

THE CONTENT AND THE CONTEXT OF PARENT-CAREGIVER  
COMMUNICATION AT TRANSITION POINTS  
IN CHILD CARE

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## Chapter I

### Introduction

One significant societal change over the past fifty years in the United States is the increasing number of women in the workforce. Powell (1977c) describes one effect of this trend:

Early every weekday morning, growing numbers of young children make an important physical and social transition. They move from home to child care centers, from an integral role in familiar social unit called the family to a more transient status in a less familiar group of peers and non familial caregivers (p. 7).

As a result of this change in child rearing practices, Powell has also pointed out that this change that takes place brings the family and the center staff together. According to Bronfenbrenner's ecological theory (Feagans & Manlove, 1994), this change represents mesosystems coming together.

When these systems come together, a social interaction needs to take place in that parents and caregivers must effectively communicate with one another. King and MacKinnon (1988) supported the significance of communication when they stated, "the quality of the interactions between caregivers and children are important for children's development" (p. 394).

The value of effective communication is the basis of a solid partnership. When parents and teachers communicate successfully, positive relationships develop, problems are more easily solved, and children have better educational achievement (Hughes & MacNaughton, 2001). Effective communication is the two-way sharing of information between the parent and the caregiver and is essential to children's success. Too often



program communication is one-way without the chance to exchange ideas and share perceptions. Even parent-teacher conferences can be one-way if the purpose is only to tell the parent of the child's progress.

The child's development is supported when parents and caregivers effectively communicate to establish long-term goals. These goals should include the social, emotional, intellectual, and physical development of the child (Powell, 1977a; Swick, 1997). Social and emotional development during the preschool years is about socialization. An example is when the child learns the values and behaviors accepted by the family, caregiver, and society. When the parent and caregiver communicate with one another about their values and what is acceptable behavior, the child learns what is appropriate (Swick, 1997). Physical development can be enhanced when the parents and caregiver work on the same motor skills. If an infant is ten months old and still unable to sit up, the parent and caregiver can work on exercises that will help develop the large muscles in the infant. A relationship, with regard to the child, is formed between the parent and the caregiver when they keep in close contact with one another (Swick, 1997). Powell (1977c) has reported that as the frequency of communication between the two groups increased the closer they became.

### The Purpose of the Study

The purpose of this study was to provide further descriptive information about the content and context of parent-caregiver communication at the transition points in child care. The specific research questions addressed in this study were:

1. Do caregivers' attitudes toward the content of parent communication differ for caregivers with child/family focused conversations as compared to those with adult/routine focused conversations?

2. Do caregivers' ratings of parent communication efforts differ for caregivers with child/family focused conversations as compared to those with adult/routine focused conversations?

3. Do child/family focus conversations at transition points last longer than adult/routine conversations at transition point?

4. Are there associations between the classroom atmosphere (quiet and relaxed or noisy and hectic) during transition point discussions and the content and length of topics discussed?

5. Are there associations between the availability of the caregiver (free with minor responsibilities or busy with children and/or adults) during transition point discussions and the content and length of topics discussed?

## Chapter II

### A REVIEW OF THE LITERATURE

This review begins with the two theoretical frameworks used in this study to inform the research. The theoretical frameworks are the ecology of human development and the model for parent and professional care and interaction. This study contended that the attitudes towards communication, the length of time, the frequency and content of the communication, determine the type of relationship that exists between the parents and the caregivers. This review of literature has shown that when the parents and caregivers work in an effort of collaboration it benefits the child's cognitive, emotional, and social development.

#### Theoretical Framework

Bronfenbrenner's (Feagans & Manlove, 1994) model of the ecology of human development shows how different systems interact with one another. The relationship between the child, caregiver, and parent can be represented in an ecological model. To be more specific, the ecology of human development is divided into five areas; however, for this paper only the first four listed have been discussed. The five areas are: microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The microsystem is a setting in which the individual spends considerable time. For example: family, school/daycare, peers, or neighborhood. These contexts have the most immediate effect on the child. The mesosystem is the relationships that are developed between microsystems. For example: what happens at home influences what happens at the daycare and vice-versa. This is

when the parent and school collaborate on a child's education. This is also when the peers, family, school and the child interact with one another. Additionally this is where visits and exchanges of information take place and the parents ask the caregiver how the child interacted with peers in child care that day. The exosystem represents influences from another system. For example: parent's losing a job will affect family life, which will affect the children in the family. The family has less money to meet the household expenses and now the family becomes more stressed. The macrosystem is the broader society in which the child, parent, and the teacher live. Example: society's values and customs, and federal laws. This also includes when government intervenes by developing legislative mandates in the area of early childhood programs. For example, the Headstart Program, P.L. 94-142, includes parent involvement and communication as a cornerstone of its program (Feagans & Manlove, 1994; Landerholm & Lowenthal, 1993).

Schaefer's model of parent-professional interaction shows that there is a need for both child interactions as well as parent and professional interactions. Some of the professional roles in Schaefer's model include: parent educator, parent consultant, caregiver, and teacher (Schaefer, 1983). Within the ecology of human development theory, Schaefer's model involves the child, the parent/family, the professional and their interaction with each other. Bronfenbrenner and Schaefer agree that there is a connection between these systems and they further agree that these connections can have a positive affect on the child. Henry (1996) also agreed with Schaefer's model of parent and professional care and proposes that it leads to the optimal outcome for the child. Schaefer (as cited in Henry, 1996) made the following comment:

Parent and family characteristics are related both to parental care of the child and to parent-professional interactions. Similarly, professional and institutional characteristics are related to professional care of the child and to parent-professional interaction. Both parent and professional care of the child have direct effects upon the child's health and development (p.31).

The model also stresses that parents and professionals can ultimately have an effect on the child through the child's interaction with them. In this model, the child is the one that benefits from the change. An example: If parents observed a teacher being overwhelmed due to too many children in care, and they ask the teacher, "What can they do to help?" As a result of asking this question, they came up with a solution in that they will contact other parents to see what their talents are and organize activities throughout the months so that the class can be divided into smaller activity groups. In the parents and teacher collaborating and coming up with a solution, the children benefited and learned new activities. Another relevant example is if a parent was a gardener and wanted to teach the children how to grow a plant or vegetable, they would have the children participate in working with the soil, seeds and reading books on gardening. In doing this, the child develops new skills. In Schaefer's model, he emphasized the fact that while teachers and parents can affect children, the communication between parents and teacher can also make an enormous difference for the child (Henry, 1996).

#### Attitudes Toward Communication

McBride (1991) emphasized that the parent's role is important with regard to making the transition from informal to formal types of learning less stressful for the child. In this regard, teachers have begun to realize that if they want the communication between the parent and themselves to increase they must come together in a partnership.

When the teachers and parents work together in a partnership they become closer, therefore it is not just the teacher at school with the child and the parent at home with the child. They must collaborate with one another for the best outcome for the child (McBride, 1991).

Most parents desire to have a caring relationship with their providers. As stated by Buchanan and Burts (1995), when parents are satisfied with their child care, it forms a bond that usually turns into a friendship. Sometimes as the bond between the parent and caregiver grew, their relationship began to resemble a family relationship.

Not all parents and caregivers form bonds with one another as Kontos and Dunn (1989) reported. They pointed out that negative attitudes of caregivers towards parents can cause parents some areas of concern. If a teacher has a negative attitude towards a child because the child continues to break center rules, this can cause a conflict between the parent and the teacher. Attitudes play a major part in shaping the parent-child-caregiver bond. When parents and teachers have positive attitudes toward each other, it creates a spirit of support and group effort in the community (Haynes & Comer, 1993).

Endsley, Minish, and Zhou (1993) reported that correlational evidence showed that the more teachers valued parent-caregiver communication, the greater variety of parent communication strategies were employed at the center. Endsley et al. (1993) also reported that there was no correlation between how much staff valued communication and observations of specific parent-caregiver communication during transition points. The rating of the parent-caregiver communication included a child/family focus, usefulness of information, and length of time.

Ghazvini and Readdick (1994) reported that the higher the caregivers rated the importance of parent-caregiver communication the more often they engaged in communication (one-way, two-way and three-way). For example, one-way communication is when a note is sent home by the child for the parent. An example of a two-way communication would be a parent-teacher conference. Three-way communication would be when the parent, caregiver, and social worker are communicating with each other about the same child (Ghazvini & Readdick, 1994).

Parent-caregiver communication can vary due to socioeconomic status of the parents (Ghazvini & Readdick, 1994), private pay verses subsidized pay (Kontos & Dunn, 1989; Powell, 1980), and caregivers' training and pay (Ghazvini & Readdick, 1994). Caregivers with no training in early childhood who are paid minimum wage do not tend to value parent-caregiver communication as stated in (Ghazvini & Readdick, 1994; Kontos & Dunn, 1989). Ghazvini and Readdick (1994) found families of high socioeconomic status can afford better quality of care as compared to middle and lower socioeconomic status families. Therefore, parent-caregiver communication can vary in different center auspices.

#### Types and Frequency of Communication

While child development professionals such as Ghazvini and Readdick (1994) agree that communication between parent and teacher is vital to the cognitive and emotional development of the child, there are, however, varying opinions with regard to the most effective mode of parent to teacher and teacher to parent communication. Caulfield (1996) did not indicate which method is the most effective; however, he stressed the point that caregivers and parents need to communicate at every opportunity,

so that parents will want to be involved in their child's program. He further suggested various ways this could be accomplished and they included: newsletters, spontaneous contacts, written notes, conferences, and open houses. Additional ways he believes providers can involve parents are: individual input, parents night, fundraising events, parents workday, and potlucks.

In a landmark study discussing communicative behaviors, Powell (1977a) emphasized the "transition point" was important. According to Powell, a transition point is where the parents leave or pick-up the child. In Powell's research he found that 70.8% of the parents and 66.5% of the caregivers indicated that the transition point was where the majority of their cross communication occurred. The utilization of transition point communication indicates the importance of and preference for face-to-face, one-on-one communication. Powell's research further indicated that of those sampled, telephone communication was utilized with moderate frequency; parent conferences with the staff of the center was used infrequently; and formal home visits by center staff were rarely used. One can conclude from Powell's findings that both center staff and parents prefer and believe that one-to-one, face-to-face communication is the most effective method of exchanging information about the child.

Follow-up studies done by Endsley and Minish (1991), Ghazvini and Readdick (1994), Kontos (1995), and Kontos and Dunn (1989) found that drop-off and pick-up still were the most common times for parent-caregiver communication in child care centers and family child care homes. Kontos (1995) and Kontos and Dunn (1989) pointed out that during these key contact points parents and caregivers quickly communicated with each other their concerns and exchange information, while at the same time trying to get



a feel for the other person's mood. In these same studies, the majority of mothers studied appeared to be pleased with the frequency of communication with the caregivers.

Results from a center validation study for the "Reaching for the Stars" initiative indicated that parent involvement strategies were a significant predictor of center quality as measured by the ITERS, ECERS, and SACERS instruments (Norris, Dunn, & Eckert, 2003). Three of the seven required parent involvement strategies involved communication, which were daily written communication, annual parent conferences, and written information on program policies. In addition, the Stars policy requires the parents be welcomed at all times in the center and that the facility offer, at least two parent meetings a year. Both of these strategies have the potential to foster parent-caregiver communication (Norris, Dunn, & Eckert, 2003).

Britner and Phillips (1995), however, have shown parent-caregiver exchanges differ across types of care. In family child care homes casual conversations and comments from providers were more often reported by parents. For parents using center-based care the most frequently used forms were written communication, parent conferences, and parent functions. Ghazvini and Readdick (1994) found differences in the use of different types of communication with greater frequency of one-way communication rather than two-way and three-way communication in subsidized programs. Endsley and Minish (1991) found that programs differed in their frequency, the communication setting and usefulness of their communication patterns with parents. Thus what Britner and Phillips (1995) appear to be saying is that the preferred mode of communication varies by the type of care. This communication can be in many different forms. Regardless of the forms the lines of communication need to remain open for the parents to know what their children are doing. As the frequency of communication

between parent-caregiver increased, the exchanges became increasingly positive (Powell, 1977c).

#### Length of Parent-Caregiver Communication

Endsley and Minish (1991) reported that the mean length at transition point conversation between parent-caregiver communications was 27 seconds, while the median length of conversation was 12 seconds. Two quality ratings for coding parent-caregiver communication have included length of time as part of the definition of high quality interactions. Smith and Hubbard (1988) conducted a study to examine if the child's behavior would be affected by the quantity and quality of the relationship between the parent and caregiver and how they communicated with each other. The results of this study found there was a connection between the quantity and quality of parent-caregiver communication (i.e., longer, warmer, more reciprocal conversations) at transition point and the child's behavior. The child's behavior differed in that the child interacted more with the caregiver, the child-peer relationships were more positive and the parent-child relationship appeared to be closer.

#### Content of Parent-Caregiver Communication

Swick and McKnight (1989) stated that the child's early childhood years have been successful when parents are allowed to be involved in their child's learning process. For example, when children were encouraged to progress to their full potential, academically, socially, and emotionally, this led to success. This occurred when there was a strong relation between a child's home and the child's child care thus increasing the opportunity for development (Swick & McKnight, 1989). Caregivers, as

professionals, have the responsibility and the ability to reach out to the parents to make the collaboration experience a success (Jones, White, Aeby, & Benson, 1997).

There are four topics most frequently discussed between parents and caregivers during transition times: the child's behavior, interaction with other children, the relationship between child and caregiver, and nutrition (Powell 1977b, 1977c, 1980; Van Ijzendoorn, Tavecchio Greert-Jan, StamsMieke, VerhovenErna, & Reiling, 1998). Powell and Stremmel (1987) conducted a study of a group of teachers in which teachers were interviewed concerning their outlooks about the ways parents use information provided by teachers and how they would like parents to feel about the child care situation. The results were the following: first, and most important, teachers wanted parents to be pleased with the center and their child's daily activities. Teachers also wanted to gain the parents' trust. They wanted the parents not to worry about their children while they are at the child care center. Secondly, teachers liked for the parents to help their children at home, by using the information sent from school to reinforce what is being taught in the classroom. For example, our letter for this week is the letter L. The caregiver informs the parents of this so that they can work with their child at home. The parents will point to objects in the home that begins with the letter L. And thirdly, once parents start receiving school assignments and other information from them, teachers want parents to change the way they perceive and react to their child. For example: During lunch time if a child asks the visiting parent to pour milk into his or her cup and the teacher says no, the child knows how to pour its own milk, the parent should comply with the teacher's instruction.

What happens when a parent sends information to the teacher? Will the teacher make use of it? Teachers indicated positively that they would consider using parent information provided by the parent, as long as it is in reference to the child, and is intended to adjust or improve communications with the child. Another way teacher's might use the parent's information is to help them get a better understanding of why the child's negative behavior has increased. The information from parents is used to increase understanding of the child's behaviors rather than change the teacher-child relationship. Also, teachers monitor what the parents are saying about the child care center and to see if there is positive relationship with the staff. Some teachers build and strengthen their programs from the information received from the parents to increase a positive relationship between staff and parents (Powell & Stremmel, 1987).

Regardless of the mode, open and effective communication is essential; it is important to parents that the providers let them know how their child's day went. For example: If a child wanted to sleep all day and not participate in the daily activities with the other children, the parent should be informed of this so that maybe she can make sure the child is going to bed at an appropriate time. It is also important that the providers keep the parents informed of their children's progress. This way, if the child is going to bed earlier and the child continues to want to sleep during the day the child might have a medical problem. With the parent kept informed of the child's progress, the parent can take appropriate action. Buchanan and Burts (1995) remind us that communication also gives the parents emotional support. Even negative communication can be a benefit to the parent and teacher partnership (Swick, Boutte, & Van Scoy, 1994). For example, when a parent criticizes a teacher because of the way a situation was handled with the

child, once resolved it can benefit the relationship. Perhaps Stamps and Groves (1994) placed the issue of mode of communication in perspective by stating that positive communication with parents results in the best outcomes with school and parent collaborations.

#### Context of Parent-Caregiver Communication

The context of communication can play an important role in communication. Ceglowski and Bacigalupa (2002) stated that both teachers and parents agree that warmth and sensitivity plays an important role in quality care. Smith and Hubbard (1988) found that the child's behavior can be affected by the warmth between the caregiver and the parent. It can be negative or positive for the child. An example of this could be that the child will be clingier towards the parent at transition time or the parent will have to stay a while at drop-off time (Smith & Hubbard, 1988). Endsley and Minish (1991) found that parent-caregiver communication varied from center to center, but that the tone of communication was mostly spontaneous, warm, relaxed and comfortable. Endsley and Minish (1991), also found during pick-up and drop-off times that 92% of the centers classroom atmosphere was quiet and relaxed. Also the noise level was average during transition times (Endsley & Minish, 1991). Endsley and Minish (1991) found that the availability of the staff to be free was during morning transition time and for the parents it was during afternoon transition times.

## Parent-Caregiver Relationships

From the previously mentioned research one can draw the conclusion that there is a relationship between the frequency of communication between parents and the caregivers and the relationship quality. Powell (1977c) reported that as they communicated more frequently with each other the bond between them increased. Rimm-Kaufman and Pianta (1999) reported that teachers and parents should be supportive of one another by forming a closer relationship through communicating more with one another.

The relationship between the parents and the caregivers is not always good. There are times when the relationship is only superficial in nature. Sometimes the parents' expectations are different than those of the caregivers. For example, a parent may request that a child be exempt from naptime, because the child is keeping the parents up all night. This causes stress on the parents due to lack of sleep and stress on the caregiver because the child disrupts the routine of the other children in care. This situation could cause a serious conflict between the parents and caregiver. Another example is the caregiver asks the parents not to constantly hold their infant while in their care because this causes the infant to cry during the day if not held by the caregiver. Because she is having to constantly hold the infant this results in the caregiver not being able to perform her daily activities with the other children in care (Buchanan & Burts, 1995). Parents also want the caregivers to share their beliefs in child rearing attitudes. If both the parents and the caregiver agree on discipline methods (e.g., redirection and

consequences) this will help the relationship to grow. If they disagree on child rearing issues this could cause a negative relationship to evolve (Van Ijzendoorn, et al, 1998).

### Outcomes for Children

Comer and Haynes (1991) stated that, in today's society, parents' involvement in their children's education is a widely desirable and accepted educational need. Likewise, having both the teachers and the parents involved in the child's education offers the best opportunity for the child to obtain a good education. In the past, before parents became actively involved in the educational process, most aspects of learning were placed on the teacher. Now, by having both the parents and teachers working as a team, the child has a greater chance of positive educational outcomes. Involving parents in their children's education has been an issue of interest for some time due to the positive developmental and educational outcomes for children in school (Epstein, 1990; Hoover-Dempsey, & Sandler; 1997; Jones et al., 1997). These outcomes, according to Fantuzzo et al. (1996), were higher academic achievement and more positive attitudes and behavior in children.

In recent years, there has been a powerful nationwide movement to bring about parent and teacher partnerships in the area of early childhood education. Jones et al. (1997) proposed that parental involvement activities resulted in positive outcomes; yet, there were still many teachers who do not encourage parents to get involved. Epstein (1990) reminded us that the Head Start Programs, Follow-Through programs and other preschool programs also have conducted studies as well in the area of parent partnerships. In their findings it has been shown that when parents participate and have an understanding and an awareness of what is going on in the program, the child's work and

attitudes improve. Caregivers and mothers partnership behaviors are positively related to the quality of the child and caregiver interactions (Owen, Ware, & Barfoot, 2000).

Research by several authors (Hughes, 1985; Powell, 1977a; Powell & Stremmel, 1987; Stamps & Groves, 1994) has indicated that communication between parents and caregivers is essential to the positive emotional growth and development of children. Therefore, both parents and professional teachers are major influences in a child's emotional and cognitive development. This fact alone should be reason enough to encourage collaborative efforts between teachers and parents. Tizard, Schofield, and Hewison (1982) agreed that without communication between the teacher and the parents there will be no collaborating in child care homes or centers. It has been found when there is collaboration between teachers and parents these efforts lead to positive results in the child's ability on every level. Tizard et al. (1982) stated even without the parents getting special training in helping their children at home, collaboration between the teachers and the parents still made a positive impact on the children's academic performance.

There has been considerable research that shows when parents are involved with their children that positive outcomes are the result, such as the following: shows a higher academic achievement, (Greenwood & Hickman 1991, Landerholm & Lowenthal, 1993; Reynolds, 1989, 1992), language and literacy achievements (Bennett, Weigel & Martin, 2002; Hoover-Dempsey & Sandler, 1997; Lonigan & Whitehurst, 1998), positive attitudes and behaviors (Greenwood & Hickman, 1991) and cognitive and social skill (Comer & Haynes, 1991; Taylor & Machida, 1994) and developmental and educational outcomes (Comer & Haynes, 1991; McBride, 1999).



## Conclusion

As established in the literature review, there have been many studies on parent and teacher's communication and the positive outcomes that result. It was shown that when parent and caregivers work together, all involved benefit. There are still many unanswered questions. The more research that shows positive outcomes for children the more it will be implemented in the macrosystems. Limited previous research did not show a positive association between caregivers' communication values and observation of parent-caregivers communication at transition point (Endsley & Minish, 1991). This current study examined the possible associations using a rating of the observances of content of conversation separately and length of time separately rather a three part variable (content, length, and usefulness) used in the previous study. No published study examined relations between caregiver ratings of parent-caregiver communication efforts and topics discussed.

Smith and Hubbard (1988) reported a significant correlation between the quality (length and frequency) of communication efforts and positive outcome for children. This current study examined whether child /family conversations were longer than adult/routine. This study explored associations in relation to content, context and length of conversation between parents and caregivers.

## Chapter III

### *Methodology*

#### *Procedure*

Data for the current study came from a larger evaluation study assessing the effectiveness of 16-hour training program for child care providers (“caregivers”) and directors. The training seminars were based on the Touchpoints<sup>®</sup> Training framework (Brazelton Touchpoints Center, 2002) and sponsored by the local Success-by-Six organization and the state’s Department of Human Services (Harrist, 2004). All data analyzed in the present study were collected before the training was conducted and thus not influenced by the Touchpoints<sup>®</sup> curriculum. Two types of data were examined: self-report questionnaire data and observational data. Observations of caregivers and parents were conducted over a six-week period prior to the first training session, and questionnaire data was collected at the beginning of the first training session.

When did most of the communications take place between the parents and caregivers during drop-off or pick-up time? 47% ( $n=27$ ) of the conversations took place during drop-off and 53% ( $n=31$ ) happened during pick-up times.

#### *Sample*

Data for 28 caregivers were analyzed for the current study. Caregivers came from four child care programs: One of the four programs was a full day child care center with a capacity of 147 and three of the four programs were church affiliated part day programs.

Their capacities were 57, 80, and 97. Caregivers were all female with ages ranging from “15-19” to “over 45” ( $M = 31-35$ ). The ethnic breakdown was 68% Euro-American, 14% Other, 4% Asian-American, 4% Latina, 0% African-American, 0% Native American and missing 11%. The teachers’ educational levels ranged from high school graduate 11%, some college 36%, associate’s degree 3%, college degree 25%, some graduate school 11%, graduate degree 3% and 11% missing; and years of experience in the child care field ranging from 11% less than 1 year, 11% between 1 and 2 years, 25% between 2 and 5 years, 7% between 5 and 10 years, 32% more than 10 years, and 14% missing.

*Caregiver self-report data.* Caregivers completed demographic questions to provide information for this study.

### *Measures*

Caregivers completed a set of questionnaires assessing their knowledge, attitudes, and behaviors related to parent-caregiver communication and relationships. Questionnaire items were drawn from multiple sources. *Caregivers’ attitude towards the content of parent communication related to home/family topics* was assessed with an adaptation of a measure developed by Powell (1978). Items on this measure were rated on a 1 to 6 disagree/agree scale with a score of 1 rating equal disagree and a score of 6 rating equal agree. A mean for the subscale was created by dividing the total score by 4. The following four items were used to create this subscale: *Caregivers should be open to discussing child care center activities, Caregivers should be open to discussing any parent-initiated topic, Caregivers should be open to discussing general family activities and Caregivers should be open to discussing the home environment.* The Cronbach’s alpha was .77 for the current study.

*Caregiver's rating of parent communication efforts* were assessed with items developed by the Touchpoints center<sup>®</sup>. Caregiver ratings of parent communication efforts was measured by two items from the caregiver survey. The first question asked: *'How often do families bring important problems to you and share what is going on with their children or family?'* The possible responses ranged from "very often, sometimes, seldom, never, to I don't know/not applicable". This response was recoded so that a higher score indicated more frequent communications from the parent to the caregiver. The second question measured openness of the parent towards the caregiver. With the question, *'How would you describe how parents communicate with you about their children?'* The possible responses ranged from "they are very guarded about what they tell me, they are somewhat guarded about what they tell me, they are somewhat open in what they tell me, to they are very open in what they tell me". A higher rating would reflect more openness towards the caregiver from the parent. An attempt was made to combine these two items into a parent communication efforts scale, however, Cronbach's alpha for this subscale was .57. For reliability purposes this Cronbach's alpha is too low so these items were used individually for analysis purposes.

*Observational data.* Each caregiver was observed unobtrusively at least two times (range = 2-4,  $M = 2$ ) by a member of the evaluation research team while parents were picking-up and/or dropping-off their children at their child care centers. An observation coding scheme was adapted from a measure developed by Endsley (Endsley & Minish, 1991). Codes assessed characteristics of the caregiver-parent interaction, including *length* (in seconds) *content* (routine conversation, child-focused conversation, adult-focused conversation, home/family-focused conversation), classroom *atmosphere* (e.g., quiet and

relaxed or average noise level for transition time to noisy and hectic even for transition time), and caregiver's *availability* to communicate with the parent (free vs. busy).

Inter-observer reliability was calculated based on 2 observers' reports of 19 observations. For assessment of agreement on CONTENT ("child-centered", "adult-centered", or "routine"), Observers agreed on 4 child-focused conversation, agreed on 13 routine-focused conversations, and disagreed on 1 conversation. Thus, Percent Agreement was 95% and Kappa was .36 (considered "fair to moderate agreement"). Note that there was only one point of disagreement; Kappa was relatively low because there was so little variance in the data that percent agreement due to chance was high). When the "adult " and "routine" categories were combined (as they are in the thesis analysis), Percent Agreement is 100% and Kappa cannot be calculated because there is perfect agreement. For assessment of agreement on CONTEXT (communication tone "quiet" vs. "noisy"), Percent Agreement was 100% (and, again, Kappa cannot be calculated).

In summary, inter-observer agreement appears to be more than acceptable. Inter-observer reliability was calculated based on 2 observers' reports of 19 observations. In summary, inter-observer agreement appears to be more than acceptable.

For this current study the content of the communication between the parent and caregiver was coded as child/home focused and routine/adult focus. A study by Endsley and Minish (1991) defined what a child/home focus and routine/ adult focus communication were for this current study. The following examples were provided to help explain the difference between child/home focus and routine/adult focus topics. If the content of discussion focused on the child's behavior, child's medical and health, child's day at center, interaction with other peers, child's development, or discipline of

child, this was considered child focused. If the content of discussion focused on the child's home life, activities outside center/home or family relations, this was considered family focused. If the content of discussion included greetings, routine matters, small talk, or center information, this was considered routine focused. If the content was adult medical and health, adult activities inside /outside center, adult caregiver-parent relations, job/school, financial matters, marriage relations or friendship, this was considered adult focus (Endsley & Minish, 1991). Another example of a child focus conversation would be the parent asking the caregiver, "Did my child get along with the other children today?" Likewise, an example of a family focus topic would be the parent informing the caregiver that the child won first place in a contest last night. An example of a routine focus would be the caregiver reminding the parent that the center will be closed on Monday, because it is a holiday. Similarly an example of adult topic would be the parent sharing with the caregiver how stressful the workday was (Endsley & Minish, 1991).

The steps for creating the grouping variable were as follows. In the original data, topics (home, child, adult, routine) were rated in saliency with 1 as the primary topic of conversation, 2 as the secondary topic, 3 as the less important topic of conversation and 4 as the least important topic of conversation. For purposes of this current analysis, the first step was to create the *recoded saliency rating* so that a primary topic received a 4, a secondary topic received a 3, a less important topic received a 2, and the least important received a 1. Thus a *recoded saliency rating* was created for each of the four topics—home, child, adult, and routine. The second step was to combine the *recoded saliency ratings* to create a *home/child saliency rating* and an *adult/routine saliency rating* by adding the appropriate individual recoded saliency ratings. The third step was to multiply

each *home/child saliency rating* by a 4 and each *adult/routine saliency rating* by 2 creating *weighted saliency ratings*. A high score on the *weighted home/child saliency rating* meant the topic of the conversations were about home and children while a low score meant that the conversations were about adult or routine topics. The reverse was true for the *weighted adult/routine saliency rating*.

*Total topic scores for both home/child and adult/routine topics* were created for each caregiver by adding the appropriate weighted saliency rating for the total number of observations made for each caregiver. The number of observations varied from one to four per caregiver. *Mean total topic scores for both home/child and adult/routine* were created separately for each caregiver by dividing each (*home/child and adult/routine*) *total topic scores* by the number of observations for each caregiver with more than one observation.

The sample was divided into two groups based on the *mean home/child total topic score* and the *mean adult/routine total topic score*. Those with more child/family centered conversations and those with more adult/routine center conversations. Eighteen caregivers had conversations rated as child/family focus, 6 rated as adult/routine focused. There were four that received the same rank score for both child/family and adult/routine focus. To determine how to categorize these four caregivers the scores for each of the three observations used to create the mean score were examined. In all four cases, it was determined that of the three communications that two had been coded adult/routine focus and only one had been coded child/family focus. Since the majority of the observations used to create these mean scores had been adult/routine focused, these four cases were included in the adult/routine focused group.

## Chapter IV

### *Results*

Description of parent-caregiver communications found that the length of time for parent-caregiver communication ranged from 5 seconds to 332 seconds, with the mean length of time communicating being 116 seconds and the median being 90 seconds.

The location where the communication took place between the parent and caregiver was in the classroom, hallway, outside and other. The classroom had the highest frequency of 76% ( $n=47$ ), the hallway had a frequency of 15% ( $n=9$ ), and the outside had a frequency of 5% ( $n=3$ ) and other had a frequency of 2% ( $n=1$ ). During transition point discussions, the classroom was used 78 % of the time for parent-caregiver communications. The type of day recorded was either a *usual* day or an *unusual* day. The observers coded that most of days were usual at 92% ( $n=57$ ) and only 8% ( $n=5$ ) were scored as unusual.

Also found in the content was the warmth verses coolness felt between the parent and caregiver during their communications. It was coded that 95% ( $n=59$ ) of the parent-caregiver communication were warm as compared to 5% ( $n=3$ ) of the communication being in-between to cool. Also looked at was the atmosphere of the classroom and it was found that during parent-caregiver communications the surroundings were quiet and relaxed for 93% ( $n=57$ ) as compared to noisy and hectic for 3% ( $n=2$ ). Also observed was the availability of the caregiver at transition points for the parents to communicate with caregiver, with 76% ( $n=45$ ) rated as free or minor responsibilities and 23% ( $n=14$ ) not being busy.



Also in this current study it was found that 73% ( $n=45$ ) of caregivers initiated conversations with the parents as compared to the parent initiating conversations with the caregiver was 27% ( $n=17$ ) of the time. Also found was that caregivers and parents asked for information from each other. The caregiver asked parents for suggestion/information 28% ( $n=9$ ) of the time and parents asked or made suggestions /information 41% ( $n=13$ ) of the time.

Descriptive information for the caregivers' attitudes regarding parent communication content and efforts has been provided in Table 1 for the sample. Caregivers in this sample expressed very positive attitudes regarding the content of child/family focused communications. The caregivers indicated some efforts made on the part of parents to share information related to their children with the providers with a mean of 2.89 when a score of "3" indicated sometimes and "2" indicated seldom. Providers reported that parents were somewhat open in the information they shared about the child (mean of 3.14 with a score of "3" indicating somewhat open).

Looking at research question 1. *'Do caregivers' attitudes toward the content of parent communication differ for caregivers with child/family focused conversations as compared to those with adult/routine focused conversations?'* A *t*-test was used to compare the attitudes towards the content of parent communications of caregivers with child/family focused conversations to caregivers with adult/routine focused conversations. The higher the score the more they think that what should be discussed should be parent driven. There was not a significant difference between adult/routine or child/family focus ( $t(26) = -1.14, p = .263$ ). Mean for adult/routine focus was 4.73 ( $sd=1.22$ ) and the mean for child/family focus was 5.17( $sd=.83$ )

Looking at research question 2. *'Do caregivers' ratings of parent communication efforts differ for caregivers with child/family focused conversations as compared to those with adult/routine focused conversations?'* There was not a significant difference for the recoded question five when asking the caregiver *'How often do families bring important problems to you and share what is going on with their children or families?'* The *t*-test results were ( $t(26) = 1.26, p = .23$ ). Means for adult/routine focus was 2.60(sd=1.07) and child/family focus was 3.06(sd=.54). Question six asked caregivers *'How would you describe how parents communicate with you about their children?'* The *t*-test results were  $t(26) = .293, p < .77$ . The means for adult/routine focus was 3.20(sd=.63) and the mean for child/family focus was 3.11(sd=.83).

Looking at research question 3. *'Do child/family focus conversations at transition points last longer than adult/routine conversations at transition point?'* The correlation between length of time the conversation lasted and the *weighted home/child saliency* was significant (Table 2). Higher scores on this saliency rating indicated conversations were about home and/or child topics. Thus, this significant correlation indicated that the longer the conversation the more it was about home/child topics. There was a significant difference between adult/routine and child/family focus for length of communication ( $t(26) = -2.39, p = .024$ ). The mean length of communications was 75 (sd=46.5) seconds for adult/routine focus and 132.45 (sd=67.27) seconds for child/family focus conversations.

Looking at research question 4. *'Are there associations between the classroom atmosphere (quiet and relaxed or noisy and hectic) during transition point discussions and the content and length of topics discussed?'* The *t*-test comparisons for focus of communications (child/home vs. adult/routine) and atmosphere could not be made

because only two observed communications took place in a noisy/hectic classroom. Correlations were not significant between the atmosphere variable and the communication scores for the content of the communications (Table 2).

Looking at research question 5. *'Are there associations between the availability of the caregiver (free with minor responsibilities or busy with children and/or adults) during transition point discussions and the content and length of topics discussed?'* The comparisons for the availability of the caregiver could be made. It was found to be approaching significance in the difference for how long conversations were and the availability of the caregiver ( $t(55) = 1.911, p = .06$ ). The mean length of communications for quiet and relaxed caregivers was 132.30 (sd=108.68) and the mean length for busy with child/adults caregivers was 72.43 (sd=75.47). Correlations were not significant between the availability of the caregiver variable and the communication scores for the content of the communications (Table 2).

## Chapter V

### Discussion

The results of this study showed that communications takes place between parents and caregivers at transition points. This current study asked some questions that needed to be answered such as “*Do caregivers’ attitudes or ratings of parent communication efforts differ depending on the content of parent communication*”? This current study did not find that the attitudes or ratings of parent communication of the caregiver differed because depending on whether the topic was child/family focused or adult/routine focused. What was found was that the most discussed topic of conversation between the parent and caregiver was child /family focus. As stated by (Powell 1977b, 1977c, 1980; Van Ijzendoorn, et al. 1998) the four most discussed topics between the parent and caregiver were centered around the child.

Another question asked, “*Do child/family focus conversations at transition points last longer than adult/routine focus conversations at transition point*”? It was found in this current study that conversations that were child/family focused lasted longer than adult/routine focused. In this current study it was found that the mean length of child/family focus conversations was 132.45 seconds long as compared to adult/routine focus which lasted for 75 seconds long. Endsley and Minish (1991) found that the length of conversation between the parent and caregiver determined the quality of the conversations. Conversations in this study lasted much longer than the 27 second mean or 12 second median reported by Endsley and Minish. The difference in length could be

because of differences in the way observers coded the responses. In this study, observers did not start counting time until conversation actually started so there were never any contacts with a length of zero. Endsley and Minish grouped duration of conversation in categories of 1=0 seconds to 10=200 or more seconds at the point of contact between parent and caregiver and not just when communication began so if there was no communication there was a score of zero for length of time communication lasted because it never started. Ghazvini and Readdick (1994) reported that parent caregiver communications varied as a result of the auspice of the facility and three of the four programs in this current study were church affiliated part day programs. The type of facility included in this study could account for this time difference.

This current study, also asked “*Whether there were associations between the classroom atmosphere during transitions point discussions and the content and length of topics discussed*”? It was found that only two of the observations were coded as taking place in a room that was noisy and hectic as compared to the fifty-seven in an atmosphere that was quiet and relaxed. In the study done by Endsley and Minish (1991), they also found a high number of programs with positive atmosphere since 92% of the centers in their study had a classroom atmosphere rated as quiet and relaxed.

The last questioned asked in this current study was, “*Are there associations between the availability of the caregiver during transitions point and the length of topics discussed with the parent*”? In this current study it was observed the availability of the caregiver at transition points for the parents to communicate with caregiver was 76% as compared to 23% being busy.

### *Implications*

This current study can help facilities see how important parent-caregiver communication can be. In the research study done by Norris, Dunn, and Eckert (2003) it has shown that fewer for-profit one star facilities utilize daily written communication, annual parent involvement conferences, or at least two parent meetings a year.

Training for child care facilities can show the importance of parent-caregiver communications. It can show how to assist facilities in set-up of pick-up and drop-off times to facilitate communication between parents and caregivers.

### *Limitations of the Study*

One of the limitations was that this was a small study conducted with four centers in Stillwater, Oklahoma. Due to the study being small there were no significance found between some of the variables that may have been significantly different with a bigger sample . There were not a lot of studies found on the topic of the length of time communications took place between the parent and caregiver, the setting of the communications and the atmosphere and availability of the caregiver.

### *Suggestions for Future Research*

The following are suggestions for future research on the subject of communication between parents and the caregiver. There needs to be more observational research on communications during transition point and what type of relationships are formed between the parent and caregiver. More research is needed on child outcomes when parents and caregivers communicate.

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Table I.

Means and Standard Deviations for Caregiver Ratings of Parent Communication

	Mean	SD
Attitudes Towards Content of Communication Scale <sup>a</sup>	5.01	.98
Caregivers should be open to discuss child care center activities. <sup>a</sup>	5.79	.50
Caregivers should be open to discuss any parent-initiated topic. <sup>a</sup>	5.07	1.44
Caregivers should be open to discuss general family activities. <sup>a</sup>	4.61	1.40
Caregivers should be open to discuss the home environment. <sup>a</sup>	4.57	1.50
Caregiver Ratings of Communication Efforts <sup>b</sup>		
How often do families bring important problems to you and share what is going on with their children or families? <sup>b</sup>	2.89	.80
How would you describe how parents communicate with you about their children? <sup>b</sup>	3.14	.76

<sup>a</sup>Possible range on total score was 1-6.

<sup>b</sup>Possible range on individual items was 1-4.

*n* = 28

Table II.

Correlations Between Atmosphere, Availability, Time and Conversation Topic		
Variable	Child/home	Adult/routine
Atmosphere	.10	-.16
Availability	-.07	-.20
Length of time	.29*	.13

\*  $p < .05$ .

$n = 28$

Note: Higher scores on the home/child saliency rating used here indicated that the topic of conversation was about the home and/or child. Higher scores on the adult/routine saliency rating used here indicated that the topic of conversation was about the adult or routines.

VITA

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Method of Study: The purpose of this study was to provide further descriptive information about the content and context of parent-caregiver communication at the transition points in child care. Observational data of interactions for 28 caregivers with parents were collected at drop-off and pick-up times in four licensed child care facilities. Conversations were coded as child/family focused or adult/routine focused.

Findings and Conclusions: The results of this study showed that communications takes place between parents and caregivers at transition points. This current study did not find that the attitudes or ratings of parent communication of the caregiver differed for child/family focused or adult/routine focused conversations. It was found that conversations that were child/family focused lasted longer than adult/routine focused. It was found that the mean length of child/family focus conversations was 132.45 seconds long as compared to adult/routine focus which lasted for 75 seconds long.

ADVISER'S APPROVAL: \_\_\_\_\_