CONTINUITY BETWEEN HOME AND DAYCARE: CONGRUENCE IN BELIEFS BETWEEN PARENTS AND CAREGIVERS

by

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ABSTRACT

The purpose of this study was to discover the similarities and differences in the beliefs of parents and caregivers in daycare homes and daycare centres. It was felt that congruity in beliefs was an important factor in developing continuity between home and daycare. In this study, there were 56 triads of mother-child-caregiver in daycare centres and 72 in daycare homes. Mothers and caregivers were asked to assess their relationship with each other and to respond to questions about the child's characteristics, activities, and routines. The results indicate that home caregivers and parents form a closer relationship with each other and that they place more emphasis on maintaining continuity between the two environments. Their discussions appear to be concerned with both the routines involved in the child's care and the child's socialization, as indicated by higher congruence of beliefs in these areas. The relationship between daycare centre parents and caregivers was more business-like and the discussions tended to focus on the child's activities and the characteristics that would be discussed in that context. It is recommended that in order to develop continuity between home and daycare, the parents and caregivers need to communicate specific and action-oriented beliefs about the child.

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TABLE OF CONTENTS

PRELIMINARY PAGES

List of Tables

List of Figures

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DEDICATION

To my parents.

CHAPTER 1

INTRODUCTION

There has been increasing interest both at a theoretical and at a practical level in the concept of continuity between home and caregiving site for young children. Some researchers (Belsky, 1980; Cochran & Brassard, 1979; Long, Peters, & Garduque, in press; Wandersman, 1981; Yawkey & Bakawa-Evenson, 1975) have begun to look at continuity on a theoretical level. The question of continuity on an applied level has been the interest of others (Emlen, Donoghue, & LaForge, 1971; Howes, Goldenberg, Golub, Lee, & Olenick, 1984; Powell, 1978; Walsh & Deitchman, 1980; Winkelstein, 1981). Continuity can be defined as "an uninterrupted connection...continuation without essential change" (Webster's 9th New Collegiate Dictionary, 1983). The common elements that exist in both the home and the daycare provide the connections between the environments. It is necessary, then, to identify the areas where there are similarities and differences. These areas could include: physical setting, children's activities, and beliefs and behavior of parents and caregivers. Areas of continuity can be enhanced in order to assist in the transition between the two settings. Discontinuities can indicate areas where one environment can complement the other to meet most

appropriately the needs of the developing child. Daycare could be used as an "extension of the family setting, complementing the role and function of the home", as Bartolome suggested (1981, p.264).

This study will first examine the relation between beliefs and behavior and second, will look at parent and caregiver beliefs about each other and the child. What similarities and differences exist between the two groups? Is congruence in beliefs related to the type of care, the parent's relationship with the caregiver, and the composition of the child's family? It is suggested that congruence in beliefs between parent and caregiver can provide a framework for developing continuity between the home and daycare setting. For beliefs to be congruous, they must be "in agreement, harmony, or correspondence" (Webster's 9th New Collegiate Dictionary, 1983). In a daycare context, both the communication between parent and caregiver and the involvement of the parent in the program can help them develop similar beliefs about the child; Long, Peters, and Garduque (in press) described this interaction:

As parent and caregiver exchange information about the child, their knowledge of the child becomes more similar. Since beliefs about the child are reflected in the adults' behaviors, parents and caregivers who share the same conceptions of the child may act more similarly toward the child than two adults who perceive the child differently.

The ecology of daycare

Bronfenbrenner (1979) defined the ecology of human development as the study of "environmental interconnections and their impact on the forces directly affecting psychological growth"(p.8). He suggested that a process of mutual accommodation takes place between the person and the environment throughout the life span. This concept of accommodation can be considered as following the Piagetian (1954) notion of the evolving child, who is actively involved in the environment. Human ecology, however, goes further to give attention to the biological, psychological, social, and environmental factors that affect development. Bronfenbrenner (1977) imagined that the ecological environment could be represented as a "nested arrangement" (see Figure 1). In his conceptualization of the ecosystem, the microsystem is the core. It contains the relationship between the person and his or her immediate environment, or in this case, between the child and the family. Next is the

mesosystem which is "the inter-relation among major settings containing the developing person at a particular point in his or her life" (Bronfenbrenner, 1977, p.515), or for example, between the home and the daycare. The exosystem, which is the third layer, refers to factors that affect the individual but are outside of the immediate settings. Some examples of exosystem factors would be government education policies, public organizations, and social networks. The outermost layer is the macrosystem, which contains the values and beliefs of individuals or society. The macrosystem is the meaning given to the social networks, roles, and activities of the three previous levels. The ecosystem model has its roots in other areas of the human sciences.Issues of the micro and mesosystems have been studied in developmental psychology; exosystem factors are the focus of sociology or social psychology; and the macrosystem addresses similar topics as social anthropology. Bronfenbrenner's approach is to take all of these systems into consideration when looking at human development.

Bronfenbrenner (1977) also suggested applications for ecological theory in research. He felt that research methods in developmental psychology have left one caught between a "rock and a soft place", where "the rock is rigor and the soft place is relevance"

(p.18). In order for research to be relevant, it must be ecologically valid. This would involve recording enduring change of naturally occuring behaviors in life situations to which they were meant to apply. It would be important to be aware of all of the sources of influence on behavior, using the ecosystem model. Scarr (1985) suggested that sociocultural, developmental, ethological, genetic, and neurobiological theories need not compete with each other. She proposed using a model with "nested 'truths'" to describe the different levels of analysis. Scarr felt that these "hierarchical models of nested theories can account more fully for the behavioral phenomenon" (p.501).

Previous research has tended to isolate specific factors for study, rather than focussing on the child's life as a whole. Belsky and Steinberg (1978) reviewed the effects of daycare on the child's development. They found that, for most children, intellectual development was not enhanced or hampered by attending daycare, and the daycare environment was found to be beneficial for children from high-risk homes. Daycare did not harm the attachment between the mother and child. Regarding social development, research showed that daycare children interact more with their peers, both positively and negatively, than home-reared children.

Belsky (1980) went on to look at directions for daycare research in the future. He suggested that a major limitation of previous research into the effects of daycare on child development was that the conclusions drawn may have been program specific, rather than generalizable. For example, most research had been done in high quality university or research-sponsored daycare rather than community daycares or family daycare homes. Belsky proposed that future research adopt Bronfenbrenner's ecological framework. A relevant example of such an approach would be Belsky and Steinberg's (1978) suggestion to study the impact of daycare and caregivers on parents' attitudes and behavior toward their children. Before such complex issues can be studied, however, it is important to determine the beliefs of parents and caregivers regarding the child. Following that, there can be a comparison of the two mesosystems: the beliefs of parents and home caregivers and the beliefs of parents and centre caregivers. Peters and Kontos (1985) suggested using the term "continuity" for between subsystem analysis , or in this case, between the home and the daycare. The term "congruity" can be used for across system level analysis. The current study examined both beliefs, which are part of the macrosystem, and the inter-relation between home and daycare, which is at the mesosystem level.

Continuity: Homes, family daycare, and centre care

Clarke-Stewart (1982) suggested that continuity between home and daycare can be considered on a continuum from in-home care to family daycare to centre care. Sale (1984) felt that the advantages of family daycare were both that it offered a unique home-like environment and that it could be flexible to family needs. Family daycare also provides the opportunity for "horizontal diffusion" (Sale, 1978, p.62). That is, parents are more likely to be able to replicate the learning environment of a positive daycare home because of similar elements, life-styles, and values. More continuity, therefore, may be possible between home and family daycare, but there are problems of accountability, lack of equipment, and less time spent on child-centred activities. Daycare centres are more discontinuous because of fewer similarities to homes, but they have better trained staff and provide a more intellectually stimulating environment than family daycares. Clarke-Stewart outlined the differences among the settings: mothers provide security and social skills; daycare homes add variety and socialization; and daycare centres emphasize independence, intellectual development, and peer interaction.

One way of developing a home-like setting in a daycare centre is through parent involvement. By participating in the centre, parents are able to see

their children at play and with peers, and they can become more familiar with the daycare environment. They have the opportunity to learn new child-rearing skills, and the caregiver can learn more about the child by watching the parent-child interaction. Another advantage of parent involvement is that it allows parents to meet each other and form friendships or support-relationships. In other words, a small investment of time helps the parents feel that the daycare is a "family centre".

The first step towards developing continuity is communication. Most parents and caregivers communicate with each other for only a brief period of time at the beginning and end of each day (Powell, 1978; Winkelstein, 1981; Zigler & Turner, 1982). These social exchanges help, however, to build a foundation for developing more meaningful communication. Contact is also important to the parent's self-concept, both providing personal recognition and enhancing satisfaction with the daycare (Winkelstein, 1981). A supportive environment also can help parents learn more about child care and feel more competent (Cochran & Brassard, 1979). In his study of daycare centres, Powell (1978, p.687) found that:" For parents, perceptions of the daycare centre as a child-rearing information resource, communication, satisfaction, attitudes towards discussing child-rearing values, and

attitudes toward discussing family information become more positive as frequency increases.".

Parents and caregivers can share information about the child in order to develop a deeper understanding of the child in the different contexts. Long, Peters, and Garduque (in press) see the child's behavior as part of a "feedback loop" between the parents' beliefs and behavior. Parents or caregivers may modify their beliefs or behavior because of their observations or interactions. They suggested that "congruence between the beliefs of parents and caregivers is relevant to continuity between home and child care to the extent that beliefs reflect behavior"(p.31).

CHAPTER 2

LITERATURE REVIEW

This chapter is divided into two parts: (a) a discussion of some of the theoretical aspects of beliefs, and (b) a review of literature related to the beliefs of parents and caregivers.

Beliefs

Attitudes and beliefs

Kerlinger (1984) defined attitudes as "enduring and organized structures of social beliefs that predispose individuals to think, feel, perceive, and behave selectively toward referents or 'cognitive objects' of beliefs."(p.5). A belief can be defined as a "proposition with a subjective truth value or credibility attached to it" (Bower & Hilgard, 1981, p.423). The application of these terms is often confused, so Fishbein and Ajzen (1975) suggested how they could be used:

> The concept "attitude" should be used only when there is strong evidence that the measure employed places the person on a bipolar affective dimension. When the measure places the individual on a dimension of subjective probability relating an object to an attribute, the label "belief" should be applied. (p.13)

Formation of beliefs

Two types of beliefs were proposed by Fishbein and Ajzen (1975): descriptive and inferential. Descriptive beliefs are based on perceptions. The veridicality of a belief, therefore, is dependent on the accuracy of the perceptual process. This process, as described by Travers (1982), involves using expectancy to relate memory to perception. If the observation is consistent with the expectation, the information is recognized and quickly processed. If an unexpected event occurs, however, the person must engage in a trial and error process in order to make sense of the information. This could result either in the formation of a new belief or in the adaptation of an existing one. Saliency of the cues is important because any missing information will be filled in, which would affect the accuracy of the perception and, thus, the truth of the belief.

Inferential beliefs are based on descriptive beliefs, but they also involve the use of the individual's prior experience. According to Fishbein and Ajzen (1975), the factors that affect the formation of inferential beliefs are both evaluative consistency and probabilistic consistency. In evaluating the information from the environment, the person tends to look for consistency between the different characteristics. The inferences that the individual develops will depend on previous experiences and

descriptive beliefs. For example, based on past experience, a teacher might have come to expect that, if a child is quiet, she is also shy. If this teacher frequently observed a particular child playing alone, the teacher might then form the descriptive belief: "This is a quiet child.", and then the inferential belief: "This is a shy child." These beliefs may or may not be congruent with those held by the child's parents. The child might exhibit different behaviors in the home environment, or those behaviors might be perceived differently by parents and teachers. They may have different inferential beliefs about the concept of shyness, based on previous experience, or different descriptive beliefs about what constitutes quiet behavior.

Probabilistic consistency refers to the expectancy either that one event will follow another or that, if one characteristic is seen, it can be expected that the other characteristic will follow. To refer to the previous example, the teacher might expect that, if this child were quiet and shy in daycare, the child would probably be hesitant about going on field trips. If the teacher discussed this with the parents, they could provide additional information about the child. Perhaps only new environments induce shyness, and, once settled, the child becomes quite outgoing. If this is the case, the parents could offer suggestions for the

initial field trips so that the child's first experiences were more familiar.

Belief strength

A belief statement can be examined using the stimulus-response (S-R) model of learning theory (Fishbein & Ajzen, 1975). The object of the belief is the stimulus, and the object or concept related to the belief is the response. One object can have many beliefs associated with it, and one belief can have many objects. Fishbein used Hull's habit-family hierarchy configuration to explain the development of belief systems (see Figure 2).

According to Hull (1937), the fractional anticipatory goal reaction is "the physical basis of expectation, of intent, of purpose, and of guiding ideas" (p.14). It provides a stimulus, and responses are conditioned to the stimulus. Then, in a novel situation, if one member of the hierarchy is reinforced, all of the other members of the family are likely to be elicited. In this context, a habit-family involves many beliefs that are related to an object (the goal). Within this belief system, there is a hierarchy arranged in preferential order, and responses to the object of the belief will occur in this order, depending on the strength of the belief. The strength of the belief is based on the reinforcement history of

the response. The salience of the cues while forming both the concepts, and the other perceptual factors discussed earlier, will affect the belief strength. Conditions for learning, such as the number of times the concepts have been associated, presented, and reinforced must also be considered. Fishbein and Ajzen suggested both that the salient beliefs form a hierarchy and that they are the primary determinants of the person's attitude. These are the beliefs that will be evoked when an object (stimulus) is presented. The person may also have non-salient beliefs existing in long term memory, but these will not be as significant in determining attitudes.

In parent and caregiver relations, it would be important for them to understand each others' hierarchy of salient beliefs. For example, referring to Figure 2, if the parents and caregiver all held the beliefs listed for infants, but "nurturing" was the strongest belief for the parents, and "intellectual stimulation" was the strongest belief for the caregiver, there would be a lack of congruity in their hierarchies of beliefs. This could lead to conflict in their goals and expectations or it could suggest a way for the environments to complement each other.

Beliefs and behavior

Sigel (1985) described a belief as "the cognitive representation of reality" (p.357). A belief can be

seen as part of a cognitive process, mediating the effects of a stimulus on a response (object of belief-belief-behavior). According to G.A. Miller (1962), we may not be aware of cognitive processes. He stated that "it is the result of thinking, not the process of thinking, that appears spontaneously in consciousness" (p.56). We try to gain access to the processes and results of thinking by using introspection. The accuracy of the introspection, however, will depend on the saliency of the stimuli and the likelihood that they are the occasion for the responses that occured. Nisbett and Wilson (1977) felt that factors such as context, time, and the mechanics of judgement can all have a great effect on reporting.

Ajzen and Fishbein (1977) identified four elements to consider when looking at the relationship between attitudes and behavior: action, target, context, and time. They found that the most salient factors were target and action. In examining how beliefs relate to behavior, it is helpful to refer to Berndt's (1981) "Model of the relation between social cognition and social behavior". This model is based on an earlier model developed by Ajzen and Fishbein (1973) which dealt with "Attitudinal and normative variables as predictors of specific behaviors". Berndt expanded on this model by adding the component "personal normative belief" and then applied the model to Kohlberg's (1975)

stage theory (see Figure 3). Fishbein and Ajzen (1975) did not include the component, "personal normative belief", in their recent presentation of this conceptual framework, although Fishbein did include it in his original formula in 1967. They stated that their reason for excluding it from the more recent versions was that empirical research had found that this component was really another measure of behavioral intention. Berndt, however, felt that it was important from a developmental perspective to include this component. He used Kohlberg's stage theory to explain how a person would change the weight of a component based on his or her level of moral development. For example, a person who was at the conventional level might give most weight to social normative beliefs. This is an important consideration in view of Gilligan's (1982) discussion of the levels of moral development for women. It has been suggested that most women are at the conventional level because of their emphasis on the social environment in making moral judgements. If this is the case, this would be a particularly significant component to consider in the relationship between caregivers and parents. Most contact in daycare is between female caregivers and mothers. If both were placing most of the weight on the component social normative beliefs, they would be most concerned about how others perceived them, about

the expectations of others and about society as a whole. For example, a mother might be influenced by the beliefs of others in her reference group on issues such as working mothers and the amount of time that she spends with her child, and she may be concerned about how she is perceived by the caregiver.

This formula could be examined in the context of Gilligan's concept of moral development. Gilligan felt that there was a "need to represent in the mapping of development a nonhierarchical image of human connection" (p.211). In order to develop this connection, the caregiver can begin by understanding the beliefs that the parents have about their child. Consider, for example, a situation where both parents work but they have the personal normative belief that children should be cared for in a home-like setting. In developing their social normative beliefs about child care, they are influenced by their friends, who stress the importance of trained caregivers and a stimulating environment. The parents' social normative belief takes on a greater weight than their personal normative belief, and they decide to place their child in a daycare centre. The teacher in the daycare could help the parents increase the consistency between their social and personal beliefs. The teacher could point out that daycare staff, because of their training in early childhood education, realize the importance of

providing nurturance as well as intellectual stimulation. Rather than seeing Berndt's formula as a progression, perhaps, at different times one component is given more weight than another because of circumstances. Fishbein and Ajzen found that the weighting of components varies "with the kind of behavior that is being predicted, with the conditions under which the behavior is performed, and with the person who is to perform the behavior" (p.303).

The motivation to comply with a belief can be considered in the context of theories of motivation. For example, for social normative beliefs, an important factor to consider would be affiliation motivation. Marlowe and Gregen (1969) defined affiliation motivation as "concern over establishing, maintaining, or restoring positive affective relations with others" (p.612). They suggested that level of conformity is a function of affiliation motivation and the social support that is available. There tends to be a negative relationship between achievement and conformity, but this relationship becomes positive if conformity is necessary in order to succeed. After their review of research in this area, they concluded that a simple or general relationship between conformity and achievement could not be presented.

Motivation can also affect personal normative beliefs. An example of this is the phenomenon of "fear

of success", a concept originally developed by Horner (1972). She found that achievement-oriented women felt a conflict between their sex-stereotyped image and developing or expressing their abilities. This results in women becoming "anxious about achieving success because they expect negative consequences" (p.159). This could be a confounding factor for a mother who was feeling conflict over whether she should put her child in daycare or stay at home. She may have the belief that she is competent in her field but because of fear of success may expect unpleasant consequences, such as that her child will be unhappy in daycare. The caregiver could support this parent by helping her see the positive aspects of her child's experience in daycare.

A model like Berndt's provides a framework for looking at the relationship between beliefs and behavior. It has been considered in this section more as a conceptual way of presenting all of the factors involved in relating beliefs to behavior than as a precise mathematical instrument for empirical research. The relationship between beliefs and behavior is complex, but, perhaps by examining all of the components, their weights, and motivation, it is possible to make some predictions.

Sigel (1985) differentiated between types of beliefs in his research on beliefs and behavior. A

global belief states a belief in "what". An example would be: "children learn through parental modifications of the environment"(p.356). A belief about a strategy for action, however, clearly states "how". An example of this kind of belief would be the statement that "children learn through negative feedback or positive feedback" (p.352). Sigel reported that his data supported the idea that "the beliefs about 'how' result in linkages to behavior, and the beliefs in 'what' in conjunction should predict an individual's behavior" (p.356). He suggested several variables that could influence the link between beliefs and behavior: attitudes, values, intentions, cognitive operations, and cognitive controls. The best predictor of a person's behavior, however, was the intention to act.

Ajzen and Fishbein (1973) also found that the highest correlation was between behavioral intentions and behavior. Fishbein and Ajzen (1975) defined behavioral intention as "the person's subjective probability that he will perform the behavior in question" (p.12). For example, the parents might have the behavioral intention to pick their child up early from daycare, based on their belief in the importance of spending time with their child. The caregiver could reinforce the parents for following through on their

intention and could support them by helping the child in the transition from daycare to home.

Changing beliefs

Fishbein and Ajzen (1975) identified two main areas to consider when looking at changing beliefs: communication and participation. Both the communication between the caregiver and parent and the participation of the parent in the daycare program can help them understand each others' beliefs about the child. The emphasis would be on the exchange of information. Teachers may have more expertise in child development and activities for children, but parents also have a tremendous amount of knowledge about the child.

Beliefs of parents and caregivers

Beliefs about parents

In looking at beliefs about parents, it may be important to consider what emphasis the caregiver places on communication with the parent. Mager (1980) studied teachers in a school setting, questioning teachers who had a high or low frequency of parent/teacher interaction. The high frequency teachers had a greater sense of comfort about meeting parents' expectations. An unexpected finding was that the low frequency group felt more supported by parents. Mager speculated that this was because these teachers may have presumed support that was unwarranted; the high frequency group may have had a more realistic appraisal.

Winkelstein (1981) studied parent satisfaction with staff/parent communication. Parent and caregiver interaction was observed, and the communication was divided into three categories. She found that the highest percentage of interaction for all centres was for social communication, followed by decision-making, and, finally, informational communication. These results are consistent with Powell's (1978) and Zigler and Turner's (1982) research. Powell found that most interaction between staff and parents occurred at the transition time of either dropping off or picking up the child and consisted of brief exchanges. Zigler and

Turner studied 50 children in one university centre that encouraged parent participation. For a period of 70 consecutive days, the time that parents spent in the centre at pick up/drop off, conferences, observations, and meetings was recorded. Zigler and Turner found that the average time was 7.4 minutes/day, but they cautioned that this figure was affected both by some parents not coming in at all and by a nursing mother who stayed for long periods of time. Overall, parents spent very little time in the centre, particularly parents whose children were older than toddlers.

Caregivers may interpret the lack of parent involvement in daycare as a lack of concern for the child. In their extensive survey of early childhood staff, Kontos, Raikes, and Woods (1983) found that the caregivers had "negative perceptions of the childrearing practices of their center parents compared to their criteria for good parenting" (p.55). The appraisal of centre parents, however, was more positive than "most American parents today". The parent/caregiver relationship seemed to improve the negative attitudes held by staff. The authors noted, however, that the data did not indicate whether the staff perceptions were based on unrealistic expectations for parenting or on the performance of their own centre parents. In analyzing their results, they found that staff with more experience and training

had more positive attitudes towards parents. They suggested that future research should consider whether staff expectations of childrearing behavior are realistic, and the effect of staff attitudes on their behavior with parents and children.

Winkelstein (1981) and Powell (1978) both recommended that staff development include communication skills. The staff that Winkelstein interviewed felt that social communication provided a basis for future decision-making discussions. For the parents in her study, the brief exchanges helped them feel more comfortable in the daycare setting. If the relationship is to go beyond this point, however, staff need specific training in interpersonal communication. Yawkey and Bakawa-Evenson (1975) advocated encouraging the development of a triad consisting of child care professional-parent-child. This triad is important in maintaining the parents' belief that they are an integral part of the child-rearing process. In his discussion of the macrosystem, Belsky (1980) wondered whether the primary care of children was becoming the role of the daycare, with the home acting as a supplement. He felt that parents have been "pushed out of the educational process" in schools and questioned whether this would happen in daycare.

Beliefs about caregivers and daycare

Parent's beliefs about caregivers are often associated with their beliefs about daycare. Molnar (1982) studied the reasons why parents chose different child care arrangements, and she found that parents who were looking for a substitute home environment were more likely to choose family daycare. The factors that were important to these parents were the caregiver's qualities, such as warmth and nurturance; daily contact with the caregiver about the child; and sharing ideas about child-rearing. Parents who chose daycare centres were more concerned with the child's learning skills, and they rated highly the importance of having a setting and activities designed for children. She concluded that these differences in reasons for parents choosing child care arrangements supported the concept of needing a variety of options for child care.

Emlen, Donoghue, and LaForge (1971) studied the relationship between working mothers and daycare home caregivers in order to explore the issue of continuity of care. They chose this direction for their research because they felt that it was both the parent and caregiver attitudes and the behavior that determined the child's experiences. Emlen et al were interested in comparing mother's and caregiver's perceptions of the formation, maintenance, and termination of their daycare arrangement. They found a high level of

satisfaction in both groups and concluded that family daycare was a "natural daycare resource". In this report, as in Emlen and Watson's (1971) study on matchmaking in neighborhood daycare, a community development approach to supporting daycare was advocated. Both studies emphasized the importance of the "daycare neighbor" who often acted as a matchmaker in bringing caregivers and mothers together. Wandersman (1981) suggested that mothers and caregivers may "balance their characteristics and form a satisfactory stable relationship" (p.95). For example, young mothers may seek older more experienced caregivers. To apply this to a daycare centre, it would be important to ensure a balanced team of caregivers. Powell (1978) felt that parents and caregivers could reduce the possibility of role conflict with each other by ensuring clear role definition. This would allow them to develop ways of complementing each other's functions in meeting the child's needs.

Beliefs about the child

The beliefs of parents and caregivers about the socialization of the child may be generally in agreement, but their behavior towards the child may be quite different. In a recent study by Howes, Goldenberg, Golub, Lee, and Olenick (1984), a significant difference was found in adult responses to the child's demands. Teachers were more likely to

participate with the child or ignore the child, and parents were more likely to refuse the child and engage in confrontations. The authors suggested that discontinuity between home and school between the ages of eighteen months and three years may result in uncooperative behavior because the children must function in two different learning environments at a time when "the negotiation of compliance appears to be a developmental concern" (p.18).

Parents and caregivers may also differ in the goals and expectations that they have for the child. A 1981 study Hess, Price, Dickson, and Conroy found that both groups valued independence and placed more importance on social skills than academic. Teachers placed greater emphasis on independence, however, while mothers emphasized social skills. In their interactions with children, teachers tended to be more flexible, gave explanations, made indirect requests, and encouraged child-initiation. They believed in learning through play, and they were more likely to join in play. Mothers were more direct, demanding, and task-oriented. They engaged in more "social chatting", however, with the child participating on a more equal basis.

Tizard (1982) found discontinuity in adult's cognitive demands in a study of homes and nursery schools. Teachers had a higher proportion of cognitive

demands, but mothers had a higher hourly rate. In their verbal interactions, teachers requested description and interpretation, while mothers emphasized recall and motive. It was also found that more demands were left unanswered at school than at home. Tizard suggested that this was because of the children's social distance from the teacher and lack of interest in the topic . This is consistent with Hess's finding, cited earlier, that mothers use more "social chatting".

The content of teacher training has been a concern of Winetsky (1978) in her research into the behavioral expectations of parents and teachers. She investigated the emphasis that the parents and teachers placed on encouraging self-direction or conformity in children, in relation to role, social class, and ethnicity. The teacher's preference for using the method of self-direction was not affected by their social class or ethnicity. Winetsky found, however, that although middle class parents also chose self-direction, working class and non-Anglo parents chose conformity. This discontinuity could lead to difficulties for the child, either at home or at school. Winetsky suggested that teacher training colleges should both consider the importance of continuity and provide other modes of training in addition to methods that emphasize self-direction in children. Moore (1980) looked at the association between the parent's race/ethnicity and

education, and type of care chosen. Moore found that parents chose child care as a supplement to their own child-rearing. For example, parents from an ethnic group might send their child to daycare in order to learn the language and customs of the dominant culture. In order to provide more effective support, teachers need to learn how to respond to the differing needs of parents.

In Horner's (1977) research into values in daycare, he asked parents both to rank-order the three qualities that they felt were most and least important in their children and to estimate a similar list for daycare staff. They were given a list of twelve qualities, which contained characteristics such as consideration, self-control, and curiosity. The purpose of this study was both to confirm Elardo and Caldwell's (1973) research into values in early education and to examine value dissonance. He concluded that value dissonance was not associated with parent dissatisfaction in daycare. He suggested that this was because parents and caregivers varied only slightly in their preference for one characteristic over another, and also because the qualities were ones that were generally held to be desirable by society.

Walsh and Deitchman (1980) compared parent and teacher evaluations of the child. The purpose of their study was to investigate the role of parents in

evaluating nursery schools and daycare programs. Parents and caregivers responded to questionnaires at the beginning and end of the year. The two groups were asked to rate the child on the frequency and quality of social competencies such as socialization and independence. Walsh and Deitchman found that there was low inter-rater reliability between parents and caregivers. In their discussion of the results, they suggested several reasons for the differences. Caregivers usually compare the child to peers, but parents, lacking this normative group, tend to compare the child to siblings or ideals of behavior. Parents may also have less accurate observation skills compared with teachers. It must also be considered that the ratings may not be unreliable. The child may behave differently at home and daycare because of differences in environment, expectations, and reinforcement.

Summary

The literature review examined both the theoretical aspects of beliefs and the beliefs held by parents and caregivers. The section on beliefs considered (a) the formation of beliefs, (b) the factors affecting the strength of beliefs, (c) the relationship between beliefs and behavior, and (d) the primary methods of changing beliefs. Factors that affect learning, such as perception, memory, and reinforcement, were found to be significant

determinants of the formation and strength of beliefs. In the relationship between beliefs and behavior, the best predictor of a person's behavior was the intention to act. The beliefs, then, may be more closely related to the person's behavior if they are action-oriented and specific. To change beliefs, the focus should be on communication and participation.

In the review of literature related to caregivers and parents, it was found that caregiver beliefs about parents were affected by training, experience, and amount of time spent with parents. Parents' beliefs about caregivers were associated with their reasons for choosing daycare, such as whether or not they were looking primarily for a substitute home or an educational setting. The beliefs that parents and caregivers have about child-rearing may be similar, but they may create a different hierarchy for the importance of some beliefs over others. And even when their goals and expectations are the same, their behavior towards the child may not be. A closer look at the beliefs of parents and caregivers about the child is needed to provide a starting point for developing consistent goals, expectations, and behavior.

Research questions

The present study examined, first, aspects of the communication between parents and caregivers. The purpose of this research area was to discover the nature and frequency of their interaction. The interaction between home caregivers and parents was compared with centre caregivers and parents. In exploring the relationship between the parent and caregiver, the composition of the family was also considered.

The study went on to examine the beliefs of parents and caregivers about the child. The purpose for this area of research was to identify the specific areas where similarities or differences occur. Beliefs about both the child's characteristics and the activities and routines in the caregiving site were examined. As well, the amount of consistency between home caregivers and parents was compared with the consistency between centre caregivers and parents.

CHAPTER 3

METHOD

The study was part of a larger research project, the Victoria Daycare Research Project which was under the joint direction of Dr. Alan Pence, School of Child Care, University of Victoria, and Dr. Hillel Goelman, Faculty of Education, University of British Columbia (Pence, A. & Goelman, H.,1982). The questionnaires used were extensive, and, therefore, only selected items related to beliefs will be considered in the current study. The original questions for the large project as well as the specific questions for this study are contained in Appendix 1.

Subjects

Three types of child care arrangements were involved in this study: (a) licensed centre day care (CDC), (b) licensed family day care (LFDC), and (c) unlicensed family day care (UFDC). The choice of these groups was based on information from the Day Care Information Office, Ministry of Human Resources (1981, 1984) and surveys of enrollment patterns in Victoria which indicated that the majority of children attend family day care, rather than centre based care. Unlicensed and licensed family day care were included both because there is a high use of unlicensed homes

and because there is controversy over the adequacy of this latter type of care.

The Ministry of Human Resources provided lists of daycare centres and licensed family daycare homes. Unlicensed family daycare caregivers were found either through their own daycare advertisements or through lists provided by the Ministry of unlicensed "approved" homes. Centre supervisors and caregivers were contacted, and, if they wished to participate, a letter with information about the study was handed out to the parents of the children in their care. The following criteria were used to select parents who agreed to participate: (a) age of child 2.5 to 5 years; (b) eldest or only child; (c) full-time daycare (25 hours/week); (d) full-time employment for single parents (30 hours/week); and (e) full-time employment or full-time employment and full-time student for two parent families. In addition steps were taken to assure the following: (a) enrollment in present care setting for six months; (b) equal number of single and two parent families; and (c) equal numbers of boys and girls. The single parents involved were all single mothers. There were 126 triads of parent-child-caregiver involved in the Victoria Daycare Project: 54 CDC, 39 LFDC, and 33 UFDC (Goelman, H. & Pence, A., 1985). In the current study, the LFDC and UFDC groups were combined to produce 72 triads in

family daycare (FDC). This was done in order to produce two major groups for comparison: home-based and centre-based.

Materials

A questionnaire was administered separately both to the parents and to the caregivers. The questions were based on Bronfenbrenner's (1977) ecosystem levels described earlier, for example: (a) microsystem: child's activities; (b) mesosystem: relationship between parent and caregiver; (c) exosystem: factors of employment related to daycare use; and (d) macrosystem: child-rearing beliefs. Many of the items were developed and piloted for the Victoria Daycare Project, but some parts were adapted from measures used by others (Emlen, Donoghue, & Clarkson, 1972; Johnson, 1977, 1978; Lero,1981; and Powell, 1977). Several different question formats were used: Likert-type, yes/no, true/false, and open-ended. The interviews were administered in either the interviewee's home or workplace, and the interview took approximately 70 minutes to administer. The questions that were chosen for this study were concerned with the relationship between the parent and caregiver, and their beliefs about the child. These questions used Likert-type or true/false responses.

Procedure

The Victoria Day Care Research Project used different types of measures to provide the data-base. Interviews were conducted with the parents and caregivers, and developmental outcome measures and observations in the daycare environment were used with the children. The current study was only concerned with the responses to a selected subgroup of questions from the structured interviews. Mothers were interviewed in all cases in order to compare single and two parent families. An effort was made to match interviewers who were mothers with parents and interviewers who were trained in daycare with caregivers. The interviews were conducted at the beginning of the study.

CHAPTER 4

RESULTS AND DISCUSSION

The results and discussion section is divided into two parts: (a) beliefs about parents and caregivers, and (b) beliefs about the child. The results and discussion for each part will be presented separately, followed by a general discussion.

Beliefs about parents and caregivers

Caregiver beliefs about the parent

Results.

The responses to four caregiver questions, taken from a larger set of 17 questions, were analyzed (see Appendix). These questions were chosen because they were specifically concerned with communication and continuity of care between parent and caregiver. In this study, the data were treated as ordinal because the question format used a 7-point Likert-type scale. Arithmetic operations were, therefore, not considered to be possible (Siegel, 1956). In order to compare centre and home caregivers, percentages were computed because they provided a method of standardizing for size. The data for the two groups are provided in Table 1.

The results indicate that in daycare centres, the caregiver is more likely to see the parent only at

transition times (75.5% CDC versus 56.3% FDC). There was high agreement in both groups that they would tell the parent if there was a problem (96.3% CDC and 94.4% FDC). More of the caregivers in homes, however, believed that parents always asked about the child's day (74.6% FDC versus 58.5% CDC). Neither group emphasized trying to do things in the same way as the mother, but the home caregivers were more likely to do so than the centre caregivers (57.1% FDC versus 36.7% CDC).

The chi-square test of independence was also computed, with the level of significance set at .05. There were some problems, however, with applying this test. The chi-square test requires that "fewer than 20 per cent of the cells have an expected frequency of less than 5, and no cell should have an expected frequency of less than 1"(Siegel, 1956, p.178). It was found that for two of the questions (#1 and #3) more than 20 per cent of the cells had an expected frequency of less than 5. Siegel recommended that in this instance, categories can be combined. The categories for "agree" and "disagree" had already been collapsed, however, so it was not possible to combine them further. The Yates Correction for continuity could not be applied because the contingency table was larger than 2x2. Hinkle, Wiersma, and Yurs (1979) felt that this would result in a loss of power and the "tendency

to retain the null hypothesis when in fact it is false" (p.348).

The results of the chi-square test indicated that there were significant differences between CDC caregivers and FDC caregivers concerning transition times (p=.04). It should be noted, however, that in this instance more than 20 per cent of the cells had less than 5. There was a marginal difference between the two groups for the question of "try to do things the same as the parent" (p=.08). No significant differences were found for the remaining questions. These results support the percentage figures, but must be viewed with caution in the instances where the assumptions of chi-square were violated.

Parent beliefs about the caregiver

Results.

The four parent questions relating to beliefs about the caregiver were drawn from a larger set of 13 questions (see Appendix). The responses to these questions were recorded as true or false. Because the focus of the analysis was on comparing the responses, percentages were used. These questions were chosen because they looked at the content and initiation of communication. The data for CDC and FDC parents are given in Table 2.

The results of the questions relating to the content of communication indicate that neither group

felt strongly about giving specific instructions or asking the caregiver for advice. The FDC parents were more likely to agree with giving instructions (44.9% FDC versus 22.8% CDC). These findings are quite different from Powell's (1978) results. When he asked CDC parents whether or not the caregiver should be given specific instructions, he found that 51.3% agreed. The differences could be attributed to the use of a true/false measure for this question; Powell's used a 5-point scale. Only one third of each group agreed that they often asked the caregiver for advice about the child; Powell, however, reported that 59.9% of parents perceived daycare as a child-rearing information resource. Although the current results indicate that parents often do not want advice, they apparently welcome information about child care.

The third and fourth questions were chosen because they correspond somewhat with the third and fourth caregiver questions. The parents were asked whether or not the caregiver would tell them if there was a problem, and the parents' responses closely matched those of the caregivers. Most parents did not feel that they needed to ask the caregivers in order to receive feedback (81.5% CDC and 84.7% FDC). This is in contrast to the caregiver data regarding parents asking about the child's day. This could indicate that, although FDC caregivers are more accessible, CDC caregivers do

initiate what the parents consider to be adequate communication.

The chi-square test of two independent samples was also computed for these questions. The level of significance was set at .05. Yates Correction for continuity was performed on all items. The results indicated a significant difference between CDC and FDC parents regarding "specific instructions" ($p=.008$). Significant differences were not found for the remaining three questions. These results confirm the findings obtained through the use of percentages.

Parent/caregiver relationship

Results

The parents also responded to three questions both about their relationship with the caregiver and about their frequency of communication (see Appendix). For these items, which used a Likert-type scale, percentages were computed for one and two parent homes in FDC and CDC (see Table 3). One parent families in centres were the least likely to have known the caregiver at the outset (96.4% compared to approximately 77% for the other three groups). In CDC, the interaction is more likely to remain on a business level than to develop into a social relationship. Although the figures for one and two parent families were similar, the highest level for discussion of other

matters was by single parents in FDC. When this figure is combined with the percentage of parents who formed a friendship with the caregiver, the result is in sharp contrast to CDC (77.8% FDC versus 42.8% CDC).

The majority of parents in all four groups responded that they talked with the caregiver other than just saying "hello" or "good-bye". Once again, the one and two parent families were quite similar, but there was a difference between CDC and FDC. CDC parents were more likely to communicate occasionally (approximately 30% CDC to 18% FDC), while FDC parents were more likely to communicate often (approximately 65% CDC to 75% FDC). These figures are similar to Powell's finding that 70.8% of parents have frequent discussions at transition times. Powell, however, qualified his question by defining "frequent" as "weekly or more often".

The chi-square test of independence was also computed, with the level of significance set at .05. It was found that the results for the questions violated an assumption of chi-square, because in all cases more than 20 per cent of the cells had an expected frequency of less than 5. The categories could not be combined in a meaningful way, and Yates Correction for continuity could not be applied. The chi-square test, therefore, was not considered to be appropriate for these questions.

Parent and caregiver beliefs

Discussion.

The results indicate that more of the FDC parents and caregivers try to develop continuity between home and daycare, and that the FDC parents exercise greater control over the care of their children. They are more likely to give specific instructions concerning care, and more of their caregivers try to be consistent with the mother's child-rearing methods; the specific instructions may be an important factor in the expression of beliefs. Applying Sigel's (1985) theory, the instructions would be the "action component", describing "how" the parent wanted her child-rearing beliefs carried out. These strategies would provide a link between beliefs and behavior.

The FDC caregivers appear to be more accessible to parents. In a daycare centre, the transition times are very busy, with most parents dropping off or picking up their children at the same time. The CDC caregivers may be busy with children or other parents, and the parent may not be able to wait to ask about the child's day. For this reason, daycare centres often use formal measures such as bulletin boards or notes to provide feedback to parents. This could partially explain the high percentage of parents in CDC who felt that they received feedback from caregivers without asking. CDC and FDC parents and caregivers do not hesitate to talk

about problems, but it is the daily exchange of information about the child's characteristics, activities, and routines that is necessary for developing continuity.

Beliefs about the child

Parents and caregivers responded to three sets of questions regarding their beliefs about the child; (a) characteristics, (b) activities, and (c) routines (see Appendix). Percentages were computed to allow for comparisons between the groups, because the questions had used a 7-point Likert-type scale which was considered to be at an ordinal level in this study. This measure was followed by a Wilcoxin matched-pairs signed-ranks test, chosen because the study used a related sample, with the teacher and parent rating the same child. The Wilcoxin indicates the magnitude of the difference in scores for matched-pairs (Siegel, 1956). The direction of the difference could not be predicted, so a two-tailed region of rejection was used. The level of significance was set at .05.

Caregiver/parent beliefs about child characteristics

Results.

The results for percentages are provided in Table 4, with the results for the Wilcoxin following in Table 5. In their responses, the parents tended to rate the child significantly higher than did the caregiver for

both positive and negative characteristics. For example, parents in FDC rated the child higher for the negative characteristics "bossy" and "loud". The qualities of being "energetic", "active", and "talkative", which could be positive expressions of these characteristics, were rated higher by both groups of parents.

There was a difference between FDC and CDC in the characteristic, "difficulty sharing", although, within these groups, there was agreement. More parents in FDC agreed with the statement (40.3% FDC versus 20.4% CDC), and more caregivers in CDC disagreed that the child had difficulty sharing than in FDC (59.3% CDC versus 43.1%FDC). Significant differences were also found for the characteristic "dependence". Caregivers in CDC were less likely than those in FDC to agree that the child was dependent (24.1% CDC versus 43.1% FDC). Parents in FDC rated their children as less dependent than their caregivers (23.6%), but CDC parents rated their children as very low in this characteristic (9.3%).

Parents and caregivers in CDC were more similar in their responses to questions about fine motor and gross motor skills. Parents in FDC rated the children significantly higher in these characteristics than caregivers. In gross motor skills, the caregivers in the two groups were significantly different in their responses (79.6% CDC versus 59.7% FDC), while the

parents were similar (83.3% CDC and 88.7% FDC). There was a marginal difference between parents and caregivers in CDC for fine motor skills (61.1% caregivers versus 70.4% parents), but a robust, significant difference in FDC (54.9% caregivers versus 84.7% parents).

Discussion.

These results may provide information about the content of the communication between parents and caregivers. Both groups show consistency between parents and caregivers in the areas of ease with strangers, obedience, even-temperament, sharing, and orientation toward other children. These characteristics would be expressed in the child's relationships with others. Conversations about the child's day might centre around these qualities, particularly if the focus was on whether the child had any problems that day. Parents and caregivers in CDC show greater agreement in the areas of fine motor and gross motor skills. This could be either because the parents or caregivers introduce these topics into conversation more or because the children have more opportunites to engage in these activities in CDC. The low figures for FDC caregivers may indicate that they do not have as many opportunities to observe the children in these activities.

The results indicate that independence is emphasized more at CDC than at FDC, as suggested by Clarke-Stewart (1982). The differences between the parents' and caregivers' assessment of this characteristic could be attributed to the child's behavior in the two environments. Walsh & Deitchman (1980) suggested that children may develop "differential response patterns" because of experiencing different expectations and reinforcement from parents and caregivers. Parents may also evaluate the child differently from the caregivers because of the lack of a normative group for comparison (Walsh & Deitchman, 1980). The differences between parents and caregivers in the characteristics energetic, active, and talkative may have been because the caregivers have more experience in comparing the child with peers. Walsh and Deitchman (1980) and Yawkey and Bakawa-Evenson (1975) both suggested training parents in observation skills in order to improve their understanding of child development. The lower rating given for the characteristics bossy and loud by daycare parents may have been due to feedback from CDC caregivers about normative behavior.

Overall, there were fewer differences between parents and caregivers in CDC than in FDC. This could indicate that, although the interaction between parent and caregiver in CDC is less frequent and more

business-like, the content of the communication may provide more accurate information about the child. The CDC caregiver has more training in observation and more children for comparison, which may help in developing a clear picture of the child.

Caregiver/parent beliefs about child activities

Results.

Parents and caregivers were asked to rate the frequency of several activities in daycare. The results indicate more agreement between parents and caregivers than in the area of characteristics discussed previously, and the differences were less pronounced. The results in percentages are provided in Table 6, with the Wilcoxin results following in Table 7. The most noticeable difference was between the types of care. The CDC had a 20-45% greater frequency for availability of storytime, music, art, words and numbers, puzzles, and drama than FDC. Parents in FDC reported a higher frequency of storytime, words and numbers, and puzzles than their caregivers. The CDC parents also thought that their children were given the opportunity to participate in words and numbers more frequently than did their caregivers. The differences between CDC parents and caregivers in the items words and numbers, puzzles, and drama were partly the result of "don't know" responses in the parent group. For these questions, there were, respectively, 15, 13, and

13 "don't know" responses from the sample of 54. A high number of "don't know" responses also occurred in FDC for storytime (18), music (15), words and numbers (18), puzzles (10), and drama (15), from the sample of 72. For the CDC group, the differences in percentages for the items art and outdoors were minimal, but they were computed as significant by the Wilcoxin. This may be an artifact of this test, and it may have resulted because there were a great many ties between parents and caregivers.

Discussion.

The differences between CDC and FDC could be partly attributed to the ages of the children in the two groups. The age of child for this study was 2.5 to 5 years, with more of the younger children in FDC. Molnar (1982) reported that parents seeking a substitute home environment were more likely to choose FDC, while parents who were more interested in activities available chose CDC. Parents of younger children may be more likely to want a home-like setting. There is quite high congruence between parents and caregivers in each of the groups, so perhaps the parents have found the type of care that they preferred. This supports Molnar's (1982) suggestion that it is important to provide different kinds of child care.

The "don't know" responses from CDC and FDC parents indicate areas where more discussion is needed between parents and caregivers. These activities were available at least "once in a while" in the settings, and, yet, parents did not seem to be aware of their occurrence. Topics that parents seemed most familiar with were art, quiet time, and outdoors. Art projects provide a tangible topic for discussion; parents may be informed of quiet time as it relates to the child's end-of-the-day temperament; and outdoor activities could be discussed in relation to the weather. In order for parents to have a full understanding of the child's day, however, parents and caregivers need to initiate discussions about other activities. This could also help parents learn more about child development. As Sale (1978) suggested, there is the possibility for "horizontal diffusion" between daycare and home. Parents can learn more about their child's interests and capabilities, and they can find out which activities are developmentally appropriate in order to offer them at home. Caregivers can also learn more from parents about the child's specific interests or new accomplishments.

Caregiver/parent perceived agreement regarding routines

Results.

Parents (caregivers) were asked whether or not they felt that the caregivers (parents) agreed with

them concerning routines. Over 70% in each of the four groups indicated agreement for all of the items. The results in percentage form are contained in Table 8; the results of the Wilcoxin are in Table 9. There was less congruence between parents and caregivers in CDC than FDC. In FDC, the parent and caregiver figures correspond closely with each other except in the area of activities allowed. For this item, the percentage figures look quite similar, so the finding of significant difference by the Wilcoxin may have been due to the number of "don't know" responses.

In CDC there were significant differences between parents and caregivers in the areas of napping, discipline, and activities allowed. Comparing the percentage figures, there was a significant difference between parents and caregivers in activities not allowed (71.1% caregivers versus 89.8% parents). This was not computed as significant by the Wilcoxin because the ranks for parents less than teachers were almost equal to the ranks for parents greater than teachers.

Discussion.

The higher congruence between parents and caregivers in FDC could be due to the greater flexibility of FDC. Sale (1984) felt that FDC could be more adaptable to family needs. In CDC, the routines must be scheduled to meet both the differing needs of the children and the staffing requirements. For

example, parents in CDC rated their agreement with the caregiver on napping as lower than did the caregivers. These results were consistent with Mager's (1980) finding that teachers who had a low frequency of interaction with parents felt more supported by them. The results indicate that, although parents and caregivers in CDC are generally in agreement about routines, they may not have discussed them in detail. This could be because of differences between the two environments. In FDC, the caregiver is more likely to be able to replicate the home environment. Also, previous results indicated both that FDC parents gave specific instructions more often and that more of their caregivers tried to be consistent with the mother. The instructions would probably be mostly concerned with routines, resulting in greater congruence in this area. Parents and caregivers in FDC may feel more comfortable discussing routines than characteristics or activities, and the child's characteristics could be a sensitive area of discussion between two mothers, particularly if the parent felt that there was criticism of her child. As well, the activities occur in the caregiver's home, so the mother may be reluctant to interfere. Emlen, Donoghue, and LaForge (1971) suggested both that mothers and caregivers may not be aware of each other's attitudes in some areas and that this may contribute to the success of their arrangement by allowing them to

avoid conflict. In CDC, parents may see the daycare as a separate environment with its own rules and routines, and the parents may try to avoid role conflict by not giving specific instructions to caregivers. It may be easier for CDC caregivers and parents to discuss the child's characteristics and activities because of the professional context of the relationship.

CHAPTER 5

GENERAL DISCUSSION AND IMPLICATIONS

The results indicate that there is more frequent communication between parents and caregivers in FDC than in CDC and that they are more likely to form a social relationship. The FDC discussions appear to centre around routines, the child's socialization, and matters that are unrelated to child care. In CDC, the caregiver seems to provide information about the child's activities and characteristics in connection with each other, such as art and fine motor skills. The child's interaction with peers is also discussed in CDC, although it is possible that the feedback may centre around difficulties with the child. There was a very high percentage for communication about problems, but there was a relatively low figure for overall interaction, which could mean that CDC caregivers tend to initiate discussions in relation to problems with the child. There was congruence in beliefs between parents and caregivers in many areas, however, indicating that their interactions could be considered as "quality time".

The amount of time that parents spend in the centre may be related to the exosystem factors of employment and commuting. Zigler and Turner (1982) found that parents with more time available spent more

time in the centre. In order to increase participation, parents may be able to negotiate flexible schedules with their employers. For example, the parent might be able to take a shorter lunch hour once or twice a week in order to provide time to spend in tne daycare. This example illustrates the inter-relationship of the different levels in the ecosystem. Although the current study examined the influence of the macrosystem (beliefs) on the mesosystem (home and daycare), the importance of the exosystem cannot be overlooked. These systems, in turn, all influence the microsystem, which can be observed as the child's behavior in daycare.

Future research could examine the specific links between beliefs and behavior. According to Sigel (1985), an important link is the "action component" in the belief. Rather than phrasing a statement as a belief in "what", such as "(The child) is active.", the statement should be phrased as a belief in "how". An example of this would be "(The child) would rather ride a bike than do art.". Sigel (1985) and Fishbein and Ajzen (1975) both found that intentions were the best predictors of behavior. In this instance, a statement phrased as a belief would be "It is important for the parent and caregiver to communicate with each other about the child.". An intention statement would be "I try to keep the caregiver informed of the child's home activities.". In establishing the connection between

beliefs and behavior, specificity is important. Parents and caregivers could focus on developing their skills in observation and communication in relation to specific child behaviors, rather than discussing global beliefs. The CDC caregivers need both to recognize the importance of this exchange and to arrange for at least one caregiver to be available to talk to parents at transition times. Part of the problem in communication may be the lack of a consistent caregiver in CDC. The caregiver that the parent has the opportunity to talk to may not have been involved with the child that day, and it is important both to ensure that staff can communicate with each other and to plan shifts so that all caregivers can interact regularly with parents.

It appears axiomatic that daycare can provide a valuable support system for parents (Cochran & Brassard, 1979). Social communication provides a basis for further discussion, and it may also facilitate recognizing the "parent as a person" (Winkelstein, 1981). This may be particularly important for single parents as they may experience isolation because of the demands of their role and they may need someone to discuss child-rearing and other matters. These ideas are further supported by the current finding that the highest level for discussion of other matters was by single parents in FDC. The percentage for centre care

was the lowest of the four groups, possibly indicating an area for improvement in communication in CDC.

The CDC caregiver must be aware of the needs of a large number of children and their parents, and they may feel unable to provide the time and energy to meet their demands. Careful staff planning and program scheduling could alleviate some of the difficulties. Training in communication skills could help staff make better use of the time available. The caregiver can learn both how to communicate effectively and when to provide information or referral.

In FDC, researchers (Emlen, Donoghue, & LaForge, 1971; Sale, 1984; Wandersman, 1981) have stressed the need for supportive services for caregivers. Emlen et al and Sale questioned the effectiveness of licencing and regulations for monitoring the quality of care. Emlen et al recommended establishing neighborhood networks of caregivers. Sale preferred the use of self-help groups for caregivers rather than organized networks. She was concerned that agency involvement could lead to over-regulation. Wandersman advocated encouraging appropriate role models for caregivers and participation in training workshops. FDC could benefit, perhaps, from the establishment of an informal satellite system, connecting a number of family daycares with a neighborhood daycare centre. The FDC caregivers could participate in CDC staff workshops,

borrow equipment from the centres, and bring the children for visits. The interaction of caregivers could lead to a greater understanding of the advantages of each type of care.

In summary, FDC and CDC both provide essential services to working families. In order to improve the ability to meet the needs of the families, it is recommended that parents and caregivers recognize the importance of their interaction. In developing continuity between home and daycare, the emphasis should be on the exchange of specific information regarding their beliefs about the child . The two settings can be different and yet still complement each other, but the parent and caregiver need to communicate in order to help the child to adapt to living in two environments.

Limitations

The main limitation in this study was the Likert-type scale used in the questions that were selected. The data was considered to be at an ordinal level, and this limited the kind of statistics that could be used. The chi-square test was computed for the questions regarding parent and caregiver beliefs about each other. It was found, however, that in many cases the requirements for this test were violated (Siegel, 1956). That is, more than 20 per cent of the cells had an expected frequency of less than 5, and also the expected frequency in a cell was sometimes less than one. The Wilcoxin matched-pairs signed-ranks test was chosen for the questions pertaining to beliefs about the child, but, again, some problems were encountered. With this test, ties between the two groups are disregarded, and the direction of difference between the groups is given. If there are a great many ties and only a few extreme differences, therefore, a result could be computed as significant when, in fact, the groups show high agreement. Another difficulty with using this test for this study was that the Wilcoxin compared all 7 points on the scale including the "don't know" responses for the two groups, although the data for percentages was collapsed into the three categories of agree, disagree, and neither/nor. This led to the

Wilcoxin providing some different results than were found through the use of percentages.

In the interviews, some standard concerns regarding the use of interview-data should be considered. For example, the assumption was made that the responses reflected the respondent's overall beliefs and were not affected by personal factors or environmental conditions for the interviewer or interviewee. The interviewer could influence the responses through her ability to put the participant at ease and invite open, honest responses. Interviewees may be concerned about social desirability or confidentiality when responding.

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Table 1

Caregiver beliefs about the parent:

Question	Type of care	
	Centre	Home
	Percentages (numbers)	
1. See mother pick up		
disagree (1-3)	24.7 (13)	38.0 (27)
neither/nor (4)	.0 (0)	5.6 (4)
agree (5-7)	75.5 (40)	56.3 (40)
2. Do things same		
disagree (1-3)	34.7 (17)	21.4 (15)
neither/nor (4)	28.6 (14)	21.4 (15)
agree (5-7)	36.7 (18)	57.1 (40)
3. Tell parent problem		
disagree (1-3)	1.9 (1)	2.8 (2)
neither/nor (4)	1.9 (1)	2.8 (2)
agree (5-7)	96.3 (52)	94.4 (67)
4. Parent always asks		
disagree (1-3)	30.2 (16)	16.9 (12)
neither/nor (4)	11.3 (6)	8.5 (6)
agree (5-7)	58.5 (31)	74.6 (53)

Note. "Don't know" responses entered as missing cases.

Table 2

Parent beliefs about the caregiver:

Questions	Type of Care	
	Centre	Home
	Percentages (numbers)	
1. Specific instruct		
True	22.8 (12)	44.9 (31)
False	77.8 (42)	55.1 (38)
2. Ask caregiver advice		
True	35.2 (19)	32.4 (23)
False	64.8 (35)	67.6 (48)
3. Caregiver tell problem		
True	96.3 (52)	98.6 (70)
False	3.7 (4)	1.4 (1)
4. Little feedback		
True	18.5 (10)	15.3 (11)
False	81.5 (44)	84.7 (61)

Note. "Don't know" responses entered as missing cases.

Table 3

Parent/caregiver relationship

Questions	2 parent		1 parent	
	Centre	Home	Centre	Home
	Percentages (numbers)			
1. Outset:				
none	76.9(20)	77.8(28)	96.4(27)	77.8(28)
slight	7.7(2)	11.1(4)	3.6(1)	8.3(3)
more	3.8(1)	5.6(2)	.0(0)	5.6(2)
well	11.5(3)	5.6(2)	.0(0)	8.3(3)
2. Now:				
business	53.8(14)	27.8(10)	57.1(16)	22.2(8)
discuss	42.3(11)	50.0(18)	35.7(10)	63.9(23)
friend	3.8(1)	22.2(8)	7.1(2)	13.9(5)
3. Freq.:				
seldom	3.8(1)	5.6(2)	7.1(2)	8.3(3)
occas.	30.8(8)	16.7(6)	28.6(8)	19.4(7)
often	65.4(17)	77.8(28)	64.3(18)	72.2(26)

Table 4

Caregiver/parent beliefs about child characteristics

Questions	Centre		Home	
	Teacher	Parent	Teacher	Parent
	Percentages (numbers)			
1. Dependent:				
very (1-3)	24.1(13)	9.3(5)	43.1(31)	23.6(17)
neither (4)	25.9(14)	44.4(24)	29.2(21)	29.2(21)
opposite (5-7)	50.0(27)	46.3(25)	27.8(20)	47.2(34)
2. Easy w. strangers:				
very (1-3)	46.3(25)	50.0(27)	53.5(38)	52.8(38)
neither (4)	18.5(10)	20.4(11)	12.7(9)	20.8(15)
opposite (5-7)	35.2(19)	29.6(16)	33.8(24)	26.4(19)
3. Bossy:				
very (1-3)	40.7(22)	44.4(24)	36.1(26)	56.9(41)
neither (4)	38.9(21)	37.0(20)	37.5(27)	31.9(23)
opposite (5-7)	20.4(11)	18.5(10)	26.4(19)	11.1(8)
4. Obedient:				
very (1-3)	50.0(27)	46.3(25)	56.9(41)	52.8(38)
neither (4)	27.8(15)	38.9(21)	31.9(23)	33.3(24)
opposite (5-7)	22.2(12)	14.8(8)	11.1(8)	13.9(10)
5. Even-tempered:				
very (1-3)	55.6(30)	55.6(30)	55.6(40)	56.9(41)
neither (4)	9.3(5)	18.5(10)	20.8(15)	13.9(10)
opposite (5-7)	35.2(19)	25.9(14)	23.6(17)	29.2(21)

6. Difficult snare:

very (1-3)	31.5(17)	20.4(11)	40.3(29)	40.3(29)
neither (4)	9.3(5)	25.9(14)	16.7(12)	18.1(13)
opposite (5-7)	59.3(32)	53.7(29)	43.1(31)	41.7(30)

7. Neat:

very (1-3)	53.7(29)	38.9(21)	38.9(28)	47.2(34)
neither (4)	27.8(15)	24.1(13)	33.3(24)	26.4(19)
opposite (5-7)	18.5(10)	37.0(20)	27.8(20)	26.4(19)

8. Talkative:

very (1-3)	66.7(36)	77.8(42)	62.5(45)	79.2(57)
neither (4)	13.0(7)	11.1(6)	16.7(12)	12.5(9)
opposite (5-7)	20.4(11)	11.1(6)	20.8(15)	8.3(6)

9. Energetic:

very (1-3)	48.1(26)	77.8(42)	48.6(35)	70.8(51)
neither (4)	29.6(16)	13.0(7)	33.3(24)	20.8(15)
opposite (5-7)	22.2(12)	9.3(5)	18.1(13	8.3(6)

10. Gross motor:

very (1-3)	79.6(43)	83.3(45)	59.7(43)	88.7(63)
neither (4)	9.3(5)	13.0(7)	19.4(14)	7.0(5)
opposite (5-7)	11.1(6)	3.7(2)	20.8(15)	4.2(3)

11. Fine motor:

very (1-3)	61.1(33)	70.4(38)	54.9(39)	84.7(61)
neither (4)	29.6(16)	16.7(9)	26.8(19)	8.3(6)
opposite (5-7)	9.3(5)	13.0(7)	18.3(13	6.9(5)

12. Child oriented:

very (1-3)	75.9(41)	64.8(35)	64.8(46)	72.2(52)
neither (4)	18.5(10)	24.1(13)	19.7(14)	20.8(15)
opposite (5-7)	5.6(3)	11.1(6)	15.5(11)	6.9(5)

13. Loud:

very (1-3)	42.6(23)	38.9(21)	38.9(28)	59.2(42)
neither (4)	25.9(14)	51.9(28)	26.4(19)	22.5(16)
opposite (5-7)	31.5(17)	9.3(5)	34.7(25)	18.3(13)

14. Active, moving:

very (1-3)	51.9(28)	74.1(40)	54.2(39)	77.1(54)
neither (4)	35.2(19)	20.4(11)	23.6(17)	18.6(13)
opposite (5-7)	13.0(7)	5.6(3)	22.2(16)	4.3(3)

Note. "Don't know" responses entered as missing cases.

Table 5

Data for Table 4 cast for the Wilcoxin test

Questions	Centre	Home
	Numbers	
1. Dependent		
PA lt CA	19	18
PA gt CA	21	43
ties	14	11
p=	.28	.001****
2. Easy with strangers		
PA lt CA	20	33
PA gt CA	21	29
ties	13	10
p=	.78	.55
3. Bossy		
PA lt CA	22	39
PA gt CA	16	16
ties	16	17
p=	.26	.0009****
4. Obedient		
PA lt CA	21	17
PA gt CA	25	37
ties	8	18
p=	.91	.02**
5. Even-tempered		
PA lt CA	21	26
PA gt CA	20	34
ties	13	12
p=	.89	.41
6. Difficulty sharing		
PA lt CA	19	28
PA gt CA	23	32
ties	12	12
p=	.72	.83
7. Neat		
PA lt CA	14	29
PA gt CA	33	27
ties	7	16
p=	.008***	.79

8. Talkative		
PA lt CA	27	43
PA gt CA	14	15
ties	13	14
p=	.03**	.0001****
9. Energetic		
PA lt CA	30	36
PA gt CA	6	14
ties	18	22
p=	.0002****	.0005****
10. Gross motor		
PA lt CA	18	36
PA gt CA	16	19
ties	20	17
p=	.28	.002***
11. Fine motor		
PA lt CA	18	38
PA gt CA	16	15
ties	20	19
p=	.08*	.002***
12. Child-oriented		
PA lt CA	15	37
PA gt CA	24	20
ties	15	14
p=	.14	.16
13. Loud		
PA lt CA	25	39
PA gt CA	15	18
ties	14	15
p=	.08*	.0005****
14. Active, moving		
PA lt CA	29	32
PA gt CA	10	17
ties	15	23
p=	.001****	.002***

Note. PA lt CA is Parents less than caregivers.

*.05<p<.10. **p<.05. ***p<.01. ****p<.001.

Table 6

Caregiver/parent beliefs about child activities

Questions	Centre		Home	
	Teachers	Parents	Teachers	Parents
	Percentages (numbers)			
1. Storytime:				
infreq. (1-3)	7.4(4)	.0(0)	20.8(15)	14.8(8)
to weekly (4)	1.9(1)	1.9(1)	12.5(9)	25.9(14)
to daily (5-7)	90.7(49)	66.7(52)	66.7(48)	59.3(32)
2. Music:				
infreq. (1-3)	1.9(1)	.0(0)	15.3(11)	19.3(11)
to weekly (4)	11.1(6)	6.3(3)	18.1(13)	21.1(12)
to daily (5-7)	87.0(47)	93.3(45)	66.7(48)	59.6(34)
3. Art:				
infreq. (1-3)	5.6(3)	1.9(1)	15.3(11)	13.8(9)
to weekly (4)	9.3(5)	3.8(2)	23.6(17)	26.2(17)
to daily (5-7)	85.2(46)	94.3(50)	61.1(44)	60.0(39)
4. Quiet time:				
infreq. (1-3)	3.7(2)	.0(0)	9.7(7)	7.1(5)
to weekly (4)	.0(0)	.0(0)	4.2(3)	4.3(3)
to daily (5-7)	96.3(52)	100.0(54)	86.1(62)	88.6(62)

5. Outdoors:

infreq. (1-3)	.0(0)	.0(0)	5.6(4)	2.8(2)
to weekly (4)	.0(0)	.0(0)	8.3(6)	5.6(4)
to daily (5-7)	100.0(54)	100.0(54)	86.1(62)	91.5(65)

6. Words & Numbers:

infreq. (1-3)	20.4(11)	10.3(4)	52.8(38)	35.2(19)
to weekly (4)	7.4(4)	10.3(4)	19.4(14)	29.6(16)
to daily (5-7)	72.2(39)	79.5(31)	27.8(20)	35.2(19)

7. Puzzles:

infreq. (1-3)	1.9(1)	9.8(4)	30.6(22)	14.5(9)
to weekly (4)	11.1(6)	4.9(2)	25.0(18)	27.4(17)
to daily (5-7)	87.0(47)	85.4(35)	44.4(32)	58.1(36)

8. Drama:

infreq. (1-3)	7.4(4)	9.8(4)	40.3(29)	36.8(21)
to weekly (4)	14.8(8)	12.2(5)	2.8(2)	21.1(12)
to daily (5-7)	77.8(42)	78.0(32)	56.9(41)	42.1(24)

Note. "Don't know" responses entered as missing cases.

Table 7

Data for Table 6 cast for the Wilcoxin

Questions	Centre	Home
	Numbers	
1.Storytime		
PA lt CA	10	20
PA gt CA	6	35
ties	38	17
p=	.72	.03*
2. Music		
PA lt CA	13	22
PA gt CA	15	30
ties	26	20
p=	.31	.31
3. Art		
PA lt CA	6	27
PA gt CA	15	24
ties	33	21
p=	.07*	.99
4. Quiet time		
PA lt CA	4	12
PA gt CA	4	15
ties	46	45
p=	.58	.42
5. Outdoors		
PA lt CA	10	22
PA gt CA	1	19
ties	43	31
p=	.02**	.83
6. Words and numbers		
PA lt CA	12	17
PA gt CA	30	46
ties	12	9
p=	.003***	.0001****
7. Puzzles		
PA lt CA	10	20
PA gt CA	26	38
ties	18	14
p=	.06*	.001****

8. Drama		
PA lt CA	11	28
PA gt CA	27	34
ties	16	10
p=	.07*	.40

Note. PA lt CA is Parents less than caregivers.

*.05<p<.10. **p<.05. ***p<.01. ****p<.001.

Table 8

Parent/caregiver perceived agreement regarding routines

Questions	Centre		Home	
	Teachers	Parents	Teachers	Parents
	Percentages (numbers)			
1. Eating:				
dis.(1-3)	10.6(5)	10.6(5)	7.7(5)	5.7(4)
neither(4)	12.8(6)	8.5(4)	18.5(12)	5.7(4)
agree(5-7)	76.6(32)	80.9(38)	73.8(48)	88.6(62)
2. Foods served:				
dis.(1-3)	11.1(6)	6.1(3)	5.8(4)	10.1(7)
neither(4)	3.7(2)	8.2(4)	13.0(9)	7.2(5)
agree(5-7)	85.2(46)	85.7(42)	81.2(56)	82.6(57)
3. Napping:				
dis.(1-3)	5.9(3)	17.0(9)	4.2(3)	2.8(2)
neither(4)	3.9(2)	3.8(2)	8.5(6)	9.7(7)
agree(5-7)	90.2(46)	79.2(42)	87.3(62)	87.5(63)
4. Discipline:				
dis.(1-3)	15.4(8)	1.9(1)	4.3(3)	10.0(7)
neither(4)	7.7(4)	13.0(2)	3.8(9)	7.1(5)
agree(5-7)	76.9(40)	94.2(49)	82.6(57)	82.(58)
5. Dress:				
dis.(1-3)	17.0(5)	7.8(4)	4.3(3)	8.6(6)
neither(4)	9.4(9)	13.7(7)	15.9(11	15.7(11)
agree(5-7)	73.6(39)	78.4(40)	79.7(55)	75.7(53)
6. Activities allowed:				
dis.(1-3)	6.0(3)	.0(0)	1.5(1)	5.6(4)
neither(4)	20.0(10)	8.2(4)	18.2(12)	12.7(9)
agree(5-7)	74.0(37)	91.8(45)	80.3(53)	81.7(58)
7. Act. not allowed:				
dis.(1-3)	11.1(5)	4.1(2)	3.1(2)	4.5(3)
neither(4)	17.8(8)	6.1(3)	21.9(14)	10.6(7)
agree(5-7)	71.1(32)	89.8(44)	75.0(48)	84.8(56)

Note. "Don't know" responses entered as missing cases.

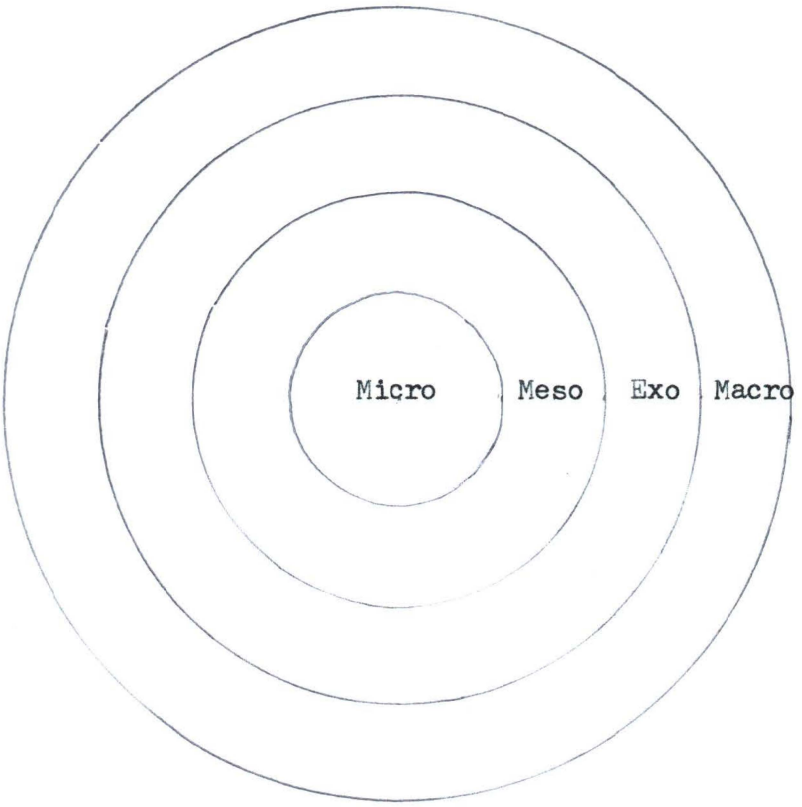
Table 9

Data for Table 8 cast for Wilcoxin test

Questions	Centre	Home
	Numbers	
1. Eating		
PA lt CA	20	29
PA gt CA	22	17
ties	12	16
p=	.86	.92
2. Foods served		
PA lt CA	15	26
PA gt CA	19	18
ties	20	28
p=	.29	.37
3. Napping		
PA lt CA	22	21
PA gt CA	14	14
ties	18	37
p=	.05**	.32
4. Discipline		
PA lt CA	10	29
PA gt CA	24	23
ties	20	20
p=	.009***	.22
5. Dress		
PA lt CA	19	38
PA gt CA	21	15
ties	14	19
p=	.68	.06*
6. Activities allowed		
PA lt CA	11	38
PA gt CA	26	13
ties	17	21
p=	.009***	.005***
7. Activities not allowed		
PA lt CA	19	34
PA gt CA	22	20
ties	13	18
p=	.43	.20

Note. PA lt CA is Parent less than caregiver.

*.05<p<.10. **p<.05. ***p<.01. ****p<.001.



Microsystem: the individual and his/her environment.

Mesosystem: interaction of microsystems.

Exosystem: external factors affecting the individual.

Macrosystem: attitudes, beliefs, and value systems.

Figure 1. A representation of Bronfenbrenner's concept of the ecosystem.

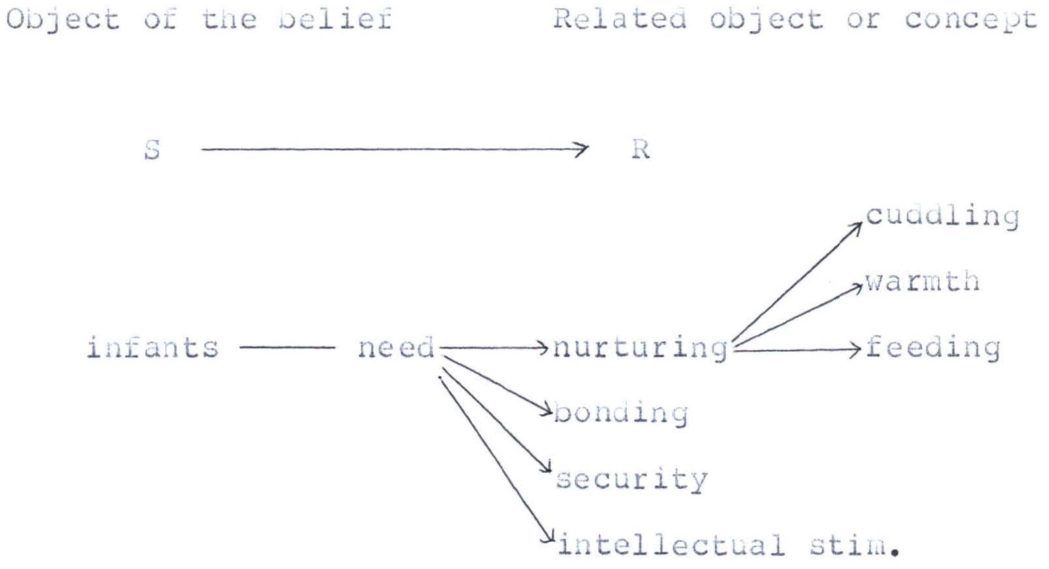


Figure 2. Analysis of a belief system using Hull's (1937) habit-family hierarchy configuration.

$$B \sim BI = (Abeh)\ W0 + SNB\ (Mc)\ W1 + PNB\ (Mc)\ W2$$

B = behavior
BI = behavioral intention
Abeh = attitude toward performing the behavior
SNB = social normative beliefs, beliefs about the expectations of reference group members
Mc = motivation to comply with the expectations of reference group members, or with personal normative beliefs
PNB = personal normative beliefs
W0,1,2, = empirically determined weights

Abeh= perceived consequences of the behavior for the individual x the evaluation of those consequences

Stages of weighting components according to Kohlberg's description of moral reasoning (Berndt, 1981)

1. Pre-conventional: Abeh: self-interest; external rewards and punishments
2. Conventional: SNB: conform to society; expectations of others
3. Post-conventional: PNB: own moral principles; personal standards

Figure 3. Berndt's (1981) model of the relation between social cognition and social behavior

APPENDIX

Caregiver beliefs about the parent

Using the 7-point scale below, indicate how much you agree or disagree with each of the following statements. If you don't know, please use the number "8".

Strongly disagree (1) Neither agree nor disagree (4) Strongly agree (7)

a. The mother is very cooperative.
b. The mother is always interested in what I have to say about her child.
c. I like the way the mother treats her child.
d. She seems to have fun with her child.
e. The mother and I keep on pretty good terms.
*f. I only see the mother when she leaves or picks up her child.(1)
g. I often visit with this child or have him/her visit with me even when I am not caring for him/her.
h. One reason I give day care for this mother is that our children are friends.(This item was not included in the CDC questions)
i. The mother and I handle the child in about the same way.
j. She lets her child get away with too much.
k. The child seems to mind better with me than for his/her mother.
*l. I try to do things for a child the way his/her mother does.(2)
m. I am stricter about rules than the parent is.
n. I will probably keep in touch with the parent and child even when our arrangement is over.
*o. If I were having a problem with this child, I would tell the parent.(3)
p. The parent is punctual about picking up her child or letting me know about changes in schedule.
*q. The parent always asks me what has happened during the day.(4)

Parent beliefs about the caregiver

Decide whether each of the following statements is generally true or false in describing your beliefs about your caregiver. You may make comments on any statement where you feel your choice needs elaboration.

a. If I give instructions that my child is only to watch "Sesame Street", I am confident that my caregiver follows my instructions.
b. My caregiver is stricter about rules than I am.
c. My caregiver has an easy-going manner towards the children.
d. My caregiver devotes most of her time to doing things with my child while she is caring for him/her.
*e. I believe my caregiver ought to be given specific instructions as to what is wanted and expected in providing care for my child.(1)
*f. I often ask my caregiver advice on how to handle my child.(2)
g. I feel that I receive good service from my caregiver for the money I pay her.
h. My caregiver will probably keep in touch with me and my child even when our arrangement has ended.
i. If my caregiver didn't have young children of her own, she probably wouldn't look after other people's children.
j. She is not the type to lose her temper with the children.
k. She has a good understanding of what to expect of children.
*l. If she were having a problem with my child, I'm sure she would tell me without my asking.(3)
*m. I get little feedback from her unless I ask what has happened during the day.(4)

Parent/caregiver relationship

1. Communication at outset

At the beginning of your day care arrangement, how well did you know your caregiver?

Not at all (1)
Knew her slightly (2)
Knew her more than slightly (3)
Knew her extremely well (4)

2. Communication now

Now that (the child) has been in his/her daycare arrangement for some time, how well have you got to know your caregiver?

Not at all (1)

In a business way only--well enough to discuss our daycare arrangement and matters related to it (2)

Well enough to discuss matters about each others' families quite apart from our arrangement (3)

Consider her to be a good friend (4)

3. Frequency of communication

How often do you and your caregiver talk together other than saying just "Hello" and "Goodbye"?

Never (1)
Occasionally (2)
Often (3)

4. Single/ two parent

Are you part of a two parent family or is there another adult in your household who shares parenting and financial responsibilities with you?

Caregiver/Parent beliefs about child characteristics

Along the 7-point scale listed below indicate how you would rate (the child) along each of the following dimensions. The mid-point (4) of the scale would show that the child does not tend towards either end point. If you don't know, please use the number "8".

1. Dependent on caregiver---Independent of caregiver

2. At ease with strangers---Is not at ease with strangers

3. Bossy---Submissive

4. Obedient---Disobedient

5. Even-tempered---Moody, irritable

6. Finds sharing difficult---Shares easily

7. Neat, meticulous---Messy, untidy

8. Talkative---Quiet

9. Likes energetic physical activities---Quiet activities

10. Well-coordinated (gross motor)---Poorly coordinated

11. Well-coordinated (fine motor)---Poorly coordinated

12. Prefers playing with other children---Playing alone

13. Loud---Quiet

14. Always moving---Rather sedentary

Caregiver/Parent beliefs about child activities

How often does (the child) do the above activities while in care? Indicate your answer by means of the scale shown below.

Never (1) Infrequently (2) Once in a while (3) Almost weekly (4) Weekly (5) Almost daily (6) Daily (7)

1. Storytime

2. Music and listening activities

3. Arts and crafts

4. Quiet-time

5. Outdoor play

6. Word, letter, and number activities

7. Puzzles and games

8. Dramatic play

Caregiver/Parent perceived agreement regarding routines

How closely would you say that you and your caregiver (parent) agree on the following matters? Use the categories below to make your choice. If you don't know, use the number "8" to indicate your choice (7-point scale).

Strongly disagree (1) Neither agree nor disagree (4) Strongly agree (7)

1. Rules about eating

2. Types of food served

3. Napping

4. Discipline

5. Dress and grooming

6. Activities to be encouraged

7. Activities not allowed

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Title of Thesis

CONTINUITY BETWEEN HOME AND DAYCARE: CONGRUENCE IN BELIEFS BETWEEN PARENTS AND CAREGIVERS

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[redacted]

LINDA BERYL HANNA

AUGUST 29, 1985