

Child Care & Early Education

RESEARCH CONNECTIONS


www.childcareresearch.org

Research Connections is a free and comprehensive resource for researchers and policymakers that promotes high-quality research in child care and early education and the use of that research in policymaking.

Research Connections and its web site are operated by a partnership among the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University, the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan, and the Child Care Bureau, Administration for Children and Families of the U.S. Department of Health and Human Services.

NCCCP National Center for
Children in Poverty
Columbia University
MAILMAN SCHOOL OF PUBLIC HEALTH

ICPSR INTER-UNIVERSITY
CONSORTIUM FOR
POLITICAL AND
SOCIAL RESEARCH

 U.S. Department of
Health and Human Services
Administration for Children and Families

 Child Care Bureau

For more information, send an e-mail to:
contact@childcareresearch.org

RESEARCH-TO-POLICY
CONNECTIONS
No. 3

IMPACT OF TRAINING AND EDUCATION FOR CAREGIVERS OF INFANTS AND TODDLERS

J. Lee Kreader, Daniel Ferguson, Sharmila Lawrence
National Center for Children in Poverty

August 2005

The Research-to-Policy Connections series summarizes current research on key topics in child care and early education and discusses implications for policymakers. The first three briefs in this series focus on early care and education for children under age 3—infants and toddlers—in the United States:

- ▶ *Infant and Toddler Child Care Arrangements*
- ▶ *Infant and Toddler Child Care Quality*
- ▶ *Impact of Training and Education for Caregivers of Infants and Toddlers*

Overview

Training and education of infant and toddler caregivers is one important factor associated with the quality of child care they provide.* In response to research showing that high-quality care supports positive development in young children,¹ policymakers have established training and education requirements for licensed providers² and launched numerous initiatives to train and educate caregivers. Caregivers themselves believe training and education to be important,³ including relative and unregulated family child care providers, many of whom express interest in accessing training although not required by regulation to do so.⁴

What approaches to caregiver training and education are the most likely to improve the quality of care for children under age 3 in family child care homes and centers? To help answer this question, this brief describes research findings on a small number of training initiatives targeting infant and toddler caregivers where quality was observed before and after training. While it is too soon to draw firm generalizations from this young and scattered body of research, findings from these studies raise pertinent considerations for policymakers. (See Research-to-Policy Connections No. 2, *Infant and Toddler Child Care Quality*, for a list of observational instruments frequently used to measure quality.)

Other research has focused on increases in provider knowledge and/or self-reported changes in caregiving practices as a result of training and education.⁵ It is not clear whether effects found using either of these measures correspond to effects on quality seen with observational measures.

Key Findings

Family and center-based child care provider training

- ▶ Training carrying college credit appears to increase quality, particularly among family child care providers and when accompanied by technical assistance. Delaware's Project CREATE (Caregiver Recruitment, Education, and Training Enhancement) was a year-long program for infant and toddler caregivers in family child care homes and centers who had over 100 hours of prior training experience. Caregivers were observed pre- and post-participation.**

For family child care providers:

- ▶ Average quality increased in all areas included in composite ratings of global quality.
- ▶ Ratings for those receiving technical assistance increased more, particularly in basic care and language/reasoning categories.

* See Research-to-Policy Connections No. 2, *Infant and Toddler Child Care Quality*.

** Offered three consecutive years, CREATE consisted of six modules, each carrying one hour of college credit. Four modules were based on the Program for Infant and Toddler Caregivers curriculum: www.pitc.org. Some modules were accompanied by hour-long technical assistance sessions; some were not. Sixty-seven providers completed at least one module.

For center-based caregivers:

- ▶ The only aspect of global quality with an average increase was listening/talking quality.
- ▶ Those receiving technical assistance showed greater increases in ratings on personal care routines; however, those with no technical assistance showed greater increases in listening/talking quality.

For both caregiver types:

- ▶ Average overall sensitivity of caregiving increased pre- to post-observation.
- ▶ For those receiving technical assistance, levels of detachment declined.
- ▶ For those not receiving technical assistance, levels of detachment increased.⁶

Family child care training

- ▶ Noncredit training may have a greater impact on providers who have no affiliation with a professional organization than on affiliated providers. A small study of family child care providers (both licensed and unlicensed) in northern Virginia examined how membership in a local chapter of a state family child care organization or the National Association for the Education of Young Children interacted with training to affect quality.*
 - Prior to training, affiliated providers had higher observed levels of quality than unaffiliated providers.
 - Unaffiliated provider quality increased after training, while affiliated provider quality did not. Affiliated provider quality, nevertheless, remained higher than unaffiliated provider quality.⁷
- ▶ Training without academic credit may produce only modest increases in quality. A study of regulated family child care providers from three communities—in California, Texas, and North Carolina—examined the impact on quality of noncredit training offered through the Family-to-Family program.** Among Family-to-Family providers participating in the study:
 - Pretraining quality of care was similar to that of a comparison group of nonparticipating regulated providers from the same communities.
 - At two sites, average global quality increased modestly between pretraining and six months post-training; at the third site, no change was noted.
 - Average process quality did not change at any site.⁸

* Twenty-two providers participated in training—either through self study or with a home visitor.

** Specifics of the training varied across sites, but each used a well-known curriculum and included between 15 and 25 hours of class time, home visits, and formal recognition (though not college credit). Across the three sites, 130 providers participated in the study. Family-to-Family was a national project to train and accredit family child care providers, support family child care associations, and raise consumer awareness in 40 communities. It was funded and sponsored by Mervyn's, Target Stores, Marshall Field's, Dayton's, and Hudson's.

- ▶ Some forms of technical assistance may not increase quality—or prevent decreases in quality—especially among providers serving greater numbers of infants and toddlers. As part of a broader initiative to increase the number of certified (i.e., regulated) family child care providers in Cuyahoga County, Ohio, new providers could voluntarily participate in Care for Kids, a program of four precertification and at least 11 post-certification technical assistance visits. A randomly selected sample of participating providers—largely drawn from the first wave of Care for Kids participants—was observed once they had been certified and again 12 months later.* During the 12 months:
 - Overall process and global quality decreased.
 - Global quality decreased for 62 percent, stayed the same for 13 percent, and increased for 25 percent.
 - Those whose global quality decreased or remained the same had greater average proportions of children under age 2 in care (25 percent) than those whose quality increased (15 percent).⁹

Center-based child care training

- ▶ Personalized mentoring for caregivers, sustained over time, may result in improved quality. A mentoring program for infant caregivers in child care centers in Pennsylvania involved four months of intensive one-on-one, assessment-based training with a seasoned professional. Caregivers were randomly assigned to a mentoring group or to a control group with only workshop-type training available to them.** Although average global and process quality did not increase significantly overall:
 - The mentoring group saw significantly improved quality in the areas of routines, learning activities, sensitivity, and appropriate discipline.
 - The workshop group showed no positive changes pre- to post-observation.¹⁰
- ▶ Community college classes in early care and education and child development appear to increase quality. The Early Childhood Associate Degree Scholarship Program, part of the larger T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project, provided scholarships to full-time child care center teachers in North Carolina to enroll in community college associate degree programs. A group of teachers receiving scholarships was matched with a comparison group who cared for children the same age and were usually drawn from the same centers as the scholarship teachers. Study participants included infant and toddler caregivers, although their results were not presented separately.***
 - There were no significant quality differences between the two groups at pretest.
 - The scholarship group showed significant increases in global quality over the nonscholarship group at post-test.¹¹

* Technical assistance visits from Care for Kids were designed to help providers offer developmentally appropriate care, operate a small business, assess their skills, and attend to their learning needs. The study involved 68 providers.

** Nineteen teachers were in the mentoring (intervention) group, and 19 were in the workshop (control) group.

*** Scholarship holders pursued associate degrees in early childhood education or child development and had to complete 12 to 20 credit hours in a year. The study involved 19 scholarship and 15 nonscholarship teachers.

Future Directions in Research on Training and Education for Caregivers

It is too early to generalize about findings from the limited number of observational studies on promising approaches to training and education for infant and toddler caregivers. More, for example, needs to be learned about the relative strengths of for-credit courses and non-credit training, depending on the caregivers targeted and the content. Studies of Project CREATE (family child care and center care) in Delaware and T.E.A.C.H.[®] (center care) in North Carolina found positive effects on quality of infant and toddler care from credit-bearing courses. The study of noncredit training in Virginia found positive effects for family child care providers unaffiliated with professional organizations, but not for affiliated providers. Family-to-Family found modest effects of its noncredit family child care training in two communities, but not a third.

There is also more to be learned about what constitutes effective technical assistance for various infant and toddler caregivers. The study of Delaware's Project CREATE found that "technical assistance" tied to one-credit modules led to quality improvements for family child care providers, and the study of Pennsylvania's program suggested that four months of intensive "mentoring" improved center care. Meanwhile, the study of "technical assistance" spread over a longer period in Ohio's Care for Kids program did not show improvements in family child care quality.

Different meanings for the same word and different words with similar meanings—in this case, "technical assistance" and "mentoring"—frustrate efforts to generalize findings. These language problems reflect the great diversity and variability in the logistics and content of training and education for caregivers. To tackle this issue, the Child Care Bureau of the Administration for Children and Families, U. S. Department of Health and Human Services, and Child Trends are coordinating an ongoing effort to establish more uniform definitions and measures for professional development in the field.*

The Child Care Bureau is also sponsoring two major random assignment research projects that promise to advance knowledge in this area. The first, QUINCE—Quality Interventions for Early Care and Education—is a multistate project that seeks to determine the conditions under which two very specific, assessment-based, on-site consultation models of child care provider training may enhance the quality of early learning environments and result in positive child change. Both models involve family child care providers and center-based child care teachers, with a special emphasis on providers with the least education and experience. Children as young as 20 months may be enrolled in participating homes and centers. The second project, part of the Evaluation of Child Care Subsidy Strategies project, focuses on family child care providers in Massachusetts. It seeks to measure the impact of a research-based, developmental curriculum for family child care providers on their behavior, interactions with children, and the language and literacy environment of their home, as well as on children's language and preliteracy skills. At the time providers join the study, most have two children under 36 months of age enrolled.

* Materials from national meetings on definitions and measures in early childhood professional development will be posted on the *Research Connections* web site.

Finally, research is needed on the effectiveness of efforts to improve relative care, the most common form of care for babies and toddlers.*

Considerations for Policymakers

- ▶ Research on child provider training and education—particularly focusing on infants and toddlers—is still at an early stage. When planning and operating training and education initiatives, use the best available research on training approaches that are effective with specific types of providers and at particular points in their careers. Be prepared to make adjustments as research advances.
- ▶ Observational studies usually demand more resources than policymakers can commit to research. From the outset, however, policymakers can and should build basic evaluations into education and training initiatives for infant and toddler caregivers. Evaluation can help determine whether an initiative is operating as intended and reaching its target providers—necessary preconditions for any observational research. A valuable resource is the *Toolkit for Evaluating Initiatives to Improve Child Care Quality*, created with the support of the Child Care Bureau. (See Resources, below.)
- ▶ It is critical to give an initiative time to establish itself before evaluating its effects. Family-to-Family, for example, waited for its second wave of training before observing participants. Care for Kids, by contrast, largely observed providers from its first wave of new providers.
- ▶ It is important to remember that training/education is only one of several interrelated influences on quality of care. Caring for higher proportions of babies and toddlers can both lower quality and diminish providers' capacity to benefit from training. For example, Care for Kids found its technical assistance had weaker impact on the family child care providers serving higher proportions of infants and toddlers.

Resources

Porter, T., Mabon, S., Kearns S., Robertson, A., & Kreader, J. L, (2003). *A toolkit for evaluating initiatives to improve child care quality*. New York: Bank Street College of Education. <www.childcareresearch.org/location/ccrca3638>

* See Research-to-Policy Connections No. 1, *Infant and Toddler Child Care Arrangements*.

Endnotes

1. Vandell, D. L. & Wolfe, B. (2002). *Child care quality: Does it matter and does it need to be improved?* Madison: University of Wisconsin-Madison, Institute for Research on Poverty. <www.childcareresearch.org/location/ccrca2144>
2. Wheelock College, Institute for Leadership and Career Initiatives. (2000). *Child care licensing: Qualifications and training requirements for roles in child care centers and family child care homes: 2000 summary sheet*. Boston: Wheelock College, Institute for Leadership and Career Initiatives. <www.childcareresearch.org/location/ccrca1728>
- LeMoine, S., & Morgan, G. (2004). *Do states require child care programs to educate children?: Infant/toddler rules to assure early education and strong relationships* (Report No. 3). Champaign, IL: Clearinghouse on Early Education and Parenting. <www.childcareresearch.org/location/ccrca4249>
3. Gable, S., & Halliburton, A. (2003). Barriers to child care providers' professional development. *Child & Youth Care Forum*, 32(3), 175-193. <www.childcareresearch.org/location/ccrca2705>
4. Brandon, R. N., Maher, E. J., Joesch, J. M., & Doyle, S. (2002). *Understanding family, friend, and neighbor care in Washington State: Developing appropriate training and support*. Seattle: University of Washington, Human Services Policy Center. <www.childcareresearch.org/location207>
5. Mueller, C. W., & Orimoto, L. (1995). Factors related to the recruitment, training, and retention of family child care providers. *Child Welfare*, 74(6), 1205-1221. <www.childcareresearch.org/location/ccrca973>
- Franyo, G. A., & Hyson, M. C. (1999). Temperament training for early childhood caregivers: A study of the effectiveness of training. *Child & Youth Care Forum*, 28(5), 329-349. <www.childcareresearch.org/location/ccrca1131>
- Gable S., & Hunting, M. (1999). Community-based child care provider training: The highs and lows. *Early Childhood Education Journal*, 27(1), 57-63. <www.childcareresearch.org/location/ccrca1717>
- Moon, R. Y., & Oden, R. P. (2003). Back to sleep: Can we influence child care providers? *Pediatrics*, 112(4), 878-882. <www.childcareresearch.org/location/ccrca6265>
6. Adams, J. H., & Buell, M. (2002). *Project CREATE: Caregiver Recruitment, Education, and Training Enhancement*. Newark: University of Delaware, Center for Disabilities Studies. <www.childcareresearch.org/location/ccrca5913>
7. DeBord, K., & Sawyers, J. (1996). The effects of training on the quality of family child care for those associated with and not associated with professional child care organizations. *Child & Youth Care Forum*, 25(1), 7-15. <www.childcareresearch.org/location/ccrca1565>
8. Kontos, S., Howes, C., & Galinsky, E. (1996). Does training make a difference to quality in family child care? *Early Childhood Research Quarterly*, 11(4), 427-445. <www.childcareresearch.org/location/ccrca526>
9. Pearlmutter, S., Grayson, L., & Withers, J. (2003). Family child care homes. In *Cuyahoga County Early Childhood Initiative evaluation: Phase I final report*. Cleveland, OH: Case Western Reserve University, Center on Urban Poverty and Social Change. <www.childcareresearch.org/location/ccrca3654>
10. Fiene, R. (2002). Improving child care quality through an infant caregiver mentoring project. *Child & Youth Care Forum*, 31(2), 79-87. <www.childcareresearch.org/location/ccrca2355>
11. Cassidy, D. J., Buell, M. J., Pugh-Hoese, S., & Russell, S. (1995). The effect of education on child care teachers' beliefs and classroom quality: Year one evaluation of the TEACH early childhood associate degree scholarship program. *Early Childhood Research Quarterly*, 10(2), 171-183. <www.childcareresearch.org/location/ccrca512>

Child Care & Early Education
RESEARCH CONNECTIONS

www.childcareresearch.org

A free and comprehensive resource
for researchers and policymakers

A continually updated,
easily searchable collection of

- Original Research
- Syntheses
- Datasets
- Statistics
- Instruments
- State Data Tools