

Attunement Between Parents and Professional Caregivers: A Comparison of Childrearing Attitudes in Different Child-Care Settings

In a survey of a national sample (n = 568 children) of parents and nonparental caregivers from four types of child care—day care, after-school care, family day care, and babysitter care—we studied the attunement of childrearing attitudes between parents and nonparental caregivers and perceptions of their relationships to one another and to the child from an ecological systems perspective. Parents within the same family were rather consistent in their childrearing attitudes and beliefs, but we found some discontinuities between parents and professional caregivers in their childrearing attitudes and perceptions of the quality of the child-caregiver relationship. Lack of attunement in authoritarian control and support was associated with a lower degree of child well-being. Better communication between parents and caregivers was associated with greater attunement and with a higher degree of child well-being.

In many Western industrialized countries parents share their childrearing responsibilities with professional caregivers. Childrearing is not the exclusive domain of mothers. During the past few decades, the participation of mothers in the labor market has been steadily growing. At the same time, fathers became more involved in childrearing, and an increasing number of children were spending time in day care centers, family day care, after-school care, or with babysitters. Some months after birth, many children start to interact with several caregivers on a regular basis. Children become embedded in a network of parental and nonparental caregivers (Belsky & Eggebeen, 1991, Lamb, Sternberg, Hwang, & Broberg, 1992). From a cross-cultural perspective the involvement of three or more caregivers in raising young children is not a new or even a rare phenomenon. In many African cultures, for example, sharing the responsibilities of child care among several adults and older siblings is common (Nsamenang, 1992).

How is the input of different caregivers coordinated? How similar or dissimilar are the childrearing attitudes of the caregivers? Does the similarity vary with the type of care that the child receives? In previous studies, some researchers concluded that parents and professional caregivers were in major agreement about child-care issues (Nelson & Garduque, 1991), whereas other

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Key Words after school care babysitting child care child-
rearing attitudes day care center ecological systems

researchers found that parents and caregivers in day care centers differed in their perceptions of the child's behavior (Feagans & Manlove, 1994). In the study presented here, we compare the attitudes and perceptions of mothers, fathers, and professional caregivers in three domains: child-rearing, the quality of the relationship between child and caregiver, and the relationship between parental and professional caregivers. Our main focus is the attunement of caregivers to each other. To what extent do parents and professional caregivers share beliefs about the quality of the child-caregiver relationship and perceptions of the communication among the caregivers?

The theoretical framework of our study is derived from the ecological systems model, which directs attention to the interaction between the developing child and the multiple social contexts in which development takes place (Bronfenbrenner, 1979; Peters & Kontos, 1987). Although the model also includes the wider socioeconomic and cultural contexts (exosystems and macrosystems) as relevant for the study of childrearing and child development, we focus in particular on the microsystem—the immediate environment in which the child is a recurring, participating member, such as the family and the professional care setting. In Peters and Kontos' adaptation of the ecological systems model, two issues are crucial on the microsystem level. First, the consistency between caregivers within the same microsystem is important (e.g., the consistency of childrearing attitudes and beliefs between the parents within the same family). Second, the continuity of childrearing attitudes and beliefs between different microsystems is relevant (e.g., the continuity of childrearing attitudes and beliefs among parental and non-parental caregivers of the same child). With the developing child as the focus, we describe what Peters and Kontos call:

the consistency of experiences afforded by a single microsystem environment based upon, in part, the commonly shared attitudes, beliefs and expectations of the adult members of that environment (e.g., father and mother). At the same time, one can describe the continuity of experiences across different microsystems (e.g., home and day care center), again based, in part, on the commonality or similarity of attitudes, beliefs and expectations held by the various sets of caring adults. (p. 7)

We use the term "attunement" to indicate both continuity and consistency.

In an ecological systems framework, consistency and continuity among microsystems are not assumed to be positive or negative in their effects on the child's development (Peters & Kontos, 1987). Judgments about the consistency and continuity within and among microsystems require careful description of the characteristics of microsystems as they interact with the developing child. It is unclear how attunement of caregivers' attitudes and beliefs about childrearing, the quality of the child-caregiver relationship, and communication may affect the development of children. Discrepant care (e.g., care that varies in quality or type between parents and professionals) may cause feelings of disorientation and insecurity in young children, and caregivers' attunement to each other may constitute an important condition in the stability of care (Howes, 1991; Shimon & Ferguson, 1992). To a certain degree, however, some lack of attunement may provide the child with opportunities to learn and to develop skills for dealing with a heterogeneous network of relationships later in life. Furthermore, in a heterogeneous network, deficiencies in one relationship may be compensated by other participants in the network, as has been documented, for example, in the area of attachment (Howes & Hamilton, 1993; Pianta, 1992). From this perspective, the goodness-of-fit between parents and caregivers may not be important for the children's well-being in professional care settings (Erwin, Sanson, Amos, & Bradley, 1993).

In this study of a national sample of Dutch children receiving nonparental care, we focus on the similarities and discrepancies in the childrearing attitudes and beliefs of parents and non-parental caregivers. In an exploratory way, we also address the issue of the consequences for the children's well-being in the context of the non-parental care setting. In many studies, childrearing attitudes have been shown to crystallize into two global dimensions: support and control (e.g., Rollins & Thomas, 1979). The dimension of support involves sensitivity to and stimulation of the child's initiatives. Support concerns the socio-emotional as well as the cognitive cues of the child. The dimension of control involves the restriction of the child's impulses to violate certain rules or regulations and is not necessarily related to the kind of support that is provided. The control dimension often is divided into authoritarian control and authoritative control. Authoritarian control means the forced restriction of unwanted behavior without explanation, whereas authorita-

tive control implies the discursive regulation of behavior by emphasizing its potentially harmful consequences (Baumrind, 1971; Hoffman, 1984; 1988; Kochanska, 1995). We speculate that discrepancies in childrearing attitudes may especially affect children's well-being if the discrepancies between professional caregivers and parents are larger than the discrepancies between the maternal and paternal attitudes and beliefs (cf. Rutter, 1995, p. 20). That is, the discontinuities between microsystems may be more problematic if they have become larger than the inconsistencies within the child's most important microsystem (the family) because the child may have grown used to the somewhat (but not extremely) different interactions with his or her mother and father.

Beside childrearing attitudes, the caregiver's perception of the quality of the relationship with the child may constitute an important aspect of attunement between caregivers. The same child may function in different ways in different childrearing contexts, and different caregivers may have different views of the same child. If professional caregivers perceive that the quality of their relationship with the child is better than the relationship that the parents have with the child, this may indicate an important discontinuity between microsystems. We suggest that the absence of communication between caregivers about the child in their care also may enhance the risk of discontinuity between microsystems. Attunement of professional caregivers to parents may emerge in the communication between parental and nonparental caregivers who are involved in the care of a specific child. Lack of attunement may be caused by a lack of communication. In previous studies, more communication between parents and caregivers was associated with better quality of care (Endsley, Minish, & Zhou, 1993; Ghazvini & Readdick, 1994). Furthermore, caregivers from different microsystems may have different perceptions of their communication with each other. Discontinuities between caregivers' perceptions of their communication across microsystems may hamper the effective and regular exchange of information and beliefs about childrearing.

Lastly, different types of child care may have different implications for the attunement between the caregivers. We expect more discrepancies between parents and professional caregivers in day care centers and after-school care than between parents and babysitters or between parents and caregivers in family day care. Day care is professional, out-of-home care for infants and toddlers;

after-school care is professional out-of-home care for school-aged children after school hours; family day care is out-of-home care for young children in a family context; and babysitting care is nonparental care within the home of the child. In the case of family day care and babysitting, the informal nature and the small scale of the care may be conducive to more frequent and intensive communication between nonparental and parental caregivers and to more similar views and attitudes. In this type of care, the parent always leaves the child with the same caregiver who is also present when the child is picked up. This is not always the case in day care centers. This may have an effect on the opportunity to communicate and may partially explain differences in the quality of communication. In many cases the parents, themselves, have chosen the specific babysitter or the provider of family day care because that person fits the needs and expectations of the parents. In the Netherlands, waiting lists for day care centers and after-school care are long, and parents do not have a choice between different day care centers or professional day care providers (Clerkx & Van IJzendoorn, 1992). Therefore, from the start, the selection of family day care providers and babysitters may lead to more attunement. To test this hypothesis, we compare the four different child-care settings in terms of the attunement among the three main caregivers involved.

METHOD

Participants

In the context of a large study of professional care in the Netherlands, a representative sample of the four different forms of child care was composed. The sample was drawn so that it contained a random 10% of the various child-care facilities, except babysitting. The randomly selected participants—mothers, fathers, and professional caregivers—were contacted by phone or letter. One hundred babysitters were contacted through advertisements in regional papers. In January, 1995, questionnaires were distributed to 1,890 individuals. After 6 weeks, participants who had not completed the questionnaire were recontacted. Finally, 1,485 questionnaires were received, a return rate of 79%.

The participants—almost always the complete set of three caregivers per child—included 521 professional caregivers with a mean age of 30.5 years ($SD = 8.3$), 517 mothers with a mean age of 33.2 years ($SD = 3.9$), and 447 fathers with a

mean age of 35.3 years ($SD = 4.6$). Participants were in four kinds of care settings: (a) day care centers, consisting of 369 professionals, 366 mothers, and 326 fathers; (b) after-school care, consisting of 65 professionals, 62 mothers, and 48 fathers; (c) family day care, consisting of 36 professionals, 35 mothers, and 28 fathers; (d) babysitting, consisting of 51 babysitters, 54 mothers, and 45 fathers. The total sample contained 568 families, including a small proportion of single parents (2%).

The socioeconomic status, a combination of the educational and vocational background of both parents, was somewhat above the Dutch average and was not the same in the families using the four types of caregiving arrangements. Socioeconomic status was highest in families with babysitters, and they differed significantly from the families that chose other types of caregiving (See Table 1). In the Netherlands, babysitting is a more expensive solution to the problem of non-parental care than the scarce, but subsidized, formal provision of care. Because of the informal nature of most babysitting arrangements, it was not possible to compose a representative sample of babysitters on the basis of a well-defined population.

The target children in the study ($n = 568$) ranged in age from 0 to 6 years. There were 395 children in day care (mean age = 1.6 years, $SD =$

1.1, percentage female = 47), 70 children in after-school care (mean age = 4.7 years, $SD = 1.0$, percentage female = 42), 37 children in family day care (mean age = 1.3, $SD = 0.9$, percentage female = 53), and 66 children in babysitting arrangements (mean age = 2.7, $SD = 1.8$, percentage female = 46). The differences in the gender distribution among types of care were not significant, $\chi^2(df = 3, n = 496) = 1.09, p = .78$. Children in after-school care were, of course, significantly older than the other children.

More information on background variables is presented in Table 1. We found differences among professional child-care settings with respect to the size of the group, the caregiver-child ratio, the age of the professional caregiver, as well as the vocational training and occupational experience of the caregiver. In babysitting arrangements and in family day care, professional caregivers were, of course, occupied with fewer children than in day care centers and in after-school care. Consequently, there was a more favorable child-caregiver ratio. Children spent less time in the care of babysitters than in day care centers. The age of babysitters and caregivers in family day care was relatively old, whereas vocational training was, in most cases, lacking. In the Netherlands, family day care and babysitting are not considered professional activities.

TABLE 1 MEANS (AND STANDARD DEVIATIONS) FOR SELECTED BACKGROUND CHARACTERISTICS BY TYPE OF CHILD CARE

| Variable | Day Care Center | After School Care | Family Day Care | Babysitting |
|-----------------------------------|----------------------------|----------------------------|------------------------------|-----------------------------|
| Number of children | 395 | 70 | 37 | 66 |
| Hours of care | 21.0 ^a (6.8) | 9.3 ^c (4.3) | 20.0 ^{a,b} (7.6) | 17.2 ^b (8.1) |
| Size of group | 11.3 ^a (3.7) | 13.5 ^b (5.1) | 2.4 ^c (1.7) | 2.3 ^c (1.3) |
| Percentage of female children | 47 | 42 | 53 | 46 |
| Age of children (years) | 1.6 ^a (1.1) | 4.7 ^b (1.0) | 1.3 ^a (0.9) | 2.7 ^c (1.8) |
| Ratio of caregivers to child | 24 ^a (.09) | 17 ^b (.09) | 63 ^c (.35) | 59 ^c (.30) |
| Age of mother | 32.8 ^a (3.7) | 36.0 ^b (3.9) | 31.9 ^a (3.1) | 33.8 ^a (4.6) |
| Age of father | 35.0 ^a (4.4) | 37.8 ^b (5.0) | 33.9 ^a (4.7) | 35.8 ^a (4.8) |
| Socioeconomic status of parents | 10.8 ^a (2.9) | 10.6 ^a (3.2) | 10.8 ^a (2.1) | 12.6 ^b (2.0) |
| Age of professional caregivers | 29.3 ^a (7.1) | 28.2 ^a (6.2) | 35.3 ^b (5.6) | 38.5 ^b (13.1) |
| Vocational training of caregivers | 1.9 ^a (0.6) | 2.2 ^b (0.8) | 0.2 ^c (0.7) | 0.0 ^c (0.0) |
| Experience in years of caregivers | 4.7 ^a (3.2) | 3.4 ^b (3.8) | 2.3 ^b (1.9) | 2.3 ^b (2.8) |

Note. Different superscripts indicate significant post hoc differences ($p < .05$).

ties for which formal training is required. The occupational experience in number of years was about two times as low for babysitters and family day care providers as for the other types of professional caregivers.

Instruments

Mothers, fathers, and professional caregivers were asked to complete several measures of child-rearing attitudes, assessments of the child-caregiver relationship, and questionnaires about the communication between parents and professional caregivers.

Childrearing Practices Report (CRPR). The CRPR (Block, 1965) originally consisted of 91 items measuring childrearing attitudes, values, behaviors and goals. Kochanska, Kuczynski, and Radke-Yarrow (1989), relying on conceptual guidelines derived from Block's original solution, selected only factors identified in the literature as the components of more comprehensive patterns of childrearing, namely authoritarian control and authoritative control. The following items were considered representative of authoritarian control: physical punishment, verbal reprimands, prohibitions, discouraging the child's emotional expression, emphasizing fear of the external consequences of transgressions, and strict supervision. The items that reflected authoritative control emphasized inductive methods, rational guidance, encouragement of independence, and open expression of affect.

Although the CRPR is originally a Q-sort measure, in a study by Dekovic, Janssens, and Gerris (1991), the instrument was presented in Likert-type format. They found acceptable reliabilities, with Cronbach's alphas of .71 for the authoritarian pattern and .65 for the authoritative pattern. We found Cronbach's alphas of .71 (professional caregivers), .73 (mothers), and .75 (fathers) for the authoritarian pattern and .67 (mothers) and .68 (professional caregivers and fathers) for the authoritative pattern. Moreover, the CRPR scales showed independence, with correlations ranging from .00 to $-.05$.

Nijmegen Childrearing Questionnaire (NCRQ). The NCRQ was devised by Gerris et al. (1993) to measure the childrearing processes of parental support and control in the context of a national survey on parenting in Dutch families. The instrument consists of several 7-point Likert scales, such as responsiveness and conformistic childrearing. In the study presented here, two NCRQ

scales, responsiveness and expression of affection, were used to measure support. Support may be considered a "behavior manifested by a parent toward a child that makes the child feel comfortable in the presence of the parent and confirms in the child's mind that he is basically accepted and approved of as a person by the parent" (Rollins & Thomas, 1979, p. 230).

Responsiveness was operationalized as the degree to which the caregiver responds to the needs, signals, and moods of the child. An example of an item is: "When the child is worrying about something or feels sad, I know what is going on." Affection-expression was operationalized as the degree to which parents show observable and physical expressions of positive affection and fondness toward the child. This concept can be illustrated with two items: "I often show my son that I love him," and "I often smile at my son."

In order to construct scales, Gerris et al. (1993) used an oblique rotation procedure in factor-analyzing the data, allowing the factors to correlate with each other. The Cronbach's alphas for the support scales were .87 for affection-expression (both parents) and .91 (father) and .85 (mother) for responsiveness. We combined both support scales into one because factor analysis showed one-dimensional solutions, with explained variances ranging from 36% (mothers) to 40% (professional caregiver). The alphas were .84 (parents) and .86 (professional caregiver).

Parent Caregiver Relationship Inventory (PCRI) and Child Caregiver Relationship Inventory (CCRI). The PCRI was used to assess the perception of the quality of the relationship between professional caregiver and parents. The CCRI was used to assess the perception of the quality of the childrearing relationship, that is, the relationship between professional caregiver and child. Both inventories were adapted from the Barrett-Lennard Relationship Inventory developed in 1962 by Barrett-Lennard to assess the patient's perception of the quality of the therapeutic relationship, focusing on dimensions of the therapist's empathic response. The items were thoroughly revised to describe the quality of the parents' or children's relationship with the professional caregivers. Gurman (1977) reviewed several studies on the internal reliability and test-retest reliability of different versions of the Barrett-Lennard Relationship Inventory in different contexts, and he concluded that the inventory proved stable and reliable.

We factor-analyzed the data of the PCRI and the CCRI and found one-dimensional solutions. In the case of the PCRI—28 items that measured the quality of the relationship between professional caregiver and parents—the alphas were .93 (fathers) and .94 (mothers and professional caregivers), with the explained variance ranging from 45% to 51%. Confirmatory factor analysis showed high Bentler-Bonett fit indices, ranging from .97 to .99, and an acceptable ratio of chi-square to degrees of freedom: 2.7 for the professional caregivers, 2.5 for the mothers, and 2.1 for the fathers. An example of a PCRI item is: "I feel that this parent really values me as a caregiver."

In the CCRI—27 items that measured the quality of the childrearing relationship between the professional caregiver and the child—the alphas were .92 (professional caregivers), .93 (mothers), and .95 (fathers), with an explained variance between 41% and 57%. Confirmatory factor analysis showed high Bentler-Bonett fit indices, ranging from .97 to .99, and an acceptable ratio of chi-square to degrees of freedom: 3.1 for the professional caregivers, 2.5 for the mothers, and 2.7 for the fathers (Bollen, 1989, p. 261–281; Dunn, Everitt, & Pickles, 1993). An example of a CCRI item is: "I don't understand the feelings of this child." The PCRI and the CCRI are available from the first author.

Satisfaction. Satisfaction with the relationship between child and professional caregiver was assessed with a 5-point Likert-type scale. The instrument consisted of 12 items. The internal reliability, in terms of Cronbach's alpha, was high: .84 for the professional caregivers, .91 for the mothers, and .93 for the fathers. With respect to convergent validity, the intercorrelations between the CCRI and the satisfaction scale proved acceptable: .47 (professional caregivers), .65 (mothers), and .66 (fathers). All correlations were significant, ($p < .001$). The selected items are representative of the interaction between caregiver and child in the context of professional child care in diverse settings. This can be illustrated with the content of one item: "How satisfied are you with the degree to which the professional caregiver succeeds in resolving conflicts between children?" The scale is available from the first author.

Contentment. Contentment with the exchange of information between parent and professional caregiver was measured with a 5-point Likert-type scale. The instrument comprised five items

related to the exchange of information between the professional caregiver and the parent about child care. The internal reliability was high: .82 for the professional caregivers, .85 for the mothers, and .84 for the fathers. The scale is available from the first author.

Communication. The communication scale was constructed to assess the quality of communication between parent and professional caregiver from a shared perspective. The scale consisted of six variables: perception of the quality of the relationship between parent and professional caregiver (PCRI-father, PCRI-mother, PCRI-caregiver) and contentment with the exchange of information between parent and professional caregiver, experienced by the father, the mother, and the professional caregiver. The communication scale is the sum of the standardized items, divided by their number (6). The internal consistency of the communication scale was satisfactory: standardized Cronbach's alpha = .74, with corrected item-total correlations ranging from .31 to .58 ($n = 361$).

Well-being. The well-being of the child was measured on a scale developed to assess the degree to which the child feels at ease in the professional child-care setting. The concept can be illustrated with the following item: "This child likes to go to the child-care setting." The scale consisted of nine variables, referring to the perspectives of the caregivers. Fathers, mothers, and professional caregivers rated the children's well-being independently on three aspects using Likert-type scales with four response categories ranging from *yes* (1) to *I don't know* (4). The fourth category was treated as a missing value. The scores ranged from 4.3 to 9.

Because of the high negative skewness of the distribution, the well-being scale was converted by a reflect-and-inverse transformation procedure (Tabachnick & Fidell, 1989, pp. 84–85). This resulted in an acceptable degree of skewness. Scores on the transformed scale ranged from .18 to 1.0. The reliability of the transformed scale was satisfactory, with a Cronbach's alpha of .71 ($n = 334$).

RESULTS

Attunement Among Caregivers

Mean differences. Attunement among the three caregivers involved in this study can be analyzed in two ways: differences in mean scores and

strength of correlations. Starting with the first approach, we used a repeated measures analysis of covariance to describe consistencies and continuities of attitudes and beliefs within and across care settings. Because mothers, fathers, and professional caregivers of the same child were involved, type of caregiver was the repeated measure (the within-subject factor). We controlled for the following differences among the four care settings: hours of care, socioeconomic status of the parents, and caregivers' years of experience. (See Table 1.) The other differences are intrinsic characteristics of the care setting (e.g., the larger caregiver-child ratio in family day care and babysitting than in day care centers and after-school care). Including these intrinsic differences in the care settings would have led to the confounding of covariates and settings. In Table 2, the means and standard deviations on scales for caregiving styles, child-caregiver relationship, and parent-caregiver relationship are presented. We found significant differences among caregivers on the following variables: support, authoritative control, quality of the child-caregiver relationship, satisfaction with the child-caregiver relationship, and quality of the parent-caregiver relationship. None of the covariates proved to be significant. Results show that mothers emphasized support and authoritative control more than fathers or professional caregivers. Professional caregivers appeared to show less authoritarian control. Mothers and fathers were more satisfied with the relationship between the child and caregiver than were professional caregivers. The professional caregivers, however, were more content than the parents about their relationship with the mothers and the fathers.

In the case of authoritarian control, a significant interaction (i.e., type of caregiver \times type of care) was found, $F(6,776) = 2.22$; $p < .05$, with socioeconomic status as a significant covariate. After we controlled for socioeconomic status, results showed that babysitters were more authoritarian ($M = 3.1, SD = .58$) than parents ($M = 2.9, SD = .49$, and $M = 2.9, SD = .65$ for mothers and fathers, respectively, with children in the care of babysitters). Parents who used some sort of institutional care for their children were more authoritarian ($M = 2.9, SD = .60$, and $M = 3.0, SD = .67$ for mothers and fathers with children in day care centers; $M = 3.0, SD = .61$, and $M = 3.2, SD = .65$ for mothers and fathers with children in after-school care) than the caregivers ($M = 2.8, SD = .60$, and $M = 2.8, SD = .68$, for day care centers and after-school care, respectively). No differences were found in family day care ($M = 3.1$ for all caregivers).

Correlations. In Table 3, the correlations among measures for caregiving style, child-caregiver relationship, and parent-caregiver relationship are presented. These correlations shed more light on the issues of consistency and continuity (i.e., the between-parent and the professional-parent agreement, respectively) and reveal differences between pairs of caregivers. Table 3 indicates that mothers and fathers were more attuned to each other than to the professional caregiver. For example, scores on support range from a correlation of .42 for mothers and fathers with children in day care centers to a low of .32 for parents with children in after-school care, whereas professional and parental scores do not exceed the value of .18 (in after-school care). Although parents' scores were significantly correlated, as expected,

TABLE 2. MEANS (AND STANDARD DEVIATIONS) OF CAREGIVING STYLES, CHILD-CAREGIVER RELATIONSHIP, AND PARENT-CAREGIVER RELATIONSHIP VARIABLES

| Caregiver | Professional | | Mother | | Father | | F | df |
|-------------------------------|--------------|-------|--------|-------|--------|-------|---------|---------|
| | M | SD | M | SD | M | SD | | |
| Caregiving style | | | | | | | | |
| Supportive | 5.0 | (.56) | 5.3 | (.42) | 5.0 | (.50) | 39.2*** | (2,393) |
| Authoritarian | 2.9 | (.62) | 3.0 | (.59) | 3.0 | (.66) | ns | |
| Authoritative | 5.0 | (.44) | 5.1 | (.36) | 5.0 | (.42) | 8.7*** | (2,393) |
| Child-caregiver relationship | | | | | | | | |
| Quality | 5.4 | (.45) | 5.4 | (.46) | 5.3 | (.53) | 4.5** | (2,364) |
| Satisfaction | 4.1 | (.32) | 4.3 | (.39) | 4.2 | (.45) | 4.5** | (2,361) |
| Parent-caregiver relationship | | | | | | | | |
| Quality | 5.1 | (.57) | 5.0 | (.55) | 4.8 | (.58) | 25.6*** | (2,352) |
| Contentment | 4.1 | (.42) | 4.1 | (.53) | 4.0 | (.51) | ns | |

** $p < .01$. *** $p < .001$.

TABLE 3 CORRELATIONS BETWEEN PARENTS' AND PROFESSIONAL CAREGIVERS' STYLES, CHILD CAREGIVER RELATIONSHIP, AND PARENT-CAREGIVER RELATIONSHIP IN CHILD-CARE SETTINGS

| Childrearing | Day Care Center | | After-School Care | | Family Day Care | | Babysitting | |
|-------------------------------|-----------------|--------|-------------------|--------|-----------------|--------|-------------|--------|
| | Mother | Father | Mother | Father | Mother | Father | Mother | Father |
| Caregiving styles | | | | | | | | |
| Supportive | | | | | | | | |
| Professional | 05 | 02 | -04 | 18 | -32 | 04 | 18 | 02 |
| Mother | | 42*** | | 32* | | 37* | | 38** |
| Authoritarian | | | | | | | | |
| Professional | 07 | 05 | 16 | 17 | -01 | 00 | 14 | 06 |
| Mother | | 47*** | | 71*** | | 41* | | 42** |
| Authoritative | | | | | | | | |
| Professional | 17** | 12* | 03 | -15 | 06 | 04 | 11 | 06 |
| Mother | | 36*** | | 46*** | | 67*** | | 40** |
| Child caregiver relationship | | | | | | | | |
| Relationship | | | | | | | | |
| Professional | 18*** | 04 | 13 | 28* | -20 | -05 | 28* | -09 |
| Mother | | 46*** | | 65*** | | 11 | | 54*** |
| Satisfaction | | | | | | | | |
| Professional | 09* | 03 | 14 | 31* | 10 | -08 | 20 | 18 |
| Mother | | 47*** | | 72*** | | 68*** | | 52*** |
| Parent-caregiver relationship | | | | | | | | |
| Relationship | | | | | | | | |
| Professional | 17*** | 11* | 18 | 12 | 13 | 13 | 21 | 15 |
| Mother | | 49*** | | 45** | | 44* | | 43** |
| Contentment | | | | | | | | |
| Professional | 12* | 19*** | 03 | 22 | 22 | 43* | 34* | 06 |
| Mother | | 51*** | | 35* | | 56*** | | 47** |

* $p < .05$ ** $p < .01$ *** $p < .001$, one-tailed tests

the attitudes and beliefs of the professional caregivers were not correlated with those of the parents, with some exceptions. The outlying position of the professional caregiver seemed independent of the type of care. However, in the domain of parent-caregiver relationships, the discrepancies between the parental and nonparental caregivers were smallest.

Correlates of Attunement

Next we explored the relationship between continuity and consistency, on the one hand, and the child's well-being in the professional care setting, on the other. We analyzed discontinuity between parents and professional caregivers, as well as parental inconsistency, by way of discrepancy scores, expressing differences in childrearing attitudes. We hypothesized that a lack of attunement between parents and professional caregivers would be negatively associated with the child's well-being in the care setting. We found no significant correlations for discontinuity or inconsistency with child well-being. In other words, discontinuity between parents and professional caregivers was unrelated to the child's well-being, and inconsistency between parents was unrelated to the child's

well-being. We also investigated the outcome of the combined effect of consistency and continuity on the child's well-being (e.g., what if the continuity is greater than the consistency?) In this case, too, none of the correlations was significant. One-way analyses of variance showed that type of care and well-being were not related, $F(3,391) = 1.66, p = .17$.

In order to further explore the effects of discontinuity and inconsistency, we analyzed the consequences of the more extreme discrepancies for the child's well-being. For discontinuity, we divided the discrepancy scores for childrearing attitudes into three groups, using the lower and upper quartiles and the intermediate 50%. A negative discrepancy classification, in which the professional caregiver was less authoritarian, less authoritative, or less supportive than the parents, was composed of those in the lowest quartile. A positive discrepancy classification, in which the caregiver was more authoritarian, more authoritative, or more supportive than the parents, was composed of those in the upper quartile. An average discrepancy classification was composed of the remaining participants. For inconsistency, the classification of the three groups was based on absolute discrepancy scores because in this case the direction of

differences seemed irrelevant. Care settings did not differ in the number of participants assigned to the three categories. That is, in every care setting, about equal numbers of participants appeared to show a similar attunement or lack of attunement.

For the analysis of discontinuity, we compared the means on well-being in the three classification groups. We examined the full-fledged model by performing sequential analysis of covariance, with the type of care and the child's age as covariates and consistency entered first. In this way we controlled for the influence of consistency in exploring the main effects, and we controlled for the influence of all main effects in exploring the interaction effects. This analysis revealed a significant result for discontinuity on authoritarian control, $F(2,360) = 3.62, p = .028$. For support, the results just failed to reach significance, $F(2,361) = 2.93, p = .055$. We did not find any interaction effects. With respect to authoritarian control, children felt significantly less at ease in the care setting when the professional caregivers showed a more authoritarian attitude than the mothers. For support, results suggest that children felt less comfortable when the professional was less supportive than the mother. Results for inconsistency were not significant.

Furthermore, the quality of the relationship between the caregivers and the parents may determine, in part, whether discontinuities between parental care and professional care emerge. The overall score for quality of communication proved to be higher in family day care than in the three other care settings, $F(3,495) = 6.19, p = .0004$. The quality of communication did not appear to be associated with discontinuities in childrearing attitudes between parents and nonparental caregivers. Across the four care settings, however, better communication between parents and caregivers was associated with smaller discrepancies in the parental and nonparental perceptions of the relationship between the child and the caregiver (i.e., the CCRI scores for mother and caregiver were $r = -.32, p < .001, n = 465$; for father and caregiver, $r = -.36, p < .001, n = 383$). In day care centers, in particular, better communication was associated with more attuned perceptions of the child-caregiver relationship across microsystems. Lastly, the quality of communication was, indeed, related to the children's well-being in the care setting, $r(393) = .15, p < .001$, one-tailed.

DISCUSSION AND CONCLUSIONS

Our survey is a European study of the attunement of the childrearing attitudes and beliefs of parents and nonparental caregivers from different child-care settings. We found considerable discrepancies in childrearing attitudes and in perceptions of the child-caregiver relationship and the parent-caregiver relationship. Across all four care settings, mothers and fathers were more attuned to each other than to nonparental caregivers. That is, both parents appeared to agree more with each other than with nonparental caregivers about the basics of childrearing and child care. Although the ecological systems framework is neutral about the consequences of discontinuities in microsystems for the developing child, there may be cause for concern in view of the importance of the two microsystems (the family and the care setting) that dominate the child's life in the first few years after birth.

We were able to show that discontinuity between the two microsystems of parental and nonparental care is associated with the child's well-being. When caregivers were more authoritarian than mothers, children felt significantly less at ease in the care setting. When caregivers were less supportive than mothers, children also tended to feel less at ease in the care setting. With the possible exception of authoritarian control (e.g., if both parents and professional caregivers are excessively authoritarian), it seems in the child's best interest if parents and nonparental caregivers are attuned to each others' childrearing styles. We suggest that continuity between microsystems is especially important for the well-being of young children because these children still lack the metacognitive abilities to put discontinuities into perspective (Main, 1991).

The parents appeared to be more satisfied with the quality of the child-caregiver relationship than the professional caregivers, who appeared to be more content with the parent-caregiver relationship. Professional caregivers may be inclined to evaluate the quality of care less in terms of their relationship with the parents and more in terms of their relationship with the child, and they do not seem to overestimate its quality.

It is somewhat disappointing to note that attunement does not necessarily emerge with better communication between parents and caregivers. Discrepancies in parents' and caregivers' childrearing attitudes did not disappear with better communication. However, better communication

was associated with less discrepant ideas about the quality of the child-caregiver relationship, and it also showed a modest positive correlation with the child's well-being in the care setting. This is convergent with results reported by Ghazvini and Readdick (1994) and Endsley et al. (1993), who found that better communication between parents and caregivers was associated with better quality of care. Furthermore, Ainslie (1990) found that mothers of secure children were inclined to communicate more frequently with caregivers than mothers of insecure children. Communication between parents and nonparental caregivers is an important factor in the quality of care. Nevertheless, it does not always seem to bridge the gap between the basic childrearing attitudes of parents and nonparental caregivers.

Therefore, it may be important to guarantee the attunement between parents and caregivers in terms of basic childrearing attitudes before the child enters nonparental care. In choosing nonparental care, professionals and parents should seek goodness-of-fit in basic childrearing attitudes because goodness-of-fit seems hard to reach through frequent communication after the child starts attending nonparental care. Goodness-of-fit may, however, also be difficult to attain in advance. When there are few day care facilities to choose from, parents tend to send their children to the first option that fits their needs for location, opening hours, and price, rather than to the option that fits their childrearing attitudes. Informal care with babysitters and in small family day care centers does not prevent discrepancies in childrearing attitudes among the three caregivers. On the contrary, considerable discrepancies can be found in these types of care in which prior attunement may be more readily realized. On the other hand, in family day care the provider is her own boss and may be more independent in her views on childrearing. Further, family day care homes frequently include the provider's children, which increases the likelihood that she stays with her own caregiving style. The discrepancies tended to be larger in the case of the fathers who might not have participated in the search for prior attunement as much as the mothers. Considering the importance of continuity between microsystems for young children, we suggest that, in the ecological systems model (Bronfenbrenner, 1979; Peters & Kontos, 1987), the ways to enhance attunement between the child's main caregivers through prior selection and later communication should be studied more carefully.

In sum, our study provided evidence for considerable discrepancies between parents and professional caregivers in their childrearing attitudes and views of the quality of the relationship between child and caregiver. Discrepancies in authoritarian control and support were associated with a lower degree of child well-being in the care setting. Better communication between parents and nonparental caregivers did lead to better attunement in terms of the perception of the child-caregiver relationship and to a higher degree of child well-being. We suggest that attunement of basic childrearing attitudes—through careful matching of parents and caregivers—should be reached before parents decide on nonparental care for their child. After choosing a care setting, parents should be able to communicate openly with the caregivers about the children in their care. Both prior matching and later communication may help the child to feel more at ease in the care setting.

NOTE

We acknowledge the financial support of Programmerings College Onderzoek Jeugd [Programming Board on Youth Research] Grant 144 to Louis Tavecchio and Marinus van IJzendoorn. We are grateful for the assistance of P. G. M. van Baardewijk, A. M. J. Brauers, and W. H. M. Greijn in collecting the data. The first author was a fellow of the Netherlands Institute for Advanced Study in the Humanities and Social Sciences when the manuscript was finished.

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