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Research Notes

Indicators of Quality and Child Outcomes in Family Child Care

While there has been considerable research on the indicators of quality in center-based early childhood programs, there is scant research on the correlates of quality in family child care. A recent study was conducted to increase our understanding of the relationship between indicators of quality and child outcomes in the context of family child care.¹ The study addressed two questions. 1) What provider-level characteristics predict observed quality practices? 2) Are quality practices and providers' professional attitudes and beliefs associated with children's pre-academic and social-emotional skills?

To answer these questions, the researchers conducted a secondary analysis of data collected in 2004 for the Quality Interventions for Early Care and Education (QUINCE) study.² This study was an experimental evaluation of a multi-state, consultation-based, professional development intervention that included provider interviews, quality observations of the learning environment and teaching practices at two points in time, and assessments of children's pre-academic and social-emotional skills and behaviors. The current study focused only on the family child care settings in the sample and used multivariate methods to examine proximal and distal predictors of quality ratings.

SAMPLE AND INSTRUMENTATION

The sample included 182 family child care providers who served children between 2½ and 5 years of age. The providers were all female, predominantly Caucasian (71%), and living with a spouse (more than 75%). Approximately 90% spoke English as their primary language with the remainder speaking Spanish or a mixture of English and Spanish at home. Providers were interviewed in their home upon entry into the study and again at the conclusion of the intervention.

Providers completed a survey eliciting general demographic information as well as information about their professional development experiences, attitudes and beliefs, behaviors, mental health, and job stress. The provider's income-to-needs ratio (INR) was calculated based on reported family income divided by family size.

A total of 451 children were included in the analyses. Their average age was 3.64 years. Two-thirds of the children were Caucasian; 16% were Latino; and the remainder were African American (11%) or categorized as other (7%). Twenty-two percent of the children received a child care subsidy.

Child assessments occurred approximately six months after the second provider interview and quality assessments were conducted.

Proximal correlates of quality were measured using the *Parent Modernity Scale*, the *Professional Motivation Scale*, and the *Job Demands* subscale of the *Child Care Worker Job Stress Inventory*. Data were collected about the distal correlates of quality (composition of the setting and professional supports) from interviews that were conducted in providers' homes at the time they entered the study and again at the conclusion of the intervention.

Observations of the setting were used to determine child care quality using the *Family Day Care Rating Scale* (FDCRS), the *Early Childhood Environmental Rating Scale–Extension* (ECERS-E), and the *Caregiver Interaction Scale* (CIS). Child assessments were conducted to determine developmental outcomes using the *Bracken Basic Concepts Scale-Revised* (BBCS-R) and the *Devereux Early Childhood Assessment* (DECA).

DATA ANALYSIS

A multilevel modeling technique was used to answer the research questions for this study. The children were the unit of analysis for one level where school readiness skills and behaviors were predicted by the indicators of the providers' attitudes, beliefs, and quality practices. The second level focused on quality indicators for the family child care setting as the unit of analysis. The quality of teaching practices, learning environment, and provider sensitivity were examined for association with *proximal* influences (those related directly to the provider) and *distal* influences (the caregiving environment and external supports of the child care family home).

“ *There is a positive association between providers' personal financial resources and the global and instructional quality of the learning environment.* ”

FINDINGS

The results of the data analyses yielded several significant relationships among proximal factors related to process quality in family child care settings and two significant relationships for the distal factors. This suggests that characteristics of the provider have a greater influence on quality than the composition of the child care setting.

Predictors of Process Quality (Proximal Correlates)

- Providers' intrinsic, child-focused motivation for providing care were positively associated with quality of care and teaching ($\beta = .25, p \leq .001$) and positively associated with caregiver sensitivity ($\beta = .14, p \leq .05$).
- Providers' child-centered or progressive beliefs about children were positively associated with quality of care and teaching ($\beta = .17, p \leq .01$) and positively associated with sensitive caregiving ($\beta = .19, p \leq .01$).
- Providers' personal financial resources were positively associated with quality of caregiving and teaching ($\beta = .11, p \leq .05$).
- Providers' years of experience were positively associated with sensitive caregiving ($\beta = .15, p \leq .05$).
- Providers' perception of job demands were negatively associated with the quality of care and teaching ($\beta = -.23, p \leq .01$).

Predictors of Process Quality (Distal Correlates)

- The number of children in the care setting was negatively associated with provider sensitivity ($\beta = -.27, p \leq .01$).
- Membership in a professional organization was positively associated with quality of care and teaching ($\beta = .23, p \leq .001$).
- No significant associations were found between the quality of care and teaching or sensitive caregiving and the presence of a paid assistant, residential or special needs children, subsidy density, provider report of peer encouragement, or frequency of communication with other providers.

Associations between Providers' Attitudes, Beliefs, and Quality Practices and Children's Developmental Outcomes

- Observed quality of care and teaching were positively associated with children's pre-academic literacy and math skills ($\beta = .38, p \leq .05$) and positively associated with children's emotional health ($\beta = .50, p \leq .001$).
- Observed quality of care and teaching were negatively associated with children's internalizing/externalizing behavior problems ($\beta = -.31, p \leq .05$).
- Providers' child-centered beliefs were positively associated with children's pre-academic literacy and math skills ($\beta = .36, p \leq .001$).

- Providers' perceptions of the demands of their job were positively associated with children's internalizing/externalizing behavior problems ($\beta = .26, p \leq .01$).
- No significant associations were found between caregiver sensitivity and children's pre-academic skills, emotional health, or internalizing/externalizing behavior problems.

In general, observations of quality instructional practices were the most consistent predictor of child outcomes with regard to school readiness, children's emotional health, and fewer behavioral problems.

It should be noted, however, that the average rating on the quality care and teaching measures was in the "minimal" range of quality. Thus these findings may illuminate the predictors of higher quality among settings that provide mediocre care rather than predictors of high quality care. In addition, the measures for provider education, providers' commitment to the field, and caregiver sensitivity had either skewed distributions or limited variation.

IMPLICATIONS FOR POLICY, PRACTICE, AND RESEARCH

The positive association between providers' personal financial resources and the global and instructional quality of the learning environment suggest that small grant programs for low-income family child care providers may be an effective strategy to enhance quality. The findings also suggest that financial stress may have an effect on the quality of caregiving and teaching in family child care programs.

Further research is needed to build upon the findings related to providers' personal financial resources and job-related stress. Improving the overall business practices in family child care settings may have lasting benefits that affect program quality and influence child outcomes.

Additional research is needed to identify optimal delivery methods and content of professional development that addresses both quality practices and providers' professional attitudes and beliefs. Improving quality in family child care settings may require interventions that address the underlying obstacles that providers face in taking advantage of professional development opportunities.

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