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Providing High-Quality Support Services to Home-Based Child Care: A Conceptual Model and Literature Review

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ABSTRACT

Research Findings: Home-based child care accounts for a significant proportion of nonparental child care arrangements for young children in the United States. Yet the early care and education field lacks clear models or pathways for how to improve quality in these settings. The conceptual model presented here articulates the components of high-quality support to child care providers; related factors; and hypothesized provider, family, and child outcomes. The model is based on a literature review of research on home-based child care, home visiting, early childhood mental health consultation, coaching, and family services. We hypothesize that high-quality support to home-based child care that offers relationship-based services focused on quality caregiving (individual home visiting and group supports such as training and networking) and sustainability (materials, equipment, referrals) is most likely to positively impact quality caregiving for children and families. Practice or Policy: Current federal efforts and policy initiatives to increase the supply and quality of infant–toddler child care focus on the development of systems that support home-based providers. The conceptual model of high-quality support described here will inform future program development and research on how to improve quality in home-based child care for the millions of low-income children in these settings.

Home-based child care accounts for a significant proportion of nonparental child care arrangements for young children in the United States. The National Survey of Early Care and Education (NSECE) estimated that more than 1 million paid home-based child care providers and close to 3 million unpaid home-based caregivers care for children ages 0 to 5 (NSECE Project Team, 2013). Home-based child care providers include licensed family child care (FCC) providers and unregulated or license-exempt family, friend, and neighbor (FFN) caregivers. Home-based child care offers a distinctive setting for children and families, including mixed-age groupings, small group sizes, and a family setting. Yet these providers also face unique challenges around quality improvement, including isolation, limited access to resources and training, and the challenge of running a business while caring for children (Porter et al., 2010).

Previous research found mixed results for the quality of care in home-based child care depending on how quality was measured. Some studies found positive child–provider secure attachments in home-based child care and sensitive provider–child interactions (Ahnert, Pinquart, & Lamb, 2006; National Institute of Child Health and Human Development Early Child Care Research Network, 2000). Other studies found low levels of environment or global quality in home-based child care using environmental rating scales to assess child care practices and learning environments. In their landmark study of FCC and relative care, for example, Kontos, Howes, Shinn, and Galinsky (1995) found that only 10% of FCC providers offer what would be considered good- or high-quality care. More recently, the NSECE examined provider self-reports of care and education practices as a proxy for quality and found that just over half of regulated providers report using a learning curriculum, whereas 28% of unregulated but
paid providers report the use of formal learning activities (NSECE Project Team, 2015). Moreover, several studies found that low-income children were more likely than higher income children to receive lower quality care in child care homes (Helburn, Morris, & Modigliani, 2002; Kontos et al., 1995; H. A. Raikes, Raikes, & Wilcox, 2005). In a national study of FCC for low-income children, Layzer and Goodson (2006) reported that the majority of providers did not regularly read to children and that television watching was a daily activity in most provider homes.

Home-based child care is increasingly recognized as a vital component of early care and education systems across states, and improved quality in this sector is a target of recent federal and state policy initiatives (Bromer, McCabe, & Porter, 2013; Porter et al., 2010). Several states include these providers in their Quality Rating and Improvement Systems (QRISs; Tout et al., 2010). A variety of child care and social service agencies in communities across the country have developed programs to support home-based child care providers—both FCC and FFN—including child care resource and referral agencies, networks and systems, shared services alliances, and Early Head Start/Head Start partnerships. These programs offer various combinations of support services, technical assistance, materials and equipment, and training to providers and help with enrollment and subsidy receipt (Bromer & Weaver, in press; Del Grosso, Akers, & Heinkel, 2011; Hershfield, Moeller, & Cohen, 2005; Musick, 1996; Stoney, 2009). However, according to data from the NSECE, only 34% of regulated providers and 12% of unregulated but paid providers report receiving some form of coaching. This suggests that despite initiatives to work with home-based child care providers, the majority of providers do not receive formal quality improvement support (NSECE Project Team, 2015).

Despite the growing numbers of programs serving home-based child care providers, there are considerable questions about how to best support these providers to offer the most optimal child care environments given that many operate independently and below the policy radar (Bromer, McCabe, et al., 2013). The early care and education field lacks clear models or articulated pathways for how to engage these providers and improve quality in these settings (Paulsell et al., 2010), and few studies suggest specific support practices or other implementation factors that can lead to positive outcomes. In some cases, researchers acknowledge that low effect sizes and inconsistent outcomes from support interventions may be due to low fidelity to the program model, including inconsistent service delivery, poor preparation and training of support specialists, large caseloads, or a theory of change model with little alignment between program input and measured outcomes (Bryant et al., 2009; Paulsell et al., 2010). The development of a conceptual model that articulates the components of high-quality support to home-based child care has the potential to guide future research and measurement of effective program practices. Such a conceptual model can demonstrate the association between support practices and quality outcomes in home-based child care that are most likely to benefit child and family well-being.

**Conceptual model for examining high-quality support to home-based child care**

The conceptual model presented here is based on constructs that emerged from our process evaluation of training programs with agency support specialists who work with home-based child care providers, practices that have emerged in the field and been articulated by practitioners and experts, as well as a small body of existing research on quality improvement in home-based child care. There is limited research on the specific elements of quality support in home-based child care. Thus, we also looked to research from other fields that focus on staff–client adult relationships, including mental health consultation in early childhood settings, early childhood coaching, family support services, and home visiting.

Our review includes articles from peer-reviewed journals, book chapters, and publicly available research reports. Research studies were found through searches of academic research databases,

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1 We use the term *support specialist* to refer to any program or agency staff person, consultant, coach, home visitor, or mentor who delivers support services to home-based child care providers.
including PsycINFO, EBSCO, and Research Connections, as well as Internet searches and suggestions from experts in the field. The conceptual model presented here is an organizational framework for the literature review that follows.

The conceptual model (see Figure 1) identifies two core components of high-quality support to home-based child care providers: (a) types of support services and (b) implementation practices related to service delivery. Types of support services include supports focused on caregiving practices (e.g., individualized coaching) as well as sustainability supports through the delivery of administrative and material resources. Implementation practices are conceived of as entailing relationship-based approaches to support and fidelity around best practices.

The model also hypothesizes outcomes that emerge from high-quality support practices. Implementation outcomes include provider engagement, participation, and satisfaction with services received. Intermediate provider outcomes are hypothesized for providers who engage and participate in support programs. These outcomes may include reduced isolation and depression, increased social support and networking, as well as an enhanced sense of caregiving efficacy and competence around caring for children. Hypothesized long-term outcomes include improvement in caregiving and environment quality in child care homes, such as sensitive caregiving, positive provider–child interactions, improved instructional strategies, and enhanced provider–family relationships. Long-term outcomes for families and children are in need of further research. However, hypothesized outcomes include positive family–child relationships, family engagement in children’s learning, family well-being, as well as improved social-emotional and cognitive outcomes for children.

Finally, the conceptual model also articulates factors that may shape the quality of support to home-based child care providers: organizational characteristics and child care characteristics. Organizational characteristics include program type and funding sources (e.g., Early Head Start, Child and Adult Food Program), program mission, and structural and operational supports within an organization for working with home-based child care providers. Support specialists’ experiences are also a part of organizational characteristics and include education and training, prior job experiences, case management, and

Figure 1. Conceptual model of high-quality support to home-based child care.
organizational skills. Supervision and support of support specialists is another factor that may shape how services are delivered to providers. Child care features, such as the ages and numbers of children in FCC homes as well as the neighborhood and community context of the child care home, may also shape the quality of and approach to support. Finally, provider health, stress, resources, and caregiving beliefs may also shape how programs deliver services and how effective those services are in improving outcomes.

**Literature review**

The review of research that follows provides evidence for the components of this conceptual model, including types of high-quality supports and implementation practices as well as potential factors that may shape effective support and hypothesized outcomes (see Table 1).

**High-quality support services for home-based child care**

Research on effective program practices and interventions to support home-based child care is limited (Bromer, McCabe, et al., 2013; Porter et al., 2010). Yet findings from a small body of studies suggest that specific types of services and approaches to service delivery and implementation may be most promising for improving quality caregiving and provider, family, and child outcomes.

**Types of high-quality support services**

Research suggests that in-home services either alone or in combination with group supports (training, professional development, or peer networking) are most likely to lead to improvements in quality caregiving in child care homes. Some research also points to the potential of group training and peer support groups as stand-alone quality improvement strategies. In addition to supports aimed at quality caregiving, descriptive research further suggests that administrative and material supports may help providers sustain their child care work, maintain viable business practices, and reduce turnover. Table 2 details the types of services that may lead to improved caregiving practices with children and families in home-based child care as well as sustainability of provider engagement in child care work.

**Quality caregiving supports.** In this section of the literature review, we examine the research on home-based child care quality improvement interventions designed to improve the interactions providers have with children in care with a focus on interventions that offer individual and group supports.

**Individualized, in-home supports.** Individualized services such as in-home, onsite coaching and consultation are hypothesized to be core elements of high-quality support to home-based child care. Unlike center-based child care providers, who work under the guidance of a director or supervisor, most home-based providers work alone and may benefit from the support and guidance of one-on-one visits to their homes. Research on in-home, individualized approaches to helping providers improve caregiving practices is limited to a handful of experimental studies, quasi-experimental studies, and qualitative process evaluations of programs. Some of these studies have examined initiatives that adapted established parent support home visiting models for use with FFN caregivers or licensed FCC providers (Johnson-Staub & Schmit, 2012; Maher, Kelly, & Scarpa, 2008; Weber, 2013).²

Research suggests that visits to provider homes including coaching and consultation visits and home visiting approaches are promising strategies for improving quality and enhancing provider knowledge and attitudes around childrearing. An experimental multistate study of a coaching and consultation initiative in FCC and center-based programs found that a time-limited (10 to 14 visits

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²An important difference between home visits with parents or grandparents and home visits with child care providers is that home visiting with families typically focuses on a target child and the dyadic parent–child relationship (Azzi-Lessing, 2011), whereas visits to child care providers focus on the group of children in care.
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Design and Measures</th>
<th>Intervention/Implementation</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td><strong>Home visiting approaches</strong></td>
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<tr>
<td>Bryant et al. (2009)</td>
<td>263 FCC providers (127 PFI, 136 control), 710 children (352 PFI, 358 control)</td>
<td>Randomized controlled design</td>
<td>Ten to 14 visits each lasting 1 to 4 hr over a period of 6 to 12 months.</td>
<td>Fidelity to program model (dosage, quality of services) Quality improvement for more experienced FCC providers</td>
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<td></td>
<td></td>
<td>Consultation intervention compared to usual support, FCCERS, Arnett CIS, caregiver sensitivity index</td>
<td>Consultants participated in week-long training on PFI model followed by five half-day trainings as well as ongoing supervision.</td>
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<tr>
<td>Groenveld et al. (2011)</td>
<td>48 FCC providers</td>
<td>Randomized controlled design</td>
<td>Video Intervention to Promote Positive Parenting model. Six home visits; control group received six telephone calls. Videotapes of structured play sessions used to discuss relationship building, caregiver behaviors with providers. Booster sessions to reinforce learning. Facilitators were seven graduate students who took a week-long workshop on video intervention with four feedback sessions.</td>
<td>TAs reported that relationships with providers are key to successful implementation. No effect on sensitive caregiving. Higher quality in the intervention group</td>
</tr>
<tr>
<td>Pearlmutter et al. (2005)</td>
<td>95 licensed FCC providers</td>
<td>Pre/post design</td>
<td>Quality enhancement visits as part of a county-wide initiative to increase the supply and quality of FCC. Average of three visits per year over 3 years. Two-day training on the PAT curriculum.</td>
<td>More visits associated with higher quality; improvements from poor to mediocre quality</td>
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<th>Study</th>
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<th>Implementation and Provider</th>
<th>Outcomes</th>
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<tr>
<td>Home visiting combined with training or</td>
<td>Two phases of data collection: 365 and 109 FCC providers</td>
<td>Observations of quality FDCRS, Arnett CIS, technical assistance implementation study (observations of technical assistance and focus groups)</td>
<td>Weekly visits for up to two years; caseloads of 10-15 providers; 2 to 2.5 hour-long visits. Visits based on provider needs. Mentors had three 2-day in-service sessions per year and reflective supervision. Professional development for providers included statewide conferences and training.</td>
<td>Increase in professional affiliation/engagement</td>
<td>Improved quality for lowest rated providers who participated the longest</td>
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<td>Abell et al. (2014)</td>
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<tr>
<td>Buell et al. (2002)</td>
<td>Four FCC providers participating in EHS-FCC partnership</td>
<td>FDCRS, professional engagement Case study with in-depth interviews</td>
<td>Weekly technical assistance visits. Caseload of 12 providers.</td>
<td>Increase in providers’ instrumental and emotional support. Increased sense of expertise around infants and toddlers. Positive feelings about professionalism. Increased self-efficacy</td>
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</tr>
<tr>
<td>Koh &amp; Neuman (2009)</td>
<td>128 FCC providers</td>
<td>Randomized controlled design</td>
<td>Training in child development, early childhood, and early intervention. Fifteen-week course. Weekly 1- to 2-hr coaching visits for 32 weeks. Fourteen coaches participated in a 2-day coaching institute, weekly check-in, and opportunity to share with supervisors and other coaches.</td>
<td>Providers learned how to enhance child care environments and materials within limits of economic constraints.</td>
<td>Improved structural and process quality; language and literacy practices with children</td>
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<tbody>
<tr>
<td>Maher et al. (2008)</td>
<td>19 low-income grandmother caregivers</td>
<td>Knowledge assessment and CHELLO to observe teacher practices</td>
<td>Consultation visits or group meetings over 8 weeks. Promoting First Relationships curriculum.</td>
<td>Decrease in caregiver depression. Affirmation of their role with children. Increased knowledge of child development. Increased social support from meeting other grandmothers. Positive changes in self-reported discipline, responsiveness, understanding child’s perspective. Caregiver reports of positive behaviors among children in care.</td>
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<tr>
<td>McCabe &amp; Cochran (2008)</td>
<td>97 informal and registered FCC providers</td>
<td>Randomized controlled design</td>
<td>Twice-monthly visits for 9 months to 1 year and networking meetings. PAT curriculum. Experienced home visitors trained in PAT and empowerment credential for frontline workers.</td>
<td>Quality improvement for engaged providers and for less experienced providers. Observed improvements in language and reasoning, learning activities, social development, meeting adult needs, and health and safety.</td>
</tr>
<tr>
<td>Moreno et al. (2015)</td>
<td>183 infant–toddler caregivers (center and FCC homes)</td>
<td>Randomized controlled design</td>
<td>A 48-hr course plus 0, 5, and 15 hr of coaching compared to the group with no intervention. Coaches took an 80-hr course to get certified plus had 16 additional hours of coaching.</td>
<td>No impact on self-reported efficacy or knowledge. Improved CLASS quality for the group with the highest dosage.</td>
</tr>
<tr>
<td>Ota &amp; Austin (2013)</td>
<td>48 FCC providers</td>
<td>Randomized controlled design</td>
<td>Language development training (four 150-min sessions over a 6-week period) and mentoring (six visits over 12 weeks plus weekly phone calls and e-mails from an offsite mentor). Four mentors participated in training on coaching.</td>
<td>Training and mentoring increased the frequency of informational talk and language inputs among FCC providers compared to training without mentoring.</td>
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<tr>
<td>Study</td>
<td>Sample</td>
<td>Design and Measures</td>
<td>Intervention/Implementation</td>
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<td>Paulsell et al. (2006)</td>
<td>107 FFN caregivers and FCC providers with no prior relationship to children</td>
<td>Implementation study</td>
<td>Weekly, biweekly, and monthly visits to caregiver homes focused on children and providers. Networking meetings. Materials and equipment.</td>
<td>Trusted relationships improved communication between staff and providers.</td>
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<td>Observations and interviews, Child Care Assessment Tool—Relatives, Amett CIS</td>
<td>PAT and PITC and EHS curricula used. Staff training varied across pilot sites from formal training on curriculum, to conferences, to shadowing EHS home visitors, to no training.</td>
<td>Child development information was shared. Caregivers reported reduced isolation and improved caregiving practices. Providers preferred child-focused visits.</td>
</tr>
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<td>RMC Research Corporation (2000)</td>
<td>122 licensed FCC providers and 185 center-based classrooms from 18 Head Start grantees</td>
<td>Random assignment study</td>
<td>Head Start for Family Child Care Demonstration Project. Providers offered Head Start services and followed all Head Start performance standards. A total of 96 hr of preservice and 63 hr of in-service training for providers. Weekly visits from a coordinator to homes to model best practice and monitor compliance.</td>
<td>Programs with a full-time FCC coordinator had more successful implementation than those with part-time or combined staff roles.</td>
</tr>
<tr>
<td>Schilder et al. (2009)</td>
<td>135 licensed FCC providers (85 control, 50 partnership)</td>
<td>Semiexperimental design with matched control group</td>
<td>Head Start services offered through FCC providers. No information about Head Start support staff or support services—variation across sites.</td>
<td>Range of experiences with Head Start reported by providers, from supportive to insensitive.</td>
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</table>
Table 1. (Continued).

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<thead>
<tr>
<th>Study</th>
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<th>Design and Measures</th>
<th>Intervention/Implementation</th>
<th>Outcomes</th>
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<tr>
<td>Sustainability supports—FCC networks</td>
<td>Bromer et al. (2009)</td>
<td>150 licensed FCC providers, network affiliated, association affiliated, and unaffiliated; 36 networks</td>
<td>Matched control design</td>
<td>Networks with specially trained staff, delivery of more than monthly visits to provider homes, direct training and education, and regular communication associated with higher quality FCC homes</td>
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<td></td>
<td>Matched control design</td>
<td>Networks offered home visits, training, materials, telephone help. Some networks had staff who had 18-month graduate-level certificate training in infant studies and FCC.</td>
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<td>FCCERS, Arnett CIS</td>
<td>Professional development networks with monthly mentor visits focused on modeling provider–child interactions, resources, and environment quality improvement using the FCCERS. Ten monthly 2-hr training sessions that included networking. Lending library of materials and equipment.</td>
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<td>Focus groups over a 3-year time period</td>
<td>Providers felt respected in their role as FCC providers. New social relationships with other providers. In-depth training on a focused topic allowed for practice and reflection.</td>
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<td></td>
<td>54 FCC providers</td>
<td>Provider-reported improvements in environment and caregiving quality</td>
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<td></td>
<td>Porter &amp; Reiman (2015)</td>
<td>28 network-affiliated licensed FCC providers, 20 comparison group</td>
<td>Matched comparison study, nonexperimental FCCERS, PICCOLO</td>
<td>AOK providers scored higher on both measures of quality than non-AOK providers.</td>
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<td>Providers received at least seven consultation visits from AOK educational consultants and participated in a minimum of 15 other services, such as training and materials.</td>
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<td>Group supports without home visiting</td>
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<td>Study</td>
<td>Sample</td>
<td>Design and Measures</td>
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<tr>
<td>Gray (2015)</td>
<td>51 licensed FCC providers affiliated with a local network</td>
<td>Matched control design: intervention group compared to a control group of unaffiliated licensed providers</td>
<td>Eight-week, 90-min weekly training. Video, reflective practice, and discussion. Providers compensated $25 per session. Seven educational consultants received 42 hr of training on the Circle of Security model, including intensive training and follow-up implementation.</td>
<td>Most providers attended all eight sessions. Most reported a positive experience in the program and positive changes in caregiving behaviors. Intervention providers increased self-efficacy related to managing children’s challenging behaviors. No effect on stress, depression level, or reflective functioning.</td>
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<td>Child Care Worker Job Stress Inventory, Depression scale, self-efficacy, reflective functioning, implementation measures</td>
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<tr>
<td>Shivers (2012)</td>
<td>827 FFN caregivers</td>
<td>Summative outcome evaluation</td>
<td>Fourteen-week, 2-hr weekly training series for English- and Spanish-speaking caregivers. Focus on child development, health and safety, and injury prevention.</td>
<td>Positive feedback from the majority of caregivers. Increases in caregiver knowledge of child development.</td>
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<td>Pre/post, nonrandomized research design</td>
<td>Facilitators received training in injury prevention, child development, group facilitation, and adult learning theory. Ongoing training every 6 months.</td>
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<td>Child Care Assessment Tool–Relatives, child development knowledge assessment, Arnett CIS, implementation measures</td>
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Note. FCC = family child care; PFI = Partners for Inclusion; FCCERS = Family Child Care Environment Rating Scale; CIS = Caregiver Interaction Scale; FFN = family, friend, and neighbor; HOME = Home Observation for Measurement of the Environment; FDCRS = Family Day Care Rating Scale; PAT = Parents as Teachers; EHS = Early Head Start; CHELLO = Child/Home Early Language and Literacy Observation; CLASS = Classroom Assessment Scoring System; AOK = All Our Kin; TA= technical assistance; LENA = Language Environment Analysis; PITC = Program for Infant/Toddler Care; PICCOLO = Parenting Interactions with Children: Checklist of Observations Linked to Outcomes.
over a 6- to 12 month period) and individualized coaching model focused on quality assessment and provider goal setting (Partners for Inclusion) led to quality improvements but not improved child outcomes for children in those homes (Bryant et al., 2009). A pre/post design study that examined the impact of a home visiting program on licensed FCC provider quality found that home visits to providers from a technical assistant who had participated in a one-time training on the Parents as Teachers (PAT) home visiting curriculum for FCC had a small but significant effect on child care environment quality scores, with frequent home visits more likely to impact quality than fewer visits (Pearlmutter, Grayson, & Fernando, 2005). A small experimental study of a video-based parenting intervention modified for use with FCC providers in The Netherlands found that six home visits focused on changing provider caregiving behaviors and limit setting through discussion of videotaped provider–child play sessions had significant positive effects on providers’ attitudes toward sensitive caregiving and global environment quality (Groenveld, Vermeer, van IJzendoorn, & Linting, 2011). Finally, a descriptive implementation study of the Community Connections initiative in Chicago found that FFN providers who received curriculum-focused weekly visits from preschool teachers reported better understanding of child development and curriculum planning as well as improved communication with parents (Forry et al., 2011).

**Individualized support combined with group support.** A broader body of research suggests that home visiting in combination with other types of supports may be an effective approach to improving quality caregiving and ultimately child outcomes in home-based child care settings. Given the heterogeneity and diversity of home-based child care settings, programs that take a singular approach to quality improvement may not be as effective as programs that offer a menu of services and combinations of services to providers. Few studies have explicitly examined the effectiveness of combinations or menus of ongoing services. A meta-analysis of state-level studies of child care found that visits to child care homes, intense training, conference attendance, and partnering with Early Head Start/Head Start were among a cluster of characteristics that, when combined, predicted quality care in child care homes (H. H. Raikes et al., 2006).

In a randomized controlled study, McCabe and Cochran (2008) found that an adapted PAT home visiting intervention for FFN and FCC providers in combination with networking meetings for participating providers had positive impacts on child care environment quality in child care homes, especially for providers who were most engaged in the home visiting program. A descriptive study of a statewide mentoring program for FCC found that weekly or biweekly mentoring visits supplemented with training and professional development opportunities (including statewide conferences for providers) both improved quality caregiving and increased providers’ professional engagement in child care associations and communication with other early care and education professionals (Abell, Arsiwalla, Putnam, & Miller, 2014). Yet unlike McCabe and Cochran’s study, Abell et al.’s (2014) study found that less experienced, lower quality providers made the greatest quality gains over time.

**Table 2.** Types of high-quality support services for home-based child care.

<table>
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<th>Supports Focused on Quality Caregiving</th>
<th>Supports Focused on Sustainability of Child Care Work</th>
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<tbody>
<tr>
<td>Individualized in-home supports</td>
<td>Material supports</td>
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<tr>
<td>Visits to provider homes focused on</td>
<td>Mini-grants, lending libraries, toy vans</td>
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<td>coaching, consultation, mentoring</td>
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<td>around provider–child interactions</td>
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<td>Group supports</td>
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<tr>
<td>Training series, workshops, coursework</td>
<td>Materials and equipment for child care</td>
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<td>Peer networking and support groups</td>
<td>Administrative supports</td>
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<td>Help with business practices</td>
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<td>Administrative and paperwork help</td>
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<td>Help with navigating regulatory and quality systems</td>
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<td>Referrals to community services, educational and</td>
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<td></td>
<td>professional development</td>
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<td>Advocacy</td>
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EARLY EDUCATION AND DEVELOPMENT
A few recent experimental studies found that formal training and coursework combined with coaching and support visits to child care homes in a specific domain of child development was an effective approach for improving caregiving practices. Moreno, Green, and Koehn’s (2015) experimental study of a professional development program for infant–toddler caregivers, including licensed FCC providers, found that coursework combined with intensive coaching (15 hr) over a 6-month period impacted quality caregiving with children in care. This was compared to caregivers who received coursework alone and caregivers who received coursework with a smaller dosage (5 hr) of individualized coaching sessions. Two randomized controlled studies that examined the effectiveness of literacy and language training interventions combining training and coaching with FCC providers found similar results. Koh and Newman (2009) found that providers who completed a 15-week community college course in literacy and language plus 8 months of weekly in-home coaching improved the quality of their language and literacy practices with children compared to providers who only completed the course and providers in a control group with no intervention. Ota and Austin’s (2013) study of a targeted literacy training program for FCC providers found that six biweekly mentoring visits from early childhood experts over a 12-week period combined with training workshops led to greater increases in providers’ uses of conversational strategies with children compared to providers who only participated in the training workshops.

Research on programs that offer Head Start or Early Head Start services through licensed FCC providers further suggest that a comprehensive approach to supports is most likely to improve quality caregiving and child outcomes. One study of FCC and Head Start found positive child outcomes in FCC homes compared to a comparison group of children in center-based Head Start programs (RMC Research Corporation, 2000). Supports to these providers included in-home technical assistance as well as preservice and in-service training for child care providers focused on implementation of federal Head Start performance standards. A descriptive study of an Early Head Start home visiting pilot program with FCC and FFN providers that combined individualized home visits, materials and equipment, and networking and support group meetings for providers found that providers reported improvements in caregiving practices (Paulsell, Mekos, Del Grosso, Banghart, & Nogales, 2006). In a more recent quasi-experimental study of Head Start partnerships with FCC providers in Ohio, Schilder and colleagues (2009) found that in-home technical assistance and opportunities for group training from a Head Start agency led to increased comprehensive service delivery, enriched curriculum, and participation in professional development among participating providers compared to a group of providers with matched characteristics. Quality outcomes for partnership providers, however, did not differ significantly from the non–Head Start control group.

In summary, despite the variation across programs in purpose, approach, and content of in-home technical assistance interventions in home-based child care, there is evidence to suggest that individualized support through visits to provider homes either alone or in combination with training or coursework can have positive effects on providers’ knowledge, beliefs, and behaviors related to caring for children.

**Group supports.** Research suggests that group supports such as training and professional development workshops and peer networking groups also have the potential to improve caregiving quality in child care homes even without in-home visits or coaching (Fukkink & Lont, 2007; Kontos, Howes, & Galinsky, 1996; Porter et al., 2010). In their literature review of home-based child care, Porter et al. (2010) reviewed nine studies of training and professional development programs for home-based child care providers and found that seven studies reported significant and positive results as measured by observational assessments of caregiver–child interactions or the caregiving environment. Yet as the authors noted, these studies were small in scope, with only one study using an experimental research design.

More recently, Gray’s (2015) quasi-experimental study of the relationship-based Circle of Security training for licensed FCC providers found that an 8-week training series was well implemented and attended (providers were paid to attend) and that providers who attended the training reported greater self-efficacy related to managing children’s challenging behaviors than a matched comparison
group who did not attend the training. The training, however, did not impact participants’ stress or depression levels or reflective functioning. Intervention providers were affiliated with a local staffed FCC network that offered a menu of supports, including consultation visits, materials and equipment, and other ongoing supports to providers compared to a comparison group that was not affiliated with a network. It is possible that the combination of training and network services accounted for the program’s effectiveness, although the study was not able to differentiate the impact of network affiliation from the training program.

In a large multiyear, statewide evaluation study using a pre/post research design, Shivers (2012) found that a 14-week facilitated support group and training series with more than 800 Mexican immigrant FFN caregivers significantly improved observed provider quality, provider knowledge of child development, health and safety practices, as well as competence and efficacy. More research is clearly needed with populations of providers from other cultural communities to understand how group supports and training help providers improve their caregiving of children.

**Caregiving sustainability supports.** In addition to supports focused on improving provider–child interactions and quality caregiving, many programs and interventions also include the delivery of materials and equipment, grants, business tools or administrative help, mailings, or referrals (Paulsell et al., 2010). In their review of 96 initiatives for home-based child care, Paulsell et al. (2010) found that two thirds of the initiatives offered providers mailings and materials for their child care programs as part of training and/or home visiting. These types of supports may help sustain providers’ businesses and caregiving work. For example, some programs may offer business and administrative trainings to help licensed FCC providers stay in business. Other programs may offer basic health, safety, and learning materials and/or information for providers who are in the process of becoming licensed or are participating in a state QRIS. Programs may also play an advocacy role with providers, helping them navigate local zoning regulations or state policies and budget cuts.

Administrative or material support services in isolation may not shape outcomes for providers or children in care (Paulsell et al., 2010), yet qualitative, descriptive research indicates that these types of supports may help home-based child care providers stay in business. Bromer, Van Haitsma, Daley, and Modigliani (2009) found that licensed FCC providers reported that child care materials and equipment that they received from networks helped their businesses and enrollment of families. In a developmental qualitative evaluation of an FCC network that delivers startup learning materials and health and safety equipment to newly licensed providers, Bromer, Porter, and Coker (2016) found that providers reported the delivery of materials for children particularly helpful given their economic constraints in purchasing new toys and books for children. These providers also reported that the help they received from network specialists around navigating child care licensing requirements was central to their ability to obtain a license and participate in the regulatory system.

High-quality supports that deliver information and resource sharing may be most effective when combined with more intensive individual and group supports. Providers often lack access to relevant and accurate information about resources, materials, and development, which may contribute to lower quality caregiving, high turnover, and burnout (Porter et al., 2010). Abell et al. (2014) described the inclusion of financial and administrative supports to providers as well as links to resources as key components of a successful statewide mentoring and professional development program. In a qualitative case study of an Early Head Start FCC partnership initiative, Buell, Pfister, and Gamel-McCormick (2002) also identified instrumental supports such as help with the environment, materials, and child assessments as important aspects of effective support for providers.

Finally, FCC networks offer yet another example of how combinations of caregiving quality supports for providers and sustainability supports may lead to quality improvement in home-based child care. FCC networks or staffed networks offer a menu ongoing supports and services to home-based child care providers that may include visits to provider homes, training, materials and equipment, business help, and/or peer support (Bromer et al., 2009; Hershfield et al., 2005). In an early qualitative study of FCC
networks in Chicago, Musick (1996) identified the “synergistic effects” of having a “combination of program elements [that] was more significant than any single feature” (p. 26). Bromer et al.'s (2009) study of Chicago networks built on this earlier work and found that licensed FCC providers in staffed support networks that delivered a combination of visits to FCC homes, training, and technical assistance supports offered higher quality care than providers in networks without this combination of supports. In a focus group study of a statewide system of FCC professional development networks in Oregon (Lanigan, 2011), providers identified the following areas of network effectiveness: relationship-based support from a facilitator, social support from networking with other providers, respect for the unique niche of FCC, ongoing training and support in a focused area of quality, and opportunities to work on aspects of quality improvement. Finally, a more recent evaluation of the All Our Kin FCC network in Connecticut that offered a combination of intensive in-home consultation visits as well as group supports, training, and materials also found higher quality among affiliated, licensed network providers than a comparison group of unaffiliated providers (Porter & Reiman, 2015). Clearly additional research is needed on the specific combinations of supports and services that may help providers implement quality caregiving practices and sustain their child care work in ways that lead to positive family and child outcomes.

**Implementation practices and quality improvement**

The next component in determining high-quality support to providers is focused on what can be broadly perceived as implementation practice (see Table 3). Implementation research focuses on the alignment of outcomes with the extent to which a program adheres to articulated program strategies: “Only when effective practices and programs are fully implemented should we expect positive outcomes” (Fixsen, Naom, Blase, Friedman, & Wallace, 2005, p. 4). A recent volume on implementation science in early childhood programs (Halle, Metz, & Martinez-Beck, 2013) suggested that there are stages of program implementation that should be considered in any research that aims to evaluate how a program impacts outcomes. The diversity of approaches to service delivery in home-based child care quality improvement initiatives further necessitates consideration of factors around service delivery implementation in understanding program impact (Paulsell et al., 2010). These factors include staff–provider relationships, a program’s logic model, dosage and caseload, content of services, and documentation. For example, the Quality Interventions for Early Care and Education-Partnerships for Inclusion (QUINCE-PFI) study of coaching and consultation in centers and FCC homes found that low effect sizes for the coaching and consultation intervention may have been due to inconsistencies in implementation across sites in program fidelity around coach and consultant approaches to collaborating with providers and coach/consultant caseload (Bryant et al., 2009).

The following sections articulate two areas of implementation practice that research indicates may be most relevant to program effectiveness in home-based child care: relationship-based approaches to practice and fidelity practices.

**Relationship-based approaches to service delivery.** The conceptual model presented here suggests that it is not just the mechanism of supportive service provision to providers that is important but how these services are conceptualized and actually implemented. We hypothesize that programs that use a relationship-based approach to service delivery and support will contribute to positive outcomes for providers, children, and families. A relationship-based approach assumes that there is an ongoing interaction between program staff and providers over time and that this is more likely to occur in support programs that provide individualized visits to child care homes. In home-based child care, relationship-based engagement strategies have the potential to reduce isolation and involve providers in a wider circle of resources and professionalism (Porter et al., 2010).

Despite the emphasis in the early childhood field on relationship-based practice (National Center on Parent, Family, & Community Engagement, 2012), scant research exists on associations between program staff–provider relationships and provider, family, or child outcomes specifically for home-based child care (Li & Julian, 2012). In a process evaluation of a training program intended to help staff develop strong relationships with home-based child care providers, researchers found that support
specialists reported learning new strategies for enhancing their relationship-building skills with providers, including reflective practice, two-way communication, perspective taking, collaborative partnerships, conflict resolution, and social support. In addition, providers who received services from support specialists who participated in this training emphasized the importance of trusting relationships in their participation in support programs (Bromer & Bibbs, 2011; Bromer & Korfmacher, 2012; Bromer & Pick, 2012). Although this is suggestive of the importance of a relationship-based approach, it is not a direct link between specialist relationship-building skill development and subsequent provider or program outcomes. Clearly, more research is needed to understand the impact of specialist approaches to support on provider and child outcomes.

Because of this limited research base, the following section of the literature review expands to cover research in related fields of mental health consultation in early childhood settings, coaching in early childhood centers, family support services, and home visiting. These related fields share a common focus on the centrality of the relationship between support providers and adult clients.

Research on mental health consultation in early childhood programs shows evidence for the central role of relationships in effective interventions. One review of mental health consultation in early childhood settings identified consultant–provider collaborative partnerships as the key factor in program effectiveness (Green, Everhart, Gordon, & Gettman, 2006). In particular, being a member of a team, being perceived as available to the provider, and sharing childrearing values were identified as key elements of effective consultation interventions. Moreover, relationships may mediate the impact of intervention dosage and program effectiveness. A meta-analysis of 26 studies of early childhood mental health consultation also found that mental health consultant–teacher relationships were the most important predictor of perceived effectiveness (Brennan, Bradley, Allen, & Perry, 2008). Specifically, teachers’ perception of a consultant as an ally who was integrated into the daily routine of the classroom was associated with positive outcomes, such as improved classroom climate, teacher sensitivity, and classroom management as well as teacher self-efficacy and stress reduction.

A recent literature review on client–provider relationships across three social service areas (substance abuse, child welfare, and mental health services) found that strong alliances between social service providers and clients were associated with positive outcomes for families and clients (Marsh, Angell, Andrews, & Curry, 2012). However, the types of outcomes varied across service sectors and settings and may have been shaped by the context of provider–client relationships. For example, home visiting research suggests that the client–provider relationship is strongly associated with parent participation in services (a process outcome; Korfmacher, Green, Spellman, & Thornburg, 2007) but inconsistently associated with child safety or parental well-being (a longer term outcome; Marsh et al., 2012).

**Elements of relationship-based support.** A lack of empirical evidence for specific elements of relationship-based practice and outcomes in early care and education settings limits the extent to which these elements can be fully articulated in a conceptual model. However, there are several elements of relationship-based practice that existing literature points to as potentially important for conceptualizing high-quality support to home-based child care providers.

*Cultural sensitivity and responsiveness* are important elements of relationship-based support and efforts to engage home-based child care providers in services (Kruse, 2012; Shivers, 2012). Few studies have specifically examined dimensions of culturally relevant practice with home-based child care providers. In a small interview study of coaches working with FFN caregivers, Kruse (2012) explored

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<td>Cultural sensitivity and responsiveness</td>
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the different cultural strategies and approaches coaches used to connect with and engage FFN caregivers from diverse cultural backgrounds. Home visiting research identifies cultural competence as a key component of engaging families in services (Azzi-Lessing, 2011). In a meta-analysis of home visiting research, Filene, Kaminski, Valle, and Cachat (2013) found that an ethnic/racial match between home visitors and parents led to larger program effects.

Research on home-based child care as well as other related fields suggests that emotional connection between a help giver and a client may be a particularly important aspect of high-quality relationship-based support. Bordin’s influential cross-service conceptualization of the working alliance (see Marsh et al., 2012) viewed the emotional connection as a central component inherent in a positive helping relationship. In an experimental study designed to test a model of effective advice giving, Feng (2009) examined the relationship of emotional support and problem solving to effective advice giving. Emotional support in this study was defined as the offering of comforting messages that validated the perspective of the client as well as statements that “foster[ed] a positive outlook” on the situation (p. 120). The study found that emotional support preceding advice giving was evaluated more highly than advice giving alone without emotional support (Feng, 2009). In a qualitative evaluation of a support group and consultation intervention with grandmother caregivers, Maher et al. (2008) described the emotional connection that facilitators had with participants as contributing to positive program impacts. In an interview study of provider experiences receiving in-home visits and group supports from one agency, Bromer and Pick (2012) reported that providers felt close to and familiar with the specialists who visited their homes, like family or friends in some cases. In Buell et al.’s (2002) case study, FCC providers identified emotional support from agency staff such as encouragement, nurturing, and confidentiality as key aspects of effective support.

High-quality relationship-based support is hypothesized to include the specialist’s use of communication strategies such as active listening and open-ended questioning. Effective communication strategies or skilled dialogue approaches may seek clarification rather than make assumptions (Barrera, Corso, & Macpherson, 2003). Research on provider–family relationships in early care and education suggests that positive, two-way communication between providers and families of children in care is an aspect of high-quality early childhood programs (Bromer et al., 2011; Forry et al., 2012). In their review of research across family service studies, Dunst, Trivette, and Hamby (2007) identified active listening as a component of relational help giving that may be associated with positive outcomes for families such as personal well-being. Reciprocal communication strategies may also be an important aspect of high-quality staff–provider relationships in programs that support home-based child care. Bromer et al.’s (2009) FCC networks study, for example, found that providers who were given opportunities to give feedback to network staff about the support services they received offered higher quality caregiving than providers who did not have these opportunities for two-way communication with network staff. Maher et al.’s (2008) qualitative study of a home visiting and support group intervention with grandmother caregivers found that verbal feedback and reflective questioning focused on caregiver needs, interests, and strengths were among the successful program components.

High-quality relationship-based support practices may also include limit and boundary setting as well as goal setting, although little to no research has been conducted on these elements of quality support practice. Establishing personal and professional boundaries in supportive relationships is part of creating trust between specialist and provider. Acknowledging these boundaries can provide better understanding of privacy (what can and cannot be shared about the provider’s practice) as well as limits to the roles of the support specialist. For support specialists who conduct visits to child care homes, professional boundaries may be a particularly challenging yet important area of practice given the isolated nature of home-based child care. A support specialist may be the only adult with whom a provider interacts throughout a long week of caring for children, often without assistance. Across human services and caregiving fields, issues of confidentiality and professional boundaries are central areas of concern in service delivery, yet we were not able to identify empirical studies that have examined the role of professional boundaries in effective service delivery (Kendall et al., 2011).
Similarly, **goal setting**, which entails facilitation of providers’ own decision making and quality improvement plans for their child care programs and their enrolled children and families, may be another key component of relationship-based high-quality support. Facilitation of goal setting is viewed as a critical component of continuous quality improvement across early childhood systems, as seen by its inclusion in Head Start performance standards as well as in many states’ QRIS standards for early childhood programs (Office of Head Start, 2015; Tout et al., 2010). Dunst et al. (2007, p. 370) identified “participatory helpgiving” practices in family support services as offering information and support to families around goal setting and found positive parenting and child outcomes in programs that utilized these practices. Although some descriptive research has identified the importance of goal setting in home-based child care initiatives (Abell et al., 2014), research on the effectiveness of goal setting has not been conducted in home-based child care.

**Fidelity practices.** In addition to relationship-based supports, high-quality support requires implementation of services that are aligned with an articulated theory of change and adhere to programmatic expectations around dosage, caseload, content, and planning and documentation. A recent white paper on design and evaluation in home-based child care quality improvement initiatives suggested that any evaluation approach should be based on an articulated theory of change that connects strategies and outcomes within a program’s logic model (Paulsell et al., 2010). Research from related fields also emphasizes the importance of logic models. A recent review of parent support home visiting programs examined the relationship between program success and logic model implementation (Segal, Opie, & Dalziel, 2012). Home visiting programs that had a match or alignment between an articulated theory of change, the targeted population served, and program components were more likely to achieve success than programs that did not have this match. A qualitative implementation study of a home visiting intervention suggested that the lack of expected impact on improved parent and child outcomes may have been due to a theory of change that emphasized social support during home visits but not behavioral change (Hebbeler & Gerlach-Downie, 2002).

The alignment of program goals with actual support of providers is particularly important given the diversity of programs and auspices that support home-based child care. Head Start and Early Head Start, for example, may implement monitoring procedures to help providers adhere to performance standards; state-funded child care resource and referral agencies or networks may send specialists into homes to help providers progress from one level of quality to the next in a QRIS or may deliver materials and equipment to help providers achieve licensing or certification. Researchers suggest that designing effective support programs requires examining the alignment between program goals and intended outcomes as well as identifying more nuanced short-term, intermediate, and long-term outcomes (Paulsell et al., 2010).

**Dosage.** The frequency and intensity of program components are additional areas of program implementation that may shape outcomes. As Table 3 shows, recent studies of home-based child care interventions showed a wide range of practice around number of visits, frequency of visits, and duration of individual visits. Programs showing an impact on provider practices or knowledge varied considerably in terms of frequency of visits to homes, from weekly to monthly and over a time period of 6 weeks to 2 years. The length of individual visits across studies, however, was similar, with most visits lasting 60 to 90 min. Some studies noted that programs may not lead to positive outcomes because of either low completion rates of expected visits to homes or the infrequency of visits as part of the intervention itself (e.g., only one visit per month). Paulsell and colleagues (2006) found that home visitors in an Early Head Start home visiting pilot with home-based child care providers were only able to complete half of their scheduled visits during any given month. Pearlmutter et al. (2005) also indicated that the number and range of planned technical assistance visits to provider homes (three visits or more in 1 year) may have explained the small gains in quality improvements across homes.
Caseload. The number of providers with whom an agency works or a support specialist’s caseload may be shaped by program goals, types of services offered, and program capacity. Visits to provider homes, for example, require more staff time and reach fewer providers than training or workshop sessions. Agencies with limited resources to support home-based child care may expect a few support specialists to serve large numbers of providers. Yet large caseloads preclude being able to offer more intensive one-on-one supports. Head Start program performance standards indicate that caseloads for family support workers do not exceed 12 families per staff (Office of Head Start, 2015), which may be a benchmark for staff who offer home visits and other relationship-based services to child care providers. Limited research exists on the relationship between caseload size and program outcomes. One study suggested that high caseloads of coaches working with FCC providers may have partially explained why a quarter of the consultants did not adhere to the program model (Bryant et al., 2009). Studies of home visiting programs with parents have not examined effective caseload sizes, yet many of the larger evidence-based home visiting models have specific rationales for limiting the caseload size of home visitors, especially those working with higher risk or more challenging families. It has been reported, however, that a primary challenge is underenrollment (leading to lower caseloads) instead of overenrollment (Daro, Boller, & Hart, 2014).

Content of services: Focus on provider–child interactions. The content of home visits, training and professional development, and information and material resources is an important aspect of high-quality support. Visits to provider homes, for example, may need to be implemented with relationship-based practices as well as an intentional focus on facilitating how the provider interacts with children in care. No studies to date have examined differences in how program staff work with home-based child care providers, the content of visits, or whether a focus on adult (staff–provider) relationships or facilitation of provider–child relationships is more likely to lead to positive quality and ultimately child outcomes. However, one study of a statewide coaching intervention with mixed results found that visits to provider homes were more social than focused on improving quality care. Because of the positive social relationships that developed with providers, visitors found it difficult to give specific feedback or assignments to providers that focused on improving their caregiving practices with children (Pearlmutter et al., 2005). Studies from home visiting suggest that although the home visitor–parent relationship is key to program effectiveness, other aspects of the home visiting implementation, such as facilitation of provider–child interactions, may be necessary for positive outcomes. Roggman, Boyce, Cook, and Jump (2001) identified the effective components of high-quality home visiting relationships as responsiveness, nonintrusiveness, and facilitation of parent–child interactions and found that facilitation of parent–child interactions was perceived by observers to be the most effective approach to engaging families in home visits. Kelly, Zuckerman, and Rosenblatt (2008) found that a relationship-based training intervention in which home visitors learned to shift their focus from the parent or the child alone to the parent–child relationship was associated with increased parent–child responsiveness.

Planning and documentation. Operational supports such as data-tracking and record-keeping systems also may impact the quality and effectiveness of service implementation and delivery, although no research studies that we examined described the implementation of these processes in home-based child care support interventions. Daro (2006) described the reporting and self-evaluation efforts that many nationally recognized, evidence-based home visiting programs implemented across sites, including management information systems implementation and other documentation efforts to help programs improve their practices with families.

Potential factors related to effective support

We have articulated the types of supportive services, approaches to service delivery, and implementation practices that are most likely to shape positive outcomes in child care homes. However, a range of organizational and individual-level characteristics and factors may also indirectly shape the quality of support and the extent to which and ways in which programs impact quality of care in home-based child care settings.
Organizational characteristics

The organizational context of social services delivery, in addition to the content and approach of services themselves, has been shown to be a key element in successful implementation and program effectiveness (Glisson et al., 2008). In her extensive research on and conceptualization of workplace psychological safety, Edmondson identified organizational factors that shape how comfortable employees feel taking risks, particularly around collaboration, and how psychological safety is associated with positive employment and learning outcomes (Edmondson, 1999; Edmondson & Lei, 2014).

Evidence for an association between organizational characteristics and outcomes is more limited in child care research. In qualitative evaluation studies of a training program for program staff, Bromer and colleagues found that organizational factors such as funding stability, program type, agency mission, and operational supports may have hindered or facilitated specialists’ work with home-based child care providers (Bromer & Korfmacher, 2012; Bromer, Weaver, & Korfmacher, 2013). For example, a social services agency that housed an FCC network but did not consider the role of home-based child care in its central mission statement may not have been able to secure stable funding to support the network or invest adequate staffing and resources to deliver high-quality services to child care homes. Organizational culture also shapes how services may be delivered to providers. In a descriptive case study of family engagement practices in four child care centers, Douglass (2011) found that cultural values and beliefs around partnerships shaped the ways in which centers engaged with families.

Individual characteristics of support specialists may also shape the ways in which programs deliver high-quality support to providers. In home visiting, paraprofessionals may be hired by agencies because they are less expensive than professionals and they are valued for their decreased social distance—families may feel more comfortable talking to someone who shares their experiences and are more like them (Korfmacher, 2016). Similar to home visiting, in which a range of staff from paraprofessionals to registered nurses may be employed (Azzi-Lessing, 2011), programs that support providers also employ a range of staff with varied educational backgrounds and professional preparation for the work. In a survey of child care resource and referral specialists in Illinois, Bromer and Weaver (in press) found a range of education and experiences among staff who worked directly with home-based child care providers, from paraprofessionals who had only worked with children and had community college degrees in unrelated areas to professionals with extensive experience working with adults and families and graduate degrees in social work or early childhood.

Supervision and staff support are important organizational practices that ensure the delivery of high-quality services. Reflective supervision is widely cited in the early childhood field and related fields as a core component of effective service delivery (Heffron, 2005; National Center on Parent, Family, & Community Engagement, 2012; Vermani & Ontai, 2010). In the context of staff who work with home-based child care, reflective supervision may help staff step back from situations with providers and understand their own reactions to a certain situation (Bromer & Korfmacher, 2012). In a cross-sectional survey study of supervision and empowerment among child welfare workers, Cearley (2004) found that workers’ perceptions of their supervisors’ help-giving behaviors predicted feelings of empowerment more than other organizational factors. Watson, Gatti, Cox, Harrison, & Hennes, (2014) and Watson & Gatti, (2012) reviewed research on the role of reflective supervision in early intervention services and found that reflective supervision was associated with reduced burnout and stress, increased clarification of professional roles, increased perspective taking, decreased judgmental attitudes, and enhanced skills around working with diverse families.

In addition to supervision, specialized training around working with providers in their homes may be particularly important for the delivery of effective services given the diversity of coaches, consultants, mentors, and other specialists who deliver these services. Little, however, is known about the amount or types of professional development for support specialists that are most likely to impact provider, family, or child outcomes. Bromer et al. (2009) found that providers affiliated with networks staffed by people with specialized, graduate-level training (e.g., relationship-based approaches to working with providers, infant-toddler development, and understanding of FCC
quality) offered higher quality care than providers in networks with untrained staff. Abell et al. (2014) found that an effective component of a mentoring program for FCC providers included mentors who were knowledgeable in early childhood, FCC, and adult learning.

High-quality supports for home-based child care providers also require programs that have mechanisms for exchanging and sharing resources across staff and departments as well as connections with other community programs that may offer relevant services. Although many specialists may work in agencies that offer an array of services across sectors, including center-based programs, family support programs, and Head Start, exchange of resources and peer support (e.g., access to disability or curriculum specialists) may not always occur (Bromer, Weaver, et al., 2013; RMC Research Corporation, 2000). A series of process training evaluations as part of a year-long professional development seminar series found that specialists benefitted from the peer networking and sharing as much as they benefited from the content of the seminars (Bromer & Bibbs, 2011; Bromer & Korfmacher, 2012; Bromer, Weaver, et al., 2013).

**Child care characteristics**

Operational factors such as the size of the child care home, hours of care, and the number of assistants may also shape the way in which support is delivered. For example, if a provider does not have an assistant and is open from the early morning hours until evening, finding time to reflect and talk with a specialist may be challenging during the child care day. Community location is also a factor in how support services are delivered. Some studies found that specialists cited common challenges around working with providers who lived in violent neighborhoods (Bromer & Weaver, 2016; Bromer, Weaver, & Korfmacher, 2013; Mitchell & Messner, 2003). These studies found that such barriers prevented agencies from conducting visits to provider homes or providing other in-person supports.

Characteristics of home-based child care providers themselves may also shape the quality of support services they receive. Provider personal characteristics such as health, mental health, and financial resources were shown to be significant predictors of quality in FCC in a multistate experimental study of a coaching and consultation intervention (Forry et al., 2013). These same characteristics may shape providers’ participation and engagement in support services. Providers’ prior education and experience doing child care may also be associated with program effectiveness, although the research is equivocal. Two experimental studies of interventions to improve quality through visits to FCC homes found different results depending on provider experience. The Caring for Quality study found that less experienced providers gained more from home visits than more experienced providers (McCabe & Cochran, 2008), whereas the QUINCEstudy found that more experienced providers made greater gains as a result of a coaching and consultation intervention (Bryant et al., 2009). More research is needed to understand the relationships between provider characteristics and the effectiveness of support services. For example, some providers who see themselves as professionals, have training in early care and education, and are ready to participate in quality improvement efforts (Peterson & Cairns, 2012) may be more likely to demonstrate positive impacts from a quality improvement intervention. However, less experienced providers may be more open to change and new ideas and therefore more ready to engage in quality improvement activities than their seasoned peers.

**Outcomes of high-quality support to home-based child care**

What can be expected to result from high-quality support to home-based child care providers? Given the small research base on home-based child care support, scant evidence exists for outcomes from interventions. The following sections describe implementation outcomes, provider-level outcomes, quality outcomes, and long-term family and child outcomes that are hypothesized in the conceptual model of high-quality support.
Implementation outcomes

Several studies we reviewed on home-based child care interventions (see Table 1) intentionally examined how programs were implemented in their study designs and identified implementation outcomes, including increased provider satisfaction and engagement with program services (Forry et al., 2011; McCabe & Cochran, 2008) and the development of trusted relationships between providers and support specialists (Lanigan, 2011; Paulsell et al., 2006). Similarly, research on home visiting has found that strong home visitor–family partnerships were associated with greater family engagement in services (Allen, 2007; Korfmacher et al., 2007; Roggman et al., 2001). Implementation outcomes such as engagement, satisfaction, and positive perceptions of relationships may be prerequisites for longer term provider, family, and child outcomes.

Provider outcomes

A range of provider-level outcomes were identified in this review of home-based child care initiatives, including decreased depression, increased social support, increased knowledge of child development, increased professional development, and better interactions with children and communication with families. Inconsistent evidence was found for caregiving efficacy (Abell et al., 2014; Buell et al., 2002; Forry et al., 2011; Koh & Neuman, 2009; Lanigan, 2011; Maher et al., 2008; Paulsell et al., 2006).

Our review of studies of mental health consultation studies of mental health consultation interventions with early childhood programs found evidence of teacher-level outcomes such as self-efficacy, competence, and reduced job stress and demands (Brennan et al., 2008). Dunst and Dempsey’s (2007) study of family support programs for families of children with disabilities found that strong program–family partnerships were associated with parenting empowerment but not with parents’ feelings of parenting capacity or capabilities. However, research on family-centered services also found that programs that used both relational strategies with parents (empathy, emotional support) and participatory strategies (helping families achieve specific goals for themselves and their children) had a greater range of impacts on family well-being (Dempsey & Keen, 2008; Dunst et al., 2007). Thus, to impact provider attitudes as well as behaviors, programs may need to use both relationship-based strategies as well as strategies that deliver content, resources, and information that help providers improve their caregiving practices.

Child care environment and caregiving quality outcomes

Provider-focused outcomes are hypothesized in turn to lead to improvements in the child care environment and caregiving quality, including provider–child interactions and provider–family relationship quality. As Table 1 shows, studies that examined programs that offered individualized services to providers found that onsite, one-on-one visits to provider homes were associated with positive environments and caregiving quality as measured by standard observational child care quality assessments (Arnett Caregiver Interaction Scale, Classroom Assessment Scoring System, Family Child Care Environment Rating Scale, Parenting Interactions with Children: Checklist of Observations Linked to Outcomes [PICCOLO]). Other studies that focused more narrowly on a specific domain, such as language and literacy interventions or health and safety practices in child care homes, also found improvement in these specific caregiving practices based on observational assessments (McCabe & Cochran, 2008; Ota & Austin, 2013). Only one qualitative implementation study we reviewed examined a link between support and provider–family communication as reported by providers (Forry et al., 2011).

Long-term child and family outcomes

Although there is some evidence for the relationship between high-quality caregiving environments in child care homes and positive child or family outcomes (Forry et al., 2013), our review identified only one study of Head Start and FCC that found evidence of positive child outcomes (RMC Research Corporation, 2000). Threshold analyses suggest that child outcomes may only be achieved above certain levels of quality (Zaslow et al., 2010). Many studies on home-based child care interventions reviewed here found increases in observed quality, yet overall levels of quality remained low to
mediocre (Bromer et al., 2009; Pearlmutter et al., 2005). Increases in quality from poor to mediocre, for example, may not be enough to positively impact child outcomes.

Despite the lack of a research base on which to examine child and family outcomes in home-based child care, we hypothesize that high-quality supports will lead to positive social-emotional and cognitive outcomes for children in home-based child care settings (Zaslow et al., 2010). In particular, programs that focus support services on caregiving and provider–child interactions as well as sustainability and are implemented in ways that help providers put quality improvements into practice may be most likely to impact child outcomes. Moreover, programs that intentionally focus on helping providers improve the quality of provider–family interactions and relationships may lead to greater family engagement in children’s learning experiences, which has been shown to positively impact children’s well-being and development (Forry et al., 2012).

**Discussion**

The conceptual model for high-quality support to home-based child care providers presented here is based on a small, emerging area of research on quality improvement initiatives in home-based child care as well as research from related fields of mental health consultation and coaching in early childhood settings, home visiting, and family services. Increasing interest from policymakers at federal and state levels around how to build the supply of high-quality infant–toddler care and the recognition of FCC as a core service delivery option for this type of child care (Office of Child Care, 2015) serve as a catalyst for continued and expanded research in this area. The model presented here may serve as a guide for future research on quality interventions and systems to support home-based child care providers and the children and families they serve.

Our review of the literature indicates several areas for future research (see Table 4). First, our review of programs that support home-based child care suggests a lack of articulated models being used in programs that support these providers. Although some programs adhere to a standardized, evidence-based curriculum that has been modified from home visiting interventions with parents and families (e.g., PAT; Groenveld et al., 2011; Maher et al., 2008; McCabe & Cochran, 2008), many ongoing state and local systems and networks of support do not adhere to clearly articulated program models (Abell et al., 2014; Bromer et al., 2009; Bromer & Weaver, in press; Lanigan, 2011). Moreover, the field lacks common terminology for this work. Home visiting, coaching, mentoring, and consultation are defined in related fields and even in center-based work (National Association for the Education of Young Children and National Association of Child Care Resource and Referral Agencies, 2011), yet in home-based child care interventions and evaluations these terms appear to be used interchangeably, which points to the lack of agreed-on definitions, models, and approaches to support in this sector. The various names used to describe these helpers—coach, mentor, specialist, consultant, technical assistant, visitor—also suggest the need for role clarity.

Second, our conceptual model articulates the types of support services that are most likely to shape positive provider, family, and child outcomes, yet many questions remain about the combinations of supports that are most likely to impact quality, child, and family outcomes. Individualized supports that include some type of visit to a provider’s home appear to be most promising as a way of bringing professional development and training directly to the child care site. Support specialists who conduct visits and training sessions may have opportunities to help providers put into practice what they are learning in training workshops. Specialists who conduct visits and deliver materials and equipment may be able to facilitate providers’ use of materials with children in care through modeling or trouble shooting. As our review indicates, some research suggests that combinations of supports such as targeted group training or professional development series combined with consultation or coaching visits may be more likely to impact quality outcomes than training alone. Moreover, interventions that also include administrative and material supports that help providers sustain care work over time may further lead to long-term outcomes. Yet more research is clearly needed on the combinations of supports that lead to positive outcomes for different types of providers.
Third, our conceptual model hypothesizes that the implementation of support services matters as much as the type of service being offered. Yet few studies of home-based child care support interventions have systematically explored implementation dimensions such as relationship-based practice or fidelity to program components. Research from the related fields of coaching and mental health consultation in early childhood settings as well home visiting and family services that focus on adult relationships finds that relationship-based approaches may be most effective in engaging clients and in effecting positive outcomes. Research in these fields indicates that strong staff–client relationships lead to engagement and participation as well as enhanced self-efficacy and empowerment (Dunst et al., 2007). Research on relationship-based approaches to support suggests that changes in attitude and, eventually, behavior are more likely to occur within the context of strong and supportive relationships that convey trust, comfort, and mutual respect between help giver and client (parent, provider). In the sector of home-based child care, however, behavior change in the provider may be particularly challenging. As the recent NSECE has found, listed or regulated FCC providers have on average 13.7 years of experience offering child care, more than center-based teachers (NSECE Project Team, 2013). This finding raises the possibility that many home-based child care providers may bring years of their own personal experience and knowledge to their work with children and families and may be more skeptical of outside experts offering advice and guidance.

In addition to strong staff–provider relationships, our conceptual model also acknowledges the importance of fidelity to clearly articulated components of support service delivery, including content, dosage, caseloads, and documentation. Again, research from related fields of home visiting suggests that although supportive home visitor–family relationships are central to the effective implementation of home visiting programs, the content of visits is just as important for programs to impact positive behavior change in parents. Warm and comfortable relationships may be necessary but not sufficient to improve practice and change behavior. Clearly articulated program goals as well as specific goals around visits to homes, training workshops, and the selection of learning materials are necessary elements of high-quality service delivery. Future research clearly needs to examine the effectiveness of different approaches to the implementation of services for different populations of child care providers.

Fourth, our conceptual model also acknowledges that many factors at the organizational and child care levels may shape the quality of support services to providers, yet the field lacks a strong research base on program characteristics and the fit between program support and provider needs. Organizational characteristics as well as characteristics of mentors, coaches, specialists, consultants, or what Whitebook, Kipnis, Sakai, and Austin (2012) called “leadership and management roles” in early care and education have not been fully examined in relationship to effective service delivery and provider and quality outcomes. Specialists who work with home-based child care providers in particular are an understudied sector of the early care and education workforce, and little is known about their preparation and training to conduct their work (Bromer & Weaver, 2016).

Moreover, no studies to date have examined the goodness of fit between provider characteristics (motivations, experience, education, childrearing beliefs, efficacy) and types of services and supports. For example, programs serving licensed FCC providers may need to take different approaches to

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**Table 4. Areas for future research on high-quality support to home-based child care.**

<table>
<thead>
<tr>
<th>Evaluation research</th>
<th>How different combinations of supports (e.g., home visits and peer support) shape provider outcomes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>The relationship between support services and provider, family, and child outcomes</td>
</tr>
<tr>
<td>Descriptive research</td>
<td>Implementation and approach to service delivery</td>
</tr>
<tr>
<td></td>
<td>Staff roles, preparation, and experience</td>
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<tr>
<td></td>
<td>Organizational characteristics and their relationship to effective service delivery</td>
</tr>
<tr>
<td></td>
<td>The fit between provider characteristics and support program characteristics</td>
</tr>
<tr>
<td>Measurement development</td>
<td>Valid and reliable tools to measure the quality of support to home-based child care (e.g., measures to assess the quality of visits to provider homes)</td>
</tr>
</tbody>
</table>

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Table 4. Areas for future research on high-quality support to home-based child care care.
service delivery than programs serving FFN caregivers. Providers who have years of experience may need different types of supports than providers just starting out. Program staff-provider match in cultural, racial, and linguistic characteristics may also be an important factor to consider in high-quality support. A mismatch between services and provider type could result in ineffective service delivery and may help explain the lack of findings regarding child outcomes in the handful of studies that have included measures of child outcomes (Bryant et al., 2009; McCabe & Cochran, 2008).

In summary, more research is needed to understand the associations between program services and provider, family, and child outcomes. Most research on home-based child care initiatives examines effectiveness using standard measures of global child care environment quality. Yet more research is needed that examines the specific components of programs with aligned outcomes. For example, although strong staff–provider relationships are conceptualized as a core component of effective programs that may be expected to lead to strong provider–family relationships, no research has systematically examined the possibility of this parallel process in quality improvement interventions. Moreover, more research needs to examine intermediate-level outcomes such as provider self-efficacy, social support, and knowledge of child development and how these outcomes relate to quality outcomes such as sensitive caregiving, developmental support to children, and quality of provider–child interactions. Porter and Reiman’s (2015) study of an FCC network is one of the few studies to examine the relationships between these intermediate outcomes that can help future research more fully examine the multiple pathways by which support programs and interventions impact quality and ultimately child and family outcomes in home-based child care.

A recent review of home visiting research (Azzi Lessing, 2011) suggested the need for both implementation studies and experimental research studies to build a robust evidence base for effective interventions. Home visiting researchers have begun to document and unpack what they call the “black box” of home visiting (Hebbeler & Gerlach-Downie, 2002, p. 50) in order to understand the “complexity of these programs and the lives of the families they target” (p. 394). Yet despite more than four decades of research on home visiting, many questions remain about the components of programs that are most effective and which interventions work for which populations of families. The same is true for home-based child care interventions, for which a small research base has only started to uncover the many research questions and areas for future inquiry that can guide program development and policy recommendations.

As Porter et al. (2010) described in their literature review, most studies of interventions aimed at improving quality in home-based child care are limited by small sample sizes and nonexperimental study designs. This literature review has also relied on a small research base that includes many descriptive studies with small samples. Many of these studies were not intended to test the associations between components identified in our conceptual model and outcomes. More research with larger samples and validated tools will need to be conducted in order to begin to test some of the hypothesized associations between support, quality, and child and family outcomes in home-based child care support initiatives.

**Policy implications**

Federal efforts to increase the supply and quality of infant–toddler care, and in particular FCC, are focusing on strategies such as staffed networks and the development of systems that can support home-based providers as a vital part of the child care workforce (Office of Child Care, 2015). The federal Office of Child Care’s interest in improving the supply of high-quality FCC through its new Strengthening Family Child Care Initiative specifically articulates the development and support of FCC networks as a promising quality improvement strategy. The reauthorization of the federal Child Care and Development Block Grant program requires new regulations for nonrelative home-based providers who receive a child care subsidy. It also adds impetus to FCC quality improvement at both the federal and state levels. Moreover, the recently released Institute of Medicine report on the early care and education workforce (Institute of Medicine and National Research Council, 2015) articulates the central role that FCC providers play in the early childhood service delivery system.
Thus, continued research focus in this area will be critical to informing future policy directions and program implementation aimed at improving the quality of early care and education for all children and their families. This changing landscape calls for new research to examine the prevalence and types of support programs available for home-based child care and how these programs improve quality. The conceptual model for high-quality support to home-based child care providers presented in this article is intended to offer guidance to programs and systems that seek to enhance the quality of support to this diverse group of caregivers and providers, who make up the majority of early care and education arrangements for young children in the United States.

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References


