

## Provider Training



### Goals

The goals of provider trainings are to advance early childhood professional knowledge and capacity.

### Practice Features

Training provides a one time or focused opportunity to learn about a specific topic with the intent of increasing knowledge that will ultimately change behavior. In early care and education, this type of group training is usually narrow in focus, providing updates on policies or procedures rather than developing a complex set of skills. Frequently the sessions occur once or twice and in a two-hour format. They can be provided in person or online.

The research reviewed defined training as being limited in frequency of occurrence, limited in length, generally very limited in active learner involvement in the training, and most frequently having no follow up to the initial training.

### Target Audience

Early childhood professionals

### Special Note on Smart Start Implementation

Training for child care providers is required by both the state and federal government. At the same time, the research below shows mixed results for training alone. Smart Start local partnerships choosing to allocate funds for training of early childhood educators are highly encouraged to couple training with technical assistance coaching which provides ongoing one on one contact after the training including observation and feedback from a qualified professional knowledgeable in the topic. Research shows coaching is more likely to support longer term improvement in the uptake and use of practices taught in training initiatives. See Consultation/Coaching for more information.

### Provider Training Snapshot

- **EC Profile Indicator:** PLA40 - Average Star Rating for Children in 1-5 Star Care and Percent of Children in 4 and 5 star care or PLA50 - Average Star Rating for Subsidized Children in 1-5 Star Care and Percent of Subsidized Children in 4 and 5 star care
- **Clearinghouse rating:** None
- **Research supports** use with early childhood professionals
- **Related Smart Start outcomes:**
  - Improved teacher knowledge
  - Improved director knowledge
  - Increase in program quality
- **Suggested Measure:** DCDEE Evaluation of Authorized In-service Training

## Documented Outcomes

	Type of Study	Self-report of knowledge*	Self-report of attitudes	Improved business and safety practices*	Improved global quality
Clarke (2001)	Meta-study	✓	✓		
Fukkink & Lont (2007)	Meta-study	✓	✓		
Kontos et al. (1996)	Non-experimental with comparison groups			✓	✓

*This table contains outcomes found to be associated with the program or approach. Individual studies may contain additional outcomes that were tested and not found to be associated with the program or approach.*

\*Aligned with Smart Start outcome *Improved director knowledge* and *Improved teacher knowledge*

## Research Evidence for Provider Training

- Research evidence supporting trainings for early care and education providers is mixed.<sup>i, ii, iii, iv</sup>
- Early childhood training on child care quality, as measured by the Family Day Care Rating Scale, resulted in high scores on Space and Furnishings, Learning Activities, and Language and Reasoning subscales, as well as on composite scores.<sup>v</sup>

## Review of Experimental and Quasi-Experimental Studies

<b>Citation</b>	<b>Kontos, S., Howes, C., &amp; Galinsky, E. (1996). Does Training Make a Difference to Quality in Family Child Care? <i>Early Childhood Research Quarterly</i>, 11, pp. 427-445.</b>
<b>Population and Sample</b>	<ul style="list-style-type: none"> <li>• Study group: 130 providers (68 in California, 31 in North Carolina and Texas) enrolled in one of three Family-to-Family training programs.</li> <li>• Comparison group: representative group of 112 regulated providers from a sample of providers in the same three communities.</li> </ul>
<b>Methodology</b>	Non-experimental, pre/post with comparison group
<b>Purpose</b>	The purpose of this study was to identify family child care providers who seek training and drop out of training, and to determine the effects of training on the quality of care provided.
<b>Measures &amp; Assessments</b>	<ul style="list-style-type: none"> <li>• Arnett Scale of Provider Sensitivity</li> <li>• Adult Involvement Scale</li> <li>• Family Day Care Rating Scale (FDCRS)</li> <li>• Interview</li> <li>• Questionnaire</li> </ul>
<b>Study Implementation</b>	<ul style="list-style-type: none"> <li>• Groups of 15 to 25 providers participated in training three to four times a year.</li> <li>• Each provider was observed using the FDCRS for 3 hours (prior to training for the study group) and again 6 months later. Providers also participated in interviews and completed questions.</li> <li>• Standard Family-to-Family training offered in California, Texas, and North Carolina included either 2.5 or 6-hour sessions, totaling 15 to 25 hours of class time, home visits (number varied by site), and formal recognition at the end of training with certificates presented at graduation ceremonies.</li> <li>• Each site chose different but well-known family child care training curricula that covered the required content. Two of the three sites provided training at a community college; the third at the child care resource and referral agency.</li> <li>• Assessments were completed by trained research assistants.</li> </ul>
<b>Staff Qualifications</b>	<ul style="list-style-type: none"> <li>• Not addressed</li> </ul>
<b>Key Findings</b>	<ul style="list-style-type: none"> <li>• The training group was more likely to see family child care as a means to other employment in the future while the comparison reported family child care as their chosen job.</li> <li>• Results revealed that the training group scored higher on business and safety practices post-</li> </ul>

training than did the comparison group ( $p < .001$ ).

- Groups were similar in structural, process, and global quality but comparison group providers were slightly (not significantly) more likely to care for more children per adult.
- Training increased global quality in two out of three sites, with overall post-training scores being higher scores for the comparison group ( $p < .05$ ).
- There was no effect on process quality (sensitivity, harshness, detachment, percentage low involvement, and percentage responsive involvement).
- Thirty-five (27%) providers in the training group did not complete training. Providers who completed training were significantly more experienced in family child care ( $p = .05$ ) and used more business practices than those who dropped out of training ( $p = .009$ ).

## Review of Meta-Studies

Clarke, N. (2001). The impact of in-service training within social services. <i>British Journal of Social Work</i> , 31, pp. 757–774.	
<b>Population and Sample</b>	<ul style="list-style-type: none"> <li>• 20 U.S. studies               <ul style="list-style-type: none"> <li>○ 10 pre/post (1 with comparison group)</li> <li>○ 2 pre/post/then</li> <li>○ 6 post only (1 with comparison group)</li> <li>○ 1 retrospective case control</li> <li>○ 1 post/then post</li> </ul> </li> </ul>
<b>Methodology</b>	Meta-study
<b>Purpose</b>	This meta-study included 20 evaluation studies published between 1974 and 1997 for in-service training programs. Overall, the findings suggest the need for a great deal more research of sufficient rigor to increase our knowledge of this area.
<b>Measures &amp; Assessments</b>	<ul style="list-style-type: none"> <li>• Varied across study</li> </ul>
<b>Study Implementation</b>	<ul style="list-style-type: none"> <li>• In a search of the literature, the studies selected for inclusion were required to focus on: (1) results of an empirical evaluation of a training program; (2) in-service training programs, defined as training and development programs provided by the employing agency for in-house staff; and (3) in-service training provided by a public social service agency.</li> <li>• Studies were categorized by the absence of any evaluation criteria beyond the levels of either trainee satisfaction or knowledge gain (<math>n=4</math>); the use of self-report data as an indicator of behavior change (<math>n=8</math>); more objective measures of behavioral change (<math>n=8</math>); and on-the-job follow up (<math>n=6</math>).</li> </ul>
<b>Staff Qualifications</b>	<ul style="list-style-type: none"> <li>• Not addressed</li> </ul>
<b>Key Findings</b>	<ul style="list-style-type: none"> <li>• Training may sometimes effect changes in trainees but the change is not always in behavior. In addition, when training had an effect on behavior, it was often only in selective areas.</li> <li>• Almost every study reviewed found positive results of training on either attitudes or knowledge, which often were significant.</li> <li>• Even when changes behavior occurred at the end of training programs, once trainees return to their workplace, the demonstration of such changes do not continue.</li> <li>• Trainees may need to spend time practicing skills and integrating various content areas into their assessment practice before demonstrating improvements.</li> </ul>

Fukkink, R. G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. <i>Early Childhood Research Quarterly</i> , 22, pp. 294–311.	
<b>Population and Sample</b>	<ul style="list-style-type: none"> <li>• 15 studies assessing classroom-based courses, 4 of which included videotaped review and feedback to participants, most included multiple sessions in the course, 9 coupled the course with coaching               <ul style="list-style-type: none"> <li>○ 4 experimental with random assignment</li> <li>○ 2 matched quasi-experimental</li> <li>○ 5 with convenient comparison group</li> <li>○ 4 one-group pre/post test</li> </ul> </li> </ul>
<b>Methodology</b>	Meta-study
<b>Purpose</b>	This study focused on the results from experimental or quasi-experimental studies that reported the effects of specialized caregiver training on caregiver competencies. In this study, caregiver competencies included professional knowledge, attitudes, and skills related to teacher-child interaction.
<b>Measures &amp; Assessments</b>	<ul style="list-style-type: none"> <li>• Varied across studies</li> </ul>
<b>Study Implementation</b>	<ul style="list-style-type: none"> <li>• In a search of the literature, the studies selected for inclusion addressed specialized caregiver training with a focus on interaction skills with children in a regular childcare setting and in which</li> </ul>

the caregiver was the primary focus of the evaluation. A subset of studies also included data for both caregiver competencies and child behavior. The review excluded studies that (1) focused on children with disabilities, early childhood special education, or residential child care; (2) involved childcare counseling and consultation; or (3) involved teacher competencies not directly related to regular caregiver-child interaction.

- Studies were coded on several instructional and methodological characteristics. Instructional characteristics included: whether the training was provided in-service at the center or outside the center, included individual feedback and support provided by a personal trainer or coach, the scope of the training, whether instruction occurred and one or multiple locations, whether the curriculum was fixed or differed between sites or individuals, the setting of the training (i.e., child care center or daycare home), the number and length of sessions, and the focus of the curriculum (i.e., knowledge, skills, attitude, or a combination). Methodological characteristics included the type of publication, type of design, random assignment or matching, pre/post testing; the number of participants and attrition.
- Effect sizes were determined.

**Staff Qualifications**

- Not addressed

**Key Findings**

- There were statistically significant effect sizes for gains in knowledge, attitude, and skills.
- Courses with a fixed curriculum appeared to be more effective than courses that differed across sites or individuals.
- Findings indicate that training programs provided on a large scale are not very effective.
- Caregiver skills showed slightly smaller gains than did combined knowledge and attitude, but the results are statistically significant. Gains also appeared to be slightly larger for attitude as compared to skills and knowledge.
- There is limited empirical evidence to support a link between caregiver training, improved competencies, and the influence of competencies on children’s behavior.

**Review of Descriptive and Non-Experimental Studies**

None

**End Notes**

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<sup>i</sup> Clarke, N. (2001). The impact of in-service training within social services. *British Journal of Social Work*, 31, pp. 757-774.

<sup>ii</sup> Fukkink, R. G., & Lont, A. (2007). Does training matter? A meta-analysis and review of caregiver training studies. *Early Childhood Research Quarterly*, 22, pp. 294-311.

<sup>iii</sup> Kontos, S., Howes, C., & Galinsky, E. (1996). Does Training Make a Difference to Quality in Family Child Care? *Early Childhood Research Quarterly*, 11, pp. 427-445.

**Additional Resources**

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care <https://www.acf.hhs.gov/occ>

Note: Research summaries could include verbiage directly reproduced from the research literature. Quotes and italics may be used to show a direct quote but not always.

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