FAMILIES MATTER

FAMILY-CENTERED CHILD CARE

VOLUME I

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Dear Jennifer:

I apologize for my tardy response to your letter asking for further suggestions for the White House Conference on Child Care, but my husband was in a serious accident and I had to put work aside for awhile. It was a pleasure to meet you and Elena in June and discuss not only the conference, but also other follow-up activities. I have several suggestions about them that I describe below.

First, as I mentioned at the meeting, I believe that quality child care includes a family support component and that this should be reflected in the models showcased at the conference. I have a suggestion for one to include that meets this criteria and has other features that also distinguish it as a national child care leader. It is Georgia's statewide pre-kindergarten program now available to over 70% of the state's four year olds through an innovative public school and private provider delivery system and financed through Governor Zell Miller's lottery for education. (It also funds the Hope scholarships and technology for the schools.) This program is the only statewide Pre-K initiative in the country and one of the few with a high quality ongoing evaluation designed to test the program's contributions to school readiness and success. It is administered through the newly created (April 1996) Office of School Readiness and run by some of the most skilled public managers I have encountered.

This Office has responsibility for licensing all the services of the private providers who contract with the state to provide Pre-K services, and through this route the state is beginning to improve the quality of child care beyond just that for four year olds. They have a good training and monitoring system and an innovative partnership with Head Start to provide wraparound services for their half-day program. Both the program and the Office have substantial support from the governor, the legislature and the public.

In short, many features of Georgia's model – the combined public school and private provider delivery system, universal coverage, the family support component with parenting education and referral to community services, the emphasis on quality and accountability, the innovative and entrepreneurial state management provided by the Office of School Readiness, and visionary gubernatorial stewardship – make it one from which other states can learn a great deal. I hope that you will invite them to participate at the conference so that they can share their work with others.

My second suggestion is that one of the central themes of the conference be an emphasis on family-focused care and the connection between child care and broader community services for families. This could be accomplished through model showcasing, through the agenda for the day's discussions and in follow-up reports and other activities. If parents as well as other caregivers are to provide the stimulation and nurturing that children's early brain development requires, the child care customer is more than the child – it's the family as well. The child care community is just beginning to recognize its critical role in reinforcing and supporting parents and this is starting to be reflected in their provider training and definitions of high quality practice. The enclosed two-volume report describes the key components of family-focused child care and describes a number of programs that now provide it. One, Atlanta's Sheltering Arms, is a good example because it is a very old and well-established child care agency that has reframed its whole approach to include family support as both its program philosophy and a major service component. (See volume two for program descriptions and page 52 for Sheltering Arms.) The Department of Education has provided substantial leadership for family involvement as a key component in improving educational outcomes; it would be a big step forward if ACYF and HHS did the same for child care programs where the evidence also suggests nurturing parents, as well as good child care, are critical for early development.

Finally, one of the best and most challenging points that you made at the June meeting was that the conference not be a one-shot effort but result in a major and sustained effort to improve the quality and accessibility of care for America's children and families. The President, as Arkansas's governor and co-architect of the national education goals, brought early childhood into the education picture by championing goal one – school readiness. He and the first lady recently underscored the importance of early care and education through the critically important conference on brain development. As a result, Americans are beginning to understand better why high quality child care is critically important. Will you maintain this momentum with post-conference follow-up efforts that build bridges and joint initiatives between the often balkanized education and child care communities? Is there a way to highlight the importance of the quality of care through federal incentives or rewards to states that improve it perhaps similar to the

abstinence and teen pregnancy provisions in the welfare reform legislation? I look forward not only to the conference proceedings but also to the follow-up work.

Thank you for considering my suggestions and I send my best wishes for a successful conference. Please do not hesitate to get in touch if I can be of assistance.

Sincerely yours,

Heather B. Weiss

Heather B. Weiss

cc: Joan Lombardi

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DRAFT

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HARVARD FAMILY RESEARCH PROJECT

Founded in 1983 by Dr. Heather Weiss, the Harvard Family Research Project (HFRP) is today at the center of a national movement to strengthen and support American families. HFRP's pathbreaking research provides practitioners, researchers, and policymakers with timely, insightful information about effective family support initiatives.

Disseminating its research widely, HFRP links people, programs, ideas, and resources together to create innovative family support programs and services and family-sustaining policies. HFRP's research helps states create systems to monitor and assess programs and services, and helps communities better integrate family support services in neighborhood programs. Using HFRP data, schools are learning more about the specific benefits of parent involvement and the best strategies for successfully engaging the entire family. HFRP's research findings are enabling practitioners to design culturally appropriate programs, and helping training and education programs effectively prepare teachers to work with families.

FAMILY-CENTERED CHILD CARE
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I. INTRODUCTION

Dramatic changes in American family and work life during the past decade have necessitated a significant shift in childrearing practices. Increasingly, as more mothers enter the work force, young children are raised in child care settings. An estimated 13 million children are in child care and other early childhood programs each day (Adams and Poersch, 1996). This sharing of family responsibilities between homes and child care programs accentuates the need for high quality and affordable child care. It also argues for "family-centered" practice in child care programs.

A family-centered child care model combines care for children with support for the whole family and applies family support principles in child care practice (Galinsky and Weissbourd, 1992; Dean, forthcoming). These principles uphold the primacy of the family in child development, build on family strengths, and respect the diversity of families. They acknowledge the reciprocal nature of family well-being and child development; therefore, programs seek to serve the whole family (McWilliam, 1994-1995). Family-centered child care goes beyond child-level services: It is designed to promote child development and to reinforce good parenting.[1] It supports the family's ability to carry out other functions such as the provision of basic needs, economic support, and participation in community life. Through direct and referred services, programs help parents cope with family and work-related stresses.

[1] In this report, we extend the term "parent" to all adult *kin* caregivers who actively participate in a child's upbringing.

Such services typically consist of parenting classes, peer group support and recreation, and access to social and health services.

Research over many years has confirmed the significant contributions of comprehensive early childhood programs toward positive child and adult outcomes. Analysis of thirty-two early childhood/family support programs suggests that programs that promoted positive parent-child interactions had a positive influence on parental behavior and child development (Brady and Coffman, in press). With regard to comprehensiveness, programs that had a home visiting component, either alone or in addition to a center-based component, had a higher proportion of significant effects favoring program participants. Furthermore, level of comprehensiveness (i.e., intensity, range of service, and targeting of both parent and child) was significantly related to positive outcomes for both parents and children (Cariaga-Lo, Miller and Weiss, 1995). This research suggests that programs that start early, offer home and center-based components, and address the needs of both parents and children, tend to have more impact on families than programs with a more narrow focus.

Parallel to the research, policies that have emerged over the last decade recommend expanding the role of child care and early education programs to include more family support services. Goal 1 of the National Education Goals states that children will start school ready to learn. To accomplish this, programs should provide children with learning and developmental experiences and access to health care, and parents with access to the support and training they need. (United States House of Representatives, 1994) Throughout the country, local

collaborations are developing between Head Start and child care programs in order to extend Head Start's health, social service, and family involvement components to children enrolled in centers and child care homes (Poersch and Blank, 1996). In the private sector, a number of foundations support comprehensive programs for children and families. For example, the Carnegie Corporation of New York (1996) has invested in state initiatives for infants and toddlers that adopt a family-centered approach. Such an approach involves investment in four areas: parent education, quality child care, primary health care, and family centers.

Implementing a family-centered approach in child care programs is difficult, however. Programs and practitioners face many challenges, not the least of which is the lack of training for providers to help them work effectively with parents. Most early education programs emphasize work with children but require little training and supervision for supporting parents (Powell, 1991). As long as training remains child focused, the providers who work with families cannot be expected to demonstrate family support principles in their practice (Larner, 1995).

Despite current gaps in family-centered training, however, the training system holds the promise for making family-centered child care more widespread and has the capacity to influence current and future providers so that they are better prepared to support families. It can also shape professional norms so that greater attention is paid to family relationships as criteria for quality child care.

In 1995, the Harvard Family Research Project began a study of child care programs[2] and training institutions. The study emerged from the dearth of research on the need to prepare child care providers to work with families. Its purpose was to develop a training framework for the professionals in the field as a first step to encourage discussion and action toward family-centered child care practice. This report examines child care programs that have successfully incorporated family support and the implications for training and professional development. It is the first report of a three-part series; the other two address the principal training sources for child care and early education, namely, child care resource and referral agencies and community colleges.

The questions that guided the preparation of this report were:

- What are the challenges to integrating family support and child care and how are local programs meeting them?
- How can providers be supported to develop better relationships with parents and families?
- What steps can be taken to build a training program and system for family-centered child care?

[2] Unless otherwise specified, the programs to which we refer throughout this report are those in the study, which include both center and family child care.

This report presents a framework for training providers in family-centered child care. It is based on the various themes that emerged from the research. The perspective set forth is that training must be grounded in practice as well as theory. Because practitioners have important insights into children and families and the changes that can lead to improved staff training and service delivery (Hess, McGowan, and Meyer, 1996), this report documents "practice-based knowledge." The perspective of experienced practitioners offers a lens for understanding the challenges of family partnerships and for designing appropriate professional development opportunities.

Background of the Study

The Harvard Family Research Project conducted an in-depth study of twelve exemplary child care programs, including both child care centers and family child care homes. (See Appendix A for research methods.) The programs were chosen through a nomination process in which several informants from national child care organizations were contacted and asked to provide the names of child care programs with a family focus. From the pool of sixty programs that were nominated, the research team selected twelve programs that offered a breadth, depth, or innovation of services to families (a wide range of services, intensive services in one area, or a unique approach to serving families). Programs were also selected to reflect services to a range of families according to income and cultural background and rural and urban locations. Programs represent family child care homes, centers that offer parenting programs, and multiservice centers that offer health, mental health, and social

services for families. The following chart describes these twelve programs. (See Volume II for detailed information about their services and organization.)

The study was conducted through extensive telephone interviews with program directors, coordinators of training and family services, and providers. The research team also reviewed documents provided by the programs. From these sources of information, the team prepared profiles of each program, which were sent back to directors for verification. Information from the interviews and documents was analyzed for emerging cross-program themes and a training framework.

Table 1. Summary of Child Care Programs

PROGRAM NAME	PROGRAM DIRECTOR	TYPE OF SETTING	NUMBER SERVED	POPULATION SERVED
Associated Child Care Services--Chelsea Chelsea, MA	Tracy Lang, Program Director	Family Child Care Network	100 children, ages two months to six years	Ethnically diverse; low-income families, mostly single parents
Calvary Bilingual Multicultural Learning Center Washington, D.C.	Beatriz Otero, Director	Child Care Center	235 children, birth to age fourteen years	Ethnically diverse; low- and moderate-income families
Cambridge/Somerville Family Day Care Somerville, MA	Pat Cronin, Program Manager	Family Child Care Network	230 children, ages eight weeks to five years	Low-income and at-risk families; 50% ethnic minority
Community Family Development, Inc. Poughkeepsie, NY	Linda Sella, Program Director	Two Comprehensive Family Centers	65 children, ages six weeks to twelve years	Ethnically diverse, low- to middle-income families, mostly single parents
Community Lab School for Family-Centered Child Care Forth Worth, TX	Cathy McFerrin, Program Director	Child Care Center	120 children, ages six weeks to kindergarten age	Mostly Caucasian, dual-income, middle-income families
KCMC Child Development Corporation Kansas City, MO	Dwayne Crompton, Executive Director	Fourteen Comprehensive Centers	2,000 children, ages two to eight years	Ethnically diverse; low- to moderate-income families
The Family Farm Chapel Hill, NC	Ann Fisher, Project Coordinator	Family Child Care	8 children, ages six weeks to twelve years	Mostly single teen parents, ethnically and economically diverse
Gardner Children's Center San Jose, CA	Frederick J. Ferrer, Executive Director	Multiservice Child Care Center	200 children, ages two years, nine months to twelve years	Predominantly low-income, Latino; priority given to children under Protective Services
Los Niños Child Development and Family Program Napa, CA	Betty Koufos, Program Director	Two Centers--one Child Care and one Infant Center	12 infants, ages birth to two years; and 60 children ages two to five years	Mostly Latino, low- to middle-income families; also teen parents

Pacific Oaks Children's School Pasadena, CA	Yolanda Torres, Director	Child Care Center	200 children, ages three months to nine years	Upper-middle- and middle-income families, 37% ethnic minority
Sheltering Arms Child Development and Family Support Atlanta, GA	Elaine Draeger, Executive Director	Twelve Multiservice Child Care Centers	1,600 children served, ages six weeks to five years	Mostly African-American, mostly young, single-parent, low-income families
Webster Child Care Center Webster Groves, MO	Sonia Hartman, Executive Director	Child Care Center	165 children, ages 6 weeks through six years	Primarily Caucasian, middle-class families

II. CHALLENGES TO CREATING FAMILY-CENTERED CHILD CARE

Professional and Policy Context

Because of the shared responsibilities involved in childrearing, the child care arena is an ideal place to promote family support principles and practices. However, the potential of the field has not been fully tapped, for several reasons.

In the United States childrearing has largely been a private rather than a shared public responsibility. As changing economic conditions drive more women to the work force, deeply held cultural beliefs and practices about childrearing roles are being tested, resulting in uncertainty and ambivalence. Many mothers find themselves torn between work and family life: Those at work frequently harbor guilt about being away from home, and those at home think they should be connected to the world of work. This situation often leads to repercussions in caregiving relationships. Parents and child care providers tend to view each other in an "us versus them" framework (Modigliani, 1996). Low-income families, who are less likely to have access to high quality non-relative care, usually choose child care that is "familiar" -- provided by relatives and friends -- rather than other forms of care which fall into a "stranger" category (Mitchell, Cooperstein, and Larner, 1992).

With the rise of a new occupation of child care providers come efforts to legitimize the profession. The culture of the profession -- consisting of beliefs, norms, and attitudes -- is marked by an elaboration of child development principles and standards of practice. Professional training has tended to focus around developmentally appropriate practices for children. Without an equal focus on understanding adult development and parenting, however, a hierarchical attitude among practitioners of expert (teacher) and non-expert (parent) is likely to emerge. Criteria for quality child care have also been child-focused, dwelling on the structural aspects of the environment, such as child and teacher ratios and group size; health and safety standards; and teacher qualifications based on their knowledge of child development. Unless family support is integrated in a substantial manner in developing such criteria, it will be difficult to promote widespread family-centered child care.

The policy environment has reinforced a child focus. Over the past decade, state and local governments have assumed greater responsibility for the availability and quality of child care. Regulations aimed at promoting quality care have focused almost exclusively on structural aspects and physical and safety standards. Only 15 states mention in their regulations for family-based care the rights of parents to visit their children in the caregiving setting. This number increases to 31 for center-based care, but in half of these states the regulations are characterized by "limited" parental rights to visit (National Research Council, 1991).

Furthermore, social and economic features of the child care delivery system pose significant challenges for developing more comprehensive services for the whole family. Child care is poorly funded, understaffed, and lacking in professional stature (Larner, 1995). These factors make it difficult to respond to the broader needs of families through coordination with community services, much less through direct service provision. Child care quality, affordability, and compensation remain the profession's priorities for policy and program development.

Practice-based Perspectives

Child care providers enter the profession because they enjoy being with children. They do not necessarily have an interest in children's families, nor are they necessarily prepared to work with them. In her book, *Parents Speak About Child Care,* Kathy Modigliani (1996) describes the guilt, sense of loss, and fears of parents who put their children in child care. While some providers are sympathetic and supportive, others harbor misgivings and even look down on families. They also often feel taken advantage of by parents and sense a lack of respect for their profession. Modigliani (1996: 65-66) concludes:

> *...mothers and caregivers are worlds apart. Their needs often conflict. Their perspectives are so different that they do not understand one another, although they are not aware of this problem.*

Such tensions undermine the support that both families and providers need and place at risk the consistency and continuity of care required for children's optimal development.

In this study, informants identified four typical sources of difficulties between providers and parents: (1) lack of time and family involvement in child care programs; (2) lack of clarity of roles for parents and providers; (3) differing views of childrearing practices; and (4) concerns of families under stress.

- ***Lack of time and family involvement in the program***

More than half of mothers in the work force have children under six years of age (United States Department of Commerce, 1995), and they are increasingly having their children cared for by non-relatives (Hofferth, Brayfield, Dietch, and Holcomb, 1991). All of the informants in the study confirmed that the parents of the children in their programs were either working or undergoing training in order to work. Given their busy lives, the parents did not have the time to get involved with the programs in ways that providers had hoped for.

Busy parents often do not have time to communicate effectively with providers. One informant lamented the fact that many working parents may not even know the name of their child's teacher. Although programs often have regularly scheduled meetings between providers and parents, much of their contact occurs only during the limited -- and often frazzled -- time while parents are either dropping off or picking up their children. One study estimated that the typical center-based child care worker sees a parent for approximately 13.7 minutes of each week (Hughes, 1985). It is not surprising that this leads to frustration on the part of the provider:

> *Sometimes staff are frustrated because parents are on the run when they drop off and pick up their children. Staff find it difficult to articulate quickly and well when parents have a question and there is not enough time for a deep discussion. (Yolanda Torres, Pacific Oaks Children's School, Pasadena, CA)*

Parents and providers are under constant pressure to balance their professional, financial, family, and personal needs. The changing demands of different spheres of life require flexibility on the part of parents and providers alike. Providers have to understand that parents have many roles to juggle and that their priorities may not always match those of the provider, especially when time commitments are involved. Parents, likewise, need to understand that providers attend to a number of children, some of whom have multiple needs. Providers have their own priorities related to children needing extra help or attention.

The stress created by this lack of time is reflected in reactions of the providers in such statements as, "I wasn't as friendly as I should have been" and "I didn't follow-up with the parent as quickly as I could have." Demanding schedules of parents and providers often create communication problems between them. Time constraints also hinder the opportunity for providers to gain training in effective methods of supporting families. If a provider takes time off to get training, release time personnel must be found, and this is not always easy to do.

• ***Lack of clarity of roles for parents and providers***

One potential source of conflict in the parent-provider relationship is that the providers may come to view themselves as surrogate parents. Because children may spend more time with their providers than with their own parents, the providers may try to assume too much responsibility in the lives of the children.

> *Teachers sometimes forget that they are not the parent. They have to be clear that parents are the primary teachers and that [the staff] are there as facilitators and supporters. (Beatriz Otero, Calvary Bilingual Multicultural Center, Washington, D.C.)*

One director believes that while the provider should not try to play the role of a surrogate parent, parents need to understand that the child is spending a significant part of the day with another adult, and thus, the role of that adult in the child's life is significant.

Providers' multiple roles -- caregivers of children, partners with parents, self-employed workers or employees -- can create ambiguity; as such, these roles are constantly redefined and adapted to deal with contextual issues. While providers are expected to be friendly and supportive towards families, they often question the boundaries of their roles, especially when parents make extra requests on a regular basis.

Providers may develop friendships with families, which can interfere with some of the professional concerns that might arise. Maintaining a personal relationship with families while simultaneously having to enforce program rules can be stressful for providers. For family child care providers, balancing the caregiving and business aspects of their jobs can be difficult. They must deal directly with parents about sensitive issues such as making payments on time or making payments even when a child is absent.

While providers may seek to be empathetic and understanding of families' situations, they set limits to their tolerance. A common issue is that of the parent who is chronically late in picking up a child. In some of these cases, providers feel that they are being taken advantage of, especially after they have tried to work with the parent to develop a solution. Providers also feel that late pick-ups may be detrimental to a child because the child might feel abandoned.

- ***Differing views of childrearing practices***

Child care programs often try to recruit staff from their own communities and sometimes even from among the parents whose children are enrolled in their programs in order to ensure that the providers reflect the values and characteristics of the families served. This practice also tends to motivate parents to get more involved in the program. Despite these attempts to bridge the gap between providers and parents, several informants in this study spoke of the difficulties involved in trying to manage differing views of childrearing practices and ways in which these affect their relationships with family members.

The differing views of childrearing practices identified by informants primarily affect issues of learning, discipline, and gender roles. Parents' expectations of learning activities offered at centers may differ from providers' expectations; these expectations may also differ from those held by other parents. Some parents, for example, have difficulty understanding that learning occurs through play and that providers are also teachers. The issue of gender arises in the context of curriculums that allow children to explore and create a variety of roles for themselves.

> *Some parents have a difficult time understanding our staff are providers rather than caretakers. We have a play-oriented curriculum and the goal is to prepare children for the next level of development. It is purposeful play as opposed to play without design. (Beatriz Otero)*

> *Fathers object to [their] sons sitting in the play area and holding and feeding a "baby"; or trying out high heels from the costume area. They believe that boys playing with dolls makes them homosexual. They tell their sons not to cry because it is not a manly thing to do; or they teach their sons to be aggressive and to hit back when fights break out. (Beatriz Otero)*

Concerns regarding discipline arise because ways of disciplining a child vary widely from culture to culture. Views toward corporal punishment, in particular, differ considerably. Some parents ask providers to use it, even when doing so goes against the values of the providers and the policy of a center. Some providers may agree with the views of parents but feel obliged to uphold the policies of a center, resulting in tension between the providers and parents. In such circumstances, the tension might be alleviated through an open discussion about the harm or benefits to a child of various forms of discipline.

- ***Concerns of families under stress***

One of the most significant challenges that providers face is serving families undergoing extreme stress. Providers often do not know how to deal effectively with families experiencing pressures related to poverty, divorce, substance abuse, or child neglect. Establishing and maintaining meaningful contacts with these parents are challenges. In some cases, providers feel that parents are not giving their children proper attention and care. They may find it difficult to avoid being judgmental and to identify family strengths. Providers sometimes have to make hard decisions where there is no one right answer.

> *It's difficult when a parent shows up at the center and you suspect that they've been using a drug. How do you intervene? Do you allow the child to get into the car with that parent? Those are big issues for us. (Christie Speck, formerly with Los Niños Child Development and Family Program, Napa, CA)*

Another challenge for programs in the study is reaching single, teenage parents. Successfully influencing young parents to make wise choices and take responsibility can be difficult, complex, and trying. Child care providers find it difficult to engage some mothers in a meaningful relationship based on caring for the child. They worry about the situations of these mothers, especially when they leave home and lack an extended family support network. Providers also make an extra effort to motivate them to complete their schooling.

> *One of our parents dropped out of school. She said she just couldn't make it, but we kept on encouraging her, and finally she did enroll (for a GED). She discovered she could learn and she went on to enter a technical school and pursue a career. That's the kind of thing we are able to do a lot, helping parents see the long term. (Elaine Draeger, Sheltering Arms, Atlanta, GA)*

Programs serving middle-income families often deal with stresses related to parenting issues and balancing work and family commitments.

We do a lot of talking with parents about reducing stress in their children's lives. Many of these parents work 10, 12, 14 hours a day, plus do a lengthy commute. People are on this board and running to activities, and it leaves very few hours to spend with their children. Often we try to say gently, 'your child needs your attention -- you need to set aside some time to spend with him.' We try to help parents understand how important their interactions with their child can be, because they're in group care a long time everyday. We also have many divorce situations where children are reacting to stress and parents may be placing us in the middle of conflicts. (Diane Bellem, Sheltering Arms, Atlanta, GA)

Families facing extreme stress require extra support, time, and energy from providers and other practitioners in child care programs. There are no clearly defined step-by-step procedures for working with families in a variety of complex situations. The challenge is to be able to work individually with families in accordance with family support principles emphasizing mutual respect, partnership, and family strengths.

III. BUILDING BLOCKS OF FAMILY-CENTERED CHILD CARE

Despite variation in their size and resources, the programs in the study display common characteristics that set them apart from traditional child-centered programs. (See Table 2.) Their philosophical orientation focuses on child development and support of the whole family. Relationships between parents and child care providers are based on a model of partnership rather than one of expert to parent. Services are offered to families, and parents have the opportunity to assume governance roles.

Table 2. Child-Centered and Family-Centered Child Care

PROGRAM CHARACTERISTICS	CHILD-CENTERED CARE	FAMILY-CENTERED CARE
Philosophical orientation	Development of the whole child	Development of the whole child and support of the whole family
Role of providers	Providers are experts	Providers respect families' knowledge; engage in mutual learning
Role of families	Family involvement in child's learning	Family involvement in child's learning and in policy/program development
Services	Focus on child	Focus on family (child and adult)

Philosophical Orientation

Both the home and child care program exert important influences on children's learning and development; equally important, however, is the reciprocal relationship between the home and program (Bronfenbrenner, 1986). Children's learning is enhanced by the mutual support that exists among adults who share in their care and education. James Coleman (1991) called such a relationship "social capital," and described it as the "strength of social relationships that make available to a person the resources of others." A parent can utilize the relationship with a child care teacher to share information and identify goals and actions to further a child's development. In the same manner, a teacher can rely on parents to reinforce a child's progress. It is this "closure" in the relationship among adults that reinforces consistent and appropriate nurturing. Where the child care setting connects parents to each other, it builds another network of resources that families can draw upon for information, guidance, and help.

Positive linkages between parents and child care providers are likely to occur when programs make a concerted effort to adopt a family support philosophy, strengthen parenting knowledge and skills, and foster parent-to-parent relationships.

- ***Adopting a family support philosophy***

The programs in the study share a strong commitment to family support principles. Each program's brochures and manuals for providers and families clearly define the program's policy of respecting families and encouraging their participation. This statement also sends a message to staff about the important role of families, and to parents about their value as partners in caregiving.

The commitment to families is implemented in various ways: through the types of services provided, the values associated with home and family, and the special efforts to make programs places where families feel welcome. Programs serving low-income families stress support and assistance for children and families so that they can achieve their goals in life.

Those serving middle-class families view their services as positive experiences to enrich the whole family or as places that welcome parents and offer relief from daily stress. One program developed a training model of family child care to demonstrate its belief that the home environment is the optimal setting for care. Another designed its center to have spaces for parents to use for different functions, such as to concentrate on career development, learn about community resources, and relax and network with other parents. Still other programs have developed special activities for fathers and grandparents who are primary caregivers.

• ***Strengthening parenting knowledge and skills***

The programs support parents by sharing with them parenting information and providing opportunities for mutual learning. By offering many opportunities for informal exchanges and formal sessions on parenting, the programs address the challenge of differing views of childrearing practices.

Providers and other child care staff reach parents through different media and in the home language of families. The information is made available through newsletters, workshops, and courses as well as through informal conversations. Many programs also have lending libraries containing materials on parenting. At least one child care service places lending libraries in family child care homes to accommodate the parents who do not have time to go to public libraries.

Through parenting sessions or workshops held throughout the year on topics chosen by parents, parents learn from each other, and providers also learn from parents. Some topics, such as toilet training, discipline, and sibling rivalry, are of concern to all parents in a program, while other topics reflect concerns of smaller groups of parents who seek guidance on specific issues such as grief or raising children with disabilities.

Equally important to what is communicated is how parenting information is conveyed. Rather than being judgmental, providers seek to make parents comfortable and to engage in honest conversations.

> *A lot of families didn't show up in our parent meetings because they were afraid to talk about what going on in their homes. They felt that I might be judging them or trying to change what they were doing with their children. They feared I would turn them in (to social services) if they told me they spanked their children. So I had to sit with them and talk about their concerns. I brought in a teacher from a community college who is a single parent and I found that our families can relate to her because many of them are single parents. I also invite facilitators who can conduct the sessions in Spanish. We talk about what we can do to help a child be a little more cooperative without using bribes or resorting to screaming and nagging. We take real situations that families go through and discuss ways of bringing some peace into our homes. (We have) created a much more relaxed environment... and now we get pretty good participation. (Christie Speck, formerly with Los Niños Child Development and Family Program, Napa, CA)*

Additionally, providers share child development information informally with parents. They give advice on many aspects of child development and often become role models for teenage parents or first-time parents. They also use these conversations to learn about parent perspectives and to understand a child's behavior that arises from a particular home situation.

A few programs offer provider home visits to help providers and parents establish a mutually beneficial working relationship. These visits permit providers to gain a more complete understanding of a child's home life and the views held by parents.

When you go into a home and you are trying to talk to parents, and dad gets beeped four times, and the neighbor's dog barks the whole time, the teachers see what kind of environment the kids are coming from. When they see a parent who is uptight all the time, they can take the perspective of families. It's not, 'I can't stand working with her,' but 'They (families) are really struggling and what can we do to support them?' (Renee Mayse, Webster Child Care Center, Webster Groves, MO)

- ***Fostering parent-to-parent relationships***

Connections among parents are important. Parents serve as resources for one another to broaden their learning of child development; they also share their experiences as parents and individuals, and provide mutual support. Some program directors, feeling that parents are often isolated and lack opportunities to form social relationships, promote parent activities such as shared meals to encourage them to get to know each other and establish supportive relationships.

Parents also come together to participate with their children in activities such as field trips. Some programs organize social events for parents only, giving them time for respite. In these instances, in order to encourage attendance, programs provide child care.

Roles and Relationships

Family-centered child care is both a model and a process. It is a model of caregiving that nurtures children and supports their families. It is also a process of developing relationships with families. Studies of relationships in child care settings have reported tensions between parents and child care providers and negative attitudes among providers (Kontos and Wells, 1986; Galinsky and Weissbourd, 1992; Modigliani, 1996). This is unfortunate because a healthy parent-teacher relationship has the potential to enrich the child's development at home and in child care; to become an entry point for comprehensive support to promote family well-being; to prevent increased stress for parent, child, and teacher; to nurture the personal and professional growth of the teacher; and to offer the support and

security that enables parents to work well and to parent well. The programs in the study offer insights into building parent-program relationships.

- ***Building parent-program relationships***

What makes for a healthy relationship between parents and providers? The informants from the programs in the study identified the following elements: shared values, mutual respect and trust, and effective communication. By focusing on these areas as goals for practice, programs are able to address some of the challenges previously noted, including the lack of clarity of roles for parents and providers and the differing views on childrearing practices.

Shared values

A good relationship exists when parent and teacher affirm the shared nature of caregiving and the importance of mutual support. They seek common ground in doing what is best for the child's safety and well-being, and his or her positive development. To achieve this goal involves a mutual learning process in which communication plays a vital role.

Matching families and their child care arrangements is critical to establish and maintain supportive relationships. Directors and providers offer parents clear information about their philosophy and how that is reflected in policies regarding family visits, arrival and departure, communication, curriculum, children's illness and other aspects of daily caregiving. Programs in the study also try to bring some aspects of the home culture into the child care setting. While most rely on trying to establish regular communication with families, a few programs encourage visits to the neighborhood and homes of families. The latter are especially useful when providers and families come from different socioeconomic and cultural backgrounds. One program, The Family Farm (Chapel Hill, NC), has developed a workshop on "Family Rituals," intended to familiarize family child care providers with the daily routines of family life and ways that can be emulated in the child care setting.

Mutual respect and trust

Mutual respect requires a commitment from both parents and providers to learn as much as possible about each other's ideas and attitudes regarding childrearing in its familial and cultural contexts. Some informants believe that trust grows out of the knowledge of childrearing practices: Parents have to know why providers do certain things, and providers have to know why parents do what they do. This knowledge prepares both to develop confidence in each other's competence. Providers must also be open to learning from families and understand that parents, especially those who are poor and stressed, try to do the best for their children.

Relationships of trust do not happen automatically. Each party must earn the credibility and trust of the other. The coordinator of the Family Farm, for example, in trying to be sensitive to parents' feelings and needs, lets parents know that she will listen to their concerns and suggestions. Furthermore, part of its training program includes handling sensitive communication. Trainees reflect upon and clarify their own position on issues such as death, religion, and sexuality and learn to discuss these with families so as to avoid misunderstandings. The goal is to make parents feel comfortable with their child care arrangements (Hearth Family and Community Resource Center, 1995).

Maintaining trust also means recognizing that mistakes should not deter long-term relationships. One director comments "We get frustrated by some of the choices that families make in their lives because they're not always healthy choices. It's frustrating, but we have to remind ourselves that we make mistakes just like the families in our program do. We have to be here to support each other and try to understand each other and keep the trust."

Effective communication

Consistent and frequent communication between parent and teacher builds secure relationships between them. For many providers the best way to support parents is by

listening and asking questions that clarify parents' attitudes and feelings. Good communication is essential when imparting child development information, especially to young or inexperienced mothers. Tracy Lang of Associated Day Care Services (Chelsea, MA) notes that family child care providers in her network "give untold reams of advice to parents from teething to sleeping habits." She observes that parents may often feel more comfortable talking to providers than to a pediatrician or members of their own families. In these interactions, it is necessary to know how to give constructive criticism as well as positive reinforcement. Additionally, developing good communication skills is critical to handling sensitive and difficult communication such as the differences in child rearing practices. The challenge for providers is to present clear explanations and show respect.

When programs serve groups from different cultural backgrounds, communication can be especially difficult. Misunderstandings between parents and providers often result from language barriers. Most of the programs in this study offer training on cross-cultural communication and hire bilingual staff or people from the community share the same backgrounds as the families served.

At the Los Niños Child Development and Family Program parents and providers work together to develop a program that respects the diversity of the community. Staff members are not familiar with all of the cultures represented in the program. Workshops on multiculturalism address the differences and fears that make relationships uncomfortable. These training sessions are open to both parents and staff members to work through issues together. One staff member has said, "What's exciting is the presence of parents. Cultural differences are issues all of us have to deal with. It's not like the directors and coordinators have the answers to share with parents. We have to let go of the notion that we're the experts. We have to work (with parents) to make the program a place that everybody feels good about."

• ***Mobilizing family involvement***

Recognizing the primacy of parents in their child's development, the programs in the study make numerous efforts to engage parents in stimulating interactions with their child. They work with parents to discover a level of participation that works best for them -- one that balances their desire to be involved with their child's care with other demands on their time. By treating parents as consumers, programs are better able to address the challenge of limited time and involvement. Family participation takes many forms: preparing breakfast for children at the child care program, taking part in classroom and family activities, promoting reading, working with providers to design curricula, creating learning projects for home use, and developing an individual learning plan for a child with special needs.

Rather than assume the role of experts, providers involve parents in making choices with regard to their child's development and matters related to the child care program and its activities for both children and families. For some programs in this study, developing a family-centered program has meant a shift from doing things for parents to doing things with them.

For example, Lang stresses that Associated Day Care Services' family child care services have evolved to help parents understand that they have rights and choices. Parents who come seeking child care are given the names of four or five providers whom they can visit. A staff member also offers consumer information and guidance. The entire selection process seeks to ensure that parents are satisfied with their child care choices.

The programs offer many opportunities for family involvement. According to Diane Bellem, the Family Support Coordinator at Sheltering Arms, "Flexibility is the key to any successful family-centered child care program. We try to have ongoing activities so that parents can plug into them whenever they can." At the same time, the program's providers and staff members recognize that parents have little discretionary time and know that parents' first priorities are making a living and taking care of their children.

Family involvement also means parents' being able to shape policies and programs. All the center-based programs encourage parents to join advisory committees or boards. At Community Family Development (Poughkeepsie, NY), parents elect the 22-member Board of Directors, which includes four of their peers. The Community Lab School (Fort Worth, TX) has two decision-making committees: family services and fundraising. Ten to twelve parents serve as representatives of their children's age group on these committees.

At the Gardner Children's Center (San Jose, CA) providers undergo training to instill parent leadership through parent meetings. The goal is to have parents assume decision-making responsibilities. The center holds intensive work sessions with the staff. A one-hour parent meeting can take three to four hours to prepare.

A Continuum of Services

Each of the programs in the study has developed ways to support families in ways that go beyond child care. The programs assess family interests and needs and obtain parent suggestions. They try to adopt a parent's perspective to understand a typical day's schedule or sources of stress, and problem-solve around these concerns. Through creative and flexible programming, they seek to ease the hectic lives of parents and support them in their roles as parents and bread winners.

• ***Meeting family needs***

Programs that are family-centered listen to the concerns of parents and engage in problem-solving. They design services to meet the interests and needs of the families that they serve. For example, to help low-income working families struggling to pay for child care, Community Family Development (Poughkeepsie, NY) has developed a scholarship fund using money from private and public sources to pay for child care. The program also simplifies the lives of working parents by providing transportation to and from the public schools for its before- and after-school care for school-aged children. At Cambridge/Somerville Family Day Care (MA), a local service organization that works with a

network of family child care homes, the providers work closely with social workers to offer consistent support to a large number of families under protective services.

In their efforts to help parents schedule time with their children in an unhurried and relaxed environment, the Community Lab School (Fort Worth, TX) offers "stress-reduction services." In response to a parent survey, the school, which primarily serves middle-class families, provides services that include prepared take-out dinners; one-day dry cleaning; stamps for purchase and mail drop; shoe repair; sale of snacks for children for the drive home; and aerobics classes for parents and joint parent and children exercise classes. The center has a parent lounge where parents can view educational videos and relax for a few minutes with their children before heading back to the rush hour commute. There is also a designated room for mothers to breast feed their infants.

Many of the programs offer developmental services for children. These include on-site screening, counseling, and referrals to specialists when needed. A number of programs also provide services for children with special needs, a group that often has difficulty finding child care. For example, KCMC Child Development Corporation (Kansas City, MO) has developed a comprehensive program staffed by a disabilities specialist, mental health specialist, and family involvement coordinator. The program offers assessments, screenings, and referrals. The child care center is physically designed and equipped to attend to children's special needs.

- ***Collaborating with community agencies***

Collaboration with other agencies is an important strategy to provide families with a continuum of services. Family child care providers are part of networks or link with child care resource and referral agencies that give them access to additional resources such as family literacy programs, parent groups, health information and referrals, and social workers. Center-based programs form partnerships with schools, retired communities, health centers, and child care resource and referral agencies for comprehensive programming. Additionally,

collaboration for training on family support is working to make the concept and practice more widespread.

Agency partnerships enable programs to provide specific services that lie outside their expertise. Rather than develop the capacity to deliver these services, programs often save money by contracting out the service or negotiating for on-site publicly available services. For example, the Pacific Oaks Children's School contracts with a private agency to handle services for children with special needs and their families. The agency also helps the school and parents find appropriate placements for children when they transition out of Pacific Oaks. The Gardner Children's Center is part of a county consortium of child care agencies that contracts with a counseling agency for mental health services. The agency supervises a doctoral intern who consults with staff and provides direct services to families.

Collaboration paves the way for instituting family support models in child care centers. For example, the Webster Child Care Center has developed its staff capacity to offer parenting services through the Parents as Teachers (PAT) program. This is made possible through an agreement with the local school district to recruit families for PAT. The child care providers enroll in a five-day training course which leads to certification as a parent educator. Over two-thirds of the center's providers have been trained as parent educators. The PAT training equips the providers to communicate child development information to parents and to discuss a child's daily activities and development with them.

IV. A TRAINING FRAMEWORK FOR FAMILY-CENTERED CHILD CARE

The successful practice of family-centered child care will, in large part, depend upon the preparation of providers. The personal beliefs and values of these practitioners influence family-program relations (Burton, 1992). Studies have shown that relationship building is critical to the success of various types of programs that work with families (Bruner, 1992; Lopez and Hochberg, 1993; Shartrand, 1996). The research indicating that parents and child care providers are "worlds apart" suggests that much work lies ahead to build appropriate training systems.

Status of Family Support Training

This study indicates that training for family support is both limited and highly variable. In the communities where the programs operate, few opportunities exist for family support training from community colleges and resource and referral agencies. Most of that training occurs within programs, led by a center director, social worker, or family support coordinator. Topics are determined by staff needs and parent concerns. Three programs have sought to systematize training through nationally recognized family support models such as the Parent Services Project and Parents as Teachers. Three others, noted below, have developed their own curriculums, which they are now disseminating to other programs in their community and beyond:

The Community Lab School for Family-Centered Child Care (Fort Worth, TX), created by the First Texas Council of Camp Fire, holds separate training sessions for center directors and family child care providers on the principles and practice of family-centered child care. The training includes a research component, offered in cooperation with area universities, to assess the overall effectiveness of implementing the School's program model in various sites.

Sheltering Arms (Atlanta, GA) builds on and strengthens the family component of the Child Development Associate (CDA) competencies. For each of the competency areas, trainees learn ways to communicate information about curriculum content to parents, and ways in which parents can contribute to curricular activities. The training program is offered to early childhood practitioners in the community working toward their CDA credentials.

The Family Farm (Chapel Hill, NC) has trained family child care providers according to a comprehensive curriculum that emphasizes their relationships with children, families, and the earth. Each year it helps a specified number of providers become registered with the state, gain accreditation from the National Association for Family Child Care, or complete their CDA degree.

While programs provide staff with opportunities to participate in conferences and workshops, directors talk about the need for more sustained approaches such as regular technical assistance from consultants under contract and daily coaching and modelling from directors and experienced staff. Some also feel that available training tends to focus on introductory levels and express the need for training that builds basic as well as advanced skills. Frederick Ferrer, of Gardner Children's Center, notes, for example, that seasoned providers do not need more training in making finger puppets but rather in ways of guiding a child whose incarcerated father will be coming home, or ways of helping a boy with leukemia return to the preschool classroom.

Training is especially valuable when it is:

- **Systemic**: Providers gain credentials that in turn are linked to compensation and/or transfer to other career pathways;

- **Comprehensive**: Providers learn about child and family development as well as topics related to management and child care policies affecting their work;

• **Continuous**: Providers advance from basic to more specialized knowledge and skills (and in the process, become mentors for others);

• **Inclusive**: Opportunities for joint training of parents and providers enable greater communication and trust building between them;

• **Reinforcing**: Providers form networks of support to engage in continuous learning from one's peers.

A Range of Training Needs

The practices of the 12 programs suggest common areas for training as well as adaptations to match the environments of child care programs and the types of families that they serve. Differences across child care settings affect the types of practices and training necessary for family-centered child care. For example, more communication between family members and providers occurs in family child care homes than in child care centers. As informants from family child care homes and networks attest, this can create a greater exchange of information. Training can instill the importance of making this an opportunity for providers to educate parents informally about child development and childrearing. It can also attune providers to elicit from parents and family members information about their own childrearing values, their children's current mental and physical state, and other important information for the care and education of their children.

On the other hand, child care in a home setting may pose unique obstacles to providers that center providers do not face. Family child care providers can benefit from training about how to manage boundaries and create a balance with parents who have become more like friends or family members than clients. These providers can also improve relationships with parents through consumer satisfaction training that considers their position as independent business owners. Finally, as increasing numbers of providers work alone, out of their homes, they can feel a sense of professional isolation. Training can stimulate continuing professional

support by offering providers the opportunity to network with each other and with other service agencies in the community.

Differences in the types of communities and families served will affect practices and training. Providers working with teenage parents will benefit from training on adolescent development and ways to communicate with and motivate young parents to reach their goals. As informants have expressed, because providers often must model parenting practices, they need to have training in sound parenting principles. They also have to know how to act on behalf of young parents with their high schools, and inspire them to complete their schooling. Providers dealing with families where there is documented abuse or neglect in the home will benefit from knowledge about family interventions and case management procedures, and skills related to team work with other professionals who serve the same families.

Training will also need to be relevant to community contexts. Building cultural competence, for example, takes on special meaning in different contexts. In some cases, it is appropriate to emphasize preserving the language and culture of an ethnic group. In others, where communities tend to be highly mixed, training might focus on multicultural, anti-bias approaches to working with children and families (Chang, Muckelroy, Pulido-Tobiassen, 1996).

A Comprehensive Training Framework

This section offers a framework to prepare child care practitioners to work with families. The framework -- illustrated in Figure 1 -- outlines basic knowledge, attitudes, and skills that apply to all child care providers. How it is to be implemented will depend on the variation in settings and types of families served by programs. The framework is based on the findings of the study and illustrates knowledge development that is grounded in practice. It is one that can be used by different institutions for both pre- and inservice training.

• **Child development**

Providers need to be knowledgeable in early child development not only to be competent with children but also to inform parents about the "whys" and "hows" of teacher practices. At the same time, providers have to be open to learning from parents and to incorporate aspects of the home into the child care setting.

• **Parent/family development**

Providers need the attitudes, knowledge, and skills to implement a family support philosophy. Based on the family support elements found in child care programs, an expanded version of training on parent/family development is illustrated in Table 3. The seven areas of training include general family knowledge, parent-provide communication, family support, family involvement in learning and development, family investment in child care, family-community linkages, and family involvement in decision making. Table 4 lists examples of topics for each of these areas of parent/family development training.

• **Teacher development**

Providers need to identify areas of personal and professional growth that can improve their work with children and families. Appropriate training would include skills to enhance communication, build self-confidence, and promote leadership. Personal qualities and life situations also influence workplace behavior. Useful training would include managing time and stress, balancing work and family life, and handling gender, race, and age issues.

• **Organizational development**

Providers need to be aware of the ways that their programs can develop family supportive family policies and procedures. The child care profession is just beginning to acknowledge that parents are consumers seeking to maximize their purchasing power (Larner, 1996). Training for providers should emphasize the importance of their being responsive to family wants and concerns, sponsoring family activities, and engaging parents in decision making.

• **Community development**

Providers need to know the ways to build community support for families. Training should inform providers about ways in which they can encourage informal and helping relationships among families. It should also provide information on the benefits of a comprehensive support system for children and families. Providers need to develop skills to work in collaboration with other professionals to contribute to community knowledge of the cultures, concerns, and aspiration of the families that they serve.

• **Policy development**

Providers need to know about family and child policies that bear upon their work. For example, training would inform providers about evolving welfare policies and the kinds of supports that child care can provide needy and highly stressed families. Training might also inform providers about new provisions and ways that increased demands for child care will be met. Training should also address ways in which providers can influence policy development in their respective states and communities.

Figure 1: Goals of Child Care Training and Development Opportunities

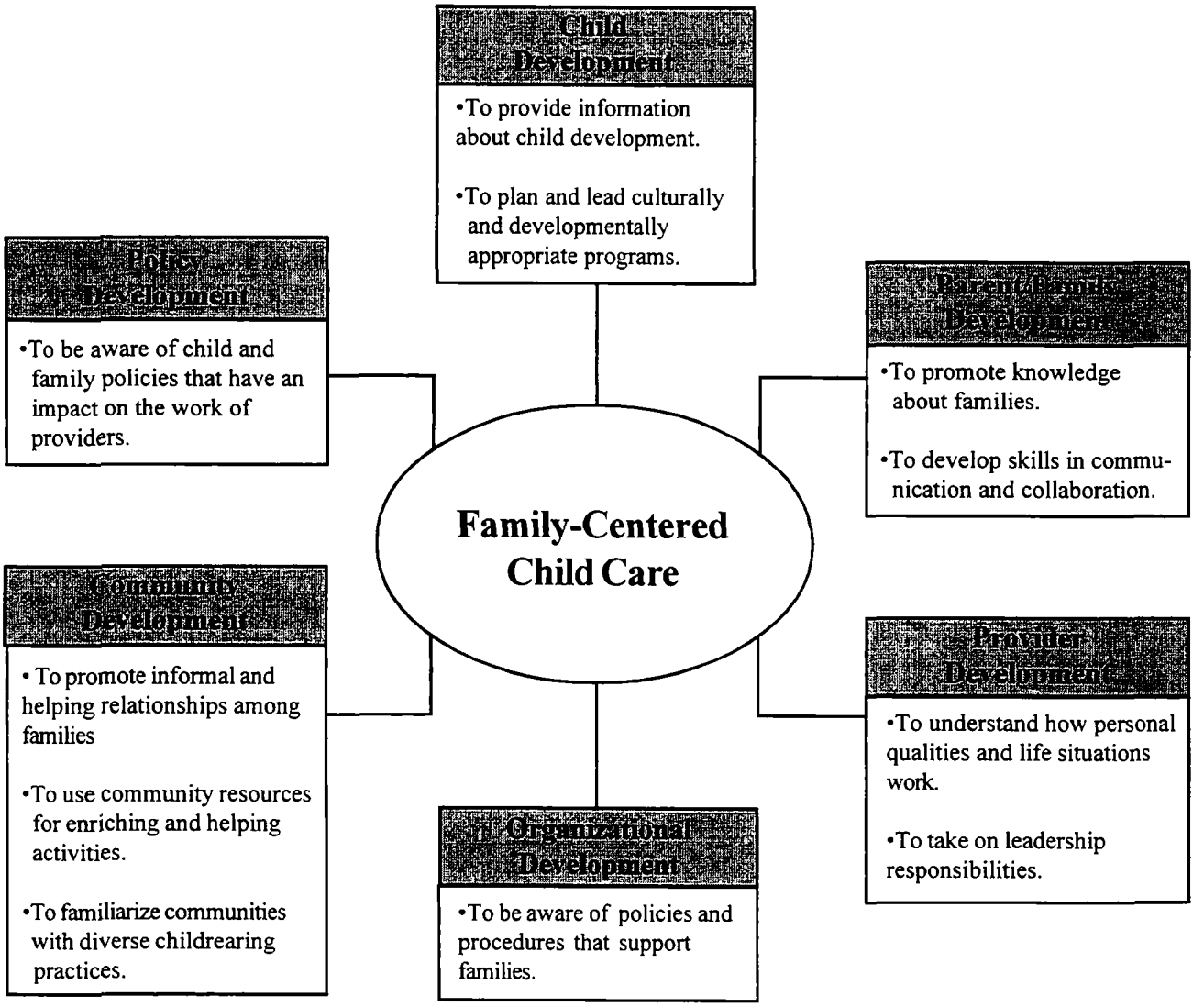

Table 3. Training Framework on Parent/Family Development

CHARACTERISTICS OF FAMILY-CENTERED CHILD CARE	TYPE OF TRAINING	TRAINING GOAL
Philosophical orientation: development of the child and support of the whole family	General family knowledge	To promote knowledge about different families culture, childrearing practices, and living environments To promote an awareness of and respect for different family structures and lifestyles
	Family support	To promote knowledge about family support principles and their application in real-life situations
Role of providers: respect parents' knowledge and engage in mutual learning	Parent-provider communication	To provide techniques and strategies for two-way communication To develop cross-cultural communication skills
Role of families: involvement in child's learning and in policy and program development	Family involvement in learning and development	To provide information on ways to involve parents in their children's development outside the child care setting To provide various strategies for bridging the home and child care environments
	Family investment in child care	To introduce ways parents can work together with providers both in and out of the child care setting
	Family involvement in decision making	To introduce ways to support and involve parents in decision making around child and family issues To introduce ways to support and involve parents on policy, program and curriculum development
Services: focus on family	Family-community linkages	To introduce ways of supporting families' social, educational, and social service needs through parenting programs, peer networks, family centers, and referrals to community resources

Table 4. Selected Examples of Training Topics[3]

AREA	SELECTED EXAMPLES OF TOPICS
General family knowledge	Knowledge of how community conditions influence family functioning Knowledge of cultural beliefs about childrearing (e.g. discussing stereotypes and differing values) Knowledge and skills to work with families of children with special needs Skills in supporting teenage parents
Family support	Skills to work with the knowledge, strengths, and experience of parents Skills in understanding one's personal definition of family support Knowledge and skills in group dynamics Skills in conflict management
Parent-provider communication	Skills in "active listening" Skills in parent-teacher conferences Skills in explaining child development to a parent Skills in managing communication around difficult issues
Family involvement in learning and development	Knowledge of parents' role as child's first teachers Knowledge of culturally and developmentally appropriate early childhood practices Skills to promote learning activities in the home Skills involving families in curriculum development
Family investment in child care	Skills to involve parents as resources; as participants and contributors to socials; as classroom volunteers
Family involvement in decision making	Knowledge and skills to address power relationships (e.g. differences between expert-client and partnership relations) Skills in facilitating parent leadership and management of social functions (e.g., field trips, family dinners) and of committee work (e.g., policy, fundraising)
Family-community linkages	Skills related to linking families that share similar interests Knowledge and skills to refer families to community services Skills to work with other professionals in the community

[3] See C. Dean (forthcoming) for a typology of specific competencies for family support and Lee & Seiderman (forthcoming) for specific training practices.

Organizational Support

While training is necessary to build family-centered child care, it alone is insufficient to bring about change. Family-centered child care involves changes at interpersonal, organizational, and policy levels. The training and development of child care providers must be accompanied by an organizational capacity to support them through family-oriented policies and fair compensation. Additionally, policies have to commit resources for training and promote greater coordination among training programs. Only when these components are addressed in a sustained manner is it likely that widespread family-centered child care will be achieved.

The programs in this study support providers' work with families in one or more of the following ways:

- **Developing family-focused policies and family involvement activities**

Programs support families as well as staff by clearly expressing a family support philosophy and reflecting this in their policies and procedures. The focus on families penetrates multiple aspects of service delivery, from hiring staff from the community who represent the families being served to sponsoring family activities. Inservice training builds staff knowledge and skills to work with families. Programs aim for flexibility so as to meet the individual and collective interests of families.

- **Creating a family service coordinator position to support providers**

Programs benefit from having a family service coordinator. The coordinator serves as a liaison with families, often becoming the person who facilitates parent group meetings. This person shares information with providers and trains them. The coordinator also becomes an important contact for family child care providers to link families with additional support services.

- **Recognizing and supporting providers**

Programs encourage providers in their work with children and families by recognizing their work and showing appreciation in the way they are treated on a day-to-day basis. The director plays a critical role in this process. A director should be a "hands-on" person, available to the staff and willing to give support and encouragement. Resource and referral agencies and organizations that network with family child-care providers link the providers so that they can become part of informal support groups. Additionally, some center-based programs provide opportunities for career advancement, with experienced providers and family services coordinators serving as mentors for newly hired providers and for those in other child care programs.

- **Working for fair compensation**

Programs seek the funds to make wages more livable and benefits more comprehensive. If programs are to build sustained relationships with families, they need to retain providers. The field as a whole -- and even some programs in this study -- experiences high staff turnover rates. Despite the high cost of child care to families, child care workers are still very poorly paid. Seventy percent of the child care work force earns an income below the poverty level (Dean, forthcoming). The National Association of Child Care Resources & Referral Agencies reports that although many providers are college educated, the average wage in the industry is $6.70 an hour, while the national average for all workers is $11.25. For providers to be respected, they need to be paid comparable wages.

V. RECOMMENDATIONS

Family support can be implemented in child care. Providers and other staff members who come into frequent contact with parents play a key role in supporting families. It is through personal relationships that providers build respect and trust and learn to negotiate differences in childrearing viewpoints. Individual knowledge of families can help providers in their interaction with children. It also paves the way to assist families who need additional services.

Although working with families is an important part of their daily routine, child care providers have few opportunities to acquire training in this area. Programs often develop inservice training to meet staff needs. Indeed, a small number of programs are emerging as local innovators who train other child care programs in their communities.

Instituting family-centered child care requires policy changes that allocate resources for training and facilitate coordination among training programs. Some specific recommendations for policymakers and training institutions follow.

- ***Make family support training a priority***

States should adopt family support criteria in setting standards of program quality. This, in turn, should be backed by ongoing training and professional development opportunities. Resources for training are extremely limited in most programs. Child care agencies allocate the bulk percent of their budgets to salaries. Often, training is the last item that is squeezed into a budget and the first to be removed in a shortfall.

- ***Find ways to build a comprehensive training system***

Efforts should be made to address the fragmentation of training. Currently, training in early childhood education is provided by many types of organizations -- resource and referral agencies, community colleges, private and public four year colleges and professional

organizations -- with little or no connection to each other. Training in family support is also provided by different sources, including institutions of higher education, national program models, and local programs. Policies should encourage linkages between the early childhood and family support training fields at preservice and inservice levels. Additional family support training should be established and course offerings across training institutions should build upon each other toward degree attainment.

- ***Develop the infrastructure for family support training***

Training for family support in child care is limited and highly variable. Support should be provided for research and model development for family support training in child care, and for the creation of a clearinghouse to document and disseminate information about innovative programs among training institutions as well as programs. Support should also be given to the evaluation of training programs so that more effective curriculums and pedagogies can be developed.

- ***Create innovative partnerships between higher education and programs***

Institutions of higher learning play a key role in training and certifying early childhood professionals. As such, they must be part of the effort to develop training partnerships with child care programs. This would be fertile ground for the development of reciprocal knowledge building, one that applies theory to illuminate practice and uses practice to shape new ways of thinking about family processes. This type of close working relationship can encourage the growth of innovative training methods. It can also provide a basis for community education, for example, through mentorships whereby students learn from experienced providers in program settings.

- ***Make training opportunities accessible across categorical programs***

Better use can be made of existing inservice training opportunities. Efforts should be made to make training at the community level inclusive and to bring together providers from

Head Start, school programs, family child care, and child care centers. This would provide a means for programs with limited training resources to gain access to training and promote equity. It is also likely to encourage peer networking and learning that can continue beyond the training period.

- ***Use a community-based approach to training***

Community resources can be effectively utilized to meet the specific training needs of providers. Child care programs can work together to assess training needs, approaches, barriers, and opportunities. Collaboration enables them to address common issues and develop joint training. This is an especially appropriate strategy when training funds are limited and their optimal use is critical. As many of the individual child care programs do not have the resources required for training, centers and family child care networks can form consortia to access funding for training.

APPENDIX A:
DATA COLLECTION AND ANALYSIS

Program Outreach

Several informants from national child care organizations were contacted by phone and asked to name other key organizations and informants in the field of child care. They were also asked to nominate exemplary child care programs with a family focus. These initial phone calls resulted in a comprehensive list of 56 national child care organizations that included professional associations, advocacy organizations, child care information clearinghouses, federal and state offices, and child care research centers. Letters were sent to these organizations requesting nominations for local exemplary child care programs with a family focus. A second mailing, to all members of National Association of Child Care Resource and Referral Agencies, also requested nominations of family-focused child care programs. Finally, a small group of national experts in the child care field was convened to discuss the design of the research project and its program outreach strategies. This meeting resulted in additional program nominations. In total, these varied outreach strategies resulted in over 60 program nominations.

Sample Selection

Directors of all nominated child care programs were called and asked about the family support services and provider training offered at his or her site, as well as the population of children and families served. After sufficient information about each nominated program was obtained, nine were selected, based on the following criteria: 1) Each program offered a breadth, depth, or innovation of services to families (a wide range of services, intensive services in one area, or a unique approach to serving families) and/or substantial family-centered training for child care staff; 2) programs that were nominated more than once were given priority; and 3) the nine programs selected represented a balance of three major types of child care settings -- family day care, center-based child care, and comprehensive family centers.

A second group of four programs was selected specifically to represent child care

programs serving culturally and economically diverse communities. A total of thirteen programs were chosen for the study.

Document Review

The thirteen selected child care programs were contacted and asked to send any materials that described their program, including brochures, training materials, program philosophies, mission statements, and other documents. Program profiles were created from this written information. Missing information was noted and asked about in subsequent interviews with each program director.

Interview Procedures

One-hour audio-taped phone interviews were conducted with program directors. Information was gathered about the program's history, philosophy, family-focused services, provider training, and program challenges and successes. Follow-up phone calls with program directors and phone interviews with other staff members were conducted when necessary.

Data Analysis

Information collected through interviews and written material was analyzed for emerging themes within and across programs, resulting in written program profiles and a cross-program summary. Profiles were then sent to program directors requesting feedback to verify that all program information was accurate and complete. Profiles were adjusted accordingly.

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