Family-Provider Relationships: A Multidisciplinary Review of High Quality Practices and Associations with Family, Child, and Provider Outcomes

Issue Brief OPRE 2011-26a
October 2011

OPRE
Office of Planning, Research and Evaluation
Administration for Children and Families

Disclaimer:
The views expressed in this publication do not necessarily represent the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at http://www.acf.hhs.gov/programs/opre/index.html.

Acknowledgements
The authors would like to thank the planning committee of the June 2010 Family Sensitive-Caregiving and Family Engagement Working Meeting for their assistance planning this literature review; and Ivelisse Martinez-Beck, Nancy Geyelin Margie, Mary Bruce Webb and Naomi Goldstein at the Office of Planning, Research and Evaluation for their guidance and feedback on this brief.

Family-Provider Relationships: A Multidisciplinary Review of High Quality Practices and Associations with Family, Child, and Provider Outcomes

Issue Brief OPRE 2011-26a
October 2011

Submitted to:
Ivelisse Martinez-Beck, PhD., Project Officer
Nancy Geyelin Margie, Task Leader
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Submitted by:
Nicole Forry
Shannon Moodie
Shana Simkin
Laura Rothenberg
Child Trends

Contract Number: GS10F0030R
Project Director: Nicole Forry
Child Trends
4301 Connecticut Ave NW
Washington DC, 20008

Suggested Citation:
Forry, N. D., Moodie, S., Simkin, S. & Rothenberg, L. (2011). *Family-Provider Relationships: A Multidisciplinary Review of High Quality Practices and Associations with Family, Child, and Provider Outcomes,* Issue Brief OPRE 2011-26a. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Introduction and Purpose

On both the federal and state levels, policymakers and program administrators are interested in how early care and education settings can improve child and family outcomes through the implementation of effective practices with children and with their families. Family engagement in children's learning and educational settings and family-sensitive care, which describes aspects of practice that support parents and families, are two related conceptual frameworks, both with the ultimate goal of supporting families in order to promote positive child development. With states including measures of practice and interactions with families in Quality Rating and Improvement Systems (QRIS) ratings and Head Start's focus on family engagement, there is a growing interest in identifying and measuring the core elements common to both the family-sensitive care and family engagement frameworks. In response to this interest, the Office of Planning, Research, and Evaluation (OPRE), in collaboration with the Office of Head Start and the Office of Child Care, sponsored the *Family-Sensitive Caregiving and Family Engagement Working Meeting: Identifying and Measuring Common Core Elements*. This meeting brought together researchers and federal staff to work towards identifying common core elements of family engagement and family-sensitive caregiving in early care and education settings.[1] This Brief is based on knowledge gained through a review of the literature, conducted in preparation for the *Family-Sensitive Caregiving and Family Engagement* meeting. The purpose of this multi-disciplinary literature review is to: a) identify common practices in positive family-provider relationships; b) explore associations between these relational practices and child, family, and provider outcomes; and c) provide a framework and evidence to support the development of future measures.

1 For more information on this meeting, see *Family-Sensitive Caregiving and Family Engagement Working Meeting: Identifying and Measuring Common Core Elements*, *Meeting Summary*, available at www.researchconnections.org.

Though new emphasis is being given to the topic of high quality family-provider relationships, appreciation for their value is not novel. The notions of equal partnerships between staff and families and mutual efforts to support family development were articulated by the Family Resource Coalition of America nearly three decades ago (Family Support America, n.d.). Head Start has a legislative mandate, referred to as "maximum feasible participation," which requires that parents be included in all programmatic efforts and policy decisions to the greatest extent possible (Parker et al., 1997). The National Association for the Education of Young Children (NAEYC) includes practices to promote strong parent-provider relationships in their quality standards as do Head Start and other two-generation programs (Halgunseth, Peterson, Stark, & Moodie, 2009; Head Start Performance Standards; NAEYC Standards, 2005; National Research Council and Institutes of Medicine, 2003; Seitz, 1990). A majority of Quality Rating and Improvement Systems (QRIS) include family partnerships as one of their standards (Tout et al., 2010) not only to encourage child care programs to improve this aspect of quality but also to enhance parents' understanding of quality child care (Connors-Tadros & Ramsburg, 2008; Porter, Bromer, & Moodie, 2011).

Methodology

Literature from the fields of health, mental health, social work, family systems, early care and education, and K-12 education were selected for this review in order to get a deep and inclusive understanding of existing literature on family-provider relationships. Literature was found through a series of comprehensive and iterative searches on academic research databases including *Psychology & Behavioral Sciences Collection, ERIC Medline, Social Sciences Abstracts, PsycINFO from the American Psychological Association (APA) and SocINDEX* via the *EBSCO Host Database*, Internet web searches, library collections, and suggestions from experts in the field. Literature was selected for the review based on the following criteria: date of publication (2000-2010, with exceptions made for seminal work suggested by the meeting planning committee), relevance of content, and representativeness of the various disciplines. Literature that detailed specific family-provider relational practices, and/or the association between positive relational practices and child, family, or provider outcomes were prioritized for inclusion in the review.

Characteristics of Literature Reviewed

Over 120 pieces of literature were screened for inclusion, and forty-five (45) were included in the review. This review includes conceptual articles, literature reviews, and empirical studies from peer-reviewed journal publications, book chapters, reports, and briefs. Eight conceptual articles/ literature reviews are included as they provide rich and descriptive information about the theoretical underpinnings of successful family-provider relationships. Multiple methodologies are represented in the reviewed empirical literature. Fourteen studies used experimental designs or quasi-experimental designs to evaluate programs/interventions. Thirteen analyses of quantitative data were reviewed; these studies range in rigor of analytic technique and include descriptive and correlational studies as well as multivariate and latent variable analyses. Ten qualitative studies, based on interviews, focus groups, or observations, are included. Samples included in the reviewed literature represent parents (mostly mothers), home visitors, child care providers (center-based, family child care, and family/friend/neighbor), teachers, child protection service workers, and children. Samples range in size from 7 to over 1,000 with the majority being between 25 and 200.

Articles selected for review were read in their entirety and key information about the study (e.g., research question(s), data source/sample, methodology, measures) was recorded along with specific relational practices, and associated child, family, and provider outcomes into a detailed table[2]. Synthesis of information from this table serves as the basis for this brief.

Findings

A number of common relational practices were identified in the literature review. Relational practices in this brief are disaggregated into three components: attitudes, knowledge, and behaviors. Though attitudes, knowledge, and behaviors that foster positive family-provider relationships are bi-directional, in this brief we focus on the relational practices of providers. ***Attitudes*** are defined as providers' feelings towards/perceptions of the children/families they serve. ***Knowledge*** refers to a provider's knowledge about him/herself in addition to knowledge about the family's culture, values, language, and circumstances; the community in which the family lives; and conceptual or theoretical knowledge about family development, family systems, or family support principles. ***Behaviors*** include those that reflect both relational and goal-oriented practices. After presenting relational practices of providers that are commonly cited in the literature, associations between identified practices and child, family, and provider outcomes are discussed. We conclude by briefly noting implications and suggested steps for future measures development addressing family-provider relationships.

Successful Practices in Family-Provider Relationships

Provider Attitudes indicative of positive family-provider relationships most commonly cited in the reviewed literature focus on (1) respect, (2) commitment, (3) empowerment, (4) openness, and (5) having an appreciation for the contexts and systems that can influence family's decisions and children's development. Respect for diversity and families' cultural and linguistic preferences is a central component of the family-centered care model (American Academy of Pediatrics [AAP], 2003; Bailey, Raspa, Humphreys, & Sam, forthcoming). Through focus groups with families and education/social service providers, Blue-Banning, Summers, Frankland, Nelson, and Beegle (2004) found respect to be one of the six indicators of a positive family-provider partnership. Blue-Banning et al. described partnerships in which participants regarded each other with esteem as being respectful and proposed the following as indicators of a respectful family-provider relationship: "valuing the child, being non-judgmental, courteous, exercising nondiscrimination, and avoiding intrusion" (p. 174). In Churchill's (2003) analysis of goodness-of-fit among parents, providers, and children, the importance of providers respecting divergent opinions of parents on topics such as managing children's behavior and socializing children was highlighted. Additionally, Saint-Jacques, Drapeau, Lessard and Beaudoin (2006) found respect for parents' pace with regard to making changes to be important in their qualitative study of parent involvement.

2 See the *Family-Sensitive Caregiving and Family Engagement Working Meeting: Identifying and Measuring Common Core Elements*, *Meeting Summary*, available at www.researchconnections.org for literature review table.

Having a sense of commitment or loyalty to the child/family was also raised as a value that is foundational to a positive family-provider relationship. Blue-Banning et al. (2004) identified commitment as being one of the six indicators of professional behaviors/attitudes that foster positive partnerships with families. They defined commitment as "devotion and loyalty to the child" and "belief in the importance of goals being pursued on behalf of the child and family" (p. 174). Indicators of commitment identified by Blue-Banning and colleagues include: being flexible, seeing work as "more than a job", and being encouraging, accessible, consistent, and sensitive to children and families.

Empowerment refers to the belief that families are competent to make their own decisions. Key components of empowerment include focusing on the families' strengths, competencies, and resources; believing in the families' abilities to make decisions and solve problems; and acknowledging the importance of including family members (including extended family where salient) as equal partners in planning and executing strategies to maximize positive outcomes for children (AAP, 2003; Dunst, 2002; Johnson, 2000). Empowerment is central in the medical family-centered care model, which recognizes the family as the child's biggest source of support (AAP, 2003; Johnson, 2000). As applied in early care and education settings, Dunst's (2002) review of family-centered practices and Dunst, Trivette, and Hamby's (2007) meta-analysis of family-centered helpgiving research highlighted positive attitudes about families' capabilities. Additionally, Dunst, Boyd, Trivette, and Hamby's (2002) study to identify program models that exist along a family-centered continuum described the most family-centered programs as viewing parents as fully capable of making informed choices and acting on their choices (with professionals' role being to strengthen families' existing skills and foster new skills). Graves and Shelton's (2007) quantitative analysis found empowerment to mediate the relationship between family-centered systems of care and reductions in children's problem behaviors. Empowerment has been a central component of multiple interventions aimed at improving parent and child outcomes (e.g., Kaczmarek, Goldstein, Florey, Carter, and Cannon, 2004; Lee, et al., 2009; Mendez, 2010; Roggman, Boyce, & Innocenti, 2008) and has been included in measures used in evaluative studies (e.g., Green, McAllister, & Tarte, 2004). Finally, Blue-Banning et al. (2004) identified equity and providers' perceptions of the family/child's competence, two constructs indicative of an empowerment approach, as indicators of professional behaviors and attitudes contributing to a positive partnership with families. As identified by Blue-Banning et al., indicators of equity include "avoiding the use of 'clout', empowering and validating all members, allowing for reciprocity among members, and being willing to explore all options"; indicators of a perception of competence include "having expectations for child's progress, meeting individual's special needs, and being willing to learn" (p. 174).

Identified as central attitudes for positive family-provider relationships were (1) openness to change, which can translate into flexible and responsive practices, and (2) taking a contextual or systems orientation perspective, through which children's development and families' choices are viewed with an appreciation for the broader context in which they are situated. Saint-Jacques et al. (2006) found parent involvement is fostered within the context of a child protection agency when providers have an openness regarding the objectives of their work.

Provider Knowledge, which is identified in the literature as facilitating family-provider relationships, centers on three topics: (1) how families function (theoretical knowledge); (2) substantive knowledge about child development and effective parenting skills; and (3) specific knowledge about the child and family. Theoretical knowledge includes an appreciation for the contexts and situations affecting families and children (Heinicke et al., 2000; Henly & Lambert, 2005; Saint-Jacques et al., 2006; Springer et al., 2003), an understanding of the role of emotional wellbeing and social support in fostering child outcomes (AAP, 2003), and knowledge about how to be sensitive and inclusive of all family members, including fathers (Palm & Fagan, 2008). Knowledge about how the culture of a family functions and how program delivery/engagement methods can be sensitive to that culture are also important (Springer et al., 2003).

An understanding of the various domains of child development, positive and negative influences on child development, and strategies for fostering positive development were cited as being fundamental in interventions/programs that engage parents through interchanges about the development of their child(ren) (e.g., Roggman, Boyce, & Cook, 2009; Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010). Additionally, knowledge of effective parenting skills was implicitly acknowledged as necessary in a number of intervention studies that used strategies including observation, workshops, and mentoring to impart skills to family members (Kaminski, Stormshak, Good, & Goodman, 2002; Reid, Webster-Stratton, & Hammond, 2007; Reynolds & Robertson, 2003; Webster-Stratton, Reid, & Hammond, 2001) . Specific parenting skills discussed in the context of parent education activities included effective discipline strategies, managing child and adult anger, and strategies for fostering school readiness skills through home learning routines.

Finally, specific knowledge a provider should have about a family includes an understanding of children's interests and abilities, family strengths, family members' work schedules and child care needs, cultural practices, and situations in the child's home life that may be affecting his/her development (Green et al., 2004; Henly & Lambert, 2005; Saint-Jacques et al., 2006;Trivette, Dunst, & Hamby, 2010;). Green et al. (2004) emphasized the importance of knowing parents' goals and dreams so that providers can help empower families to achieve their desires. Additionally, knowledge about families' needs and concerns and an understanding of when something is difficult for a family were also highlighted in the literature (Green et al., 2004; Trivette et al., 2010).

Provider Behaviors identified through the literature review can be categorized into two broad areas: those that reflect relational practices and those that reflect goal-oriented practices. Relational practices identified as being central to positive family-provider relationships include the abilities to (1) build upon family strengths; (2) warmly support families; (3) be flexible/responsive to children and families' needs, preferences, and culture and provide individualized services where appropriate; (4) be conscientious and persistent in interactions with families; and (5) engage in positive, regular, two-way communication (AAP, 2003; Bailey et al., forthcoming; Blue-Banning et al., 2004; Brookes, Summers, Thornburg, Ispa, & Lane, 2006; Brown, Knoche, Edwards, & Sheridan, 2009; Churchill, 2003; Dawson & Berry, 2002; Dunst, 2002; Dunst, Boyd, Trivette, & Hamby, 2002; Dunst et al., 2007; Emlen, Koren, & Schultze, 2000; Graves & Shelton, 2007; Green et al., 2004; Heinicke et al., 2000; Johnson, 2000; Kaminski et al., 2002; Lee et al., 2009; McWayne, Campos, & Owsianik, 2008; National Child Welfare, 2000; Roggman et al., 2008; Roggman et al., 2009; Saint-Jacques et al., 2006; Sheridan et al., 2010; Springer et al., 2003; Trivette et al., 2010). Practical goal-oriented practices identified in the literature include the ability to provide information, advocate for and connect families to peer and community supports, collaborate with and engage families in the program through joint goal setting and decision-making, and create family-friendly facilities and specially planned events (AAP, 2003; Bailey et al., forthcoming; Brown et al., 2009; Dawson & Berry, 2002; Dunst, 2002; Dunst et al., 2007; Fagan & Iglesias, 1999; Fantuzzo, McWayne, Perry & Childs, 2004; Graves & Shelton, 2007; Guterman & Hahm, 2001; Heinicke et al., 2000; Johnson, 2000; Kaczmarek et al., 2004; National Child Welfare, 2000; Palm & Fagan, 2008; Reid et al., 2007; Sheridan, Clarke, & Knoche, 2006; Sheridan et al., 2010; Small, 2009; Springer et al., 2003; Trivette et al., 2010; Webster-Stratton et al., 2001).

Associations between Successful Practices and Child, Family, and Provider Outcomes

Empirical research has established linkages between interventions and programs characterized by the relational practices listed above and child, family, and provider outcomes. Associations from reviewed literature are presented below.

Child Outcomes

Improvements in four child outcomes were most commonly associated with positive family-provider relational practices: child health/wellbeing, cognitive/academic skills, social skills, and reduction in problem behaviors. These cited associations are based on literature that used a variety of methodological strategies including literature reviews and meta-analyses; qualitative studies and quantitative analyses using correlations, comparative statistics, and multivariate modeling; and quasi-experimental and experimental design studies.

Children's Health and Wellbeing. Positive outcomes associated with children's health, including faster recovery times from certain procedures, decreased length of hospital stays, and fewer re-hospitalizations, are documented in studies examining family-centered care as applied in medical settings. This empowerment-based concept emphasizes family strengths, inclusion of families in decisions about the medical care of their children, and flexibility/individualization of services. The family-centered care model has also been applied in early care and education settings (Dunst, 2002).

Improvements in children's emotional wellbeing (e.g., improved attachment, reduced anxiety) have been associated with interventions or programs characterized by a stable/trustworthy family-provider relationship, positive communication between providers and parents, and validation and empathy for parents' experiences (Heinicke et al., 2000; Roggman et al., 2009; Sheridan et al., 2010; van IJzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998). Successful programs for fostering children's wellbeing also provide information to parents in order to improve parenting and problem solving skills, help parents to reframe issues and acknowledge children's achievements, and advocate for parents when appropriate (Heinicke et al., 2000; Roggman et al., 2009; Sheridan et al., 2010; van Ijzendoorn et al., 1998).

Cognitive/Academic Skills. Improved academic skills have been documented in studies of parent involvement in early care and education settings as well as primary and secondary schools (Dunst, 2002). For example, Roggman et al. (2009) found children in the treatment group of an experiment evaluating a home-based Early Head Start parenting intervention, which individualized services to family needs, exhibited more age-appropriate progress in cognitive skills compared to children in a control group. In their quasi-experimental study, Sheridan et al. (2010) found that a home visiting intervention in which parents and providers worked collaboratively to better child outcomes resulted in improved school readiness outcomes. Positive language and literacy outcomes have been associated with interventions that support parenting practices through responsive encouragement, warmth, and engaging the parent with the child in the home (Roggman et al., 2008); integrating services to support parents through early care and education settings (Springer et al., 2003); and engaging families through family education activities and monthly parent workshops (Mendez, 2010). Finally, Fagan and Iglesias (1999) found higher doses of engagement in a fatherhood involvement program, which included father sensitivity training, father support groups, volunteer opportunities for fathers in the classroom, and father-child recreational activities to be associated with higher scores on mathematical skills assessments.

Social Skills. Improved social competence and emotional regulation have been associated with interventions that enhance parental skills through strengths-based parent involvement interventions (Mendez, 2010; Reid et al., 2007). Additionally, Churchill's (2003) correlational analysis of data collected in Head Start settings found agreement among parents' and teachers' perceptions of appropriate parenting behaviors was significantly, positively correlated with measures of children's social skills.

Problem Behaviors. A reduction in the incidence and severity of problem behaviors has been associated with a number of interventions related to family engagement, skill training for parents, service integration, strength-based solution-oriented therapy, and interventions that use the family-centered care model (Fagan & Iglesias, 1999; Graves & Shelton, 2007; Lee et al., 2009; Reid et al., 2007, Sheridan et al., 2006; Springer et al., 2003; Webster-Stratton et al., 2001). These programs have been characterized as strengths-based, solution-focused, inclusive of fathers, empowering of families, sensitive to families' culture and language, and collaborative (Fagan & Iglesias, 1999; Graves & Shelton, 2007; Lee et al., 2009; Reid et al., 2007, Sheridan et al., 2006; Springer et al., 2003; Webster-Stratton et al., 2001).

Family Outcomes

Family outcomes associated with positive family-provider relational practices include: parental satisfaction with services, more engagement in services/school-based settings, improved self-efficacy and mental health for parents, and enhanced parent-child relationships. Empirical evidence suggests that at least part of the relation between positive family-provider relationships and children's developmental outcomes is mediated by these family outcomes (Kaczmarek et al., 2004; Trivette et al., 2010).

Parental Satisfaction with Services. Open communication, trusting relationships, and flexibility have all been associated with parental satisfaction with services. For example, the American Academy of Pediatrics (2003) reported open communication and trusting relationships between parents and physicians to be associated with a decreased likelihood of malpractice lawsuits.

Parental Engagement in Services/School-Based Settings. Parental engagement/participation in early care and education settings and children's primary and secondary education was associated with interventions that offered integrated services for parents through early childhood settings (Springer et al., 2003) and incorporated parent skill development in classroom interventions (Reid et al., 2007). These interventions were described as being strengths-based, built on the foundation of an ongoing relationship with regular communication, inclusive of family members during goal setting and problem solving, respectful of families' cultural backgrounds/practices, delivered in the families' home language, and supportive of families' needs through concrete assistance, such as providing referrals or coordinating services (Reid et al., 2007; Springer et al., 2003). Additionally, Palm and Fagan (2008) found mothers to be central in engaging fathers in early childhood programs, with father involvement being more likely when mothers were involved in the program. Multiple authors have found an association between parental engagement and positive child outcomes (e.g., Fantuzzo et al., 2004; Rimm-Kaufman, Pianta, Cox, & Bradley, 2003).

Improved Self-Efficacy among Parents. Improvements in parents' self-efficacy and confidence are associated with a number of family-provider relational practices. The AAP (2003) reported one-on-one support using a family-centered care model to increase the confidence and problem-solving capacity of parents. Likewise, the family-centered care model has been associated with improvements in self-efficacy beliefs (Bailey et al., forthcoming; Trivette et al., 2010). Green et al. (2004) found self-efficacy to be positively associated with measures of provider empowerment of families and supportiveness towards families. Finally, among parents who reported having a high level of parental stress, integrating mental health and substance abuse services for parents into early childhood settings was found to positively affect parents' perception of the difficulty of raising their child (Springer et al., 2003).

Parental self-efficacy is associated with children's outcomes. In Trivette, et al.'s (2010) meta-analysis, the authors found self-efficacy beliefs resulting from family systems interventions to influence parent-child interactions, and ultimately children's developmental outcomes. Similarly, in a qualitative assessment of a family-centered preschool model, Kaczmarek et al. (2004) found that 89% of parents reported program effects on children to result from their enhanced ability to advocate for their child.

Improved Mental Health among Parents. Improvements in parental mental health were associated with making facilities more family-centered (AAP, 2003), establishing social networks for parents within early care and education settings (Small, 2009), and integrating mental health and substance abuse services for parents into early childhood programs (Springer et al., 2003).

Enhanced Parent-Child Relationships. Interventions and programs using the family-centered care model, integrating services for parents into early care and education settings, and engaging parents in children's learning were associated with improved parental perceptions of children and parent-child interactions, reductions in abuse/neglect of children, improved parenting skills, and improved home learning environments. Trivette et al. (2010) found a strengths-based family systems intervention designed to support parents in facilitating their child's learning through skill building, social support, and resource provision resulted in more positive judgments about the child's behavior. Dunst (2002) found family-centered practices, including respecting families, trusting in their capabilities, having strong interpersonal and communication skills, creating individualized services/being responsive, and sharing information improved parent-child relationships. Improved parent-child interactions were also associated with interventions that integrated mental health/substance abuse services for parents into early childhood programs (Springer et al., 2003) and used family-centered care practices (Dunst, 2002). Additionally, Fagan and Iglesias (1999) found fathers became more involved and available to their children after participating in a father engagement program. Reductions in abuse, neglect, and out-of-home placements were associated with a strengths-based, solution-focused, in-home mental health intervention in which a therapeutic alliance was used to empower families to solve their children's issues (Lee et al., 2009) and a preschool intervention that engaged parents through a resource room and various family support activities (Reynolds & Robertson, 2003). Interventions that engage parents through a stable, trustworthy, and validating relationship with the provider; enhance parenting, personal adaptation, and communication skills; and individualize services have been associated with decreases in lax/permissive parenting, increases in responsiveness to the child, and improvements in parenting skills (Heinicke et al., 2000; Kaminski et al., 2002; Webster-Stratton et al., 2001). Finally, Mendez (2010) found a curriculum-based intervention that emphasized parent competencies, posted culturally relevant materials in the home, held workshops with parents, and included extended family members to increase parental reading with children.

Provider Outcomes

Three provider outcomes were associated with positive family-provider relationships: (1) altered views and interactions with children, (2) more positive feelings towards one's role as a provider, and (3) improved relationships with families.

Altering Provider's Perceptions/Interactions with Children. The AAP (2003) reported training related to a family-centered care model and home visiting by medical students to positively alter students' perceptions of children with cognitive disabilities. Additionally, the AAP stated that pediatricians working from a family-centered model report having a better understanding of family capabilities. Further research is needed to document this outcome in early care and education settings.

More Positive Feelings towards Role as a Provider. Multiple authors have found a positive association between high quality family-provider relationships and providers' confidence and/or a positive attitude towards their position. In their qualitative study, Brown et al. (2009) found professional development aimed at increasing parents' engagement in children's learning resulted in providers feeling more confident, competent, and having greater self-efficacy. These findings were corroborated by the AAP (2003), which found that when family-centered care is part of the culture of a department, medical staff had more positive feelings about their work. Additionally, a meta-analysis by Trivette et al. (2010) found that engagement in family-systems practices was positively associated with the providers' self-efficacy and perceived control over help-giving practices.

Improved Relationships with Families. Research has found having more frequent interactions with parents, professional development related to family engagement, and programs/interventions built on the family-centered care model to be associated with improved relationships with families. Brown et al. (2009) found professional development related to increasing parents' engagement in children's learning resulted in more professional goals around strengthening the home-school connection, improved parent-teacher communication, and establishment of a partnership with parents. Likewise, Mendez (2010) reported that Head Start teachers who interacted more frequently with parents reported greater feelings of connectedness with these families. Kaczmarek et al. (2004) and Dunst et al. (2002) both found providers in programs using the family-centered model had improved communication with families and helped families in accessing resources and support.

Discussion

An emphasis on family-provider relationships can be found in a variety of disciplines including health, child welfare, education, and early education. However, gaps in currently available research are clear. For example, though literature examining family-provider relationships can be found in a variety of disciplines, literature on this topic within early care and education is primarily conceptual, exploratory, or based on evaluations of specific interventions. Very few studies (e.g., Bromer & Henly, 2009; Endsley & Minish, 1991; Small, 2009) document the relational practices that occur in early care and education settings from either parents' or providers' perspectives. Additionally, few studies have explored the pathways through which family-provider relationships affect child and family outcomes in the absence of a specific intervention (e.g., Dunst et al., 2002; Dunst et al., 2007; Emlen et al., 2000; Graves & Shelton, 2007). Documentation of current provider relational practices from both parents' and providers' perspectives is needed to tailor new and modified professional development interventions to the current needs in the field.

The purpose of this literature review was to build a foundation for future measurement development work by identifying promising relational practices that promote positive family-provider relationships. In this brief, providers' attitudes, knowledge, and behaviors commonly identified as being central to developing and maintaining positive family-provider relationships, and associations between these practices and child, family, and provider outcomes were identified. Next steps in measures development of family-provider relationships include narrowing down the key constructs to be included in future measures and operationalizing these constructs into measures that are easily administered, applicable across early care and education settings, sensitive to cultural and linguistic diversity, reflective of the full range of parents' and providers' experiences, and accurate enough to be used for multiple purposes (e.g., program evaluations, Quality Rating and Improvement System ratings, and basic research).

References

American Academy of Pediatrics (2003). Family-centered care and the pediatrician's role. *Pediatrics, 112*(3), 691-696.

Bailey, D. B., Raspa, M., Humphreys, B. P., & Sam, A. M. (forthcoming). *Promoting Family Outcomes in Early Intervention*. Manuscript submitted for publication.

Blue-Banning, M., Summers, J.A., Frankland, H. C., Nelson, L.N., & Beegle, G. (2004). Dimensions of family and professional partnerships: Constructive guidelines for collaboration. *Exceptional Children, 70*(2), 167-184.

Bromer, J. & Henly, J.R. (2009). The work-family support roles of child care providers across settings. *Early Childhood Research Quarterly, 24*, 271-288.

Brookes, S.J., Summers, J. A., Thornburg, K.R., Ispa, J. M., & Lane, V.J. (2006). Building successful home visitor-mother relationships: A qualitative look at contributing factors. *Early Childhood Research Quarterly, 21*, 25-45.

Brown, J. R., Knoche, L. L., Edwards, C. P., & Sheridan, S.M. (2009). Professional development to support parent engagement: A case study of early childhood practitioners. *Early Education and Development, 20*(3), 482-506.

Churchill, S. L. (2003). Goodness-of-fit in early childhood settings. *Early Education and Development*, *31*(2), 113-118.

Connors-Tadors, L., & Ramsburg, D. (2008). Home-based care plays an important role in meeting family needs. In M.M. Cornish (Ed.), *Promising practices for partnering with families in the early years* (pp. 79-102). Charlotte, NC: Information Age Publishing.

Dawson, K. & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81*(2), 293-317.

Dunst, C. J. (2002). Family-centered practices: Birth through high school. *Journal of Special Education, 36,* 139-147.

Dunst, C. J., Boyd, K., Trivette, C. M., & Hamby, D. W. (2002). Family-oriented program models and professional helpgiving practices. *Family Relations, 51*, 221-229.

Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helpgiving practices research. *Mental Retardation and Developmental Disabilities Research Reviews, 13*, 370-378.

Emlen, A. C., Koren, P. E., & Schultze, K. H. (2000). A packet of scales for measuring quality of child care from a parents' point of view. Retrieved from http://www.hhs.oregonstate.edu/familypolicy/occrp/publications/2000-A-Packet-of-Scales.pdf

Endsley, R.C., & Minish, P. A. (1991). Parent-staff communication in day care centers during morning and afternoon transitions. *Early Childhood Research Quarterly, 6*(2), 119-135.

Fagan, J., & Iglesias, A. (1999). Father involvement program effects on fathers, father figures, and their Head Start children: A quasi-experimental study. *Early Childhood Research Quarterly, 1*4(2), 243-269.

Family Support America. (n.d). Principles and premises of family support. Retrieved from http://supportunitedway.org/files/Principles%20&%20Premises%20of%20Family%20Support.pdf.

Fantuzzo, J., McWayne, C., Perry, M. A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review, 33*(4), 467-480.

Graves, K. N. & Shelton, T. L. (2007). Family empowerment as a mediator between family-centered systems of care and changes in child functioning: Identifying an important mechanism of change. *Journal of Child and Family Studies, 16*, 556-566.

Green, B. L., McAllister, C. I., & Tarte, J. M. (2004). The Strengths-Based Practices Inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 327–334.

Guterman, N.B., & Hahm, H.C. (2001). Empowering parents in home visitation. In N. B. Guterman (Ed.), *Stopping child maltreatment before it starts: emerging horizons in early home visitation services* (pp. 162-186). Thousand Oaks, CA: Sage Publications, Inc.

Halgunseth, L., Peterson, A., Stark, D., & Moodie, S. (2009). *Family engagement, diverse families, and early childhood education programs: An integrated review of the literature.* Washington, DC: NAEYC and Pre-K Now.

Head Start Program Performance Standards. (45 CFR 1304). http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr1304_06.html

Heinicke, C. M., Goorsky, M., Moscov, S., Dudley, K., Gordon, J., Schneider, C., & Guthrie, D. (2000). Relationship-based intervention with at-risk mothers: Factors affecting variations in outcome. *Infant Mental Health Journal, 21*(3), 133-155.

Henly, J.R. & Lambert, S. (2005). Nonstandard work and child-care needs of low-income parents. In S. Bianchi, L., Casper, & King, R. (Eds.), *Work, family, health & well-being* (pp. 473-492). Mahwah, NJ: Lawrence Erlbaum Associates.

Johnson, B. H. (2000). Family-centered care: Four decades of progress. *Families, Systems, & Health,18*(2), 137-156.

Kaczmarek, L. A., Goldstein, H., Florey, J. D., Carter, A., & Cannon, S. (2004). Supporting families: A preschool model. *Topics in Early Childhood Special Education, 24*(4), 213-226.

Kaminski, R. A., Stormshak, E. A., Good , R. H., & Goodman, M. R. (2002). Prevention of substance abuse with rural head start children and families: Results of Project STAR. *Psychology of Addictive Behaviors, 16*(48), S11-S26.

Lee, M. Y., Greene, G. J., Hsu, K. S., Solovey, A., Grove, D., Fraser, S.,Washburn, P.& Teater, B. (2009). Utilizing family strengths and resilience: Integrative Family and Systems Treatment (I-FAST) with children and adolescents with severe emotional and behavioral problems. *Family Process, 48*(3), 395-416.

McWayne, C., Campos, R., & Owsianik, M. (2008). A multidimensional, multi-level examination of mother and father involvement among culturally diverse Head Start families. *Journal of School Psychology, 46*, 551-573.

Mendez, J. L. (2010). How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending Head Start. *Cultural Diversity and Ethnic Minority Psychology. 16*(1), 26-36.

National Association for the Education of Young Children. (2005). *NAEYC early childhood program standards and accreditation criteria: The mark of quality in early childhood education.* Washington, DC: Author. http://www.naeyc.org/academy/standards/

National Child Welfare Resource Center for Family-Centered Practice [National Child Welfare]. (2000). Can we put clothes on this emperor? *Best Practice Next Practice, 1*(1), 7-11.

National Research Council and Institute of Medicine (2003). *Working families and growing kids*. Washington, D.C.: The National Academies Press.

Palm, G. & Fagan, J. (2008). Father involvement in early childhood programs: Review of the literature. *Early Child Development and Care, 178*(7&8), 745-759.

Parker, F. L., Piotrkowski, C. S., Kessler- Sklar, S., Baker, A. J. L., Peay, L., and Clark, B. (1997). The impact of parent involvement in Head Start on parents and children. Final report (and) executive summary. New York, NY: National Council of Jewish Women.

Porter, T. & Bromer, J., & Moodie, S. (2011). *Quality rating and improvement systems (QRIS) and family-sensitive child care: Promising directions and challenges*. Washington, DC: Child Trends.

Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate-to high-risk elementary school children. *Journal of Clinical Child and Adolescent Psychology, 36*(4), 605-620.

Reynolds, A. J. & Robertson, D. L. (2003). School-based early intervention and later child maltreatment in the Chicago longitudinal study. *Child Development, 74*(1), 3-26.

Rimm-Kaufman, S. E., Pianta, C., Cox, M. J., & Bradley, R. H. (2003). Teacher-rated family involvement and children's social and academic outcomes in Kindergarten. *Early Education & Development, 14*(2), 181-198.

Roggman, L. A., Boyce, L. K., & Cook, G. A. (2009). Keeping kids on track: Impacts of a parenting-focused Early Head Start program on attachment security and cognitive development. *Early Education and Development, 20*(6), 920-941.

Roggman, L., Boyce, L., & Innocenti, M. (2008). *Developmental parenting: A guide for early childhood practitioners*. Baltimore, MD: Paul H, Brookes Publishing Co.

Saint-Jacques, M. C., Drapeau, S., Lessard, G., & Beaudoin, A. (2006). Parent involvement practices in child protection: A matter of know-how and attitude. *Child and Adolescent Social Work Journal, 23*(2), 196-215.

Seitz, V. (1990). Intervention programs for impoverished children: A comparison of educational and family support models. In R.Vasta (Ed.), *Annals of Child Development: A Research Annual* (Vol. 7, pp. 73-103). London: Jessica Kingsley Publishers.

Sheridan, S. M., Clarke, B. L., & Knoche, L. L. (2006). The effects of conjoint behavior consultation in early childhood settings. *Early Education and Development, 17*(4), 593-617.

Sheridan, S. M., Knoche, L. L., Edwards, C. P., Bovaird, J. A., & Kupzyk, K. A. (2010). Parent engagement and school readiness: Effects of the Getting Ready Intervention on preschool children's social-emotional competencies. *Early Education and Development, 21*(1), 125-156.

Small, M.L. (2009). *Unanticipated gains: Origins of network inequality in everyday life*. NY: Oxford Univ. Press.

Springer, J. F., et al. (2003). *Starting Early Starting Smart Final Report: Summary of Findings*. Washington, DC: Casey Family Programs and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). (2010). *Compendium on quality rating systems and evaluations.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Planning, Research and Evaluation (OPRE).

Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Special Education, 30*(1), 3-19.

van IJzendoorn, M.H., Tavecchio, L. W. C, Stams, G., Verhoeven, M., & Reiling, E. (1998). Attunement between parents and professional caregivers: A comparison of childrearing attitudes in different child-care settings. *Journal of Marriage and the Family, 60*(3), 771-781.

Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology, 30*(3), 283-302.