Modigliani, 2009). In Chicago, staffed networks offer a range of services to FCC providers, such as visits to provider homes by trained staff, training and education, support groups, mentoring, materials and equipment, and business assistance. Similar programs in other parts of the country deliver support services to providers and are referred to as systems, hubs, or satellites (Hershfield et al., 2005). Massachusetts, for example, has a long-standing public investment in FCC systems that deliver a range of services to providers. Volunteer-run provider associations also support providers but often have limited funding and no staff support, and they tend to focus on social support activities rather than quality improvement services such as home visits. Staffed networks that offer ongoing support and training are a community-based strategy that has the potential to improve the quality of child care



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**Family child care (FCC) providers often experience isolation from other early childhood and child care professionals.**

for young children. Such networks may also be more effective at reaching low-income providers, particularly those who otherwise may not have access to services or resources. Through a network, a group of providers can meet and support each other, access training and professional development, and improve the quality of care they offer children and families.

Networks in Chicago have been offering support services to FCC providers for many years. Some networks also deliver Head Start and Early Head Start services to families through FCC providers. However, the quality of such services has been unknown. The Family Child Care Network Study sought to understand whether networks are an effective quality improvement strategy for FCC and to identify specific features of networks that are most effective in improving quality.

At the time of data collection for the Network Study (2002), 35 staffed networks in Chicago served an estimated 674 FCC providers. The remainder of the city's FCC businesses—roughly 1,040 providers, or 60% of the total—were unaffiliated. Despite substantial funding from public sources, networks have few guidelines to follow or accountability standards to meet. Agencies that offer Early Head Start and Head Start services through FCC must meet some basic requirements, such as a minimum number of visits to provider homes, low coordinator-to-provider and provider-to-child ratios, and education requirements for network coordinators or support staff. Networks that support providers who do not have Head Start or Early Head Start slots do not need to meet such requirements, and the type and quality of services networks offer can vary widely.

This lack of standards for networks and the wider absence of research about the effect of networks on quality of care in FCC homes prompted the Network Study. The Network Study was the first study to take a detailed look at networks in a large urban community and to examine the particular characteristics and services of networks that are associated with higher quality child care. Researchers at Erikson Institute and University of Chicago who worked on the study asked three questions:

1. Do staffed networks contribute to higher quality child care among affiliated providers?
2. What characteristics and services of staffed networks are associated with higher quality care among member providers?
3. What policy recommendations can be made to improve the quality of services offered by staffed networks?

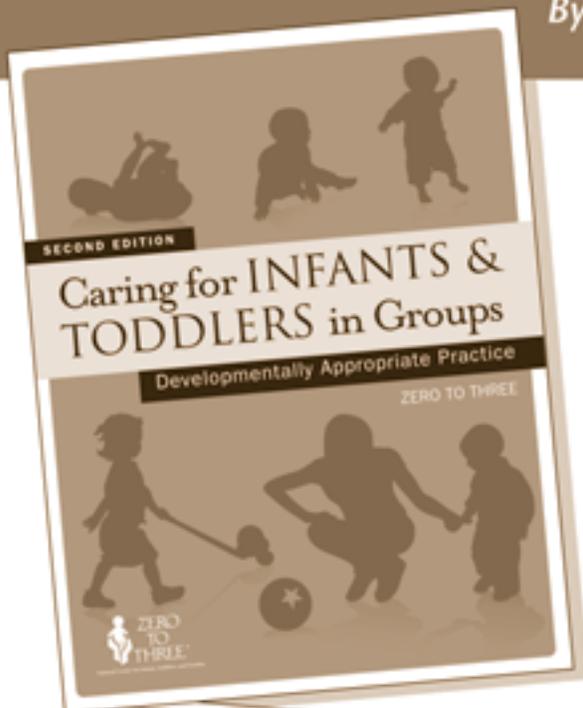
## Study Participants

A total of 150 licensed FCC providers in the city of Chicago participated in the study, including 80 providers who were affiliated with networks and 40 providers who were unaffiliated. A third group of 30 licensed providers who belonged to voluntary, provider-run associations was also included. To better understand the particular influence of network affiliation on quality, the unaffiliated providers were matched to the network providers on key characteristics (e.g., race/ethnicity, experience, education). In Illinois, providers who care for more than three unrelated children in their homes

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must be licensed by the state. Providers (mostly grandmothers and other relatives or close neighbors) who care for fewer than three unrelated children are considered license-exempt.

Network coordinators—the staff members who deliver direct services to providers—and FCC providers were interviewed, and observations were conducted to assess quality of care in provider homes. The *Family Day Care Rating Scale* (Harms & Clifford, 1989) and the Arnett *Caregiver Interaction Scale* (Arnett, 1989), two popular measures of child care quality, were used to assess quality.

Two thirds of the providers in the study were African American (including Afro-Caribbean), and one third of the providers were Latina. Almost all of the providers lived in poor or working-class neighborhoods in the city of Chicago. Providers in the study were in their mid-40s and averaged just fewer than 6 years of experience in providing child care and had some college education but no degree. In addition, providers in the study offered group care to seven children, on average, and most had an assistant provider. More than half of the providers cared for babies.

### Findings From the Study

The study first examined whether providers in networks offered higher quality care than unaffiliated providers. Many other factors that may affect quality were considered, such as educational background, experience, and children’s ages. The study found that network affiliation was associated with higher quality care for children, which confirmed earlier research about the importance of support in FCC. Next, the study examined specific features or types of services that were more effective in supporting quality than others. Several relationship-based service areas were associated with higher quality caregiving, including visits to provider homes by network coordinators focused on working with children and parents, trainings and workshops for providers at the network site, and regular opportunities for support and communication between network staff



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Through a network, a group of providers can meet and support each other.

members and providers. All three of these service areas involved a network staff member (most often the coordinator) working directly with providers in the network. The relationship-building and trust that occurred between network coordinators and providers appeared to be central to how these networks supported higher quality care among their affiliated providers (Table 1).

Some network services did not appear to help providers offer high-quality child care. In particular, monitoring homes for licensing violations and health and safety regulations, referrals to external trainings and tuition reimbursement programs, and mentoring programs did not have a relationship to higher quality care—these services do not involve the key elements of interactions and relationship-building. However, they may still be important aspects of professional and business development in FCC, as suggested by provider reports of how these services helped their businesses. The study did not look at other outcomes that may be

associated with higher quality care, such as income augmentation, stability, provider turnover, or job satisfaction.

Finally, the study examined the role of network coordinators in quality improvement, especially given the findings that demonstrate the importance of services that involve network-provider relationships and interactions. The study looked at several characteristics of network coordinators, including prior experience working in child care or FCC settings, education level, and job experience. A coordinator’s prior experience and graduate-level education had a modest relationship to higher quality among the providers in the coordinator’s network. However, in interviews with coordinators, we discovered that several of them had received specialized, advanced-level training in infant studies and FCC at Erikson Institute. Providers who received relationship-based services such as home visits, training, and provider meetings from networks with these specially trained coordinators had significantly higher quality scores than providers in other networks. Specially trained network coordinators turned out to be the key to quality in this study.

### A New Professional Development Training Model

FINDINGS FROM THIS study point to the importance of highly qualified network coordinators and other agency staff (consultants, coaches, mentors, home visitors) who directly support FCC providers. The preparation and training of support staff are often overlooked or given scant attention in quality improvement initiatives. Staff

**Table 1. Network Characteristics and Services and Family Child Care Quality**

Effective characteristics and relationship-based services	Ineffective services
<ul style="list-style-type: none"> <li>• Specially trained coordinator <i>and</i> direct services to providers:                             <ul style="list-style-type: none"> <li>— On-site training at the network</li> <li>— Visits to FCC homes focused on working with children and parents</li> <li>— Regular network-provider communication                                     <ul style="list-style-type: none"> <li>• Regular meetings</li> <li>• Telephone help</li> <li>• Feedback opportunities</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Monthly visits to FCC homes focused on health/safety compliance</li> <li>• Referrals to external training</li> <li>• Peer mentoring</li> <li>• Material resources (e.g., lending libraries, free equipment)</li> <li>• Business services (e.g., tax preparation, enrollment of children, administration of subsidies)</li> </ul>

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## Dimensions of Professional Development

**W**E HAVE CONCEPTUALIZED three primary dimensions of the professional development program—content, process, and context—as represented in Table 2 and described below.

### Content

The content dimension refers to the “what” that participants learn in the training, such as child development information and issues in FCC. Content knowledge provides the theories, principles, and concepts of a particular discipline (Schulman, 1992), and participants are asked to use this knowledge to arrive at an understanding of the appropriate customs and practices of child care in a given setting. Adult learning theory says that individuals’ own customs, acquired through personal and professional experiences, are as influential as content knowledge on their practices (Mezirow, 1990). Thus, the content of the professional development program integrates three components including: curriculum, the importance and use of participant customs, and dialogue skill building.

### CURRICULUM

The program curriculum includes four content areas, each briefly described below:

**The principles of thinking developmentally.** Content knowledge moves participants beyond information about developmental stages and milestones to help them become developmental thinkers in their everyday work with providers through learning to interpret the behavior, practices, and goals of providers, children, and families. Learning about child development helps participants support FCC providers’ work with children. For example, understanding crying, feeding, and sleeping can help staff members support FCC providers who often feel confused and helpless in their interactions with the infants in their care.

**Two thirds of the providers in the study were African American (including Afro-Caribbean), and one third of the providers were Latina.**

training is often delivered in workshop format, over a couple of days, and rarely with follow-up or reflective supervision to help staff members refine and continue to develop their skills. Given the evidence of the importance of relationship-based work with FCC providers, it makes sense that it would be beneficial to offer support staff members opportunities to think through issues and concerns that arise in their work with providers. The additional findings demonstrating the importance of specialized, intensive training for coordinators led us at Erikson Institute to pilot and evaluate a new relationship-based training model for all support staff working with FCC providers, based on the specialized training that had been offered at the time of the Network Study.

At Erikson Institute, we are currently piloting the year-long training program with one of our community partners, a large child care advocacy and resource and referral agency that delivers services to home-based providers, including license-exempt caregivers and licensed FCC providers. The current cohort in the training consists of 12 staff members who work with FCC providers in a range of jobs including infant–toddler specialists, quality rating system specialists, and specialists who help providers with the federal food program and local services and resources. Despite differences in job definitions, all of the direct-service staff members conduct visits to provider homes and workshops for providers. In addition to these 12 staff persons, four supervisors are participating in the cohort. Two-hour seminars are held weekly at the agency and once a month at Erikson Institute.

The authors are working in collaboration to refine the professional development model for replication with future cohorts of support staff members who work with FCC providers (home visitors, consultants, network coordinators, coaches). The project includes an evaluation of the training, which entails the development of research protocols to examine the dimensions of relationship-based training and practice and relational approaches to working with providers. The evaluation will inform the further development of the model. The features in Table 2 can be thought of as the spokes of the model. As we learn more from the evaluation, we will be able to provide a hub that conceptually holds the spokes together and forms a complete model. The following sections describe the three dimensions of the professional development program and use examples from the seminars to illustrate their respective features.

**Table 2. Dimensions and Components of Erikson Institute Relationship-Based Professional Development Program for Support Staff Members Who Work With Home-Based Child Care Providers**

Content	Process	Context
<ul style="list-style-type: none"> <li>Graduate-level curriculum focused on development from birth to age 12 years; key principles of adult learning and family engagement processes</li> <li>Participant customs</li> <li>Dialogue skill building</li> </ul>	<ul style="list-style-type: none"> <li>Cohort togetherness: collaborative learning and development of a learning community among participants</li> <li>Reflective practice: seminars and individual consultation help participants think about their work</li> </ul>	<ul style="list-style-type: none"> <li>Adapted to specific job roles of participants</li> <li>Agency support of professional development</li> </ul>

**The processes of development across domains.** The seminars use observation assignments to help participants understand how infants and children integrate domains of development in everyday life and role-plays to help them learn how to communicate this information to providers.

**The history and environment of FCC.** Through readings and inclusion of FCC provider guest speakers, the seminars increase participants' understanding of FCC as a unique milieu.

**Assessing quality in FCC.** The seminars ask participants to think about the diverse aspects of quality in FCC, including the importance of strong provider–family relationships.

## PARTICIPANT CUSTOMS

Participant customs refers to how participants' own experiences influence their engagement with the curriculum; this dimension of the professional development program also prepares participants to work with FCC providers' own customs around caregiving and content knowledge.

In order to create a learning space that is both reciprocal and collaborative, the seminars give equal consideration to customs of child care and child development knowledge. Staff members' own child-rearing experiences and practices often lead them to rely on folk theories of child development. When staff members discuss how they might support a provider's work with children, they often reference their own experience (e.g., "When I was a child, we . . .," "With my child, I . . .") as much as they reference the seminar content. Initially, the seminars helped participants develop their awareness so that they could identify the source of their thinking. As the year progresses, the seminars help participants reflect on the degree to which their life experiences enhance and limit their work with providers.

The ability to draw on a wide range of personal experiences (see box Participant Customs and Child Care Quality) is particularly important for staff members working in FCC homes where there is also great variation in caregiving and child-rearing approaches. Staff members may work with grandmothers who care for a grandchild and perhaps one other child, young mothers who have become FCC providers so they can stay home with their children, and women who see themselves as community caregivers, taking care of the neighborhood's children. The seminars use the staff members' own experiences and memories of caregiving to help them think about care from a child's perspective; this encourages them to think about what providers might be trying to accomplish with their practices.

## PARTICIPANT CUSTOMS AND CHILD CARE QUALITY

In an exercise in one seminar, the instructor asked participants to think back to their own experience of receiving quality care. After the participants created individual narratives about this relationship, the instructor led the seminar participants in a group discussion to aggregate their stories. A construct of quality caregiving emerged that included: feeling secure, nurturing with favorite foods, doing things to make a child feel special, making time for a child, balancing being stern with nurturing, making a child feel wanted, showing interest in a child, and providing a lot of strong sensory moments that could be cherished. Seminar participants used this exercise to step back from pen-and-paper assessments of quality and consider how an infant or child might experience a quality caregiving relationship.

## DIALOGUE SKILL BUILDING

One of the benefits of FCC is that children are more likely to be cared for in a milieu that is proximal to their home culture (Kontos, 1994). Home visitors must be able to enter into and understand a number of distinct cultural milieus. One goal of the seminars is to improve participants' capacity to work with diverse children and families. As such the curriculum includes attention to the ways in which professionals interact with one another and with families. To help participants develop their capacity in this area, the seminars use *skilled dialogue* developed by Barrera and Kramer (2009) and skills labs developed by the instructor. Skilled dialogue is an approach to communicating with people who are culturally different from the speaker. Barrera and Kramer's approach to transformation focuses on dispositions people use to approach interpersonal interactions, such as valuing a provider versus being in control of an interaction with a provider, and the strategies one uses to achieve these dispositions. The seminars use skilled dialogue concepts both to strengthen staff persons' ability to relate to providers and assist providers in strengthening their relationships with the families of the children in their care.

Skills labs build on a guided reading of the skilled dialogue text and give participants assignments to "try out" the principles in their everyday lives. The skills labs focus on developing capacity in the areas of artfully asking questions, making empathic statements, and giving supportive feedback (see box Dialogue Skills Labs). In the lab sessions

participants focus not only on learning the skills, but also on considering the relationship of the skills to practice, in the hopes that they will internalize and use these skills in their interactions with providers.

## Process

The process dimension of the training program focuses on how participants learn and interact with the seminar content. Cohort togetherness and reflective practice are key components of the process dimension.

## COHORT TOGETHERNESS

Cohort togetherness refers to the ways participants interact with each other during the seminars. Because the staff members in this cohort work in different job roles, including supervisors, the cohort has the potential for interdisciplinary learning experiences and shared learning across different hierarchical positions.

Seminar discussions encourage participants to work in interdisciplinary reading groups to encourage them to learn from each other and interact with colleagues in different job roles. Many of the participants have a background in education and have worked with school-age children, and their ideas about development are largely formed by their experience with children in this age group. In a seminar on literacy, the group dialogue focused on reading comprehension; the presence of infant–toddler specialists helped shift the dialogue to early literacy and the experience of reading. The discussion encouraged the participants' conception of "literacy," originally restricted to "teaching reading," to expand to include the relational and social dimensions of reading. It also gave participants another opportunity to view infants as actively constructing their own

## DIALOGUE SKILLS LABS

1. Introduce the skill (e.g., making empathic statements). Provide a definition of the skill and an explanation of its role in relationship-based practice.
2. Situate the skill in everyday practice. How do you use it in everyday conversations? How do you benefit when others use it? How do you feel when people don't use it?
3. Discuss the barriers that might occur to using the skill (in general and with regard to a home visitor's particular personal resonance issues).
4. Provide an opportunity to practice the skill and process the experience.



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**A construct of “quality” caregiving emerged that included showing interest in a child and providing a lot of strong sensory moments that could be cherished.**

development.

Expanding expertise across developmental periods is particularly important for staff members who work with FCC providers. Unlike providers at child care centers, which typically separate children into classrooms by age, FCC providers are likely to work with mixed-age groups of children that often include newborns, infants, toddlers, and school-age children, as well as preschoolers. A collaborative learning process helps staff members learn relevant developmental knowledge from each other.

### **REFLECTIVE PRACTICE**

Reflective practice refers to stopping, stepping back, and thinking about one’s practices. Supporting FCC providers is rewarding and challenging work. Support staff persons work with a variety of people and encounter a new circumstance every time they step into a provider’s home. They describe issues of community violence and housing conditions that affect both their comfort with visiting FCC homes and providers’ comfort with providing services. They also describe circumstances that are common among other home visitors—for example, providers who often feel isolated share personal information with support staff persons. In addition, staff persons have to manage the daily minutiae of working “on the road”—managing an office in the car, maintaining healthy eating practices without a staff refrigerator, finding a clean bathroom, and working alone. The reflective practice component of the seminars acknowledges these challenges and

invites participants to slow down and reflect on their work.

The program includes two ongoing opportunities for reflective practice: group reflective practice seminars, and individual supervision for staff members on visits to provider homes followed by reflective consultation sessions with the instructor. Reflective practice seminars are held at Erikson Institute, away from the activity of participants’ everyday routines and in a welcoming environment. The reflective sessions occur in three groups composed of same-job-category colleagues and their supervisor. Although this configuration sacrifices the interdisciplinary possibilities of the larger group, it gives the participants opportunities to strengthen their reflective capacity as a work group. Furthermore, the supervisors are in an apprentice role that will eventually lead to them conducting the reflective groups after the training is completed. Both the group configuration and the supervisor role anticipate the importance of sustaining growth and continuing practices when the training ends.

In paying attention to the physical space in which we conduct the trainings and the social configuration of the groups, the seminars aim to promote cohort togetherness and enhance staff persons’ experience of support in their job roles. One-on-one supervision and consultation sessions, which are discussed further in the following section, help staff members extend their content knowledge within the context of their day-to-day work with providers.

### **Context**

The context dimension of the professional development program refers to the factors that influence the implementation of the program. Although multiple factors may have an impact on how the program is delivered, we focus on how the participants’ job roles and agency support shapes the program.

### **SPECIFIC JOB ROLES**

The findings of the Network Study highlight the need for support staff members who work with providers to have specialized training in how to support the unique needs of FCC providers through visits to provider homes and other one-on-one technical assistance supports. The professional development program offers participants an opportunity to receive consultation on their direct practice with providers. The instructor accompanies participants on some of their visits to provider homes, which are followed by individual reflective sessions.

Individual observation and consultation sessions deepens the goal of supporting staff job roles, by encouraging the participants and the instructor to use the physical setting of provider homes to elaborate on topics discussed in seminars and clarify gaps in applied knowledge. The one-on-one post-visit reflection sessions enable each participant to cultivate individual learning goals that are limited by the group format.

### **AGENCY SUPPORT**

Agency support for professional development is a key to successful implementation of this kind of intensive staff training. The agency that undertook the training demonstrated its commitment to developing its staff’s capacity to provide services to FCC providers by giving staff members work time to attend the seminars over the course of a year and by providing space for the trainings, both important components of successful training. Direct supervisors and directors participated in the training program, further demonstrating the agency’s investment in addressing development and change at all levels of programming. The authors at Erikson and the community partner facilitate this ongoing relationship by meeting periodically to discuss the status of the professional development program. These meetings enable us to incorporate their feedback into the evolution of the trainings and invite the agency to think about how it will help staff members sustain their development in their everyday practice. Therefore, both members of the collaboration are engaged in a process of growth.

## Conclusion

RESEARCH FINDINGS LED TO the development of a training program for support staff members who work with FCC providers, which is being currently piloted and has now become the focus of research itself. At Erikson Institute, we are currently conducting an in-depth evaluation of the program in order to understand how this kind of intensive training helps staff members gain the knowledge and skills to deliver effective support to FCC providers. Our experiences designing the training program and conducting the research are teaching us about the knowledge and skills support staff members need to engage in relationship-based practices and deliver effective services to providers. This research is also leading to innovative methods to appropriately assess these developing skills. The term *relationship-based* is often used in the early childhood and home visiting fields, yet we lack clear definitions and models for what skills and training are needed to build and sustain professional relationships in quality improvement projects.

FCC is a unique context for child care and, as many experts in the field have pointed out (Porter et al., 2010), FCC providers may need support that is specifically

targeted to the unique characteristics of home-based settings. There is clearly a need for more research on the types of supports that are most effective in helping providers improve quality. The study findings and training program dimensions reported here are one example of how a relationship-based approach to professional development for support staff may lead to improved delivery of support services to providers and better outcomes for providers and the families and children in their care. 📌

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