

## **Professional Development for Child Care Providers**

### **Purpose and Research Questions**

The state of child care in this country is often of low or mediocre quality, as shown by a large scale study done in child care settings around the country (Peisner-Feinberg et al, 1999). This is a concern, considering that according to the 2002 U.S. Census Bureau, 63% (11.6 million) of all children under 5 years of age in the U.S. are enrolled in some type of child care program for a portion of their day while their parents are at work. These child care arrangements range from in-home settings to more formal centers. The teachers and providers who work in these settings have a range of educational experiences and qualifications, from no formal education (many home care providers) to Bachelor's degrees and beyond. One of the ways in which the state of child care can be improved is through professional development activities for the child care providers. I would like to examine the types of opportunities that are available to these providers that will improve their knowledge and skills of early childhood education and help them to become better caregivers. I will address the following research questions: What kinds of professional development programs are typically available to child care providers? Are these professional development programs effective in training caregivers and do the results have positive effects on the children? What are the strategies used to make providers aware of these opportunities and recruit them to participate in professional development? What are the providers' attitudes towards professional development programs (for example, are they mostly positive about receiving PD or reluctant to participate)? These questions will be helpful in supporting my research goal. By answering all of these questions, I will finish with a better understanding of professional development for providers. These questions will provide me with a well-rounded view of the topic; not only the types of programs out there, but also their effects on providers and children, and how the providers themselves feel about these programs. If we can understand all of these aspects of professional development, people in the field will be able to implement more effective programs.

When conducting my search, I limited my investigation to child care centers or homes, as opposed to preschool settings. Preschool settings, such as Head Start, connote more of a formal education environment (often in a school), where the main goal is to educate the children and prepare them for kindergarten. Presumably, the teachers working in these settings would have more of an education background, more qualifications, and possibly more opportunities for professional development. A child care setting, however, focuses more on the care of the child, keeping them safe and happy during the time that their parents are at work. Education is perhaps one goal of the day, but not the main goal. These settings are often in informal homes, churches, or other centers and the caregivers may not be as well educated and may not have as many opportunities available to them for professional development.

To gather articles on this topic, I have extensively searched three databases - ERIC, PsychInfo, and Education Abstracts, for articles in peer-reviewed journals. The articles I found are summarized and critiqued below, as well as discussed in relation to my research questions. I found three quantitative articles and two qualitative articles on my topic. In lieu of a third qualitative article, I have developed a potential qualitative study that would augment one of the quantitative studies that I have reviewed. This was done because most of the studies that I ended

up finding on my topic were quantitative and I was not able to find more than two qualitative articles on this topic. Following the article critiques, the results are synthesized with relevance to my research questions and a literature map is presented, as well as suggestions for future research. The paper concludes with a discussion of implications and limitations and a summary of what I have learned from this process.

### **“Improving the Quality of Infant-Toddler Care Through Professional Development” (Campbell & Milbourne, 2005)**

In this quantitative research study, the authors tested the effects of a training program on child care providers to improve the quality of care for infants and toddlers. The authors begin their article by defining professional development and go into a literature review that mentions a few studies that have been done on the topic and have shown training programs to have an effect on quality. The authors justify the need for this research based on the fact that few studies have looked at training programs for infants and toddlers and their study may shed some new light on this issue. The purpose of the study is to “explore the extent to which consultation visits contributed to changes in program quality” (p. 5). The authors, however, do not provide additional research questions or state a hypothesis.

The authors describe the intervention that is used in this study. The First Beginnings training program consisted of five sessions of a group training class, an out of class project in which the participant focused on one child in their care, and two on site observations to administer program quality measures. Some of the training participants also received three consultation visits by a trained professional in the field.

Providers were recruited for the training program through mailings and phone calls to program directors. For this study, a convenience sample of providers participating in all the components of the training program was selected. There were 180 providers in the sample and consultation visits were provided to 123 of them. The majority of the providers worked in programs located in inner-city neighborhoods and cared for infants and toddlers who were from families with low SES. The characteristics of the consultation and no-consultation groups were compared and they were found to be mostly comparable, except the providers in the no-consultation group had higher levels of formal education, while those in the consultation group had more years of experience in child care. However, a t-test was done comparing years of experience between the two groups and no significant differences were found.

The measures of quality used in the study included the ITERS, an early childhood environmental rating scale developed for use in infant and toddler rooms, and The Caregiver Interaction Scale, used in rating caregiver-child interactions. Both of these measures are widely used and as the authors point out, have been used in many, large scale, national studies of quality. The sites were visited one month before and one month after the training course to administer these measures. Interrater reliability of more than 85% was reached for each of the measures.

To analyze the data, the mean scores of the measures were compared for the pre and post observations of the two groups and an ANOVA was conducted. The consultation group showed greater improvements on the ITERS scores than the non-consultation group. The consultations

showed no significant effects on the caregivers' interactions with the children, as measured by the Caregiver Interaction Scale. After describing the results, the authors connect them back to previous literature, by pointing out that similar results were found with two other studies. The authors also note that their study looked at a 3-month training program, while most other studies have looked at programs lasting 6 to 12 months, thus bringing new literature to the field and important implications for training programs. The authors suggest that future studies should be conducted on the effects of trainings combined with onsite consultations. Studies should also be done with providers from varying backgrounds, in different types of child care settings, and with different ages of children.

The methods and reporting of this study was good overall, but there were some areas that needed improvement. The authors clearly defined the purpose of their research, which was to specifically test the impact of onsite consultations, but they do not state other research questions or a hypothesis, leaving the reader to extrapolate on their own what the authors are expecting to find out from their research. The authors used a convenience sampling of providers who were already enrolled in the training program. This could bias the results because the providers that choose to participate in such a program may already be more interested and enthusiastic in professional development than a provider who does not enroll in such a program. Additionally, the authors do not provide the reader with an explanation of how the consultation and non-consultation groups were formed. We do not know if the providers were randomly assigned to these groups or if they were chosen some other way. This is important information since the use of random assignment would make the results more generalizable. The sample used is also not a very representative sample of providers since they were mostly from centers in urban, low SES areas. These results could not be generalized to providers working in areas of higher SES, rural areas, or family child care providers working out of their homes, as opposed to in a center. Another problem with the methods was that the consultation group was much larger than the no-consultation group, thus making it more likely that effects would be seen. Despite these sampling issues, I felt confident about the reliability of the measures used since they are widely known and commonly used measures in this field. Also, the observers reached interrater reliability of more than 85% on these measures. The authors go on to explain their analysis and results in a clear way and state some suggestions for future research. Keeping in mind some of the flaws in the sampling process and the fact that this study is not generalizable, I feel that important information can still be gained from these findings, but at the same time not taken as the final word on this topic.

This study provides information to answer my research questions regarding the types of professional development available to providers and also the effects of these programs on quality of care. The article gave a good description of a specific type of training program for child care providers working with infants and toddlers. It also tested the value of providing onsite consultation to providers involved in a training course. The study showed that this type of training could have positive effects on the quality of the environment, but no effects on the quality of the provider-child interaction. This has important implications for improving professional development programs for child care providers. The more we know about what types of programs are used and what is effective, the more professional development can be improved.

### **“Promoting Early Literacy Through Professional Development For Child Care Providers” (Podhajski & Nathan, 2005)**

This quantitative study tested the impact of a professional development program aimed at promoting early literacy among child care providers. Through the literature review, the authors show the importance of their study, noting that promoting literacy in preschool can help in the development of later reading skills. The authors also cite that 48% of children enter kindergarten with moderate to serious reading challenges. Previous studies have shown that Head Start teachers have benefited from teacher preparation and trainings, but few child care providers are adequately trained to provide language and literacy enriching activities. The authors state their hypothesis at the end of the introduction: “the hypothesis was that this instruction and mentoring would enhance the caregiver’s knowledge, in both a theoretical and practical manner, and, subsequently, have a positive impact on the children’s preliteracy skills” (p. 26).

The professional development program tested for this study was Building Blocks for Literacy, a project designed at a Vermont-based language/literacy center. The program included an intensive weekend education program along with on-site mentoring visits once a month for six months. The providers were recruited through a mailing to all registered home and center based child care settings in Vermont. A total of 1,500 brochures were mailed out and 86 providers ended up participating in the training program, and 67 of them participated in the study. The sample was 98% White, which was representative of the state of Vermont. Three children from each participating site were also randomly invited to participate in the study. After taking into account parent consent and attrition, data was collected on 88 children. Control data was gathered from three child care centers (13 children) that were too far away to be mentored.

The measures used included a demographic survey and the Knowledge of Language Structure Questionnaire, a pre and post-test of providers’ knowledge of language and literacy development, which consisted of 30 multiple choice items. This test had a reliability score of .87. Due to time constraints, however, the control providers were not asked to complete this questionnaire. The treatment and control children were assessed before and after the course and mentoring, using the Preliteracy Skills Screening Test (PLSS), which had a reliability score of .85. The results of the Knowledge survey were high on the pre test, and the authors thought this was due to the fact that the questions may have been too basic, but the scores did also increase slightly on the post test. A significantly higher proportion of children in the experimental group advanced from below to above the critical cut off of what was thought to be “at-risk” (as set by the test creators of the PLSS) during the six-month period in which their providers participated in the program.

The authors conclude that all children, control and treatment, demonstrated a natural progression of preliteracy skills, confirming that this age range is critical. However, children whose providers participated in the Building Blocks program showed greater gains. This shows the importance of having providers who are knowledgeable in language and literacy. The authors also note some important implications of their research. They feel that language and literacy instruction is especially important for children of low SES, as they may not be getting this at

home. There are also many implications for the design and implementation of quality professional development programs that provide specific instruction in teaching language and literacy skills and include coursework and mentoring. The authors also suggest that education services to parents would be helpful to help them reiterate what is taught in school. The authors also address several of the limitations of their study, including a small control group and a geographically and ethnically limited sample.

This study had several methodological issues that should be noted. The sample was representative of the state of Vermont, but cannot feasibly be generalized outside the state, for example to diverse, urban areas. Also the nature of the recruitment process creates a bias, since the providers were recruited through mailings and then chose to participate in the professional development program. These providers may be more interested in learning about literacy in the first place or may know more about the importance of language/literacy development, thus creating an initial bias coming in to the study. Additionally, the pre and post tests given to providers to test their knowledge were too basic, causing the pre scores to be high even before the training took place. Even though the scores did increase after the program, the results would have been more convincing had the test been at a more appropriate level for these providers. The authors could have pilot tested the questionnaire before giving it to all providers to make sure that it was appropriate. Due to a time constraint, the test was not even administered to control providers, thus giving us no comparison. The numbers of control and treatment children were also very unevenly matched, with 88 treatment children and only 13 control children participating in the study. This causes the reader to be rather skeptical of the results, simply due to the fact that if there are more children in the treatment group, the chances of seeing significant improvements are greater.

Despite these drawbacks, the study also had many positive elements. The introduction and literature review showed the reader that there was a clear need for this research. The authors also stated their hypothesis clearly at the end of this section. The measures that were used had high Cronbach's alpha scores, giving us confidence that they were reliable. Before analyzing the data, the researchers checked for accuracy and missing values. The hypothesis was also checked by using t-tests, simple correlations, and regression analysis. The researchers did a good job in using a variety of data analysis to be sure the reliability of their results. The authors included an extensive limitations section in their report where they noted many of the issues mentioned above.

This study helps to shed some light on my research question regarding what types of trainings are available and what are the effects of these trainings on quality of care. Even though I must look to these results cautiously, due to the methodological flaws in the study, I can still take away some valuable information to answer my research questions. The type of program is similar to others I have seen in other studies, using a combination of coursework and mentoring that seems to be common in professional development programs in this field. This program focused specifically on language and literacy development as opposed to other programs that cover a broad range of topics. Covering a specific topic more intensively instead of covering several topics more superficially may lead to more effective programs and outcomes and this is an important implication for program developers. Even though the control and treatment group numbers were skewed, the study did see positive results among those children of the treatment



providers and this gives us encouragement that this type of program is effective. This study also sheds some light on how providers are informed about such programs, in this case through a mass mailing. It is important for us to learn how providers can be effectively informed about training programs and encouraged to participate.

**“Does Training Make a Difference to Quality in Family Child Care?” (Kontos, Howes, and Galinsky, 1996)**

This quantitative study investigated three questions: what are the characteristics of providers who seek training, what are the characteristics of providers who drop out of training, and what are the effects of training on the quality of care the providers offer? The authors begin by justifying their research based on the fact that there is little existing research on these topics. They also note that many of the limited studies that do exist are flawed due to methodological problems, including correlational designs and unreliable self-reporting measures. The authors point out that previous literature has shown that training can have positive effects on quality, and they make it clear to the reader that more research is needed on this topic, and will have important implications for providers, trainers, and policy makers. The authors do a good job of clearly stating their three research questions, along with a hypothesis for each question being addressed, so that the reader knows exactly what they are looking for and what they are expecting to find.

The sample was drawn from three different communities in San Fernando Valley, California, Dallas, Texas, and Charlotte, NC, where the Family-to-Family training programs were being offered to family child care providers. One hundred and thirty providers enrolled in one of the three trainings were identified upon signing up for the training and voluntarily agreed to be a part of the study. A comparison group consisting of 112 providers from the same three communities were recruited through parent referrals and licensing lists and voluntarily agreed to participate. These providers were also all regulated and charged for care, but did not participate in the training. The training consisted of 15-25 hours of class time, home visits to conduct observations, and formal recognition of accomplishment at the end of the training (a graduation ceremony and certificate of completion).

The authors used several measures in the study and described them all in detail. Observations were conducted and a 12-page questionnaire was distributed to the providers. The questionnaire addressed a number of topics, including organization of the family child care home, providers' motivation for providing care, and provider demographics. The authors also note the Cronbach's alpha score for reliability on the sections of the questionnaire addressing organization and motivation. These scores were .91 and .65 respectively. The score of .91 is highly respectable, but the score of .65 is quite low, leaving the reader slightly wary about the reliability of this section of the questionnaire. Process quality was also measured through observations. The Arnett Scale of Provider Sensitivity and The Adult Involvement Scale were used. Cronbach's alpha on the Arnett was high for all three of the sections of the Arnett, and interrater reliability for the Adult Involvement Scale was .86. These are both widely used measures of process quality. To assess structural quality, providers indicated their years of experience, amount of specialized training, and observers recorded group size and adult-child ratios. Finally, global quality was assessed using the Family Day Care Rating Scale (FDCRS), a widely known

measure used to rate the level of home stimulation. This measure had an interrater reliability of .89, which shows that the observers collecting the data were reliable.

To answer their first research question, who seeks training, the authors used t-tests and chi-squares and found that the groups did not differ in demographic characteristics, except for age (providers seeking training were younger). The comparison group was more likely never to plan, and the training group was more likely to view family child care as a stepping stone to other employment. The only difference in quality between these two groups was that the comparison group was more likely to care for significantly more children per adult than the training group. To answer the second question, who drops out of training, the researchers compared the providers who finished the training (n=95) to the providers who dropped out (n=35), and ANOVAs were conducted. They found no differences except that providers who completed the training were more experienced than those who dropped out. To answer the third research question, pre and post training performance was compared. Providers used more business and safety practices after the training. The researchers found no changes in process quality after the training, and found that two sites scored better on the measure of global quality following the training.

The authors conclude that providers seeking training are not substantially different than providers who do not, and a similar result was found regarding providers who dropped out of training. They also conclude that training for providers can have positive, yet modest, effects on quality of care. The implications of this are that perhaps more rigorous training is necessary to have more effects, and the authors suggest that less classroom time and more coaching or mentoring may be one way to address this issue.

The methods and reporting of this study were thorough and trustworthy. The authors clearly define their research questions and hypotheses, as well as justify the importance of their research. They explain the measures in detail, as well as the reliability scores. Most of the reliability scores are high, but the score for provider motivation is quite low and this causes the reader to wonder if the results on this particular topic can be trusted. The other measures are widely used in the field, adding to their trustworthiness. The authors do not use a random sampling technique in this study, but instead recruit providers voluntarily, thus making the results less generalizable. However, the sample does consist of providers from three different communities, making the sample more representative of the nation than if they were drawn from just one location. The researchers use appropriate statistical tests, including t-tests, chi-squares, and ANOVAs to get their results and then implications of the study are discussed.

This study adds to my research questions in several ways. Again, it addresses the questions regarding types of training programs and their effects. Here we see the effects of a program that focuses more on in class learning and less on on-site coaching. The effects are positive, yet small, leading the researchers to conclude that more rigorous programs are necessary. This is an important implication for those designing trainings for providers. This study also helps to shed some light on provider characteristics, helping us to understand what types of providers seek training or decide to discontinue with their trainings. By knowing this information, people in this field will have a better idea of which providers may need to be targeted more aggressively

for trainings (those who may not think to seek it out on their own accord but could still benefit from training). This information would help to make trainings available to more providers.

**“...And This Helps Me How?: Family Child Care Providers Discuss Training” (Taylor, Dunster, and Pollard, 1999)**

This article discusses a national study conducted in Canada to investigate beliefs and practices relating to training for family child care providers, and to discover what are thought to be the important issues involving training. The authors note the importance of this study in the first paragraph of their article, drawing the reader in. They point out that the development of trainings that are both accessible and relevant to family child care providers is an important and challenging issue in the field. They also note that presently, in both the U.S. and Canada, providers have limited access to training. The purpose of their study is clearly stated as intending to engage providers and others in the field in discussions about the status of family child care training and suggestions for improvement. Clearly defined research questions, however, are not mentioned. The authors justify their research by pointing out that there are a limited number of studies that have been done on training for providers and even fewer regarding the perspectives of providers themselves. This study will add important new information to the field and have implications for providers, trainers, and policy makers.

The literature review discusses the common perceptions of family child care, namely that it is often thought to be less professional than center-based care. One way to professionalize family child care is to provide professional development opportunities to the providers. The authors note three major barriers to the development of training programs for family child care providers that have been identified through previous research. One barrier is the fact that research on the benefits of training is infrequent and inconclusive. The second is poor attendance at trainings and the third is the common feeling among caregivers that the trainings are not relevant to their work. The authors intend to build on this literature to gain a deeper understanding of these issues.

The method used in this study is predominantly qualitative research, in the form of focus groups and interviews. Another component of the study also involves a survey with both qualitative and quantitative data. The participants in the focus groups and interviews were 298 Canadians who were in some way involved in family child care. These included providers, parents, trainers, agency staff, researchers, and community college instructors. Several focus groups were conducted with these specific groups of participants. In addition to the focus groups, phone interviews were conducted with 37 participants; mainly those involved in government agencies, colleges, and family child care associations. The purpose of these interviews was to provide an overview of key issues and suggestions for improvement. Also, organizations that offered training to providers were mailed a survey including both quantitative and qualitative questions. The surveys were mailed to 1110 organizations across Canada that were known to provide training to family child care providers. A total of 258 surveys were completed.

All qualitative data was audio recorded and notes were taken. To analyze the data, the researchers developed coding schemes and worked collaboratively with each other and members of an advisory network to identify themes in the data. Once the themes were developed, a



preliminary report was drafted and shared with study participants to ensure the accuracy of the data. The quantitative data from the survey was summarized using descriptive statistics.

The study yielded several interesting findings. The researchers identified three main barriers to training, as well as providers' motivations for seeking training and thoughts regarding content of trainings. The barriers to trainings included availability, accessibility, and recognition. Providers felt that only a limited number of trainings were available to them and these trainings were often not easily accessible due to time, distance, or financial reasons. The providers also felt that they were rarely recognized for their experience and education and this was frustrating for them. One of the main motivations that providers had for seeking training was for networking purposes. Family child care can be an isolating profession and trainings provided an opportunity for providers to meet others in their field. In terms of training content, many family child care providers felt that a lot of training content was more geared toward center-based care and had little relevance to their work, and noted the importance of placing training in context for them. The authors note several conclusions and implications from their study. For training to be successful for these providers the content must be relevant to their work and the trainings must be made more accessible to them. Trainers must work towards these goals.

The overall design and methods of this study were good. The authors clearly state their purpose and justify their research using previous literature to set the stage for their study. There were many precautions taken to ensure that the results of the qualitative data were valid and reliable. By conducting focus groups and interviews with several key players in the field, including providers, parents, trainers, and other officials, triangulation was used to gather many different viewpoints on the issues. When analyzing the data, the researchers utilized an advisory network to check over their coding. The use of this external audit helps to eliminate bias in the coding. They also used member checking by allowing the participants to look at the preliminary results and comment on their accuracy. The authors clearly described the themes that came out of their data and how these results would affect the field of family child care.

There were some aspects of the study that could have been better presented or explained. The researchers failed to explain how the participants were recruited for the focus groups and for the interviews. We do not know if letters were mailed or phone calls were made or if they were recruited through certain organizations that they were involved in. Knowing this information would have helped the reader in better understanding the process. The study also focuses mostly on the qualitative data collected (which was the majority of data collected) and only touches briefly throughout the text on the results of the quantitative survey questions. These survey results were mixed in among the discussion of the themes, where relevant, but perhaps more of a separate discussion of the survey results would have added a deeper understanding to the overall study results. The authors do go into conclusions and implications, but fail to discuss the limitations of their own research. Some limitations might include the nature of focus groups; some participants may not feel comfortable expressing their ideas in front of others. Also, since we do not know how these people were recruited, there may have been bias and those that decided to participate in this study may have already been more interested and concerned with professional development in the first place, thus skewing the results. These points would have made the study better, but overall it was a well implemented investigation and I feel the results are trustworthy.

This study will contribute to my research questions, mainly the question addressing providers' attitudes towards professional development. It is important to understand what providers themselves think of as barriers to professional development and also how they believe content issues should be addressed to improve trainings. It is also important to gain perspectives from others in the field. Only when we have this information will we truly be able to improve professional development for child care workers by applying their own ideas and criticisms to better these programs.

### **“Child Care Provider Perspectives on the Role of Education and Training for Quality Caregiving” (Gable & Hansen, 2001)**

This qualitative study focuses on how home and center based child care providers feel about the role of education and professional development training sessions in their practice. The authors note that little is known on this topic, thus making the importance of their study known to the reader. The authors also make the point that since providers are the link between program quality and child outcomes, their beliefs and opinions will have important implications in policies and the design of effective trainings. Previous literature has found differences among home based and center based providers and their views of education and experience. Home providers are more likely to feel that experience is more important, while center providers place more importance on education. Previous trainings were also found to be a strong predictor of wanting more training. The authors state the purpose of their study clearly: to examine providers' opinions regarding the content and types of training and education necessary for providing quality care. Specific research questions, however, are not stated.

To investigate this topic, eight focus groups, made up of 25 child care center directors, 19 child care providers, and 26 home based providers were conducted. The participants were recruited through random phone calls to licensed providers to conduct eligibility interviews. The eligible providers and directors were then invited to participate, and received \$50 to do so. The focus groups were 2 hours in length and were led by a facilitator and a note-taker and all the discussions were transcribed. Providers were also asked to write a list of the three to five topics they found most important in terms of education and training. To code the data on this last question, the responses were organized into categories according to what providers identified as important. To code the rest of the discussions, they were read over carefully and a code was applied to represent the main theme of the remarks. Three themes were used, based on the previous research - education, life experience, and personal attributes. For the purposes of this study, the authors analyzed only two of the seven questions asked in the focus groups.

The results indicate that most important topics selected by providers were Health, Safety, and Nutrition; Child Development; Developmentally Appropriate Practices; and Learning Environments. The study also found that compared to child care center directors and providers, home based providers were less likely to endorse education as prerequisite for childcare work. Also, providers with a college degree were more likely to endorse education as requirement. However, in the focus groups, when asked what level of training and education do child care workers need, 37% of providers did not respond. This percentage gives the reader less confidence in the results of this question. The authors conclude that their findings are consistent

with previous research on important areas for trainings. The authors also address some study limitations, including the nature of focus groups and the fact that the study centers on provider opinions and beliefs rather than behaviors. They note, however, that the study has important implications for provider trainings.

The researchers could have done more to address threats to reliability in this study. Although both providers and center directors were interviewed to gain different viewpoints on the topics, there was no evidence of member checking or an external audit. The results would have been more reliable had the researchers double checked their findings with the participants and also had outside colleagues help them with their coding. Another issue is the fact that 37% of participants in the focus groups did not respond to one of the questions. One possibility of this (that the authors note in their limitations) is that providers and directors were together in focus groups. Some providers may not have felt comfortable stating their opinions in front of their directors. Separate groups would have been better for this situation. Also, the nature of focus groups are such that some people may not feel as comfortable as others speaking in public. The researchers would have done well to use other sources of data collection, such as one-on-one interviews with participants. However, they did have a large number of participants in their focus groups (n=70), from both center and home based programs in urban and rural areas, making the study results more generalizable than a typical qualitative study. Although the study did have some threats to reliability, some useful information was still gathered that would have important implications in the field. However, more studies should be done to gather additional information.

This study will help to address my research questions regarding provider attitudes towards training. It is important to know what topics providers themselves think of as important in trainings. These topics should be taken into account when designing trainings because a common complaint among providers is that the trainings are not relevant to them. If trainers know specifically what providers are interested in learning about, they can work to design better and more appropriate trainings for providers. It is also important to know the types of providers who believe education and training is more important versus experience. If we know that home based providers are more likely to place value on experience rather than additional training and education, trainers and others in the field can work to address this belief and be sensitive to the fact that these providers value their experiences, but also try and help them to realize that trainings can be beneficial to their practice as well. The more we know about providers' opinions regarding professional development, the better informed the trainers can be and the better able to create programs that are relevant and meet the needs of the providers.

### **“Providers’ Reasons for Seeking or Dropping Training: A Qualitative Study” (potential study based on the quantitative study by Kontos, Howes, and Galinsky, 1996)**

In lieu of the final qualitative article, I have devised a possible study that would build upon the quantitative work done by Kontos, Howes, and Galinsky. In their study, the authors attempted to answer three research questions: what are the characteristics of family child care providers who seek training, what are the characteristics of providers who drop out of training, and what are the effects of training on the quality of care. The qualitative study that I have devised will focus on the first two research questions. Kontos et al attempted to answer these questions quantitatively, by asking providers to complete a 12-page questionnaire. The questionnaire included questions

focusing on demographics, organization of family child care home, and motivation to provide care. This study showed essentially no differences between providers who seek training and those who drop out of training. The questionnaire addressed only characteristics of the providers on the surface and I feel by delving deeper, through qualitative interviews, we will be able to learn more about the reasons behind these providers' decisions.

The treatment group providers in the quantitative study consisted of 130 family child care providers across three different regions who were participating in the Family-to-Family training program. For the qualitative study, I will randomly select four providers from each region, two who successfully completed the training and two who dropped out of the training, to interview. This will give me a total of twelve providers to interview. I will also randomly interview one trainer from each region, giving me a total of three trainers to interview.

The interviews will consist of open-ended questions aimed to get at the reasons behind the providers' decisions to either stick with the training or drop out. The questions will also investigate the aspects of the training that the providers liked or disliked, and how they think it could be improved. Some sample questions for the providers are as follows: How did you find out about this training? Why did you decide to attend this training? What were you hoping to learn at the training? Did the training meet your expectations? If you did not finish the training, what were your reasons for discontinuing? Did you feel that the trainers were well qualified to run this training? How could this training have been improved? Do you believe that attending trainings like this one will improve the quality of your child care and have effects on the children you care for? What are three important things that you learned at this training that may influence your work as a provider? What were some challenges or obstacles you faced when attending this training? The questions for the trainers will be similar, but will focus on the trainers' point of view and their impressions of the providers in their trainings. Some of the questions that will be asked to the trainers are as follows: What do you think are the providers' main reasons for attending the training? What are the most important topics that you teach providers in your trainings? Why do you think some providers do not finish the training? What makes some providers more successful in these trainings than others? Do you think that attending trainings will improve a provider's practice and have positive effects on the children? What are some challenges or obstacles that providers face when attending training? If you were to conduct this training again, what would you do differently to improve it? How were providers recruited for this training?

All of the interviews will be conducted face to face with each provider or trainer, and be recorded and transcribed. Once all of the data is transcribed, it will be coded for themes. I will read each question and try to pick out any commonalities among the answers and put them into broad categories. Then I will try to narrow down and combine the categories so that I am left with several main themes. Once I have coded themes, I will also have an outside colleague read over the interviews and code for themes as well, to make sure the coding is accurate. I will then go back and ask the providers and trainers that were interviewed if the themes that I've devised seem to accurately reflect their answers.

From this qualitative study, I anticipate gathering some interesting insights into the ways providers feel about trainings and the factors that influence their decisions about seeking

training. I predict that some of the reasons that providers decide to seek training will be because they feel it will improve their practice and possibly have positive effects on the children in their care. They also may feel that parents will appreciate the fact that the providers are seeking professional development. Topics important to providers will probably be similar to what other studies have found – health, nutrition, and safety; best practices; child development; developing appropriate learning environments; early literacy. Some reasons for providers discontinuing the training might include issues related to convenience (the training is at a bad time for them, it is in a location that is difficult to get to, or they are just too busy to attend), it does not cover topics that they are interested in, the topics covered are redundant to them and they feel like they already know what is being taught, or they do not believe that the training will have an effect on their practice or the children. Some suggestions for improving the training might include having the providers fill out a brief questionnaire about what they want to learn, prior to the start of the training, and then filling out an evaluation at the end; covering a few topics in-depth instead of many topics more superficially; and providing many concrete and practical ways that the providers can use the skills learned in training to improve their practices.

This potential study could have important implications for my research question regarding providers' attitudes toward professional development. The more we know about providers' own opinions regarding professional development, the better we can tailor these trainings to meet their needs. By using qualitative methods, this study will attempt to look beyond just surface characteristics of these providers (for example years of education and experience), and really delve deeper into the reasons behind providers' decisions to seek training. We can also discover what particular aspects of training the providers feel are most important and also what obstacles cause providers to terminate their participation in trainings. By knowing this information, policy makers and trainers can develop professional development programs that will best fit the needs of the providers and they will be more likely to participate and less likely to drop out.

### **Synthesis of Findings**

The five articles reviewed and the one potential study that was devised, yield important findings as related to my research questions. The first research question asks what types of professional development programs are available to providers. There are two types of programs that were found in this research to be common. They are in class learning along with some sort of on-site mentoring or coaching support (Campbell & Milbourne, 2005; Podhajski & Nathan, 2005) or in class learning only (Kontos, Howes, and Galinsky, 1996). A course plus mentoring seemed to yield better effects for the providers, which will be discussed more thoroughly below. Some programs were more extensive than others. The Family-to-Family program was conducted in three different states, California, North Carolina, and Texas, and consisted of 15-25 hours of in class learning (Kontos, Howes, and Galinsky, 1996). The First Beginnings training program involved five in class sessions, an individual out of class project, and three consultation visits to the provider's site for coaching (Campbell & Milbourne, 2005). Building Blocks for Literacy consisted of an intensive weekend course along with on-site mentoring once a month for six months (Podhajski & Nathan, 2005). The courses covered a variety of topics, including early literacy, caregiver-child relationships, inclusion and diversity, working with families, strategies for promoting development and learning, business practices, learning environments, discipline, community resources, health, safety, and nutrition.

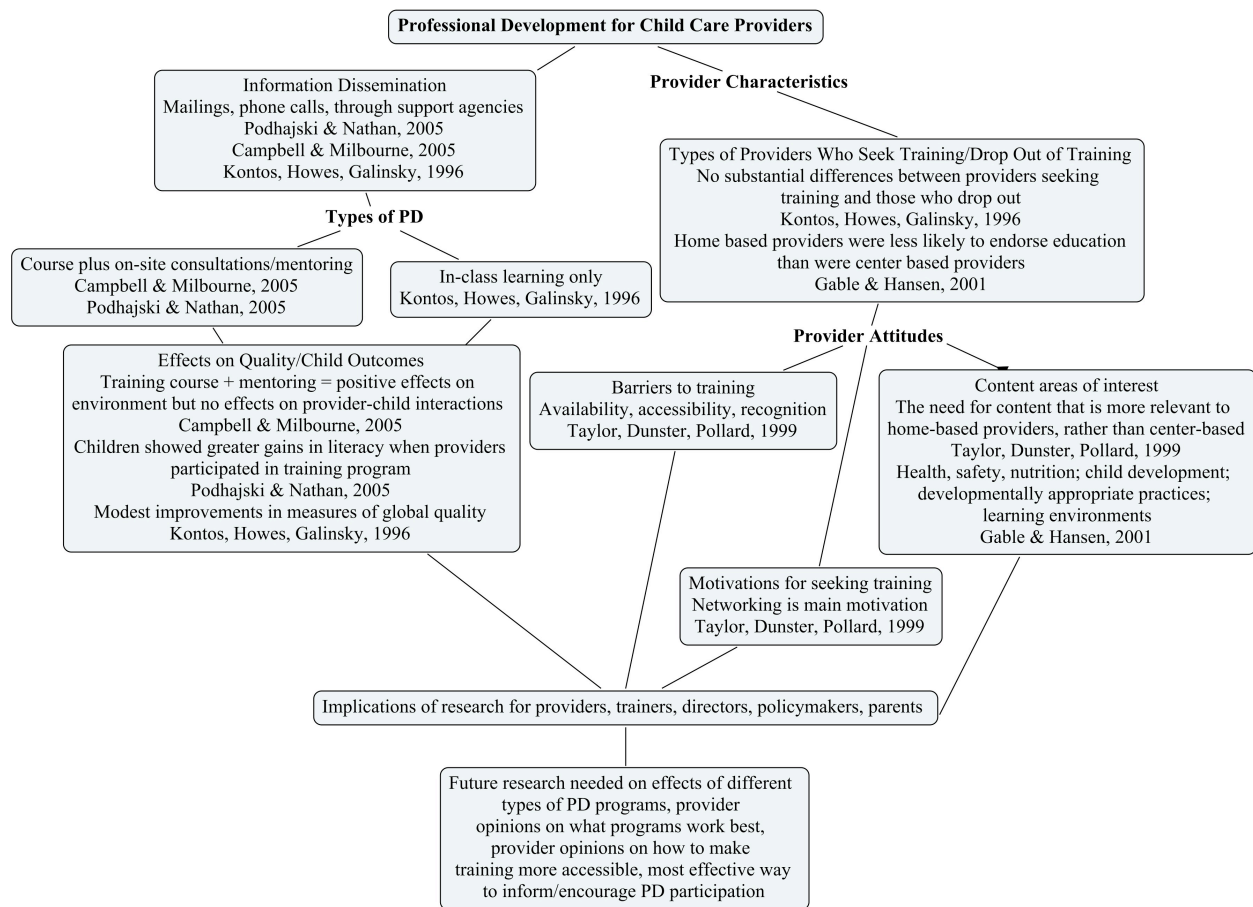


The second research question asked if these programs were effective and if the results showed positive effects on the children. The programs did show positive effects, but most of them were modest and did not affect all aspects of the providers' practice. The training that focused on early literacy showed that the children whose providers participated in the program made greater gains in literacy learning than the control children (Podhajski & Nathan, 2005). However, this study had several methodological flaws, including a very unevenly matched treatment and control sample, which should be kept in mind when focusing on these results. However, the study does give some positive findings that perhaps a course that is focusing in depth in one topic and that includes a mentoring component may be effective. The other program that included a course and on-site support covered a wider range of topics. This program proved to have positive effects on the providers' environment, meaning they scored better on an environmental rating scale after their training. However, the program did not seem to affect the way the providers interacted with the children (Campbell & Milbourne, 2005). Kontos et al (1996) found similar results with their program, showing that there were modest improvements in the quality of the environment as rated by the Family Day Care Rating Scale, but no other effects were seen. Perhaps when a program focuses more intensely on a single topic, it will have more effect on the providers, as it will better be able to influence their practice. When a training is too broad, and tries to cover many topics in a more superficial way, each lesson may not sink in with the providers and this may lead to less lasting effects on their practice. It also seems that a course coupled with on-site mentoring will be more effective than just the course. The mentors can help the providers to make sure the lessons they learned in the course are being utilized, and they can act as an important resource to providers. It is interesting to note that both types of programs yielded effects on the providers' environment but not on process quality (which included caregiver-child interactions). One reason for this is that environmental or structural quality is more easily changed than process quality. Many providers have been caring for children for several years, even decades, and the way they interact with children becomes innate and instinctual and this is something that will not be easily changed from a few trainings. The environment, however, is more easily molded, as a provider may learn about new and more appropriate materials that can be easily adapted into her curriculum and routines. It will be a challenge from trainers to develop ways to influence provider interactions as well as environment.

The third research question focused on the strategies used to recruit providers for trainings. The most common strategies used to make providers aware of such opportunities were through mailings. Brochures or letters were mailed out to registered providers to alert them of these training opportunities (Campbell & Milbourne, 2005; Podhajski & Nathan, 2005). In some cases, licensed providers and center directors were called on the phone and notified of a training opportunity (Campbell & Milbourne, 2005). Another way that providers found out about trainings in their area was through their local child care resource agency or another support agency (Kontos, Howes, and Galinsky, 1996).

The final research question addressed providers' attitudes toward professional development. The two qualitative studies provided a lot of insight into this question. Additionally, the possible qualitative study that was devised would provide insight into this question as well. Kontos et al (1996) found that providers who seek training and those who drop out of training were not

significantly different. Gable and Hansen (2001) found that home based providers were less likely than center based providers to view education as an important prerequisite to becoming a provider. They also found that providers with higher levels of education were more likely to seek out more training and feel that education was important. This gives us some insight into the types of providers who will be more likely to seek training. The qualitative study that was proposed will also give more insight into this area. These studies also shed some light on things that the providers felt acted as barriers to seeking training. Providers felt that often trainings were not readily available to them or convenient enough for them to attend. Also the trainings were often in areas that were not easily accessible to them because of their limited time, faraway location or they were too expensive. Some providers were also frustrated that their education and experience was rarely recognized, thus discouraging them from seeking professional development opportunities (Taylor, Dunster, & Pollard, 1999). The Taylor et al study also looked at what motivated the providers to seek training. They found that providers felt that trainings provided an opportunity for them to network with and meet others in their field, which was often difficult in this somewhat isolating profession. These qualitative studies also gave insight into topics that providers felt were important and should be covered in trainings. Some of these topics included health, safety, nutrition; child development; best practices; and learning environments (Gable & Hansen, 2001). Home based providers also expressed concern that many topics covered in the trainings tended to be geared towards center based providers and were often not particularly relevant to their own practice. The need for trainings that were more relevant to their work and placed the concepts taught into context for them was expressed (Taylor, Dunster, and Pollard, 1999). The proposed qualitative study will also shed light on these issues, asking questions about what motivates the providers to seek training, what challenges they encounter that might cause them to discontinue a training, what topics are important to them, and how they would improve trainings to fit their needs. A concept map is presented on the following page that shows how the literature was synthesized with relation to the research questions and findings.



## Future Research

Although these studies represent a good start to investigating the area of professional development for child care providers, much research is still needed in order to gain a clearer understanding in this area. Studies investigating different types of professional development programs should be done in order to determine what type of program works best, whether it be programs with mentoring, short term intensive programs, longer programs covering a wider range of topics, small group learning, etc. We need to find out what types of programs will have the greatest effects on the providers practices and in turn on the children in their care. Additionally, much research is still needed to gain insight into the opinions of the providers. Since they are the ones that will be directly effected by these trainings, researchers should conduct further investigations into what providers hope to get out of a training, what they think works best in training, topics they wish to learn, and ways they think trainings could be made more accessible and available to them. Perhaps more qualitative studies in this area would shed some light on how trainings can be made most effective for providers. Providers should also be asked what ways work best for informing them about trainings so that they can be fully aware of what is available to them. Research could also be done comparing professional development

opportunities for home based providers versus center based providers to see if one group has more opportunities available to them than the other.

### **Limitations**

The fact that this project was a smaller literature review, requiring only six articles, limits the extent of the literature that was used. If a full literature review were to be done, I would search extensively on the topic until I found every possible article that was relevant. There were more quantitative articles that I found that could have possibly informed my research questions, but I just chose three that I thought were the most useful. In terms of the qualitative articles, the research here was limited. I only came across two articles that were fully qualitative, and devised my own qualitative study in place of the third article. The lack of qualitative articles in this area limits what we know about providers' beliefs and opinions regarding professional development, since this type of data would best be collected qualitatively. It seemed apparent, through my searching, that research in child care has only come into the forefront more recently. Most of the articles I found were from the last 10 years. With the 1996 Welfare to Work Act, put in place by Clinton, even more women have been going back to work, thus making the issue of child care an important one. Since much research on this topic is more recent, this limits the amount of research that I found and also limits the ability to investigate how professional development has changed or improved over the years. In general, there was not a very extensive collection of research on this topic.

### **Applications to Practice**

Though the review is limited, there are many applications to practice that are important. In general, it makes us aware of what types of programs are common for providers. It is important for people involved (providers, directors, trainers, policymakers) to be aware of what is out there in terms of professional development for child care providers. This literature also gives us some insight into which types of programs work best, mainly programs that include coursework and mentoring. This is important information for providers and center directors to have when choosing a training to attend. It is also important for the people who develop the training to know what methods are most effective. The effects shown from these trainings were modest but we still saw some improvements, mostly in environmental ratings of the classroom or home and some effects in the children's early literacy development. These findings are important for a few reasons. Firstly, the fact that the effects were only modest is important to note. Training developers should be interested in the reasons why the trainings are not having more significant effects on the providers' practices and on the children in their care. These findings should encourage training developers to work harder at coming up with ways to improve trainings so that they have more lasting effects on providers. The fact that these trainings did help to improve some aspects of child care has important implications for providers, directors, and policymakers. Since we know that trainings can be slightly helpful to providers, perhaps center directors will work to encourage their providers to attend more trainings. Policymakers could work to improve licensing requirements in their state and make professional development more of a requirement for providers. Additionally, this research could have effects for parents. If parents learn that a provider's professional development may have positive effects on their child, they may seek out

providers who they know attend a certain number of trainings a year. This will in turn encourage providers to attend trainings since their market (parents) will demand it.

Perhaps the most important implications of this literature review are brought about by the qualitative studies that focused on providers' attitudes and opinions regarding professional development. These studies gave much insight into why providers seek training, what are the obstacles they face with attending trainings, and what is important to them in a training. Training developers and policymakers would benefit greatly if they took the providers' opinions and suggestions into account when planning trainings. In order for these trainings to have the most effect on providers, and in turn on children, providers need to feel that the trainings are beneficial and important to them and they need to be invested in professional development. Developers should try and tailor these trainings to the needs of providers. Policymakers and center directors can aid in this by working to make trainings more accessible, affordable, and convenient so that more providers are able to attend. Trainers can also work to create trainings focusing on topics that providers feel are relevant to them, making sure to include both home based and center based providers. If trainings can be improved to fit the providers' needs, then providers will most likely become more invested in professional development and more willing to seek training, thus bringing about more positive outcomes.

### **What I Learned**

In doing this process, I learned the amount of work and effort that goes into conducting a literature review. I was only responsible for finding six articles on my topic, and just that was quite time consuming and required a lot of searching, reading, and writing. I can only imagine the time and effort that goes into doing a complete review of the literature. I also only decided to search three main databases for my articles, but if I were to do a full review, I would most likely search many more databases. The searching alone, I am sure would take a substantial amount of time, in order to find every article written on the topic. Also critiquing a number of articles has really helped me to read research with a more critical and skeptical eye. Prior to this class, I would usually read a research article and take it more or less as fact, not bothering to question the methods or results. Now I know that most research comes with a bias and the methods and reporting are not always as good as they could be to create a reliable study. Through reading these articles, I am more aware of the fact that research must be read carefully and not assumed to be automatically reliable. I also learned a lot about my topic in general through working on this paper. In other classes and at my previous job, I had done some reading and some work on professional development with child care providers. It was interesting for me to read more extensively about it and to learn that a lot more work needs to be done to improve this area.

If a more extensive literature review was done, I would choose to submit the paper to Early Childhood Research Quarterly, which is a journal affiliated with the National Association for the Education of Young Children (NAEYC). This journal publishes predominantly empirical research articles, but also reviews of research and opinion pieces. Some topics in this journal include child care, program quality, public policy, professional development, and child development. Two of the articles that I used in this paper were from this journal and I think that my literature review would fit in well with this publication. This literature review provides us with a good jumping off point for much research that is still needed on this important topic.



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