



RELATIONSHIPS BETWEEN EARLY HEAD START PROVIDERS AND FAMILIES

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This brief is part of a series about Early Head Start. Additional briefs are available at the [CSCH website](#).

Background

Cultivating a caring relationship among parents of very young children and providers is at the center of two-generation early care and education (ECE) programs. In a caring and healthy parent-provider relationship, providers and parents engage in positive communication, support, and share similar beliefs on what is best for the child.¹ Forming these positive relationships might be especially crucial for families with low incomes who may be experiencing financial stress. Researchers have documented how caring parent-provider relationships are associated favorably with child outcomes (e.g., increased socioemotional skills and reduction of behaviors problems),² and parent outcomes (e.g., reduction in parent mental health problems and increased parent engagement within their child's education setting).² However, less is known about outcomes for families more broadly. Early Head Start (EHS) is a federally-funded, two-generation ECE program that provides comprehensive child development and family support services for low-income families. We undertook a study to further investigate how parent-provider relationships are associated with child and family outcomes among families with low incomes enrolled in EHS.³ The study addressed two questions:

- Are parent-provider relationships (when children are age 2) associated with child and family outcomes at the end of EHS (when children are age 3)?
- Are associations between parent-provider relationships (when children are age 2) and child and family outcomes (when children are age 3) different for children from different racial/ethnic backgrounds?

Key Findings

➤ **Provider reports of better relationships with parents was associated with child and family outcomes.**

Providers who reported better relationships with parents (compared to providers who reported worse relationships with parents), were more likely to:

- Rate children as having fewer behavior problems, and better social competence, language comprehension, and language production among the full sample.
- Rate white children with higher social competence, language comprehension, and language production.
- Rate Latinx children with fewer behavior problems and higher social competence.
- Report higher scores on home environment quality.

➤ **Parent reports of better relationship was associated with family outcomes only.**

When parents reported better relationships with providers, they were more likely to report lower parenting stress and family conflict.

Research Methods

This study consisted of 527 children, their families, and their EHS providers from the Early Head Start Child and Family Experiences Study 2009-2012 (Baby FACES).⁴ The children were 48% female, 36% white, 18% Black, 35% Latinx, and 11% another or mixed-race. When children were 2 years of age, parents and providers separately reported on their perceptions of their relationship. When children were 3 years of age, child and family outcomes were measured (Table 1).

Table 1. Outcomes at Age 3

Child Outcomes	Family Outcomes
Language Comprehension	Parent Stress
Language Production	Supportive Parenting
Problem Behavior	Family Conflict
Social Competence	Quality of Home Environment

Using weighted lagged ordinary least squares regression analyses, we examined the associations between parent-provider relationships and each outcome, accounting for each other, and child and family characteristics. Models were run in the full sample and on race/ethnicity subsamples.

Implications

- Findings suggest that positive parent-provider relationships, as reported by both parents and providers, are associated with promotive child and family outcomes. These findings suggest that ECE settings, like EHS, can benefit by increasing supports for practices that cultivate caring parent-provider relationships during infancy and toddlerhood.
- Policies and programs considering ways to improve caring parent-provider relationships in ECE settings should consider the needs of parent and providers separately, given that provider reports of positive relationships were mostly associated with child outcomes and parent reports of positive relationships were mostly associated with family outcomes.
- Supporting caring parent-provider relationships could be especially important for families with low-income who are likely to be experiencing financial stress, considering previous research that documents the negative influence of parental stress.⁵

Suggested Citation

To cite this brief: Cook, K. D., Fisk, E., Lombardi, C. M., Ferreira van Leer, K., and Esquivel, V. (2023, November). *Relationships Between Early Head Start Providers and Families*. Storrs, CT: UConn Collaboratory on School and Child Health. Available from: <http://csch.uconn.edu/>.

Acknowledgements

The authors would like to thank the families and educators who participated in the Early Head Start Family and Child Experiences Survey (Baby FACES). The Baby FACES Spring 2009–Spring 2012 data utilized in this study was made available with a restricted data license through the Inter-university Consortium for Political and Social Research (ICPSR). For more information visit: <https://doi.org/10.3886/ICPSR36074.v1>.

More Information

For more information about this research see the full journal article available at: Cook, K. D., Fisk, E., Lombardi, C. M., & Ferreira van Leer, K. (2023). Caring for Whole Families: Relationships Between Providers and Families During Infancy and Toddlerhood. *Early Childhood Education Journal*. <https://doi.org/10.1007/s10643-023-01491-x>

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¹ Lang, S. N., Tolbert, A. R., Schoppe-Sullivan, S. J., & Bonomi, A. E. (2016). A cocaring framework for infants and toddlers: Applying a model of coparenting to parent–teacher relationships. *Early Childhood Research Quarterly*, 34, 40–52. <https://doi.org/10.1016/j.ecresq.2015.08.004>

² 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. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/opre/report/family-provider-relationships-multidisciplinary-review-high-quality-practices-and>

³ Cook, K. D., Fisk, E., Lombardi, C. M., & Ferreira van Leer, K. (2023). Caring for Whole Families: Relationships Between Providers and Families During Infancy and Toddlerhood. *Early Childhood Education Journal*. <https://doi.org/10.1007/s10643-023-01491-x>

⁴ Vogel, C. A., & Boller, K. (2009–2012). Early Head Start Family and Child Experiences Survey (Baby FACES) spring 2009–spring 2012. ICPSR36074-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research. <https://doi.org/10.3886/ICPSR36074.v1>.

⁵ Goodman, Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011). Maternal Depression and Child Psychopathology: A Meta-Analytic Review. *Clinical Child and Family Psychology Review*, 14(1), 1–27. <https://doi.org/10.1007/s10567-010-0080-1>