

## **FAMILY-PROVIDER PARTNERSHIPS:**

**Examining Alignment of Early Care and Education Professional and Performance Standards, State Competencies, and Quality Rating and Improvement Systems Indicators in the Context of Research**



**Issue Brief OPRE 2013-35  
December 2013**

# Family-Provider Partnerships: Examining Alignment of Early Care and Education Professional and Performance Standards, State Competencies, and Quality Rating and Improvement Systems Indicators in the Context of Research

**OPRE Brief 2013-35**  
**December 2013**

Toni Porter, Bank Street College of Education  
Juliet Bromer, Erikson Institute

Submitted to:

Ivelisse Martinez-Beck, PhD., Project Officer  
Office of Planning, Research and Evaluation  
Administration for Children and Families  
U.S. Department of Health and Human Services

Contract Number: HHSP233200800445G (IDIQ Number: GS10F0030R)

Activity Director: Nicole Forry  
Child Trends  
7315 Wisconsin Avenue Suite 1200W  
Bethesda, MD 20814

This report is in the public domain. Permission to reproduce is not necessary. Suggested Citation:  
Porter, T. & Bromer, J. (2013). *Family-provider partnerships: Examining alignment of early care and education professional and performance standards, state competencies, and Quality Rating and Improvement Systems indicators in the context of research*. Issue Brief OPRE 2013-35. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at <http://www.acf.hhs.gov/programs/opre/index.html>.



This brief was produced as part of the Child Care and Early Education Policy and Research Analysis and Technical Expertise Project.

Acknowledgments: Funding for this study was provided by grant 90YE0119 from the Office of Planning, Research and Evaluation, Administration for Children and Families. The authors would like to thank Nancy Margie from the Office of Planning, Research and Evaluation, Kiersten Beigel from the Office of Head Start, Leatha Chun from the Office of Child Care, Sherri Fischer from the National Child Care Center for Quality Improvement, and Nikki Forry and Shannon Moodie from Child Trends for their review, guidance, and feedback on this paper.

## Overview

This review was produced as part of the Child Care and Early Education Policy and Research Analysis and Technical Expertise Project. The purpose of this project is to support the provision of expert consultation, assessment and analysis in child care and early education policy and research. It is funded through a contract with the Office of Planning, Research and Evaluation.

This review, co-authored by researchers from Bank Street College of Education and the Erikson Institute, aims to explore associations between early care and education professional standards, professional development system competencies, and QRIS indicators. This is accomplished by systematically comparing key elements of effective provider facilitation of family-provider relationships identified through a literature review from the Family-Provider Relationship Quality project to: 1) accreditation standards from the National Association for the Education of Young Children and National Association for Family Child Care, 2) Head Start Performance Standards, and 3) promising examples of professional development system competencies and QRIS partnership indicators in Colorado and New Mexico. These comparisons are used to answer three questions: 1) How do existing professional and performance standards align with research-based elements of provider-family relationships that are associated with positive child and family outcomes? 2) What are some of the gaps in alignment across professional and performance standards and research-based elements of family-provider partnerships? 3) What are some promising examples of language in the professional and performance standards, state professional development system competencies, and QRIS indicators that could be used to fill the gaps in alignment in the professional and performance standards?

This brief finds gaps in alignment across professional standards, state professional development system competencies and QRIS indicators for four key elements of provider facilitation of family-provider relationships: developing parents' competence and confidence, social networking opportunities for families, theoretical knowledge, and openness to change. Promising language from state professional development systems and QRIS, that could serve as a starting point for addressing these gaps and strengthening existing definitions is offered.

# Executive Summary

## Introduction

Interest in the quality of provider-family relationships in early care and education (ECE) settings has increased during the past several years. Research has demonstrated that families have a much greater influence on their children's positive outcomes than participation in ECE.<sup>1</sup> Evidence from a variety of studies indicates that the magnitude of the association between participation in high quality child care and child outcomes varies.<sup>2</sup> This suggests that traditional child-focused measures of child care quality may be missing aspects of quality that contribute to positive child outcomes.<sup>3</sup> A small body of research suggests that strong partnerships between providers and families are associated with positive outcomes for children<sup>4</sup> as well as positive outcomes for parents.<sup>5</sup> This interest has sharpened the focus on defining and measuring elements of these relationships across ECE settings for program improvement purposes.<sup>6</sup>

There has also been a growing interest in better preparing providers for their work with families.<sup>7</sup> Many state professional development systems (PDS) include building partnerships with families as a competency area.<sup>8</sup> PDS often rely on national and/or accreditation standards to inform these competencies.<sup>9</sup> These accreditation standards are also commonly used as the highest rating for family partnership indicators in Quality Rating and Improvement Systems (QRIS).<sup>10</sup> Although there has been some research on the issue of alignment across professional standards, PDS ECE competencies, and QRIS indicators,<sup>11</sup> little attention has been paid to alignment in the area of provider partnerships with families.

This brief aims to explore the alignment across professional standards, PDS ECE competencies, and QRIS indicators. This is accomplished by identifying the areas in which there are consistent definitions across standards, competencies, and indicators regarding elements of quality in family-provider relationships. Specifically, this brief seeks to answer the following questions:

- How do existing ECE professional and performance standards align with research-based elements of provider-family relationships that are associated with positive child and family outcomes?
- What are some of the gaps in alignment across professional and performance standards and research-based elements of provider-family partnerships?
- What are some promising examples of language in the professional and performance standards, state PDS competencies, and QRIS indicators that could be used to fill the gaps in alignment in the professional and performance standards?

The findings from this brief serve as a starting point for building consensus across systems about common definitions, expectations about what providers need to know and do, and the development of measures that more closely capture quality in this domain.

## Methods

This brief describes findings from a systematic review of 1) elements of effective provider facilitation of family-provider relationships identified through the Family Provider Relationship Quality Project (FPRQ) literature review and conceptual model;<sup>12</sup> 2) professional standards, specifically the National Association for the Education of Young Children (NAEYC) Accreditation Standards,<sup>13</sup> the National Association for Family Child Care (NAFCC) Accreditation Standards,<sup>14</sup> and the Head Start Performance Standards (HSPS);<sup>15</sup> and 3) promising examples of PDS competencies and QRIS family partnership indicators in Colorado and New Mexico<sup>1,16</sup>

Ten elements from the FPRQ conceptual model were selected for the analysis.<sup>17</sup> These elements include: positive, two-way communication, flexibility, advocating for and connecting families to supports and resources, collaborating and engaging in joint-goal setting and decision-making with families, developing parents' confidence and competence, providing social networking opportunities for families, theoretical knowledge about families, family-specific knowledge, respect, and openness to change. Using web-based document review, the authors independently coded all of the NAEYC, NAFCC, and HSPS standards, compared their results, and reached consensus about the standards that corresponded to these elements. A similar process was used to identify gaps and promising examples of alignment in two states' (New Mexico and Colorado) PDS competencies and QRIS indicators.

## Findings

Gaps in alignment were found between four FPRQ research-based elements (*developing parents' competence and confidence, social networking opportunities for families, theoretical knowledge, and openness to change*) and professional standards, state PDS competencies, and QRIS indicators. Across professional standards, only the HSPS include clear and explicit language for *developing parents' competence and confidence*; the NAEYC and HSPS standards, explicit items for *provision of opportunities for social networking* for families and *theoretical knowledge*; and the NAFCC standards, explicit items about *openness to change*. Explicit language related to *social networking opportunities* and *openness to change* was also missing across the state PDS competencies, and we did not find QRIS indicators in either state for *developing parents' confidence and competence, theoretical knowledge, or openness to change*. There was also a gap in the QRIS indicators for the element of *respect*.

Our analysis revealed explicit alignment between the three sets of standards and six FPRQ elements: *two-way communication, flexibility, advocating for families and connecting them to resources, collaborating with families; family-specific knowledge, and respect*. We also found promising language from the state PDS and QRIS that could serve as a starting point to fill gaps in standards or to strengthen existing definitions in the standards we reviewed.

---

<sup>1</sup> Both Colorado and New Mexico are currently revising their QRIS.

## Conclusion

The strong evidence of alignment of most research-based elements of effective provider facilitation of family relationships with professional standards and state PDS competencies suggests that there is already a solid foundation for developing common definitions related to the quality of family-provider relationships in ECE. The potential for alignment in QRIS indicators, as well as promising language in both the PDS competencies, also point towards the beginnings of common expectations for providers and measurement of this aspect of ECE quality.

Findings in this brief suggest that further work is needed to support programs in building strong family-provider relationships to reach the full potential of positive outcomes for children, families and providers. There is a need for agreement about greater specificity and refinement in professional standards to strengthen consensus about how quality related to family-provider relationships is defined, and to capture elements of quality in this domain that have not been widely embraced by the ECE field. More specific language for standards and examples of indicators might also facilitate the development of clearer distinctions among levels of quality in specific elements and assist in the development of provider training materials. Finally, there is a need to build an even stronger research base on the relationships between provider practices with families and positive family outcomes, in order to provide systems with the evidence and rationale needed to integrate these elements into quality standards and competencies.

<sup>1</sup> NICHD Early Child Care Research Network (2006). Child-care effect sizes for the NICHD study of early child care and youth development. *American Psychologist*, 61 (2), 99-116.

<sup>2</sup> Burchinal, Kainz, Cai, Tout, Zaslow, Martinez-Beck, & Rathgeb, 2008. (2008). *Early care and education quality and child outcomes*. Research-to-Policy, Research-to Practice Brief. Washington, DC: Child Trends. Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly*, 17(1), 52-56. Elicker, J., Clawson, C., Hong, S-Y., Kim, T-E., Evangelou, D., & Kontos, S. (2005). *Child care for working poor families: Child development and parent employment outcomes*. Community child care research project: Final report. West Lafayette, IN: Purdue University.

<sup>3</sup> Bromer, J., Paulsell, D., Porter, T., Henly, J., Ramsburg, D., & with Families and Quality Workgroup members. (2011). Family-sensitive caregiving: A Key component of quality in early care and education arrangements. In M. Zaslow, K. Tout, T. Halle & I. Martinez-Beck (Eds.), *Quality measurement in early childhood settings* (pp. 161-190). Baltimore, MD: Paul H. Brookes. Porter, T., Guzman, L., Kuhfeld, M., Caal, S., Rodrigues, K., Moodie, S., ... Ramos, M.

(2012). *Family-provider relationship quality: Review of existing measures of family-provider relationships*, OPRE Report #2012-47, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>4</sup> Dunst, C. J. (2002). Family-centered practices: Birth through high school. *Journal of Special Education*, 36(3), 139-147. Dunst, C., Boyd, K., Trivette, C. M., & Hamby, D. W. (2002). Family-oriented program models and professional helping practices. *Family Relations*, 51, 221-229. Mendez, J. L. (2010). How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending Head Start. *Cultural Diversity and Ethnic Minority Psychology*, 16(1), 26-36.

<sup>5</sup> Dunst, C. J. (2002). Family-centered practices: Birth through high school. *Journal of Special Education*, 36(3), 139-147. Green, B. L., McAllister, C. I., & Tarte, J. M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society*, 85(3), 327-334. Kaczmarek, L. A., Goldstein, H., Florey, J. D., Carter, A., & Cannon, S. (2004). Supporting families: A preschool model. *Topics in Early Childhood Special Education*, 24(4), 213-226. Kossek, E. E., Pichler, S. M., Meece, D., & Barratt, M. E. (2008). Family, friend, and neighbor child care providers and maternal well-being in low-income systems: An ecological social perspective. *Journal of Occupational and Organizational Psychology*, 81, 369-391. Small, M. L. (2009). *Unanticipated gains: Origins of network inequality in everyday life*. New York: Oxford University Press.

<sup>6</sup> Bromer, J., Paulsell, D., Porter, T., Henly, J., Ramsburg, D., & with Families and Quality Workgroup members. (2011). Family-sensitive caregiving: A Key component of quality in early care and education arrangements. In M. Zaslow, K. Tout, T. Halle & I. Martinez-Beck (Eds.), *Quality measurement in early childhood settings* (pp. 161-190). Baltimore, MD: Paul H. Brookes.

<sup>7</sup> Brown, J. R., Knoche, L. L., Edwards, C. P., & Sheridan, S. (2009). Professional development to support parent engagement: A case study of early childhood practitioners. *Early Education and Development*, 20(3), 482-506. Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Quality of family-provider relationships: Review of conceptual and empirical literature of family-provider relationships*. Washington, DC: Child Trends. Halgunseth, L. C., Peterson, A., Stark, D. R., & Moodie, S. (2009). *Family engagement, diverse families, and early childhood education programs: An integrated review of the literature*. Washington, DC: The National Association for the Education of Young Children. Porter, T., Guzman, L., Kuhfeld, M., Caal, S., Rodrigues, K., Moodie, S., & Ramos, M. (2012). *Family-provider relationship quality: Review of existing measures of family-provider relationships*, OPRE Report #2012-47, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

- <sup>8</sup> Yung, Y., Tsao, C., & Vu, J. (2011). What do state quality rating systems say about early childhood competencies and professional development? In C. Howe & R.Pianta (Eds.), *Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states*. Baltimore, MD: Paul H. Brookes.
- <sup>9</sup> Winton, P.J., & West, T. (2011). Early childhood competencies: Sitting on the shelf or guiding professional development. In C. Howe & R.Pianta (Eds.), *Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states*. Baltimore, MD: Paul H. Brookes.
- <sup>10</sup> Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). *Compendium on quality rating systems and evaluations*. Washington, DC: Child Trends.
- <sup>11</sup> Howes, C., & Pianta, R. (2011). *Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states*. Baltimore, MD: Paul H. Brookes.
- <sup>12</sup> Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Quality of family-provider relationships: Review of conceptual and empirical literature of family-provider relationships*. Washington, DC: Child Trends.
- <sup>13</sup> National Association for the Education of Young Children. (2011). *NAEYC Early childhood program standards and accreditation criteria*. Washington, DC: NAEYC. Retrieved from: <http://www.naeyc.org/files/academy/file/AllCriteriaDocument.pdf>
- <sup>14</sup> National Association for Family Child Care. (2005). *Quality standards for NAFCC accreditation*. Salt Lake City, UT: National Association for Family Child Care Foundation. Retrieved from: [http://nafcc.org/media/pdf/accreditation/AccreditationQualityStandards2009\(5-10\).pdf](http://nafcc.org/media/pdf/accreditation/AccreditationQualityStandards2009(5-10).pdf)
- <sup>15</sup> U.S. Department of Health and Human Services. (2009). *Head Start Program Standards: CFR XIII ( 10-1-09 Edition)*. Retrieved from: [http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII\\_ENG.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII_ENG.pdf)
- <sup>16</sup> Colorado Office of Professional Development. (2008). *Colorado core knowledge and standards: A guide for early childhood professional development*. Retrieved from: <http://www.netnewsdesk.com/resources/375/File/ECC-OPD/PDF/about/CKSBook.pdf>. Colorado Department of Education (2008). *Colorado Quality Family Partnership Standards*. Retrieved from [http://www.cde.state.co.us/cpp/download/QualityStandards/Colorado\\_Quality\\_Standards\\_C.pdf](http://www.cde.state.co.us/cpp/download/QualityStandards/Colorado_Quality_Standards_C.pdf). New Mexico Children, Youth and Families Department. (2009). *AIM HIGH: Essential elements of quality*. Retrieved from: [https://www.newmexicokids.org/content/caregivers\\_and\\_educators/aim\\_high/docs/AIM\\_HIGH\\_Essential\\_Elements\\_Final.20090401.pdf](https://www.newmexicokids.org/content/caregivers_and_educators/aim_high/docs/AIM_HIGH_Essential_Elements_Final.20090401.pdf). New Mexico Higher Education Early Childhood Task Force. ( 2011). *Common core content and competencies for personnel in early care, education, and family support: Entry level through bachelor's level*. Retrieved from: [https://www.newmexicokids.org/content/caregivers\\_and\\_educators/aim\\_high/docs/AIM\\_HIGH\\_Essential\\_Elements\\_Final.20090401.pdf](https://www.newmexicokids.org/content/caregivers_and_educators/aim_high/docs/AIM_HIGH_Essential_Elements_Final.20090401.pdf).
- <sup>17</sup> Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Quality of family-provider relationships: Review of conceptual and empirical literature of family-provider relationships*. Washington, DC: Child Trends.





## INTRODUCTION

Interest in the quality of relationships between early care and education (ECE) providers<sup>1</sup> and families of children in care has increased during the past several years. This interest has been stimulated by several factors. First, research has demonstrated that families have a much greater influence on their children's positive outcomes than does participation in ECE (NICHD Early Child Care Research Network, 2006). Second, evidence from a variety of studies indicates that the impact of child care quality on both cognitive and social-emotional child outcomes is mixed (Burchinal, Kainz, Cai, Tout, Zaslow, Martinez-Beck, & Rathgeb, 2008; Clarke-Stewart, Vandell, Burchinal, O'Brien, & McCartney, 2002; Elicker, Clawson, Hong, Kim, Evangelou, & Kontos, 2005), which suggests that traditional child-focused measures of child care quality may be missing aspects of quality that contribute to positive child outcomes (Bromer et al., 2011; Porter et al., 2012). Third, a small body of research suggests that strong partnerships between providers and families is associated with improved children's school readiness and social-emotional development (Dunst, 2002; Dunst, Boyd, Trivette, & Hamby, 2002; Mendez, 2010) as well as positive parental long-term outcomes such as improved mental health, self-efficacy, and enhanced parent-child relationships (Dunst, 2002; Green, McAllister, & Tarte, 2004; Kaczmarek, Goldstein, Florey, Carter, & Cannon, 2004; Kossek, Pichler, Meese, & Barratt, 2008; Small, 2009), which may influence positive child outcomes. This interest has sharpened the focus on defining and measuring elements of these relationships across ECE settings for program improvement purposes (Bromer et al, 2011).

---

<sup>1</sup> We use the term "providers" to refer to any individuals who offer non-parental early care and education to children. This includes center staff (teachers, assistant teachers, aides, family service workers, and directors); and home-based child care providers such as regulated family child care providers and family, friend and neighbor caregivers who offer care to unrelated children.

There has also been a growing interest in better preparing providers for their work with families (Brown, Knoche, Edwards & Sheridan, 2009; Forry, Bromer, Chrisler, Rothenberg, Simkin, & Daneri, 2012; Halgunseth, Peterson, Stark, & Moodie, 2009; Porter, Bromer, & Moodie, 2011). Providers are increasingly expected to have the knowledge, skills, and attitudes to develop strong relationships with families as well as to support children's development. Many state professional development systems (PDS) include building partnerships with families as a competency area (Yung, Sao, & Vu, 2011).

PDS often rely on National Association for the Education of Young Children (NAEYC) accreditation standards for working with families as a framework for defining expectations for what providers need to know and do, because the NAEYC standards articulate best practices for ECE professionals (Winton & West, 2012). The NAEYC accreditation standards and the National Association for Family Child Care (NAFCC) accreditation standards, the parallel set of standards for family child care programs, are also commonly used as the highest rating for family partnership indicators in Quality Rating and Improvement Systems (QRIS; Tout et al., 2010). Head Start and Early Head Start have developed a set of standards that are intended to monitor program performance around building relationships with families as well (Head Start Performance Standards, 45 CFR 1304, 2009).

The increased concern about improving ECE quality and child outcomes has resulted in some research on the issue of alignment across professional standards, PDS early childhood competencies, and QRIS indicators (Howes & Pianta, 2012). Little attention has been paid, however, to the issue of alignment in the area of provider partnerships with families. At least two factors may have contributed to this limited focus. First, although there are multiple conceptual models of family engagement and family-provider relationships (Bromer, Paulsell, Porter, Henly, Ramsburg, & Families and Quality Workgroup Members, 2011; Forry et al., 2012; Halgunseth et al., 2009; National Center of Parent, Family and Community Engagement, 2012a; Weiss, Bouffard, Briggall, & Gordon, 2009), the evidence base for these models is varied and there is a lack of consensus about the elements that are linked to positive child and family outcomes in ECE programs. This creates challenges for identifying and defining specific elements in family-provider relationships that represent quality. Second, despite the long-standing commitment to partnerships with families in Head Start and other two-generation programs (Kagan, Powell, Weissbourd, & Ziegler, 1987), the notion of family partnerships may be newer to the ECE field than other child-focused aspects of quality. As a result, focusing on the quality of family-provider partnerships in ECE may be viewed by providers and administrators alike as challenging to address (Bromer et al., 2011).

## **PURPOSE OF THIS BRIEF**

In this brief, we examine the alignment of research-based elements of family-provider partnerships with professional and performance standards from three national ECE organizations as well as selected PDS competencies and QRIS family partnership indicators from two states. The primary purpose of the brief is to identify the areas in which there are consistent definitions regarding elements of quality in family-provider relationships as a starting point for building consensus across systems about common definitions, expectations about what providers need to know and do, and development of measures that more closely capture quality in this domain. We seek to answer the following three questions:

- How do existing ECE professional and performance standards align with research-based elements of provider-family relationships that are associated with positive child and family outcomes?

- What are some of the gaps in alignment across professional and performance standards and research-based elements of family-provider partnerships?
- What are some promising examples of language in the professional and performance standards, state PDS competencies, and QRIS indicators that could be used to fill the gaps in alignment in the professional and performance standards?

This brief addresses these questions through a systematic review of 1) research-based elements of family-provider partnerships identified through the Family-Provider Relationship Quality (FPRQ) project; 2) professional and performance standards articulated by NAEYC, NAFCC, and Head Start; and 3) PDS-related competencies and QRIS indicators in two states, Colorado and New Mexico.

## SOURCES OF INFORMATION

### *The Family-Provider Relationship Quality (FPRQ) Project: Identifying Research-Based Components of Strong Family-Provider Partnerships*

A systematic review of the conceptual and empirical literature on family-provider relationships (Forry et al., 2012) was the basis for identifying the components of strong provider partnerships with families that are used in this brief. The comprehensive review was conducted as part of the FPRQ Project, which is sponsored by the Office of Head Start and the Office of Planning, Research and Evaluation in the Administration for Children and Families, to develop a measure of the quality of family-provider partnerships in ECE settings for children age birth through five. The FPRQ literature review sought to 1) review existing conceptual models; 2) identify common and unique practices that have been associated in the literature with positive outcomes for children, families and providers; and 3) create an integrated perspective, building on existing models, that could be used to inform practices, assessments, standards, and professional development (Forry et al., 2012).

The FPRQ project's conceptual model of family-provider relationships builds on three existing perspectives, all of which include family-provider relationships as a key component: family support/family-centered care, parent involvement/family involvement/family engagement, and family-sensitive caregiving (Forry et al., 2012). A bi-directional model, it assumes that family support/family-centered care, and family sensitive-caregiving may be precursors to family involvement and family engagement. Specifically, families may be more likely to become engaged and involved in their children's development and learning activities when they feel supported and understood by providers and programs and better able to balance work and family responsibilities. On the other hand, during the process of parents becoming more engaged and involved in their children's programs, the relationships they develop with providers may lead to providers becoming more sensitive and responsive to the needs of families.

Because the primary purpose of the FPRQ project and the related measure is the assessment of quality in family-provider relationships, the model focuses on effective provider facilitation of these relationships. The model posits three primary components of building strong partnerships with families: provider practices, provider knowledge, and provider attitudes.<sup>2</sup> The practices component relates to how providers interact and engage with the families of children who participate in the ECE arrangement; the knowledge component refers to provider understanding of family strengths and needs as well as theoretical knowledge about family

<sup>2</sup> The FPRQ literature review also identified an environmental component, which consists of features such as aspects of the physical environment, organizational climate, tone, and program resources that facilitate family-provider relationships.

systems; and the attitudes component consists of provider beliefs and values about families of children in care that inform their work with families. Each component includes several distinct elements that were identified and defined through the literature review.

The FPRQ literature review indicates that, in general, research on the components and individual elements of building strong relationships with families that lead to positive family and child outcomes is limited. As Table 1 indicates, the review identified more evidence of associations between the elements in the practices component and positive outcomes than between elements in the attitudes and knowledge components (Forry et al., 2012). It also found more evidence of associations between elements of practices and family outcomes, such as enhanced parental well-being, self-efficacy, and perceived ability to obtain resources and support, than between practices and child outcomes, although some studies found associations between provider practices with families and children's cognitive and social/emotional outcomes (Forry et al., 2012).

In part, the lack of a large body of research on these components and elements that are associated with positive child and family outcomes may be due to the various ways in which these elements have been articulated in different conceptual models of family-provider relationships. The same element is often conceptualized and defined in different ways, and can sometimes lead to overlap between practices, knowledge and attitudes. Empowerment, an FPRQ element that refers to building parents' capacity and competence to advocate for themselves and their children, for example, is conceptualized in the research as both an attitude (provider belief in the importance of helping parents advocate for themselves and their children) and a practice (provider actions to help parents become advocates on behalf of their families). In addition, some definitions in the studies are multi-faceted and may entail diverse practices that can each lead to different types of outcomes. Flexibility, for example, is defined as provider engagement in sensitive interactions with families that respond to families' identified needs and goals. Yet within this broad definition, flexibility could refer to provider practices related to families' cultural preferences which may have a direct impact on child outcomes (Dunst & Dempsey, 2007; Graves & Shelton, 2007), while flexibility could also refer to accommodation of parents' work schedules which may have a direct effect on parental employment outcomes (Kossek et al., 2008; Scott, London, & Hurst, 2005). These issues can create challenges in both articulating direct pathways between individual elements and outcomes and distinguishing associations between elements and outcomes.

For this study of alignment, we selected the following ten elements indicative of provider facilitation of family-provider relationships from the FPRQ conceptual model. These elements were chosen because they were associated with positive child/family outcomes in the research, because each has a clear operational definition, and because they represent each of the three constructs (see Table 1).

- Positive, two-way communication (practice)
- Flexibility (practice)
- Advocating for and connecting families to supports and resources (practice)
- Collaborating and engaging in joint-goal setting and decision-making with families (practice)
- Developing parents' confidence and competence (practice)
- Providing social networking opportunities for families (practice)
- Theoretical knowledge about families (knowledge)
- Family-specific knowledge (knowledge)
- Respect (attitude)
- Openness to change (attitude)

## *ECE Professional and Performance Standards*

Three sets of professional and performance standards were identified for analysis of alignment with the selected FPRQ elements. They are: the NAEYC Accreditation Standards (NAEYC Accreditation Standards, 2011), the NAFCC Accreditation Standards (NAFCC Standards, 2005), and the Head Start Performance Standards (HSPS, Head Start Performance Standards, 2009). These standards were selected because they articulate expectations for quality across ECE settings—center-based care, family child care, and Head Start. In addition, the NAEYC and NAFCC accreditation standards are often used to inform PDS competencies (Winton & West, 2012) and QRIS commonly use them as the highest rating level in their family partnership indicators (Tout et al., 2010).

## *State PDS ECE Competencies and QRIS Family Partnership Indicators*

A systematic review of the alignment of PDS competencies, QRIS family partnership indicators and the FPRQ elements across all states was beyond the scope of this study. Rather, we highlight promising examples of alignment from two states, Colorado and New Mexico. We used three criteria to select these states. One criterion was the existence of both a PDS and a QRIS. Based on analysis of National Child Care Information Center data on states with PDS, and a recent compendium of state QRIS (Tout et al., 2010), 21 states met this criterion. The second criterion was a minimum of five of the eight common family partnership indicators for centers and family child care providers identified in the state QRIS compendium (Tout et al., 2010),<sup>3</sup> which is indicative of the states' strong commitment to rating providers on this aspect of quality. Five of the 21 states met this criterion.<sup>4</sup> Another criterion was detailed web-based information about competencies (Colorado Office of Professional Development, 2008; New Mexico Higher Early Childhood Education Task Force, 2011), and QRIS indicators (Colorado Department of Education, 2008; New Mexico Children, Youth and Families Department, 2009).

Both Colorado and New Mexico have a specific PDS competency area that relates to family relationships (Colorado Office of Professional Development, 2008; New Mexico Higher Early Childhood Education Task Force, 2011).<sup>5</sup> Colorado has six indicators for centers and family child care providers: written communication, parent-teacher conferences, activities for families, parent participation, community resource lists, and parent surveys (Tout et al., 2010). New Mexico has five family partnership indicators for centers and family child care providers: written communication, parent-teacher conferences, activities for families, parent participation, and bulletin boards.<sup>6</sup>

<sup>3</sup> The eight indicators include: bulletin boards, written communication, parent-teacher conferences, activities with families, community resource lists, parent participation, parent advisory board, and parent survey (Tout et al., 2010).

<sup>4</sup> These states included Colorado, Maine, Missouri, New Mexico, and Tennessee.

<sup>5</sup> Colorado and New Mexico are revising their PDS.

<sup>6</sup> Colorado and New Mexico are revising their QRIS.

## METHODS

We used web-based document review to examine alignment of professional and performance standards with the selected FPRQ elements. The two authors independently coded all of NAEYC, NAFCC, and HSPS standards<sup>7</sup>, including the specific categories that relate to family partnerships as well as other categories, such as professionalism, management and human resources, teaching and learning activities, assessment, and health and safety, which might include relevant items. We then compared our results and reached consensus about those standards that corresponded to the FPRQ elements of interest.

To examine the gaps and promising examples of alignment between the standards and the selected FPRQ research-based elements, we compared the specific language of the identified standards with the FPRQ definitions. The standards were coded as explicit (E), an exact match of wording between the standards and the research elements; implicit (I), vaguer wording that suggested rather than articulated alignment; or none (N), no items that aligned with the elements (Table 2).

We used a similar process to identify gaps and promising examples of alignment between the study states' PDS competencies and the selected FPRQ research-based elements. Each of the authors independently coded Colorado's and New Mexico's competencies, compared their results, and reached agreement. In the same way, consensus was reached on QRIS family partnership indicators that show promise for alignment with the state competencies and the FPRQ elements.

## FINDINGS

### *Alignment between the Professional and Performance Standards and Research-Based Evidence*

Table 2 presents the results from our analysis of alignment between professional and performance standards and the selected FPRQ elements of effective provider facilitation of family-provider relationships<sup>8</sup>. The table also presents selected examples of promising language from the professional and performance standards, the two states' PDS competencies, and the states' QRIS indicators, which could serve as the basis for filling gaps in alignment, developing consistent definitions, and expanding existing definitions.

<sup>7</sup> NAEYC, NAFCC and HSPS use different terminology in their standards. NAEYC uses "criteria"; NAFCC uses "standards"; and HSPS uses "indicators" (NAEYC Accreditation Standards, 2011; NAFCC Standards, 2005; Head Start Performance Standards, 2009). We use the term "standards" in our discussion of alignment, to refer to all of these.

<sup>8</sup> We found 49 NAEYC criteria, 22 NAFCC standards, and 60 HSPS indicators that aligned with the FPRQ elements (Please see Appendix A for specific item numbers.) Of the total number of individual items in each set, many were identified in the categories that relate to family partnerships. For example, approximately one third of NAEYC aligned criteria were included in the "Families" section; 40 percent of the aligned NAFCC items, in the "Relationships" section; and slightly less than one third of the aligned HSPS indicators in the "Family Partnerships" section. Of the 28 criteria in NAEYC's "Families" section, we found that 17 (61 percent) were not aligned with the FPRQ elements. We also found that 19 (67 percent) of the 28 NAFCC "Relationship" standards were not aligned with the FPRQ elements, and that 26 (60 percent) of the 44 HSPS "Family Partnership" indicators were not aligned with the FPRQ elements. Additional aligned items were identified in other categories of standards such as professionalism, management, and human resources, teaching and learning activities, assessment, and health and safety.

We did not find examples of language across the three sets of standards that reflect four of the FPRQ research-based elements: *developing parents' confidence and competence* (practice), *provision of social networking* (practice), *theoretical knowledge* (knowledge), and *openness to change* (attitudes) (Table 2). Our analysis also revealed explicit alignment between the three sets of standards and the following six elements: *two-way communication* (practice), *flexibility* (practice), *advocating for families and connecting them to resources* (practice), *collaborating with families* (practice), *family-specific knowledge* (knowledge), and *respect* (attitudes). The following sections describe these findings in detail.

**FPRQ Practice Elements:** Our study revealed two practice elements where alignment is not explicit across all three sets of national professional and performance standards: (1) *developing parents' confidence and competence* and (2) *provision of opportunities for social networking* for families (Table 2). The provider practice of *developing parents' confidence and competence* is defined in the research on family engagement and family-centered care as enhancing parents' capacity to facilitate their children's development, make informed choices and advocate for their children and themselves (Forry et al., 2012; Porter et al., 2012). Only the HSPS include clear and explicit language that captures this definition. The HSPS articulate a wide range of specific practices, such as providing opportunities for helping parents to enhance their parenting skills and knowledge, helping parents learn how to work with mental health and health professionals and helping parents learn how to become their child's advocate (HSPS 1304.40. e.3., 1304.21 a. 2.(ii), 1304.24.a (1.), 1304.40 h. (1)).

The second element—*provision of opportunities for social networking* for families—is defined in the research as offering families ways to engage in formal and/or informal parent-to-parent or parent-to-provider networking through the ECE program in order to get to know one another and strengthen social supports (Forry et al., 2012; Porter et al., 2012). We found explicit items for this element in the NAEYC standards and the HSPS (Table 2). The NAEYC standard uses specific language about opportunities for parents to “learn from and provide support for each other” (NAEYC 7.A.12), while HSPS items specifically refer to “activities in which [parents] have expressed an interest” (HSPS 1304.40.g.1 and 2) and where parents can provide “peer support” (HSPS 1308.21 (a).5.). There was nothing in the NAFC standards that addressed this element.

Among the NAEYC, NAFC and Head Start standards, we found explicit alignment with the other four research-based practice elements: (1) *two-way communication*, (2) *flexibility*, (3) *advocating for families and connecting them to resources*, and (4) *collaboration with families in goal-setting and decision-making* (Table 2). *Two-way communication* is defined by providers sustaining relationships through positive communication that is responsive to families' preferences as well as providers' personal boundaries (Forry et al., 2012; Porter et al., 2012). All three sets of standards address two-way communication by specifically referring to exchanges of information between staff and parents. For *flexibility*, or responsiveness to families' expressed needs and goals, each set of standards includes explicit language about the importance of adapting the program and/or taking families' schedules into account in program planning. *Advocating for and connecting families to resources* is defined as linking families to community supports and services and advocating for families around their specific needs (Forry et al., 2012; Porter et al., 2012). Items in the standards have explicit language about lists of services and supports, providing this information to parents, and helping them gain access or use these services. Finally, *collaborating and engaging in joint goal-setting and decision-making with families* is defined as helping families identify goals for themselves and their children, and helping families to make decisions and action plans to achieve these goals (Forry et al., 2012; Porter et al., 2012). We found items in all three sets of standards that align with provider-family collaboration in setting goals and making decisions about children on a wide range of issues (Table 2).

Although there was explicit alignment across these four practice elements, some differences warrant mention. None of the items related to *flexibility* refers specifically to meeting families' needs for work-family balance, especially around accommodating work schedules. Although this is not an explicit part of the definition for this element, some research suggests that attention to work-family scheduling is an important aspect of responsiveness to families with low-wage jobs (Henley & Lambert, 2005; Scott et al., 2005). We also found some variation in the element of *advocating for families and connecting them to resources*. Only the HSPS refer to an extensive list of supports and identify a wide range of resources, including emergency or crisis assistance, continuing education and employment training, comprehensive prenatal and postpartum care, and family literacy services (HSPS 1304.40 b.1. i; ii, iii). In addition, only the HSPS include an item related to assessing whether referrals to services meet families' needs (HSPS 1304.40 b.2).

**FPRQ Knowledge Elements.** Our examination of the two knowledge elements—*theoretical knowledge* and *family-specific knowledge*—revealed a gap in alignment for theoretical knowledge. *Theoretical knowledge* is defined as an understanding of family systems and dynamics, the factors that shape families, adult learning styles, and effective parenting and communication strategies (Forry et al., 2012; Porter et al., 2012). Although there is a lack of evidence in the ECE research on the relationship between providers' knowledge of family systems and quality practices or child and family outcomes (Forry et al., 2012), research from other fields such as early intervention suggests that knowledge about family systems and how to work with adults enhances providers' abilities to work effectively with parents of children in care (Trivette, Dunst, & Hamby, 2010). We found items related to this element in the NAEYC standards and the HSPS, both of which include language about provider training in family relationships and family support as well as knowledge of diverse family cultures (NAEYC 6. A. 05, 6. A.07 a.; HSPS 1304.52.d.1). There are no items that explicitly or implicitly refer to this kind of knowledge in the NAFCC standards (Table 2).

By contrast, we found items across all three sets of standards that explicitly align with the element of *family-specific knowledge* (Table 2). This element is defined in the research as provider information about the strengths, abilities, needs, and goals of individual families of children in care (Forry et al., 2012; Porter et al., 2012). Each set of standards includes items about providers gaining knowledge from families about family culture, ethnicity, family structure, and goals for their children (NAEYC 7.A. 02, 7.A.08; NAFCC 1.6, 5.14, 5.22; HSPS 1304.40.F.4 ii, 1304.21. A.2.ii, 1304.23 a. 2). All three sets also refer to communicating in the family's preferred language (NAEYC: 7.B.01; NAFCC: 1.17, HSPS 1304.52. b. (4)), which suggests that providers must have knowledge about the language preferences of individual families' in their programs. However, we did not find evidence of standards that explicitly require providers to gather information about family strengths, abilities, needs and goals for themselves as parents.

**FPRQ Attitude Elements.** Of the two attitude elements, one (respect) aligned across standards, while the other (openness to change) did not (Table 2). *Respect* is defined as trust, confidentiality, non-judgmental approach to families, and acceptance of family culture, language, and practices (Forry et al., 2012; Porter et al., 2012). Each set of standards has explicit wording about respecting family culture and diversity; both the HSPS and the NAFCC standards also refer to refraining from "stereotyping" children and families because of their gender, culture, ethnicity or individual differences (HSPS 1304.52. h.6.1.(i); NAFCC 1.11). In addition, all three sets of standards acknowledge the importance of protecting families' privacy through maintaining confidentiality (NAEYC 7.B.04, NAFCC 5.3, HSPS 1304.52.h.6.1.ii).



*Openness to change* is the one attitude element where we found a gap in alignment. Research defines *openness to change* as a provider’s willingness to learn new information and be open to changing her normal practices in order to be sensitive to an individual child, parent, or family’s needs (Forry et al., 2012; Porter et al, 2012). The NAFCC standards are the only set that includes an item that explicitly aligns with this definition (Table 2). The standard states that “the provider...is open to new ideas about family child care” (NAFCC 5.6). It does not, however, refer to whether providers are willing to apply this new information to practice or whether the provider is open to new ideas that are suggested by the parents.

### **Promising Examples of State ECE Competencies and QRIS Family Partnership Indicators that Align with the FPRQ Research-Based Elements**

We selected two states, Colorado and New Mexico, to examine alignment between PDS competencies and QRIS indicators with the FPRQ research-based elements. Each state’s PDS has a specific competency area related to family partnerships: “Family and Community Relationships” is one of seven Colorado competency areas; “Family and Community Collaboration” is one of eight in New Mexico’s competencies (Colorado Office of Professional Development, 2008; New Mexico Higher Early Childhood Education Task Force, 2011).<sup>9</sup>

We found alignment between the Colorado and New Mexico competencies and the definitions from research for eight of the ten elements. These elements include: *positive two-way communication, flexibility, advocating for families and connecting them to resources, collaborating with families, developing parent’ confidence and competence, theoretical and family-specific knowledge, and respect*. We also found alignment between three of these elements—*advocating for families and connecting them to resources, and collaboration with families*—in the Colorado and New Mexico QRIS family partnerships indicators, which suggests some consistency between the PDS and the QRIS in these states. In addition, New Mexico’s QRIS includes indicators related to social networking.

As was the case with alignment of the standards and the research-based elements, we found some gaps in both the state competencies and the QRIS. Language related to *social networking opportunities* was missing from the PDS competencies in both states, and we did not find language that aligned with the research-based element of “*openness to change*” in the Colorado competencies. In addition, we did not find QRIS indicators in either state for *developing parents’ confidence and competence, theoretical knowledge, respect, or openness to change*. There are also not any explicit references to gathering information about family schedules, specifically with regard to work or school commitments, or flexibility in response to these needs in the QRIS indicators.

**Promising Examples of Competencies.** One of the purposes of examining alignment of state competencies with the FPRQ elements was to identify promising language from the state competencies that could serve as a starting point to fill gaps in standards for family-provider relationships, or to strengthen existing definitions in the standards that we reviewed. Between the two states, we found several items that meet these purposes (Table 2).

---

<sup>9</sup> Colorado’s *Core Knowledge and Standards* consists of standards, focus areas, and suggested activities related to knowledge and skills expected at two levels of credentialing: Level 1, which corresponds to three credit-bearing courses; and Level 2 to ten 3-semester credit-bearing courses. New Mexico’s *Common Core Content Early Childhood Educator* consists of indicators which correspond to the knowledge and skills expected for providers at the entry level, the associate’s level, and the bachelor’s level of its career lattice.

Both Colorado and New Mexico have clear and explicit language that relates to *developing parents' confidence and competence* that might be helpful in filling the gaps we found in the standards related to this element. Colorado's PDS articulates an expectation that providers will "develop a plan to increase parents' understanding of developmental processes and the ability to advocate for their children" (3.7.C level 2: level 2), and New Mexico's competencies articulate the need for providers to "assist young children and their families, as individually appropriate, in developing decision-making and interpersonal skills that enable them to make healthy choices and establish health-promoting behaviors" (B.8).

Consistent with the PDS focus on preparing professional ECE providers, both Colorado and New Mexico have language in the competencies that explicitly aligns with the FPRQ element of *theoretical knowledge*. Each state has standards with explicit language about the need for providers to have a strong understanding of family systems, family dynamics, family norms, family culture, and the stress factors that affect families (Table 2). Colorado's competencies also include a standard that relates to the need for provider understanding of the difference between "power over" and "power with" families in relationships (5.3.B.)

In addition, we found some language in New Mexico's competencies that might be useful as the basis for strengthening the gaps in the professional and performance standards related to *openness to change* (Table 2). One item refers to planning for "continued personal and professional development based on one's own learning needs" (G.4.d); another refers to "critical reflection of one's own professional and educational practices" (G.4). While neither of these items explicitly aligns with the definition of the research-based element that refers to openness to input from parents, they tap into the notion of a positive attitude toward learning new information to improve practice as well as the notion that self-reflection may be a precursor to willingness to seek out new knowledge.

We also found several examples of promising language in the competencies that could be used to extend the professional and performance standards that align with the other elements. For example, New Mexico's competencies that relate to *positive two-way communication* refer to identifying a "variety of communication skills" (E. 14), including written and oral communication, and adapting "communication to meet the needs of diverse language learners and their families" (E. 14, BA b). The Colorado standards include the need for provider understanding of different communication models such as "humanistic and win-win" as well as knowledge about different components of communication such as listening (5.3.A.c).

**Promising Examples of QRIS Family Partnership Indicators.** Both Colorado<sup>10</sup> and New Mexico have promising examples of QRIS indicators<sup>11</sup> that align with competencies for *two-way communication, advocating for families and connecting them to resources, and collaboration with families*, and, by extension, the professional and performance standards. We found it easier to identify alignment in Colorado, because the language in the indicators can be compared to the language in the competency standards. By contrast, it is necessary to infer alignment of the New Mexico QRIS indicators with its PDS competencies, because the indicators include lists of activities rather than practices which the program or providers must implement.

<sup>10</sup> Although both states are revising their QRIS, the existing wording could be useful for language in the standards.

<sup>11</sup> Like the PDS in the two states, there are differences in the QRIS structures and family partnership indicators. Colorado's Qualistar™ Early Learning rates providers on a 5-level point system, with 2 points awarded for accreditation. There are five broad standards for family partnerships that apply to both centers and family child care providers. The indicators are articulated as statements that relate to these standards. Points are awarded based on parents' responses to a survey that includes these statements. New Mexico's *Look for the Stars* is a component of the AIM HIGH initiative, an effort to define essential elements of ECE quality (New Mexico Children, Youth and Families Department, 2009). It uses a 5-level building block rating system, with accreditation at the highest level. To move from one level to the next, programs must provide evidence of a specific number of family involvement activities. The list of activities is the same for both centers and family child care providers.

Colorado and New Mexico require providers to conduct parent-teacher conferences and daily communication (verbal or written) with families. Each also requires providers to offer information to families about a wide range of supports. For example, New Mexico's indicators—family bulletin boards, newsletters, and family informational meetings—have the potential to align with expectations for connecting families to resources, although they lack the language about linking families to resources that is articulated in the related competency. In reference to collaboration with families, Colorado has an indicator that refers to staff-parent discussions about child-rearing practices to “minimize confusion and conflict for children” (C. 3), which suggests shared decision-making about children, while other indicators refer to family participation in the program, suggesting collaboration about goals for the program as well. Suggestion boxes, which are included in New Mexico's list of required activities, might also align with collaboration, if there were explicit references to using the families' responses in decision-making about the program.

## DISCUSSION

In this study, we sought to examine the alignment between professional and performance standards for ECE providers, state PDS competencies, and QRIS family partnership standards with research-based elements of effective provider facilitation of partnerships with families. We found strong evidence of alignment with many of the research-based elements in the professional standards and the state PDS competencies, with language that explicitly captures the elements' definitions. We also found potential for alignment with the research-based elements in several QRIS family partnership indicators. In addition, our review of the PDS competencies in two states suggests several examples of promising language that might be considered for inclusion in professional and performance standards as well as in other states' PDS standards. Such consistency suggests that there is already a strong foundation for developing common definitions of this aspect of quality.

We identified several gaps in alignment across the three sets of professional and performance standards as well as the selected state PDS competencies and QRIS indicators. Specifically, we did not find explicit language in the professional and performance standards reviewed for *developing parent' confidence and competence*, *theoretical knowledge*, and *openness to change*, nor did we find state QRIS indicators for these elements. In addition, there was a lack of alignment across the standards with the research-based element of *provision of opportunities for social networking*, and language about this element was missing from the state competencies.

Several factors may contribute to the gaps for these elements. First, some of these elements, such as *developing parents' confidence and competence* and *opportunities for peer networking*, may not be regarded by professional organizations as central to providers' relationships with families. For Head Start, enhancing parents' capacity to make good decisions for themselves and their children and to be their child's advocate are fundamental components of its mission as a two-generation program. This may be a newer concept for NAEYC and NAFCC, which are more solely child-focused and see providers' relationships with families in that context. It is possible that NAFCC may not consider offering get-togethers with the intention of supporting peer and social supports to parents as relevant to family child care providers, who often work with a very small number of families.

Second, other elements may be missing from standards because it is assumed that providers have acquired this kind of information in professional development or training and therefore do not need to be rated on it. For example, the element of *theoretical knowledge* is not included in the NAFCC standards likely for this reason, while the related NAEYC and Head Start standards place it in the context of provider credentials or training.

Third, some elements may be missing because they are relatively new concepts for the ECE field. One such example is *openness to change*, which is an attitude that captures the notion that providers must be ready to consider new ideas before they can effectively engage in training or professional development to improve their practice (Peterson & Valk, 2010), and, in the context of family-provider relationships, that providers should be open to parents' suggestions about caregiving. This notion is fundamentally different than the practice of seeking out and participating in training or professional development, a more commonly accepted view of enhancing provider knowledge and skills. Another example is "work-family balance." The lack of explicit attention to work-family balance in all of the standards may also be related to the relative newness of the notion that quality caregiving should include sensitivity to families' work-family demands, including work schedules and family routines (Bromer et al., 2011). While all of the sets of professional and performance standards include items related to flexibility, they could be strengthened by explicit references to responsiveness to work-family commitments.

Similarly, the lack of explicit standards around family-specific knowledge related to family and parent strengths, abilities, and needs (as opposed to knowledge about children's strengths, abilities, and needs) may reflect the field's mixed acceptance of learning about and responding to parents and family members as an aspect of quality. To move forward on improving provider relationships with families, consensus about the importance of all of the elements of family-provider partnerships associated with positive child and family outcomes in the research is essential. There is much language that aligns with the research-based elements in the standards; promising language to fill the gaps exists in the selected state competencies as well. There is also some potential for alignment with QRIS indicators. The development of clear and specific common definitions across both standards and competencies can inform the development of QRIS indicators that accurately assess this aspect of ECE quality.

## IMPLICATIONS FOR POLICY

The findings from our study of alignment have some significant implications for ECE policy directions. It is clear that there is a need for consensus-building about greater specificity in the professional and performance standards that relate to provider relationships with families. There is also a need for agreement about some refinement in the standards to capture elements that have not traditionally or not widely been embraced by the ECE field but that are associated with positive outcomes for families (e.g., support of parents' work-life balance and development of parents' confidence and competence). Greater clarity would not only help improve the standards and provide guidance to states' efforts to develop competencies for providers, but also help QRIS efforts to improve quality and measurement in this area. More specific language for standards and examples of indicators might also provide a basis for clearer distinctions among levels of quality in specific elements, with higher QRIS ratings corresponding to increasing expectations around professional competencies articulated in state PDS.

Our study also suggests the potential of strengthening the focus on family-provider relationships through closer alignment of professional and performance standards, PDS and QRIS at the national and state level. For instance, leaders from NAEYC, NAFCC, and the Office of Head Start could collaborate on the development of a common core of empirically-based standards for family-provider relationships to address the current differences in alignment of professional and performance standards across national organizations. At the state level, closer alignment would mean ensuring that there is consistency in competencies for providers, PDS supports for acquisition of knowledge and skills, and QRIS indicators about how providers are rated on their partnerships with families. Some work is already underway in this area. Head Start has developed a

set of Relationship-Based Competencies, which identify the knowledge and skills providers need to work with families and provide examples of possible actions that providers can take to create and maintain these relationships (National Center on Parent, Family, and Community Engagement, 2012b). Colorado has created a crosswalk between its competencies and the NAEYC associate degree standards, and New Mexico has aligned its competencies with PDS offerings.

## IMPLICATIONS FOR PROGRAMS AND PRACTICE

Strengthening standards related to provider facilitation of strong partnerships with families may require additional efforts to train and educate providers about the importance of this aspect of ECE quality. Yet providers may resist efforts to meet higher or stricter standards in this area, because they feel overburdened by their daily responsibilities with children and may not see working with families in these ways as part of their role (Bromer & Henly, 2004). Accreditation systems as well as state-level PDS and QRIS can address this issue by offering training opportunities that include content related to provider-family relationship building and family systems theory. One example of a training that could meet this need is Strengthening Families, which emphasizes strengths-based provider attitudes towards and approaches with families (Center for the Study of Social Policy, 2004). In addition, the field could look to alternative approaches to training such as coaching and mentoring to help providers learn new ways of working with families.

## IMPLICATIONS FOR FUTURE RESEARCH

There is also a need to build an even stronger research base on the relationships between provider practices with families and positive family outcomes, in order to provide systems with the evidence and rationale needed to integrate these elements into quality standards and competencies. Greater specificity around the quality constructs in this area will also be helpful in developing measurement tools and quality indicators. For example, research identifies provider *respect* for families as being associated with positive family and child outcomes (Blue-Banning et al., 2004; Churchill, 2003; St. Jacques et al., 2006), yet we know little about the specific components of respect, how to measure this aspect of relationship quality, or how respectful attitudes shape specific practices with families. Clear definitions are also needed in provider practices. Provider *flexibility*, for example, is a practice element that is represented across the professional standards, yet understanding which types of flexibility (i.e. flexibility around parents' work schedules, families' cultural or religious practices, or economic circumstances) are associated with positive family and child outcomes could inform the refinement of quality standards and competencies in this area.

The development and evaluation of new interventions and approaches to training providers how to work with families could offer a context in which to study the associations between provider practices and family-provider relationships and outcomes. Evaluations of targeted initiatives focused on improving provider facilitation of family-provider partnerships would offer an opportunity to examine the aspects of these relationships that have impacts on providers, families, and, ultimately, children in care. Additionally, national accreditation systems (NAEYC and NAFCC) as well as state QRIS and PDS can serve as laboratories to examine issues of alignment between provider practices and outcomes. Data from these systems can provide an opportunity to better understand the relationship between strong family-provider relationships and child, parent and provider outcomes. These systems also offer an opportunity to examine how competency standards and quality indicators help providers improve practices with families including the identification of challenges and areas that are working well (Udomanna, Haak, & Mintz, 2011).

## CONCLUSION

Findings in this brief suggest that further work is needed to support programs in building strong family-provider relationships to reach the full potential of positive outcomes for children, families and providers. The methods we used here—examining the alignment between professional and performance standards for family-provider relationships and research-based elements and highlighting alignment between QRIS indicators and PDS competencies in two states—hold some promise for examining alignment between standards and research across other quality domains. Strengthening the associations between standards, competencies, and research is a critical first step towards implementing practices informed by research evidence across all ECE programs.

## References

- American Academy of Pediatrics Committee on Hospital Care. (2003). Family-centered care and the pediatrician's role. *Pediatrics*, *112*(3), 691-696.
- Bailey, D. B., Buysse, V., Edmondson, R., & Smith, T. M. (1992). Creating family-centered services in early intervention: Perceptions of professionals in four states. *Exceptional Children*, *58*, 298-309.
- Blue-Banning, M., Summers, J., Frankland, H. C., Nelson, L., & Beegle, G. (2004). Dimensions of family and professional partnerships: Constructive guidelines for collaboration. *Exceptional Children*, *70*(2), 167-184.
- Bornstein, M. H., & Tamis-LeMonda, C. S. (1989). Maternal responsiveness and cognitive development in children. In M. H. Bornstein (Ed.), *Maternal responsiveness: Characteristics and consequences* (pp. 49-61). San Francisco: Josey-Bass.
- Brookes, S., Summers, J. A., Thornburg, K., Ispa, J. M., & Lane, V. (2006). Building successful home visitor-mother relationships: A qualitative look at contributing factors. *Early Childhood Research Quarterly*, *21*, 25-45.
- Bromer, J., Paulsell, D., Porter, T., Henly, J., Ramsburg, D., & with Families and Quality Workgroup members. (2011). Family-sensitive caregiving: A Key component of quality in early care and education arrangements. In M. Zaslow, K. Tout, T. Halle & I. Martinez-Beck (Eds.), *Quality measurement in early childhood settings* (pp. 161-190). Baltimore, MD: Paul H. Brookes.
- Bromer, J., & Henly, J. R. (2004). Child care as family support? Caregiving practices across child care providers. *Children and Youth Services Review*, *26*, 941-964.
- Brown, J. R., Knoche, L. L., Edwards, C. P., & Sheridan, S. (2009). Professional development to support parent engagement: A case study of early childhood practitioners. *Early Education and Development*, *20*(3), 482-506.
- Burchinal, P., Kainz, K., Cai, K., Tout, K., Zaslow, M., Martinez-Beck, I., & Rathgeb, C. (2008). *Early care and education quality and child outcomes*. Research-to-Policy, Research-to-Practice Brief. Washington, DC: Child Trends.
- Center for the Study of Social Policy (2004). *Protecting children by strengthening families: A guidebook for early childhood programs*. Washington, DC: Author.

Christenson, S. L. (2004). The family-school partnership: An opportunity to promote the learning competence of all students. *School Psychology Review, 33*(1), 83-104.

Churchill, S. L. (2003). Goodness-of-fit in early childhood settings. *Early Education and Development, 31*(2), 113-118.

Clarke-Stewart, K. A., Vandell, D. L., Burchinal, M., O'Brien, M., & McCartney, K. (2002). Do regulable features of child-care homes affect children's development? *Early Childhood Research Quarterly, 17*(1), 52-56.

Coleman, P. K., & Karraker, K. H. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal, 24*(2), 126-148.

Colorado Office of Professional Development. (2008). *Colorado core knowledge and standards: A guide for early childhood professional development*. Retrieved from: <http://www.netnewsdesk.com/resources/375/File/ECC-OPD/PDF/about/CKSBook.pdf>.

Colorado Department of Education (2008). *Colorado Quality Family Partnership Standards*. Retrieved from [http://www.cde.state.co.us/cpp/download/QualityStandards/Colorado\\_Quality\\_Standards\\_C.pdf](http://www.cde.state.co.us/cpp/download/QualityStandards/Colorado_Quality_Standards_C.pdf)

Cunningham, P. B., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (1999). Testing underlying assumptions of the family empowerment perspective. *Journal of Child and Family Studies, 8*, 437-449.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81*(2), 293-317.

Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education, 28*(1), 42-52.

Dempsey, I., Foreman, P., Sharma, N., Khanna, D., & Arora, P. (2001). Correlates of parental empowerment in families with a member with a disability in Australia and India. *Developmental Disabilities Bulletin, 29*, 113-131.

Dunst, C. J. (2002). Family-centered practices: Birth through high school. *Journal of Special Education, 36*(3), 139-147.

Dunst, C., Boyd, K., Trivette, C. M., & Hamby, D. W. (2002). Family-oriented program models and professional helping practices. *Family Relations, 51*, 221-229.

Dunst, C. J., & Dempsey, I. (2007). Family-professional partnerships and parenting competence, confidence, and enjoyment. *International Journal of Disability, Development and Education, 54*(3), 305-318.

Dunst, C., & Trivette, C. M. (2009). Meta-analytic structural equation modeling of the influences of family-centered care on parent and child psychological health. *International Journal of Pediatrics*. doi: 10.1155/2009/576840

Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2006). *Family support program quality and parent, family and child benefits* (1st ed.). Asheville, NC: Winterberry Press.

Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered help-giving practices research. *Mental Retardation and Developmental Disabilities Research Reviews, 13*, 370-378.

Elicker, J., Clawson, C., Hong, S-Y., Kim, T-E., Evangelou, D., & Kontos, S. (2005). *Child care for working poor families: Child development and parent employment outcomes. Community child care research project: Final report*. West Lafayette, IN: Purdue University.

Emlen, A. C., Koren, P. E., & Schultze, K. H. (2000). A packet of scales for measuring quality of child care from a parents' point of view. Retrieved from <http://www.hhs.oregonstate.edu/familypolicy/occrp/publications/2000-A-Packet-of-Scales.pdf>

Fagan, J., & Iglesias, A. (1999). Father involvement program effects on fathers, father figures, and their Head Start children: A quasi-experimental study. *Early Childhood Research Quarterly, 14*(2), 243-269.

Fantuzzo, J., McWayne, C., Perry, M. A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review, 33*(4), 467-480.

Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Quality of family-provider relationships: Review of conceptual and empirical literature of family-provider relationships*. Washington, DC: Child Trends.

Graves, K. N., & Shelton, T. L. (2007). Family empowerment as a mediator between family-centered systems of care and changes in child functioning: Identifying an important mechanism of change. *Journal of Child and Family Studies, 16*, 556-566.

Green, B. L., McAllister, C. I., & Tarte, J. M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 327-334.

Halgunseth, L. C., Peterson, A., Stark, D. R., & Moodie, S. (2009). *Family engagement, diverse families, and early childhood education programs: An integrated review of the literature*. Washington, DC: NAEYC.

Heinicke, C. M., Goorsky, M., Moscov, S., Dudley, K., Gordon, J., Schneider, C., & Guthrie, D. (2000). Relationship-based intervention with at-risk mothers: Factors affecting variations in outcome. *Infant Mental Health Journal, 21*(3), 133-155.

Henly, J. R., & Lambert, S. (2005). Nonstandard work and child-care needs of low-income parents. In S. Bianchi, L. Casper & R. King (Eds.), *Work, family, health & well-being* (pp. 473-492). Mahwah, NJ: Lawrence Erlbaum Associates.

Hofferth, S., & Collins, N. (2000). Child care and employment turnover. *Population Research and Policy Review, 19*(4), 357-395.

Howes, C., & Pianta, R. (2011). Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states. Baltimore, MD: Paul H. Brookes.

Johnson, B. H. (2000). Family-centered care: Four decades of progress. *Families, Systems, & Health, 18*(2), 137-156.

Kaczmarek, L. A., Goldstein, H., Florey, J. D., Carter, A., & Cannon, S. (2004). Supporting families: A preschool model. *Topics in Early Childhood Special Education, 24*(4), 213-226.



- Kagan, S. L., Powell, D., Weissbourd, B., & Zigler, E. (Eds.). (1987). *America's family support programs: Perspectives and prospects*. New Haven: Yale University Press.
- Kaminski, R. A., Stormshak, E. A., Good, R. H., & Goodman, M. R. (2002). Prevention of substance abuse with rural head start children and families: Results of Project STAR. *Psychology of Addictive Behaviors, 16*(48), S11-S26.
- King, G., King, S., Rosenbaum, P., & Goffin, R. (1999). Family centered caregiving and well-being of parents of children with disabilities: Linking process with outcome. *Journal of Pediatric Psychology, 24*, 41–53.
- Kossek, E. E., Pichler, S. M., Meece, D., & Barratt, M. E. (2008). Family, friend, and neighbor child care providers and maternal well-being in low-income systems: An ecological social perspective. *Journal of Occupational and Organizational Psychology, 81*, 369-391.
- Lee, M. Y., Greene, G. J., Hsu, K. S., Solovey, A., Grove, D., Fraser, J. S., Washburn, P., & Teater, B. (2009). Utilizing family strengths and resilience: Integrative Family and Systems Treatment (I-FAST) with children and adolescents with severe emotional and behavioral problems. *Family Process, 48*(3), 395-416.
- Mendez, J. L. (2010). How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending Head Start. *Cultural Diversity and Ethnic Minority Psychology, 16*(1), 26-36.
- National Association for the Education of Young Children. (2011). *NAEYC Early childhood program standards and accreditation criteria*. Washington, DC: NAEYC. Retrieved from: <http://www.naeyc.org/files/academy/file/AllCriteriaDocument.pdf>
- National Association for the Education of Young Children. (2009). *NAEYC standards for early childhood professional preparation programs*. Washington, DC: NAEYC. <http://www.naeyc.org/files/naeyc/file/positions/ProfPrepStandards09.pdf>
- National Association for Family Child Care. (2005). *Quality standards for NAFCC accreditation*. Salt Lake City, UT: National Association for Family Child Care Foundation. Retrieved from: [http://nafcc.org/media/pdf/accreditation/AccreditationQualityStandards2009\(5-10\).pdf](http://nafcc.org/media/pdf/accreditation/AccreditationQualityStandards2009(5-10).pdf)
- National Center on Parent, Family, and Community Engagement (2012a). *The Head Start parent, family, and community engagement framework: Promoting family engagement and school readiness from prenatal to age 8*. Arlington, VA: Head Start Research Center. Retrieved from: <http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2011/pfce-framework.pdf>
- National Center on Parent, Family, and Community Engagement. (2012b). *Head Start and Early Head Start relationship-based competencies for staff and supervisors who work with families*. Retrieved from: [http://eclkc.ohs.acf.hhs.gov/hslc/tta\\_system/family/Family%20and%20Community%20Partnerships/Family%20Services/Professional%20Development/ohs-rbc.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/tta_system/family/Family%20and%20Community%20Partnerships/Family%20Services/Professional%20Development/ohs-rbc.pdf)
- New Mexico Children, Youth and Families Department. (2009). *AIM HIGH: Essential elements of quality*. Retrieved from: [https://www.newmexicokids.org/content/caregivers\\_and\\_educators/aim\\_high/docs/AIM\\_HIGH\\_Essential\\_Elements\\_Final.20090401.pdf](https://www.newmexicokids.org/content/caregivers_and_educators/aim_high/docs/AIM_HIGH_Essential_Elements_Final.20090401.pdf)

New Mexico Higher Education Early Childhood Task Force. ( 2011). *Common core content and competencies for personnel in early care, education, and family support: Entry level through bachelor's level*. Retrieved from: [https://www.newmexicokids.org/content/caregivers\\_and\\_educators/aim\\_high/docs/AIM\\_HIGH\\_Essential\\_Elements\\_Final.20090401.pdf](https://www.newmexicokids.org/content/caregivers_and_educators/aim_high/docs/AIM_HIGH_Essential_Elements_Final.20090401.pdf)

NICHD Early Child Care Research Network (2006). Child-care effect sizes for the NICHD study of early child care and youth development. *American Psychologist*, *61* (2), 99-116.

Palm, G., & Fagan, J. (2008). Father involvement in early childhood programs: Review of the literature. *Early Child Development and Care*, *178*(7&8), 745-759.

Peterson, S. M., & Valk, C. (2010). Professionalizing the early childhood workforce: Challenges and strategies. In S.B. Neuman and M. L. Kamil (Eds.), *Preparing teachers for the early childhood classroom: Proven models and key principles*. Baltimore, MD: Brookes.

Porter, T., Bromer, J., & Moodie, S. (2011). *Quality rating and improvement systems (QRIS) and family-sensitive child care: Promising directions and challenges*.

Porter, T., Guzman, L., Kuhfeld, M., Caal, S., Rodrigues, K., Moodie, S., ... Ramos, M. (2012). *Family-provider relationship quality: Review of existing measures of family-provider relationships*, OPRE Report #2012-47, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Powell, D., Son, S.-H., File, N., & San Juan, R. R. (2010). Parent-school relationships and children's academic and social outcomes in public school pre-kindergarten. *Journal of School Psychology*, *48*, 269-292.

Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate-to high-risk elementary school children. *Journal of Clinical Child and Adolescent Psychology*, *36*(4), 605-620.

Rimm-Kaufman, S. E., Pianta, R. C., Cox, M. J., & Bradley, R. H. (2003). Teacher-rated family involvement and children's social and academic outcomes in kindergarten. *Early Education & Development*, *14*(2), 179-198.

Roggman, L. A., Boyce, L. K., & Cook, G. A. (2009). Keeping kids on track: Impacts of a parenting-focused Early Head Start program on attachment security and cognitive development. *Early Education and Development*, *20*(6), 920-941.

Saint-Jacques, M.C., Drapeau, S., Lessard, G., & Beaudoin, A. (2006) Parent involvement practices in child protection: A matter of know-how and attitude. *Child and Adolescent Social Work Journal*, *23* (2), April 2006 ( 2006) DOI: 10.1007/s10560-005-0042-5

Scott, E., London, A., & Hurst, A. (2005). Instability in patchworks of child care when moving from welfare to work. *Journal of Marriage and Family*, *67*(2), 369-385.

Sheridan, S. M., Clarke, B. L., & Knoche, L. L. (2006). The effects of conjoint behavior consultation in early childhood settings. *Early Education and Development*, *17*(4), 593-617.

Sheridan, S. M., Knoche, L. L., Edwards, C. P., Bovaird, J. A., & Kupzyk, K. A. (2010). Parent engagement and school readiness: Effects of the Getting Ready Intervention on preschool children's social-emotional competencies. *Early Education and Development, 21*(1), 125-156.

Small, M. L. (2009). *Unanticipated gains: Origins of network inequality in everyday life*. New York: Oxford University Press.

Springer, J. F., Sale, E., Basen, M., & Pecora, P. (2003). *Starting Early Starting Smart Final Report: Summary of Findings*. Washington, DC: Casey Family Programs and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). *Compendium on quality rating systems and evaluations*. Washington, DC: Child Trends.

Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Special Education, 30*(1), 3-19.

Udomanna, P., Haak, J., & Mintz, T. (2011). Evaluating the integration of systems on effective teaching, classroom environments, and children's preacademic learning. In C. Howe & R. Pianta (Eds.), *Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states*. Baltimore, MD: Paul H. Brookes.

U.S. Department of Health and Human Services. (2009). *Head Start Program Standards: CFR XIII (10-1-09 Edition)*. Retrieved from: [http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII\\_ENG.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/45%20CFR%20Chapter%20XIII/45%20CFR%20Chap%20XIII_ENG.pdf)

Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology, 30*(3), 283-302.

Weiss, H. B., Bouffard, S. M., Bridgall, B. L., & Gordon, E. W. (2009). *Reframing family involvement in education: Supporting families to support educational equity*. Equity Matters, Research Review 5.

Winton, P.J., & West, T. (2011). Early childhood competencies: Sitting on the shelf or guiding professional development. In C. Howe & R. Pianta (Eds.), *Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states*. Baltimore, MD: Paul H. Brookes.

Yung, Y., Tsao, C., & Vu, J. (2011). What do state quality rating systems say about early childhood competencies and professional development? In C. Howe & R. Pianta (Eds.), *Foundations for teaching excellence: Connecting early childhood quality rating, professional development, and competency systems in states*. Baltimore, MD: Paul H. Brookes.

**Table 1. Elements of the Family-Provider Relationship Quality conceptual model associated with family or child outcomes**

Constructs and Elements	Definitions	Family Outcomes	Citation	Child Outcomes	Citation
<b>PRACTICE</b>					
Positive two-way communication	Creates and sustains relationships through positive communication that is responsive to families' preferences and providers' personal boundaries.	X	American Association of Pediatrics, 2003; Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Bornstein & Tamis-LeMonda, 1989; Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Brown, Knoche, Edwards & Sheridan, 2009; Churchill, 2003; Coleman & Karraker, 2003; Cunningham, Henggeler, Brondino, & Pickrel, 1999; Dawson & Berry, 2002; Dempsey, Foreman, Sharma, Khanna, & Arora, 2001; Dempsey & Keen, 2008; Dunst, 2002; Dunst, Boyd, Trivette, & Hamby, 2002; Dunst & Dempsey, 2007; Dunst & Trivette, 2009; Dunst, Trivette, & Hamby, 2006; Dunst, Trivette, & Hamby, 2007; Emlen, Koren & Schultze, 2000; Fagan & Iglesias, 1999; Fantuzzo, McWayne, Perry, & Childs, 2004; Graves & Shelton, 2007; Green, McAllister & Tarte, 2004; Heinicke et al., 2000; Hofferth & Collins, 2000; Johnson, 2000; Kaczmarek et al., 2004; Kaminski, Stormshak, Good, & Goodman, 2002; King, King, Rosenbaum & Goffin, 1999; Kossek, Pickler, Meece & Barratt, 2008; Lee et al., 2009; Palm & Fagan, 2008; Reid, Webster-Stratton & Hammond, 2007; Saint-Jacques, Drapeau, Lessard, & Beaudoin, 2006; Scott, London, & Hurst, 2005; Sheridan, Clarke & Knoche, 2006; Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010; Small, 2009; Springer et al., 2003; Trivette, Dunst, & Hamby, 2010; Webster-Stratton, Reid, & Hammond, 2001	X	Dunst, Trivette, & Hamby, 2007; Lee et al., 2009; Mendez, 2010; Powell, Son, File, & San Juan, 2010; Roggman, Boyce, & Cook, 2009; Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010
Flexibility	Engages in sensitive and responsive interactions with families; Is flexible in responding to families' needs; Supports families' identified needs and goals.	X			
Advocating for and connecting families to supports and resources	Actively links and connects parents to community supports/ resources and concrete services. Advocates for families around specific things that families need.	X			
Collaborating and engaging in joint goal-setting and decision-making with families	Collaborates with families to identify goals for their families and children and make decisions about how to achieve them; Engages families through joint goal- setting and decision-making and follows up on this decision-making process through the development of action plans.	X			
Developing parents' confidence and capacity	Enhances and develops parents' confidence and capacity to facilitate their child's development; Enhances parents' confidence in their parenting decisions and in their ability to make good and informed choices for their children and families; Enhances parents' capacity to advocate for their children and families and follows up on informed decisions through proactive behaviors.	X			
Providing social networking opportunities for families	Offers opportunities for families to engage in formal and/or informal parent-to-parent or parent-to-provider networking; Offers opportunities for families to get to know one another, share information, and strengthen their connection to the program.	X			

Constructs and Elements	Definitions	Family Outcomes	Citation	Child Outcomes	Citation
<b>KNOWLEDGE</b>					
Theoretical Knowledge	<p><b>Has theoretical knowledge of elements/principles of healthy family functioning including family dynamics and interactions and the factors that shape them and diverse family structures and cultural contexts in which families live; benchmarks and activities that facilitate children’s development; adult learning styles including how adults learn and how this differs from other learners, conflict resolution strategies and effective communication techniques; intentional and ongoing approach to acquiring and maintaining up-to-date knowledge about individual families in care; effective parenting strategies.</b></p>	X	<p>Bailey, Buisse, Edmondson, &amp; Smith, 1992; Christenson, 2004; Heinicke et al., 2000; Henly &amp; Lambert, 2005; Roggman et al., 2009; Saint-Jacques, Drapeau, Lessard, &amp; Beaudoin, 2006; Sheridan, Knoche, Edwards, Bovaird, &amp; Kupzyk, 2010; Springer et al., 2003</p>		
Family-Specific Knowledge	<p><b>Has a wide range of information about the families of children in care, including their strengths, abilities, needs, and goals; their unique cultural circumstances, contexts in which they live, situations that affect them, and the cultural practices of the family as they relate to children in care; and community resources that would be helpful to them.</b></p>	X	<p>Green, McAllister &amp; Tarte, 2004; Henly &amp; Lambert, 2005; Saint-Jacques, Drapeau, Lessard, &amp; Beaudoin, 2006 ; Trivette, Dunst, &amp; Hamby, 2010</p>		

Constructs and Elements	Definitions	Family Outcomes	Citation	Child Outcomes	Citation
<b>ATTITUDE</b>					
<b>Respect</b>	<b>Trusts and values parents and families; approaches parents in a courteous, welcoming, non-judgmental, and non-discriminating manner; demonstrates acceptance or appreciation for family cultural and linguistic preferences and divergent opinions and practices of parents (e.g., on managing children's behavior/how to socialize children); values parents' privacy; is considerate and patient with parents when trying to elicit changes in their behavior.</b>	X	Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Churchill, 2003; Green, McAllister & Tarte, 2004; King, King, Rosenbaum & Goffin, 1999; Rimm-Kaufman, Pianta, Cox, & Bradley, 2003; Saint-Jacques, Drapeau, Lessard, & Beaudoin, 2006	X	Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Churchill, 2003; Green, McAllister & Tarte, 2004; King, King, Rosenbaum & Goffin, 1999; Rimm-Kaufman, Pianta, Cox, & Bradley, 2003; Saint-Jacques, Drapeau, Lessard, & Beaudoin, 2006
<b>Openness to Change</b>	Is willing to alter one's normal practices in order to be sensitive to an individual child, parent, or family's needs; is willing to learn new information; is willing to be flexible in varying their practices based on input received from a parent/family member.	X		X	

**Table 2. Coverage of Family Provider Relationship Quality elements in professional and performance standards and select examples of promising language for assessing elements**

FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators		
					Professional and Performance Standards	PDS Competencies	QRIS
PRACTICES							
Two-way communication	Creates and sustains relationships through positive communication that is responsive to families’ preferences and providers’ personal boundaries.	E	E	E	<p><b>NAEYC 7.A.06.</b> : Program staff establish intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.</p> <p><b>HSPS: 1304.51.c.2.</b> Communication with parents must be carried out in the parents’ primary or preferred language or through an interpreter, to the extent feasible.</p>	<p><b>CO 5.3.a:</b> Identify and explain specific communication models, e.g., humanistic and “win-win; List and describe the common components of different communication models, including the role of listening.</p> <p><b>8.2.B. c.: Identify and explain the interpersonal dynamics and communication strategies which foster positive and respectful relationships with families, staff, administration, other professionals, and the community. Level 2: g. Develop a plan for implementing effective communication principles into the structure of the organization.</b></p> <p><b>NM C.3.c.:</b> Maintain communication that is frequent and on-going, appropriate for each individual family, relevant to the needs of the family, and respectful of cultural and linguistic diversity, and family structure and organization.</p> <p><b>E.14: Demonstrate effective written and oral communication skills when working with children, families...E.14. (BA level):</b> Adapt communication to meet the needs of diverse language learners and their families.</p>	<p><b>CO C.5:</b> Caregivers and parents talk regularly about a child’s physical or emotional state. Scheduled conferences are held at least twice a year and at other times, as needed, to discuss children’s progress, accomplishments, and difficulties at home and in the program.</p>

FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators		
Flexibility	Engages in sensitive and responsive interactions with families; Is flexible in responding to families' needs; Supports families' identified needs and goals.	E	E	E	<p><b>NAEYC 7.A.03.</b> : Program staff actively use information about families to adapt the program environment, curriculum, and teaching methods to the families they serve.</p> <p><b>NAEYC 7.A. 14.:</b> Program staff and families work together to plan events. Families' schedules and availability are considered as part of this planning.</p>		
Advocates for and connects families to resources and supports	Actively links and connects parents to community supports/ resources and concrete services Advocates for families around specific things that families need.	E	E	E	<p><b>HSPS 1304.40 b.1. i; ii, iii:</b> Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including: Emergency or crisis assistance...; Education and other appropriate interventions, including opportunities for parents to participate in counseling programs...; Opportunities for continuing education and employment training.</p> <p><b>HSPS 1304.40 b.1. i; ii, iii:2.</b> : Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.</p>	<p><b>CO 5.4.C.c.:</b> Provide examples to illustrate influences on resource utilization by families.<b>Level 2:</b> Identify barriers that get in the way of families using resources. Develop strategies to assist families and staff in overcoming barriers.</p>	



FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators		
Collaborating and engaging with families in joint goal-setting and decision-making	Collaborates with families to identify goals for their families and children and make decisions about how to achieve them; Engages families through joint goal- setting and decision-making and follows up on this decision-making process through the development of action plans.	E	E	E	<p><i>NAFCC 1.13:</i> Provider and parents work together on issues such as guidance/discipline, eating, toileting, etc.; always keeping in mind the best interest of the child.</p> <p><i>HSPS 1304.23.a.</i> :Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning: (1.2.3) 1308.19.e.8.(e) The IEP must include:(8) Family goals and objectives related to the child's disabilities when they are essential to the child's progress.</p>	<p><i>NM C7:</i> Demonstrate the ability to incorporate the families' desires and goals for their children into classroom or intervention strategies.b) Recognize, respect, and include family goals and priorities in the development of programs' curriculum and intervention strategies</p>	<p><i>CO C. 3.:</i> Staff and parents communicate about childrearing practices, including cultural influences, to minimize potential conflicts and confusion for children</p> <p><i>CO C.4b:</i> Parents and other family members are encouraged to be involved partners in the program in various ways.</p>
Developing parents' confidence and competence	Enhances and develops parents' confidence and capacity to facilitate their child's development; Enhances parents' confidence in their parenting decisions and in their ability to make good and informed choices for their children and families; Enhances parents' capacity to advocate for their children and families and follows up on informed decisions through proactive behaviors.	I	I	E	<p><i>HSPS 1304.40. e.3.:</i> Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs. 1304.21 a. 2.(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; 1304.24.(a) (1): must work collaboratively with parents (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program; 1304.40 h. (1) must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education</p>	<p><i>CO 3.7.C. (level 2):</i> Develop a plan to increase parents' understanding of developmental processes and the ability to advocate for their children.</p> <p><i>NM B.8:</i> Assist young children and their families, as individually appropriate, in developing decision-making and interpersonal skills that enable them to make healthy choices and establish health-promoting behaviors.</p>	

FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators	
Provision of social networking opportunities for families	Offers opportunities for families to engage in formal and/or informal parent-to-parent or parent-to-provider networking; Offers opportunities for families to get to know one another, share information, and strengthen their connection to the program.	E	I	E	<p><b>NAEYC 7.A.12:</b> The program facilitates opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other.</p>	<p><b>NM:</b></p> <ul style="list-style-type: none"> <li>• Family meetings</li> <li>• Socials</li> </ul>

FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators	
KNOWLEDGE						
Theoretical knowledge	Has theoretical knowledge of elements/principles of healthy family functioning including family dynamics and interactions and the factors that shape them and diverse family structures and cultural contexts in which families live; benchmarks and activities that facilitate children’s development; adult learning styles including how adults learn and how this differs from other learners, conflict resolution strategies and effective communication techniques; intentional and ongoing approach to acquiring and maintaining up-to-date knowledge about individual families in care; effective parenting strategies.	E	N	E	<i>HSPS 1304.40. e.2.</i> :Grantees and delegate agencies operating home-based program options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children.	<p><i>CO 5.1, Level I: Demonstrate knowledge of family structures in meeting the needs of its members.5.1.B. The impact of “parenting” theories on the family system..5.1.C. Sources and types of family stress and their impact on children.</i></p> <p><i>5.3.B:</i> Recognize the difference between “power over” and “power with” in relationships with families.</p> <p><i>NM C12:</i> Apply knowledge of family theory and research to understand family and community characteristics including socioeconomic conditions; family structures, relationships, stressors, and supports; a) Describe the effects of family stress on children and other family members.</p>

FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators
Family-specific knowledge	Has a wide range of information about the families of children in care, including their strengths, abilities, needs, and goals; their unique cultural circumstances, contexts in which they live, situations that affect them, and the cultural practices of the family as they relate to children in care; and community resources that would be helpful to them.	E	E	E	<p><b>NAEYC 7.A.02.</b> : Program staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds.</p> <p><b>NAEYC 7.A.08.</b>:Program staff engage with families to learn from their knowledge of their child’s interests, approaches to learning, and the child’s developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning.</p>

FPRQ Element	Definition of Element	NAEYC	NAFCC	HSPS	Selected Examples of Promising Language from the Professional and Performance Standards, CO and NM PDS Competencies, and CO and NM QRIS Family Partnership Indicators		
<b>ATTITUDES</b>							
<b>Respect</b>	Trusts and values parents and families; approaches parents in a courteous, welcoming, non-judgmental, and non-discriminating manner; demonstrates acceptance or appreciation for family cultural and linguistic preferences and divergent opinions and practices of parents (e.g., on managing children's behavior/how to socialize children); values parents' privacy; is considerate and patient with parents when trying to elicit changes in their behavior.	E	E	E	<p><b>HSPS 1304.21.a.1. (iii):</b> Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition. <b>1304.52. h.6.1.(i)</b> They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability. <b>1304.52.h.6.1.ii:</b> They will follow program confidentiality policies concerning information about children, families, and other staff members;</p>		
<b>Openness to change</b>	Is willing to alter one's normal practices in order to be sensitive to an individual child, parent, or family's needs; is willing to learn new information; is willing to be flexible in varying their practices based on input received from a parent/family member.	I	E	N	<p><b>NAFCC 5.6:</b> The provider seeks continuing training and education and is open to new ideas about family child care.</p>	<p><b>NM. G4.:</b> Demonstrate critical reflection of one's own professional and educational practices from community, state, national, and global perspectives.d) Plan for continued personal and professional development based on one's own learning needs.</p>	

Key: E: Explicit: items with an exact match of wording between the standards and the research elements; I: Implicit: items with vaguer wording, suggesting rather than articulating alignment; N: no items with explicit or implicit wording.

Sources: FPRQ Elements and Definitions: Forry et al., 2012; Porter et al., 2012

Examples of Promising Language: NAEYC Accreditation Standards, 2011; NAFCC standards, 2005; Head Start Performance Standards, 2009; Colorado Office of Professional Development, 2008; Colorado Department of Education, 2008; New Mexico Early Childhood Higher Education Task Force, 2011; New Mexico Department of Children, Youth and Families, Office of Child Development, 2009.