



Changing Beliefs and Knowledge of Child Care Providers: The Ounce Research Project

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Introduction

A critical debate in the early care and education literature focuses on the professional development strategies and content that can best improve caregiving practices and enhance children's development. This is particularly crucial for infant and toddler caregiving, as that care consistently receives lower quality ratings than care provided for preschoolers.

In the Ounce Research Project (ORP), we tested the hypothesis that specialized training with specialized content (use of an observational assessment tool, The Ounce Scale™) leads to positive changes in infant and toddler child care providers' attitudes, beliefs, and knowledge, and ultimately to improvements in caregiving behavior.

Method

Sample: 98 infant and toddler child care providers were randomly assigned to participate in Ounce training (N=53) and implementation for one year or to a control group (N=45).

Intervention: Ounce participants participated in 6 months of training to learn and practice using The Ounce Scale™, and 6 months of regular follow-up.

The Ounce Scale™ (Meisels, Marsden, Dombro, Weston, & Jewkes, 2003) is an ongoing, functional assessment system for infants and toddlers used to gauge developmentally significant growth and progress. Caregivers conduct regular, intentional observations of children's behavior and along with parents, use the information garnered during observations to rate the child's degree of developmental progress and set goals for supporting the child's development.

Study Design: Data were collected at three time points: baseline (Time 1); after 6 months of training (Time 2); and after training and implementation, at 12 months (Time 3).

Measures: Providers completed four questionnaires:

1. Attitudes about being a child care provider (Kontos, Howes, Shinn & Galinsky, 1995)
2. Beliefs about children and child caring (Luster, 1985; modified slightly for this project)
3. Knowledge of Infant and Toddler Development (KID); (MacPhee, 1983)
4. Perceived caregiving skill (Harper & Parry, 1999)

Analytic Plan

1. Test for group differences at Time 1 to insure group equivalence. Results indicate no differences between Ounce and control groups.
2. Examine changes in beliefs and knowledge with repeated measures anovas over 3 time points as a function of intervention group and provider type (center or family).

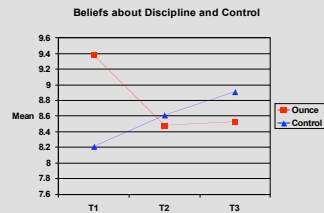
Results

Knowledge

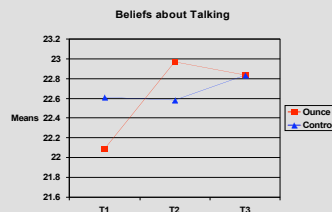
Findings indicate intervention-control differences over time. Ounce providers, compared to control providers, increased their knowledge about infant and toddler development [F (1,63) = 3.76, p = .057].

Beliefs

Discipline and Control: Findings indicate intervention-control differences in linear change over time. Ounce providers, compared to control providers, decreased the rigidity of their views about discipline and control [F (1, 61) = 4.83, p = .03].



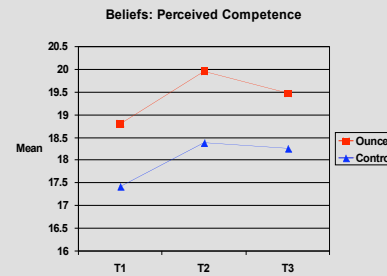
Value of Talking and Reading: Findings indicate intervention-control differences in quadratic change over time. Ounce providers, compared to control providers, strengthened their beliefs about the value of talking and reading [F (1, 61) = 5.11, p = .03].



Results

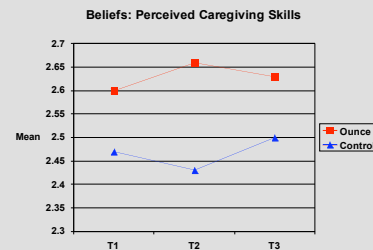
Beliefs

Perceived Competence: Findings indicate intervention-control differences over time. Ounce providers, compared to control providers, rated themselves as more competent [F (1,61) = 3.94, p = .05].



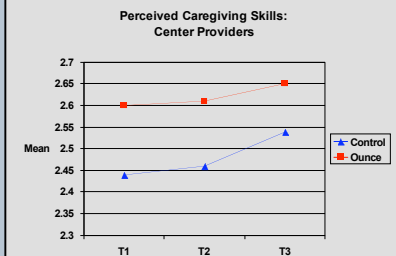
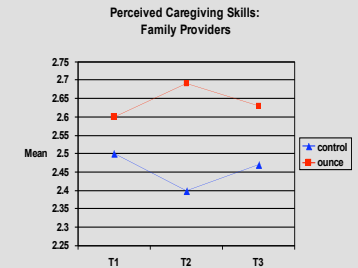
Perceived Caregiving Skills: Findings indicate intervention-control differences over time. Ounce providers, compared to control providers, self-rated their caregiving skills more highly [F (1,60) = 3.91, p = .05].

Findings also indicate quadratic change over time. Ounce providers, compared to control providers, strengthened positive perceptions of their caregiving skills [F (1, 60) = 5.22, p = .02].



Results

Perceived Caregiving Skills: There was also a quadratic trend for caregiving skill x ounce x provider type F (1,60) = 3.16, p = .08]. The Ounce family providers, compared to the control family providers, not only maintained higher scores on their perceived caregiving skills, but demonstrated greater positive change during the first 6 months of the intervention. The control family providers show a sharp decrease in the first 6 months and then an increase in their perceived caregiving skills.



Conclusion

This short-term longitudinal, randomized study demonstrated that observational assessment via the Ounce Scale™ can positively impact infant and toddler child care providers' knowledge and beliefs. Family and center-based providers experienced the intervention differently.

Future analyses will link these changes in knowledge, attitudes and beliefs to implementation fidelity, trainer-provider relationships, and caregiver-child relationships.

Findings can be used to guide professional development practices and policies.