The 5th Discourse: The Connectivity Role For Early Childhood Services – Meaningful Support For Families.

by

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Dedications

Many people have made this thesis a reality and I would like to acknowledge their assistance and cooperation.

I am indebted to the three families that gave their time to be involved in the study and allowed me into their lives. Without their voices this thesis would not exist. Thanks to the early childhood staff of the centres the children attended, they allowed me to spend time in their services observing and also gave their time to participate in the interviews. Thanks must also go to the five early childhood directors who distributed the questionnaires to the families and staff in their services.

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Statement of Authentication

I certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degrees.

I certify that any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

Signature _________________________________________ ______________________
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Abstract

The recognised benefits of social capital have resulted in a focus on ways to provide support to families within their context or community. At the same time there has been an emphasis on the interplay between environment and experiences in the early years of life and long term physical, neurological, psychosocial and emotional/behavioural developments for humans. Coincidentally the use of out of home care for young children has expanded rapidly. These issues have resulted in a call to reconceptualise the role of early childhood services as a nexus of the community. Researchers are increasingly referring to early childhood services as hubs from which multi-sectoral supports can be developed and delivered.

This thesis reviews the current literature about the importance of the early years; the experiences within the early childhood service; the renewed focus on supports for families; and the role of early childhood services as community hubs. Despite a growing body of literature about early childhood services as community hubs and as the basis for developing relationships with families, it was found that there is a dearth of information about the ways in which families and early childhood staff interface in defining what constitutes ‘quality’ within services. Indeed it is shown that the voices of families are rarely, if ever, taken into account in the development of curriculum and assessment practices in early childhood services. Subsequently the supports that could assist staff in undertaking meaningful connections with families are not prominent in the current literature.

This thesis addresses this gap in the knowledge base about early childhood service delivery. A sociocultural approach is used to investigate the level of shared perspectives, meaningful participation and other forms of meaning making between a small sample of families in diverse situations and their early childhood service. Both qualitative and quantitative methods are applied in the analyses of how early
childhood services enhance or inhibit connectivity for families with preschool-aged children.

In Phase One, an in-depth study of three families with diverse situations in one urban centre of Australia (An Aboriginal family; a culturally and linguistically diverse family; and a family wherein the father has a physical illness) is conducted. Data collection methods involve purposeful sampling, video taping, semi-structured and structured interviews and non participant observations in both the home and early childhood setting. Findings from Phase One identify six continua of issues, reported by parents to be meaningful in terms of experiences for their children. In Phase Two these findings are incorporated into a questionnaire entitled “Experiences that are valued in the early childhood service”. The questionnaire is administered to staff and families in diverse socio economic and geographical regions in order to test for generalisability of the original findings.

This thesis indicates that the role of early childhood services as community and family support services is not well articulated nor well understood by staff or families. The findings from the study include:

1. Rather than supporting families, some forms of information dissemination from early childhood services actually increase pressure on families.
2. Staff and families have differing perceptions about the frequency of communication and the experiences occurring in the early childhood service. Families report that the experiences they value highly are not valued by the service.
3. Despite a strong emphasis on a multicultural approach to early childhood service delivery, not all families value this notion. Rather, families want early childhood services to ‘teach and reflect’ the dominant cultural ways of knowing and learning because this is associated with school success.

1 The researcher uses the term Aboriginal not Indigenous throughout the thesis as this as this is the main term the family used to identify themselves.
4. Some common and widely used measures assessing quality early childhood services do not include measures associated with family and community support.

This thesis concludes with a set of recommendations for service delivery and policy decision makers. These focus on the need to embrace a ‘fifth discourse’ for early childhood services – one which defines the sector as the vehicle for providing safe ‘meeting places’ where families and staff participate in meaningful ways that result in true support for the complex role of parenting.
Chapter 1

INTRODUCTION

Background to the study

Increasingly families are entrusting their children (under five years) to early childhood services. This is related to the increased participation of women in the workforce (see Brennan, 1998; Pocock, 2003) and other demographic, social, cultural and economic developments. As early childhood services are being accessed by more families, (including families from marginalised and diverse backgrounds) (Australian Bureau of Statistics, 2005), it is imperative that early childhood services are re-examined. It is timely to investigate how early childhood services are supporting families and if families believe their needs are being met by these services.

This thesis explores families’s perceptions about the supports they receive from early childhood services in the care and development of their child. In particular it examines the nature of the connections between families and early childhood services. For this thesis, obtaining the perceptions of the families is integral to understanding the social and cultural contexts that the children are part of. By also examining early childhood services perceptions, (through the early childhood professionals), roles in

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2 The term family for this research is used to include the mother, the father and any extended family members who play a significant role in the life of the three to five year old child. This extended family could include grandparents, aunts, uncles, cousins, and/or children from previous relationships or others who live in the home and/or have daily contact with the child.

3 Early childhood services are places where early childhood professionals work with children (ranging from 0 - 5 years of age) and others in the community. These settings can be managed by a committee (community based) or be for profit. Early childhood services are licensed by the New South Wales Department of Community Services (see http://www.community.nsw.gov.au/html/comm_partners/childrens_regs.htm).

4 For the purpose of this thesis ‘child’ or ‘children’ refers to a child between three to five years of age.
relation to connecting with families are unpacked. The perceptions from representatives of the two separate environments\(^5\) (home and early childhood service) of the child illuminate the issue of connectivity and the supports needed for families of young children.

My interest in the connections formed between families and early childhood professionals has stemmed from many years working in the early childhood field (mainly in long day care services) and from my own experience as a parent of two children who have attended early childhood services. My story, life experiences and interest in building connections with families who have diverse needs is outlined in detail in chapter 4.

**Community connections**

The term connection is used in many ways in the literature. It is referred to as ‘community input’, ‘community ownership’ and ‘community effort’. Community connection is correlated to sustainability of social interventions (Jason, 1997b; Schuler, 1996, 2000). Myers describes community connection as ‘community building’ and states:

* [It is] about communities working in co-operation to provide a healthier lifestyle for all families and individuals in that community and building programs that have the values and customs of the culture in which the children and their families live or have their roots (1992, p. xiii).*

\(^5\) In this thesis the researcher uses the term environment to describe a situation in which the child spends considerable time, interacts with similar people consistently and which projects (implicitly or explicitly) a set of rules, code of conduct and expectations on the child. The child’s community is made up of these environments.
For the purpose of this thesis community connection is used to describe how the family is supported by the early childhood service in raising a healthy child. This includes the opportunities provided by the early childhood service for families to articulate the supports they require to raise their children.

The notion of focusing on environments or contexts beyond individual actions is now recognised in many sectors (Marmot & Wilkinson, 1999). However, it is a recent area of study for the field of early childhood education and the delivery of health and other community services (Dahlberg, Moss, & Pence, 1999; Hayden & Macdonald, 2001). Little consideration has been given to the way early childhood services can interrelate to support the health and well being of the child. Current brain research has shown that the experiences in early childhood (birth to three years of age) have an impact on both physical and neurological developments and that by the age of three 90% of the brain has developed (McCain, Mustard, & Shanker, 2007; Shonkoff & Phillips, 2000). This focus on the importance of the under threes has culminated in a researchers’ reluctance to incorporate studies of three to five year olds. Research has also not addressed the potential for early childhood services to compensate for the positive or negative outcomes especially in relation to groups of children with diverse needs (Dahlberg et al., 1999; Mac Naughton, 2004b).

Social capital

Social capital has been referred to as the ‘social fabric’ or ‘glue’ of the community (Putnam, 1995, p. 51) and is created through the interconnections between people that
create networks, share feelings of belonging, trust and mutual benefit (Cox, 1995; Onyx & Bullen, 1999; Putnam, 1995). Social capital is increasingly seen to be a crucial ingredient of civil society, economic development, the health and well being of people and of community development (Cox, 2002; Onyx & Bullen, 1999; Putnam, 1995; Wilkinson & Marmot, 2000).

A community with a high level of social capital is also considered to be an effective or healthy community (Community Builders Nebraska, 2001). This refers to a community where the individual and agencies work collaboratively to identify and solve the problems and issues of that community. This requires community members to be open to creative ideas and assist with the articulation of a vision for the community (Coleman, 1988; Onyx & Bullen, 1998, 1999).

The recognised benefits of social capital have resulted in a focus on ways to support people (children and families) within their context or community. At the same time there has been a tremendous leap in our understanding that the realisation of human potential has roots in the early years of life and that environments play a significant role in the long term physical, neurological, psychosocial and emotional/behavioural developments. Both biomedical and psychosocial resiliency in adults has been shown to be correlated to the social connections in the early years (Barry, 1996; Cox & Swinbourne, 1999; Leeder & Dominello, 1999; Schweinhart, Barnes, & Weikart, 1993; Shonkoff & Phillips, 2000; Swick et al., 1997; Vimpani, 2000; World Health Organisation, 1997). Research has shown that stable and nurturing environments in childhood are co-related to adults’ ability to cope with stressors and traumatic events.
Therefore, healthy environments in the early years are co-related to biomedical health throughout the life span (Barry, 1996; Carnegie Corporation of New York, 2000; Gammage, 2000; McCain & Mustard, 1999; Mustard, 2000). As Wadsworth states:

*Child health is of the greatest importance for the future health of a nation, not only because today’s children grow up to become the next generation of parents and workers, but because recent research in child health shows that early life is, for each child, the basis of health in adult life (1999, p. 44).*

Conversely, there is evidence that social isolation is linked to immediate and long term biophysical diseases and to mental health breakdowns. Aspects of unhealthy communities, such as homelessness, crime, poverty, substance abuse and breakdown of the family unit, have been shown to be linked with feelings of alienation, helplessness and isolation (Jason, 1997a; Schuler, 1996). Healthy communities are seen as a way to transform cycles of poverty and social diseases (Putnam, 1995; Vinson, 1999). Community based models for social service delivery are increasingly recommended as the most effective way to create sustainable outcomes for at risk children and families (Carnegie Corporation of New York, 2000; Carney, 1999; Hungerford & Cox, 2006; Ife, 1998, 2002; Kenny, 1994; Vinson, 1999).

Health promoting environments constitute one aspect of sustainable communities and refer to a context of healthy development for children. This includes: good nutrition, intellectual stimulation; consistent emotional care and nurturing; access to physical, social and active learning opportunities as a way to increase the health and well being of children and families in both the short and long term (Ife, 1998, 2002; Jason, 1997b; Myers, 1992, 2000; Schuler, 1996, 2000). While this community centred research (social capital studies) is prevalent in the health sector, very little has
emerged from the field of early childhood (La Jolla Institute, 1999; Onyx & Bullen, 1999; Parcel & Menaghan, 1993; Social Capital Development Corporation, 2000). Obvious exceptions is the work of Ball and Pence (1999) and Dahlberg, Moss and Pence (1999).

**Increased isolation and disconnection**

Current literature documents the changes occurring in Western societies whereby communities have: an increase in the sense of isolation (Ife, 1998, 2002); an increase in working hours (Adamson, 2002; Arndt, 2000); a decrease in extended family and/or other support (Australian Labour Party, 2001; Nance, 1999) and an increase in fear of crime and a decrease in sense of trust of people (Murphy, 2001). These changes seem to be exacerbated in the urban environment. As Ife states:

*Community, in the traditional sense, is not a significant element of contemporary industrial society, especially in urban or suburban settings where the majority of Australian populations live (1998, p. 14).*

These issues of isolation could be exacerbated in communities where the population itself is not part of the dominant culture or part of mainstream society (Myers, 1992). The research to date focuses on the affects of ‘social capital’ (Putnam, 1995). For example, a research study conducted in Western Australia in 1990 by the “Community and Family Commission” supported that both identity and a sense of community had been lost and that the Commission should be focusing on “rebuilding community structures” (Ife, 1998, p. 15).
Through investigating the experiences of three families with children between two environments (the early childhood service and the home), this thesis identifies the coherence and/or discords between these environments. This thesis illuminates the supports and constraints for families as they attempt to construct a cohesive and healthy environment for their children. The researcher investigates three families who have diverse needs. These families include:

- An Aboriginal\textsuperscript{6} family;
- A culturally and linguistically diverse family; and
- A family wherein the father has a physical illness.

The choice of these three families allows for conclusions to be drawn on how early childhood services (Western mainstream institutions\textsuperscript{7}) support and connect with these families.

**Building relationships in early childhood services**

Educators in Reggio Emilia (Northern Italy) have been working with parents and citizens for the past thirty years and have created a public child care and education system that is recognised around the world (Edwards, Gandini, & Forman, 1998). These early childhood programs are seen to be vital to community cohesion. Over 10\% of the city budget is allocated to early childhood education. Reggio Emilia is a living model of how communities can work together to achieve an early childhood

\textsuperscript{6} The researcher uses the term Aboriginal not Indigenous throughout the thesis as this is the main term the family used to identify themselves.

\textsuperscript{7} The researcher wants to investigate how the service which implements an early childhood program that is from the dominant Anglo Saxon culture affects how the child and families (who are not part of the mainstream) are supported. Early childhood services in Australia are based on the British model due to the historical influences of the British Empire when they settled in Australia just over 200 years ago (Brennan, 1998).
program that benefits the children, families and communities. According to their website delegations of teachers, university lecturers and researchers visit Reggio Emilia to view this model (see http://zerosei.comune.re.it/inter/reggiochildren.htm). While attempts to imitate this program throughout the world have been pervasive, limitations occur due to the community and economic contexts. Both a collaborative cohesive community, as well as considerable funding, are required to fully emulate the Reggio Emilia experience.

Pence and Benner (2000) stress the importance of the societal context and the need for early childhood professionals to work in partnership with the people in their community to ensure all programs are relevant for children and families. This is seen as the most critical goal for early childhood professionals in the new millennium:

*The primary challenge is to transform a highly specialised, compartmentalised system of community social services into one that includes parents, families, and communities in the planning, development and delivery of services* (Pence & Benner, 2000, p. 369).

Building successful relationships between staff and families in the early childhood service correlates to positive outcomes for the children. Rockwell, Andre and Hawley (1996) describe a partnership as:

*The practice of any activity that empowers parents and families to participate in the education process either at home or in a program setting… This collaboration goes beyond parent education. It builds, often slowly, upon mutual respect and trust* (pp. 6-7).

Authors such as Hughes and Mac Naughton (2001b) argue that partnerships are complex, often problematic for early childhood professionals and require rethinking the current literature about parent involvement. They argue that:
We must redefine the benefits of parent involvement in early childhood education. Instead of a boost to the national economy, the benefit would be a boost to local democracy by informed citizens who create local, collective knowledge about what is in children’s best interests (Hughes & Mac Naughton, 2001b, p. 256).

Researchers identify that establishing partnerships/relationships between early childhood professionals and families is central to the health and well-being of children. For instance; an increase in academic achievement; improvement in children's attitudes and performance at school, increase in children's self esteem and motivation, decrease in behavioural problems, decrease of drop-out rates, and parents development of a better understanding of the school and how it works are all outcomes of high quality relationships between families and early childhood professionals (Bateman, 2000; Beckett, 1995; Bowes & Hayes, 1999; Bowman, 1995; Endsley, Minish, & Zhou, 1993; Epstein, 1995; Workman & Gage, 1997; Yoshikawa, 1995).

For staff and family relationships to be successful, early childhood professionals need to recognise and accept families as the child's first teacher (Hughes & Mac Naughton, 2002; Mac Naughton, 2004a; Rockwell et al., 1996; Winter, 1985). This calls for recognition of the diversity of families (Gonzalez-Mena, 2001; Ochiltree, 1983). This means not only cultural and ethnic diversity, but diversity in structure and relationships. Australian families for example are made up of one or more of the following a single adult, mother, father, step parent, grandparent, aunt, uncle, older sibling and/or the nanny (Rockwell et al., 1996). In Australia in 2005 the number of children attending early childhood services was 324,000 (9.6%). In New South Wales...
where this study is conducted 110,000 (9.7%) children attend early childhood services (Australian Bureau of Statistics, 2005). The diversity of families accessing these services includes couples (9.6%), single parents (9.4%) and families who speak a language other than English (8.4%) (Australian Bureau of Statistics, 2005). Each of these families have their own cultural and social values that will influence the way they will bring up the child and the role they see the early childhood service will take (Small, 1998).

The literature on early childhood professionals developing partnerships with the community in the Australian context provides some limited examples. For instance Hayden and Macdonald’s (2001) research on health promoting environments for young children identifies the early childhood service as a unique place to develop health promotion programs9 (Hayden, Macdonald, & Fraser, 2001). This research concluded that when early childhood professionals collaborate with their community, linkages are enhanced and families are supported more effectively in raising their children (Hayden & Macdonald, 2000). Apart from this research, little to date has targeted or investigated the possible relationships between young children and community health.

This thesis extends the previous work in New South Wales (Hadley, 2000; Hayden et al., 2001). While these previous studies investigated how early childhood professionals can develop links with their communities to support families this thesis

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9 Health promotion programs are defined as programs that support families to meet the health and well-being needs of their child. Key aspects of a health promoting program include participation, equity and collaboration between support agencies.
focuses on the environments\textsuperscript{10} of three families. It specifically examines the experiences of three families in three early childhood services and identifies the levels of connectivity between families and early childhood services.

The thesis analysis also includes policy and service delivery implications for early childhood services. The role of the early childhood professional in supporting children has tended to be the focus, rather than supporting families to feel connected and supported. This thesis focuses on how the service and family do, or do not, complement each other in the raising of the child including the perceptions and voices of the families.

Summary

The notion of focusing on environments or contexts beyond individual actions is increasingly recognised as important. This is a recent development in the field of early childhood education and requires further investigation. This thesis explores the supports for families with young children by investigating the cohesion (connectivity or not) between two specific environments of the child: the home and the early childhood service. By exploring three diverse families conclusions are drawn on how early childhood services support and connect with these families.

\textsuperscript{10} In this thesis the researcher used the term environment to describe a situation in which the child spent considerable time, interacted with similar people consistently and which projected (implicitly or explicitly) a set of rules, code of conduct and expectations on the child. The thesis explored the supports within the community by investigating the cohesion between two specific environments of the child: the home and the early childhood service.
Theoretical framework

Examined in detail in chapter two is the theoretical underpinning of the thesis. In this chapter an overview is given. This thesis utilises sociocultural theory to investigate the needs for reconceptualising early childhood, often referred to as the fourth discourse.

Sociocultural theory

Bronfenbrenner’s (1979) ecological system has been an important framework for early childhood practices. His system acknowledges the crucial role of the environment (family, neighbourhood, local community and society) on a child’s learning and outcomes. These four spheres (microsystem, mesosystem, exosystem and macrosystem\(^\text{11}\)) are described as ever widening concentric circles that are independently distinct. The larger circles (exosystem and macrosystem) impact on the smaller circles (microsystem and mesosystem). Therefore, in this system external decisions have an indirect impact on the individual. However, sociocultural theorists, such as Rogoff (2003) and Wertsch (1991), argue that this influence is not that simple or static in its influence. They argue that these systems interrelate, overlap and affect one another and therefore the influences are reciprocal.

Sociocultural theory refers to the concept that the person’s knowledge, behaviours and understanding of social norms are developed through interactions with their

\(^{11}\text{Microsystem is the direct environmental influences on the person (family).}
\text{Mesosystem – the environments the person interacts with (work, school).}
\text{Exosystem – is the legislation and policies from both state and federal governments.}
\text{Macrosystem – the societal beliefs and attitudes (dominant paradigm) (Bronfenbrenner, 1979).}
environment and other members of that community (Berk, 1997; Rogoff, 2003; Wertsch, 1991). The person’s interactions in turn impact on the cultural norms of the community. This perspective has emerged from Vygotsky's theory of how children learn. Vygotsky believed that to understand individual intellectual development one had to look at the cultural and historical context of the child. He used the term cultural-historical perspective. Theorists, such as Rogoff (2003) and Wertsch (1991) have extended this notion to develop sociocultural theory. The sociocultural theory:

[Believes] people contribute to the creation of cultural processes and cultural processes contribute to the creation of people (Rogoff, 2003, p. 51).

Sociocultural theory within teaching and learning is centred on both relationships with adults or older peers and the cultural norms that are a part of that community. This theory views all aspects of the child (cognitive, emotional, physical, social, perception, and drive) as parts of the sociocultural activity (Fleer, 2001, 2003b; Smith, 1996a; Wertsch, 1991).

The fourth discourse in early childhood – reconceptualising service delivery

Lero (2000), Moss (1997) and others have identified three discourses that have driven notions of service delivery in early childhood services from the 1960's to the 1990's. The three discourses include:

1. Early childhood as a service for working parents. This has been fuelled by mothers entering the work force and has been growing rapidly since the late 1960's. Within this discourse children are viewed as a constraint to employment opportunities.
2. Services for children in need. Since the late 1960's the Australian government has funded services that have provided a program for children with additional needs. This discourse incorporates programs of child protection, prevention of family breakdown and other interventions for ‘at risk’ situations.

3. Preschool programs for over three's. This discourse incorporates a priority on education and child development for children three to five years of age.

Early childhood specialists, and others in more recent times, are calling for a new discourse to embrace "multi-functioning resources" (Moss & Penn, 1996) and "meaning making" (Dahlberg, Moss and Pence, 1999). This fourth discourse (Moss, 1997, Lero, 2000, Hayden, 2000) incorporates the need to construct and develop a contextual understanding of early childhood; to seek clarification with others; and to reach agreement (between early childhood professionals, family and the community stakeholders) about what is best for the early childhood service in each community. Lero (2000) argues that once it is acknowledged that children are a collective responsibility all policies (not just educational policies) can begin to re-think where children and families should be situated within the community.

The fourth discourse calls into question traditional beliefs about what early childhood services should ‘look like’, perceptions of the role of the child within society and the reciprocal responsibilities between family and the community in terms of children’s health and well-being (Dahlberg et al., 1999; Mac Naughton, 2000b; McGurk, 1997). This calls for the need to move beyond a modernist vision in which all children are predictable, follow similar stages at various ages and have similar needs regardless of
their background, family and community. It acknowledges that needs, issues and
goals for children derive from diverse sources and differ within each context and
service. Each service is involved in making its own meaning as its clientele and
context change and evolve. Thus early childhood education cannot be separated from
its context or community. Accordingly early childhood services make significant
contributions to community, as they are not merely recipients of guidelines and policy
making from external sources (Dahlberg et al., 1999; Fleet, 2000; Fleet & Patterson,
1998; Hayden, 2000; Mac Naughton, 2000b; Penn, 1997; Rodd, 1998; Rogoff, 1995;
Taylor, 2000).

For the purpose of this thesis, adopting sociocultural theory allows the research to be
informed by the social and cultural aspects of the families, the children and the early
childhood services. Situating the research within sociocultural theory enables the
complexity of both the families’ and early childhood services’ needs to be analysed.
In particular developing an understanding of how the family and the early childhood
service interrelate in relation to the well being of the child. This in depth analyses is
utilised to develop a deeper understanding of the supports needed for families within
early childhood services to help raise healthy and well adjusted children. This
“pedagogy of listening” (Dahlberg & Moss, 2005, p. 191) creates opportunities for
reconceptualising the early childhood professional’s role in supporting families and
their children.
Summary

Sociocultural theory and researchers arguing for a reconceptualisation of early childhood services’ delivery inform this thesis. This thesis focuses on families’ perceptions of their levels of connection with the early childhood service. Analysing families’ perceptions through both a cultural and social perspective allows for the interconnections of the relationships between the families and the early childhood services to be examined. This examination fits the premise that early childhood service delivery needs to be reconceptualised at both the practical and policy levels as these two areas impact and affect each other.

Methodology

In chapter three the methodological approach is described. This thesis adopts a phenomenological approach to explore the families and children’s early childhood experiences and to examine how these experiences contribute to connectivity for the families.

The thesis addresses gaps in the current research and identifies strategies that contribute to health promoting or supportive environments for three children in three communities. This thesis investigates how early childhood services enhance connectivity or not for families with children aged three to five. The research questions include:

1. What do families report as important experiences for their preschool child?
2. What do early childhood service staff report as important experiences for preschool children?

3. What are the levels of connection between the early childhood staff and families in relation to these experiences?

Research design

A qualitative research approach of phenomenology has been utilised to analyse the environmental influences on the health and wellbeing of three children in three communities in Sydney, New South Wales. Phenomenology is founded in the belief that knowing is always in context and reality cannot be known apart from the knower (Leonard, 1994; Moran, 2002). Reality is a social construction, which is defined by shared meanings (Husserl, 1965). This research addresses not “what do I experience?” but “what is my experience?” Therefore the thesis examines not only the experience but also the perceptions families have about the experiences.

During the first phase of the data making the researcher investigates three families who represent the diversity of the Australian community. Three families are chosen as this allows for the researcher to be involved with each family over a considerable period of time. This investment in time provides the opportunity to build an in depth case study on each family. The three in depth case studies allow for conclusions to be drawn on how early childhood services support and connect, or not, with diverse families. The findings from Phase One (the experiences families valued) are utilised in Phase Two of the data making whereby a questionnaire entitled “Experiences that are valued in the early childhood service” is developed to test the generalisations of
the findings. The questionnaire is distributed to early childhood professionals and families in five early childhood services in New South Wales.

Data making methods

Six methods are utilised to make the data in the thesis. These include

1. Purposeful sampling (Phase One)
2. Video taping (Phase One)
3. Semi structured interviews (Phase One)
4. Structured interviews (Phase One)
5. Non participant observations (Phase One)
6. Structured questionnaires (Phase Two)

Purposeful sampling, video taping, semi structured interviews, structured interviews and non participant observations are carried out in Phase One of the thesis. Structured questionnaires are carried out in Phase Two of the thesis. These data making methods are outlined below.

Phase one

1. Purposeful sampling

Purposeful sampling is adopted to recruit three families. Purposeful sampling refers to choosing participants based on specific characteristics (Patton, 1990). For this thesis three families who have a child accessing an early childhood service in Sydney, New South Wales and who have needs excluding them from the mainstream are the
priority. The three families comprise of 1) an Aboriginal family, 2) a culturally and linguistically diverse family, and 3) a family wherein one of the parents has a physical illness. This sampling assumes that early childhood services are mainstream institutions and that the three families could have different experiences and challenges to face.

2. Video taping

Video recordings have been successfully utilised in several early childhood studies, notably Fleer & Williams-Kennedy (2002) and Tobin, Wu and Davidson (1989). This study replicates some of their methods. Each family is given a video camera for a three week period and instructed to video experiences which reflect their perceptions and/or activities in relation to three items.

1. What does my preschool old child need for healthy development?
2. How does my family contribute to these needs?
   a. What are the special or good things about my family?
3. What support is provided by the early childhood service and other community services for the healthy development of my child?

In a replication of Fleer and Williams-Kennedy’s (2002) research families are given control of the editing process to ensure their perspectives about their family life are acknowledged and recorded.

\[12\text{ This study is discussed in detail in chapter three.}\]

26
3. Semi structured interviews

To obtain information about the value and meaning families ascribe to their early childhood service and other supports, semi structured interviews are used with the families. Due to the broadness of the topic semi structured questions were deemed most appropriate. Seidman’s (1988) approach in phenomenological interviewing is implemented. The steps involve: 1) biographical detail; 2) current experiences of the phenomena; and 3) past experiences to determine how these impact on current experiences (see Appendix 1, p.242).

To understand the role of the early childhood service, their perceptions of the families and their needs, the early childhood teachers from the three early childhood services are also interviewed (see Appendix 2, p. 243).

4. Structured interviews

By conducting structured interviews reliability is increased as the questions are replicated with all participants from the three families. These interviews include i) debriefing of the video footage and ii) constructing an eco map.

i) Debriefing after the video footage to discuss its content provides another opportunity for the family’s perceptions of the phenomena (their experience) to be heard. This explanation and interpretation of the video footage was adapted from both the Tobin et al (1989) and Fleer et al (2002) studies.
ii) The eco map provides a visual illustration of the family’s relationships and their connections (both strong and stressful). This tool highlights the people (family and friends) and services (including the early childhood service) each family relies on (see Appendix 3, p. 244).

5. Non participant observations

Non participant observations are carried out by the researcher in the early childhood service. These include i) observations of the child ii) completing validated assessment tools, and iii) reviewing policy documents. These are described below:

i) Observations of the child at the early childhood service by writing a running record of the child’s morning, specifying the child’s behaviour (with his peers and teachers) and the interactions between the early childhood staff and children. Developing an understanding of how the child operates in an environment outside of their home is the aim of these observations.

ii) Two validated tools - *The Early Childhood Environment Childhood Rating Scale revised edition (ECERS-R)* (Harms, Cryer, & Clifford, 1990) and *The Quality Improvement and Accreditation System (QIAS)* (National Childcare Accreditation Council, 2002) are used to assess the quality standards of the early childhood services (see Appendix 4, p. 245 for detailed discussion about these two tools). For this thesis the indicators specifically documented include the interactions between children and staff, the activities and program provided for the child and the parent/staff relationship.
iii) Policies and guidelines from each service are reviewed. These are used to assess whether policies and recommended practices reflect the perceptions of the families’ needs in relation to connections. Specifically analysed in these policies is the communication methods and strategies for developing relationships with families.

**Phase two**

6. Structured questionnaires

At the completion of Phase One of the research data analyses a structured questionnaire is developed to test and validate findings, as well as broaden the scope of the thesis. Findings from Phase One are collated into a questionnaire entitled “Experiences that are valued in the early childhood service”. The questionnaire is distributed to five early childhood services in New South Wales to test the generalisations of the perceptions of the original findings (see Appendix 5, p. 247). In Phase Two the early childhood services represent demographic regions which differ from those of the three families. The questionnaires are distributed to all families in each service who have a child aged three to five years and all staff who work with the age group.

**Data analysis**

**Phase One**

Computer assisted qualitative data analysis software (CAQDAS) NUD.IST Vivo (NVIVO) version 2 is applied to the data collected from video taping, semi structured
and structured interviews and observations on the child. The data generated from these data making methods are transcribed and imported into NVIVO. The home video made by each family is linked to NVIVO as a data bite\(^{13}\). Excerpts of the policies and handbooks collected from the three services are also imported into NVIVO, and linked as a data bite entry to alert the researcher to the complete document.

Once the attributes identifying the data sources are developed, for example case studies one, two and three, and breakdowns of the participants - the transcripts for the first family are coded on a line by line basis to develop an understanding of the emerging themes. As families two and three are coded the themes are refined.

Analyses of the emerging themes include comparing and contrasting the three families perspectives. This analyses reveals the multifaceted layers of families experiences and culminates in the development of the structured questionnaire “Experiences that are valued in the early childhood service”.

Both the ECERS-R and QIAS tools are collated according to the instructions. Collation of both tools culminates in graphs depicting the scores (see chapter 3, Data Gathering Techniques section).

\(^{13}\) Data bite means the external file (in this case a video) is linked or coded to the relevant nodes. This means that the researcher is able to view the video from the link in NVIVO.
Phase Two

The structured questionnaires are entered into an EXCEL spreadsheet, one for the families and one for the staff. This data is then imported into SPSS for statistical analyses. The program allows for statistical organisation of the responses as well as comparisons between families and staff responses (Huck & Cormier, 1996). The analysis is based on independent t-tests and the results are validated by a one-way analysis of variance.

To ensure rigour and validity the following methods are included:

1) By investing time with each family trust and credibility is established. There is a concentrated effort to interact with the families over a long period, implementing various methods of data gathering. The control of the video footage collected and edited (solely by each family) also upholds integrity.

2) Consistency of the data gathered as the steps are replicated with each family. NVIVO also allows for an audit trail, which includes the use of memos. Time is spent by the researcher at a research farm\(^\text{14}\) with a NVIVO expert re-examining the data coding.

3) Applicability of the findings. The experiences the three families’ value culminates in the development of the structured questionnaire for families and staff to test the validity of the findings. The results from the questionnaire identify critical aspects of early childhood services that have not been

previously investigated and provided opportunities for these findings to be tested and applied more broadly in the early childhood field.

Findings

This thesis reveals that the role early childhood services play as community and family support is not well articulated nor well understood by staff or families. Families are confused about what they can expect and request from their service. Staff are unaware of the benefits of meaningful participation and unsure about how to seek or discuss issues which would enhance participation and real meaning making for both parties. The critical findings in this research include:

1. Rather than supporting, some forms of information dissemination from early childhood services, actually increase pressure on families.

2. Staff and families have differing perceptions about the frequency of communication and the experiences occurring in the early childhood service. Families report that the experiences they value highly are not valued by the service.

3. Despite a strong emphasis on a *multicultural* approach to early childhood service delivery, not all families value this notion. Rather, families want early childhood services to ‘teach and reflect’ the dominant cultural ways of knowing and learning because this is associated with school success.

4. Some common and widely used measures assessing quality early childhood services do not include measures associated with family and community support.
The outcome of this study is a need to reconceptualise early childhood service delivery at both the service delivery and policy level. Embracing the “fifth discourse” requires reconceptualising early childhood services to provide meeting places for families. These findings raise issues that need further investigation, including:

1. **Strengths based approach.** Assessing whether adopting a strengths based approach when engaging with families will increase connections between families and staff and support opportunities in services for ‘meeting places’ for families.

2. **Role in acculturation.** Further research is needed to examine the role early childhood services may be playing in promoting the mainstream culture.

3. **Reviewing policy and practical implications in the delivery of early childhood services.** The “fifth discourse” of broadening the role of early childhood services includes redeveloping the tools that are used for assessing early childhood services. Currently these tools are not measuring the important aspects of support for families in early childhood services, including communication discontinuity and providing meeting places for families.

**Outline of thesis**

Chapter one outlines that families are increasingly entrusting their children to early childhood services and therefore it is timely to examine the role of the early childhood service in connecting and supporting families. The theoretical framework is also outlined in this chapter to support the need for reconceptualising early childhood services. By addressing the issues faced by three families in raising healthy and well adjusted children, both practice and policy issues are raised and could be used to
inform early childhood service delivery. Briefly examined is the methodological approach and findings. The chapters of the thesis are also outlined.

Chapter two contains a review of current literature which addresses supports and components of healthy environments for children and families. The literature is examined in relation to the importance of the early years; the experiences within the early childhood service; the role of social capital; the renewed focus on support for families and the role of the early childhood service in supporting families. The literature review identifies a need to re-examine the role of how early childhood services are contributing to or not contributing to connectivity for families, particularly those families from marginalised or diverse groups.

Chapter three presents the methodology. This chapter describes how the data was collected, collated and analysed to ensure validity and trustworthiness of the research findings. The chapter provides the justification for the method of data collection and analyses. Limitations of the research are also outlined.

The findings of the research are outlined in chapter four. The participant’s stories (family, child, early childhood service and researcher) are presented. The research questions are addressed to illustrate the level of cohesiveness between the early childhood service and the family. Mismatches in connectivity are outlined.

Chapter five presents a discussion of the findings and implications of these for service delivery. Both practical and policy implications are outlined which call for
reconceptualising the delivery of early childhood services. Recommendations for further study are also outlined.

Chapter six reviews the thesis and outlines implications for future research in relation to how early childhood services can facilitate cohesive relationships with diverse families.
Chapter 2

LITERATURE REVIEW

Introduction

In this chapter the theoretical orientation of the sociocultural perspective and the fourth discourse are outlined. This chapter reports on a review of current literature about support for families with young children in current western contexts. The main literature thrusts unpacked include the importance of the early years; the experiences within the early childhood service; the renewed focus on support for families; and the role early childhood services can play in supporting families. Gaps within the current literature in terms of the relationships between early childhood services and families are analysed in relation to this thesis.

Theoretical orientation

This thesis uses a sociocultural perspective to investigate the relationship between families and early childhood service development and delivery. Both sociocultural theory and the fourth discourse are outlined below.

Sociocultural theory

Sociocultural theory refers to a person’s knowledge, behaviours and understanding of social norms, which are developed through interactions with the environment and other members of the community (Berk, 1997; Rogoff, 2003; Wertsch, 1991). This relationship is reciprocal whereby an individual’s interactions also contribute to the
cultural norms of the community. This theory has evolved from Vygotsky's theory of the way children learn. Vygotsky believed that to understand individual intellectual development the cultural and historical contexts in which the child is embedded in need to be considered. Vygotsky used the term “cultural-historical perspective”. Theorists, such as Rogoff (2003) and Wertsch (1991), have extended this concept into what they call sociocultural theory.

Sociocultural theory within teaching and learning is centred on both relationships with adults or older peers and the cultural norms that are a part of that community. This theory views all aspects of the child (cognitive, emotional, physical, social, perception, and drive) as parts of the sociocultural activity (Fleer, 2001, 2003b; Smith, 1996a; Wertsch, 1991). These aspects are not dealt with as separate entities and illustrate that “thinking involves social relations and cultural experience” (Rogoff, 2003, p. 236). Rogoff (2003) has provided many examples in her work that illustrate how a child’s cultural and social world impacts on their development as they are embedded in their community. Rogoff argues that any activity undertaken by a child includes three planes - the “interpersonal”, “personal” and “cultural-institutional” (see Rogoff, 2003, pp. 52-61). Although observations and interpretations of the child’s activity may focus on one of the planes, the other two planes provide background information and “instead of being competing ways to examine phenomena, each focus informs the others” (Rogoff, 2003, p. 62).

Fleer (2003a; 2003b) argues that in Western societies early childhood services generally provide a program or curriculum that is child centred, based on the dominant Western cultural perspective, which involves routines, practices, rituals and
artefacts that have become traditions. She argues that these practices are intrinsic, not visible and that this in turn compromises success for children from diverse backgrounds (Fleer, 2003b). Anning, Cullen and Fleer reinforce this position and argue that the political and institutional norms (including assessment, quality, knowledge and pedagogy) embedded in early childhood services “have traditionally privileged some groups within our societies” (2004, p. 189).

Authors such as Hill, Comber, Louden, Rivalland and Reid (1998) support this position and discuss how moving across different ‘sociocultural fields’ can be confusing for the individual who is not a part of the dominant or mainstream culture. Hill et al state:15

The capital or resources of an individual may be valued in the local community group, but this capital may be in competition with institutional values. For instance, a child who has been socialised to use a particular verbal uptake in the home community may find this is at odds with school practices (Hill et al., 1998, p. 26).

Fleer (2003b) argues that this calls for a rethink on the goals and practices of early childhood education in Australia. On examining the New Zealand perspective Brennan (2007) also argues for the reconceptualisation of early childhood services but places the issue squarely with the structure of the institutions. Brennan articulates that implementing a sociocultural theory (which is what is required in the Te Whariki curriculum16) is an impossibility when both the children and early childhood professionals are separated from the community. Anning, Cullen and Fleer call for:

15 Their research related specifically to literacy development but is transferable to other areas of learning.
16 Te Whariki, the New Zealand Early Childhood Curriculum is notably different to other curriculum as the strands do not focus on areas of development, instead they include ‘well-being’, ‘belonging’,
International early childhood researchers and practitioners from a sociocultural perspective to establish and maintain a dialectical relationship in which researchers, practitioners and policy makers increase their dialogue and co-construct common educational goals for society’s youngest members (2004, p. 189).

Notably missing from these calls for developing dialogue and reconceptualising early childhood services are families’ voices. Families should be included in this analysis and currently early childhood institutions and researchers often separate or marginalise the family, who is a major player in the child’s sociocultural world.

The fourth discourse in early childhood education

The post modern perspective fits within sociocultural theory. It is now widely recognised that the child is influenced by items beyond the biomedical or genomic development. In this context educational settings are seen as important influences on a child’s life. Reconceptualisers argue that beliefs about what early childhood services should look like and how children and families are viewed within the community must be re-examined (Ball & Pence, 1999; Ball, Pierre, & Pence, 1999; Dahlberg, 1999; Hughes, 1996; Jason, 1997b; Mac Naughton, 2000b; McGurk, 1997; Moss, 2002; Schuler, 1996, 2000; Tobin et al., 1989). Lero (2000), argues that implementing a post modern perspective in early childhood services requires early childhood professionals to develop strategies that not only meet individual community needs but have in-built changeability.

‘contribution’, ‘communication’ and ‘exploration’. The curriculum’s focus is responsive early childhood services that are working with families (Ministry of Education, 1996).
Both Lero (2000) and Moss (1994) suggest that to date, three discourses have driven notions of service delivery in early childhood services from the 1960's to the 1990's. These three discourses include:

1. Early childhood as a service for working parents. This has been fuelled by mothers entering the work force and has been growing rapidly since the late 1960's. Within this discourse children are viewed as a constraint to employment opportunities.

2. Services for children in need. Since the late 1960's the Australian government has funded services that have provided a program for children with additional needs. This discourse incorporates programs of child protection, prevention of family breakdown and other interventions for at risk situations.

3. Preschool programs for over three's. This discourse incorporates a priority on education and child development for children three to five years of age.

Early childhood specialists and others are calling for a new discourse which embraces "multi-functioning resources" (Moss & Penn, 1996), "meaning making" (Dahlberg et al., 1999) and distances itself from universal and institutionalised services (Cannella, 1997; Silin, 1997). This fourth discourse – a post modern perspective incorporates the need to construct and develop a contextual understanding of early childhood; to seek clarification with others; and to reach agreement about what is best for the early childhood service in each community (Hayden, 2000; Lero, 2000; Moss & Penn, 1996). Authors such as Moss and Penn (1996) argue that early childhood services should be ‘multi-functional’ places that meet the myriad needs of families and their children including health, education, care and support.
More recently Dahlberg and Moss (2005) have continued the discussion in light of what they see as the acceleration of the institutionalisation of early childhood services. Dahlberg and Moss (2005) reinstate the need to create new possibilities that allow for diversity and difference in early childhood services. They call for a refocus on the importance of relationships whereby a “pedagogy of listening” can create spaces for respect and diversity (Dahlberg & Moss, 2005, p. 191).

The post modernist perspective has been critiqued in the literature. Critics such as Bredekamp and Copple (1997) and Weikart (1996) argue children are predictable, follow similar stages at various ages and have similar needs regardless of their background, family and community. They state that this universal knowledge should not be disregarded. Post modernists would defend their position and state they are not disregarding this knowledge but are opening their lenses to see other perspectives. Post modernists argue that research into social and cultural influences has shown that there are differences and every child, family and community constructs their beliefs on the experiences unique to them and their community. Therefore each early childhood service has to be able to develop its own meanings with the children and families and that early childhood education cannot be separated from its context or community (Dahlberg, 1999; Dahlberg et al., 1999; Fleer, 2001, 2003b, 2000b; Fleet, 2000; Fleet & Patterson, 1998; Hayden, 2000; Lambert & Clyde, 2000; Mac Naughton, 2000a, 2000b; Penn, 1997, 2001; Rogoff, 1990, 2003; Taylor, 2000).
Renewed attention to the early years of life

In the last few decades there has been renewed attention to the importance of experiences in the early years of life. It has been shown that the environments young children are raised in play a significant role in their long term physical, neurological, psychosocial, emotional and behavioural development. Central to this development is the role of relationships with the primary adults in the young child’s life (McCain et al., 2007; Perry & Pollard, 1998; Shonkoff & Phillips, 2000). This section of the literature review focuses on the renewed interest in the early years and includes discussion on: 1) brain research; 2) social capital; 3) social determinants of health; 4) early intervention programs; and 5) strengths based practice.

1. Brain research

With the increase in advances of modern technologies, such as neuroscience (magnetic resonance imaging or MRI), scientific researchers have been able to study young children’s brains. This research has focused on how the brain reacts to different stimuli and how the brain develops as the person grows. This technology has enabled scientists to show how both genes and environments (nature & nurture) impact on the developing brain and how children learn (McCain & Mustard, 1999; Shonkoff & Phillips, 2000; Shore, 1997). The technology has shown that the pathways between the cells are not fully developed in the newborn child and that these interconnections between cells (synapses formation) occur rapidly after the child is born. Within this growth of the brain there are critical periods for different brain functions (the brain has differing parts of ‘plasticity’). For example the critical
periods for the function of vision are from birth to nine months (Shonkoff & Phillips, 2000).

This research has highlighted the importance of the child’s environment. The technology illustrates that a child, who is in an environment that is safe, stimulating and who has adults who respond to their cues, will have increased brain development through the increased connections or wiring of the brain (Linke, 2000; McCain & Mustard, 1999; McCain et al., 2007; Mustard, 2000; OECD, 2002; Perry & Pollard, 1998; Shonkoff & Phillips, 2000; Shore, 1997, 2001). These findings support the notion that early childhood development is critical and marks a child for life. Researchers such as Shonkoff and Phillips (2000) and the World Bank (2000) argue that young children who have a well nurtured start to life are more successful at school and are able to develop the skills to compete in the global economy.

Some researchers argue that there is an over reliance on the brain development research (Bruer, 1999a, 1999b, 2002; Corrie, 2000; Jeffrey, 2004; Mac Naughton, 2004b; Mead, 2007). Mac Naughton (2004) argues that the brain research utilises “linear causality” whereby the scientific world explains how one event affects another and that this research relies mainly on the studies of animals (rats, monkeys and chickens). She argues that children are diverse and any studies on humans cannot account for all variables. Bruer (2002) asserts that the brain research findings are questionable as this area of research is still in its infancy (beginning only about 15 years ago). Bruer (2002) argues that it is dangerous that the brain research is being accepted as “truth” when in fact much of it is still a “myth” that requires more
substantiation. For instance he argues that the excitement about “the windows of opportunity for children’s learning” have been generated from a single study on 29 epileptic children aged from 5 weeks to 15 years.

2. Social capital

Social capital and related studies have shown that social interactions, feelings of belonging and of participation/control over one’s environment has a direct relationship to the health and wellbeing of a person and in turn the community (Cox, 1995; Onyx & Bullen, 1999; Putnam, 1995). Social capital is increasingly seen to be a crucial ingredient of civil society, economic development, the health and well being of people and community development (Cox, 2002; Onyx & Bullen, 1999; Putnam, 1995; Wilkinson & Marmot, 2000; Winter, 2000).

The social capital literature has highlighted the positive outcomes for children and families who live in healthy communities. These outcomes include physical, neurological, psychosocial, emotional and behavioural developments (Herbert & Smith, 1997; Vinson, 1999; Wilkinson, 2000). These supportive communities have been linked to families increased ability to function as a cohesive unit (Carnegie Corporation of New York, 2000; Leeder & Dominello, 1999).

The recognition of the benefits of social capital has resulted in a focus on ways to support people (children and families) within their environment/community. The research confirms that social isolation is linked to immediate and long term
biophysical diseases as well as mental health breakdowns. Feelings of alienation, helplessness and isolation have been linked to the break down of the family unit (Jason, 1997a; Relationships Forum Australia, 2007; Schuler, 1996). Empowering families to access and develop resources to support their health and well being is discussed as a strategy for reducing this sense of isolation and building social capital (Dunst, Trivette, & Deal, 1998; Leviton, Snell, & McGinnis, 2000; Potapchuk, Crocker, Boogaard, & Schechter, 1998).

The notion of focusing on environments or contexts over and above individual actions is now recognised in many sectors (Marmot & Wilkinson, 1999). However it is a relatively new area of study for the early childhood field (Dahlberg et al., 1999; Hayden & Macdonald, 2001) and little consideration has been given to the way these early childhood services or environments can interrelate with families to support the health and well being of the three to five year old child. This line of social capital research has prompted a focus on the needs of caregivers (families) health and well-being, as well as how environmental factors contribute to, or detract from, the stress and satisfaction levels of caregivers.

3. Social determinants of health

It is well documented that there are both biological and social determinants of health. Biological determinants include biology and genetic endowment, personal health practices, coping skills and access to sanitation, water and nutrition. Social determinants include freedom from deprivation, income and social status, social
organisation or networks, education, employment, working conditions, access to health services, gender and culture (Lalonde, 1974; Marmot & Wilkinson, 1999). All of these factors are interrelated, are important for a good start in life and are crucial for the development of a healthy being (Bateman, 2000; Noring, 2000; Stansfield, 1999; Wadsworth, 1999).

The social determinants of health research reports on the influence of social class on health. That is, the greater degree of socio economic inequality, the steeper the gradient of health inequality. As a result social class is related to an individual’s chances of life and death. Therefore the more affluent and educated one is, the longer and healthier ones life is. This is been documented in societies that provide universal access to health care (Bower, 1994; Daniels, Kennedy, & Kawachi, 1999; Reynolds & Ross, 1998; Smith, 1996b; Vinson, 1999). This evidence suggests that until a greater focus has been placed on such things as standards of living and education, spending more on health care within the lower socio economic areas will not improve people’s overall health status (Advisory Committee on Population Health, 1999).

Myers (1992) elaborates on this argument within a third world context. He discusses the need for programs to be holistic and move beyond a child’s health status. He argues programs must involve families and communities and need to incorporate all areas of development. Myers (1992) states that in minority world countries 12 of every 13 children in 1991 lived to see their first birthday (92%) compared to 5 of every 6 in 1960 (83%) and he projects that it will be 19 out of 20 in 2000 (95%). Myers argues "survival for what?" as if early intervention programs do not contribute
to healthier communities. These children will still grow up in poverty and will therefore still struggle. He argues the need to stop looking at survival programs and start looking at programs that develop social, emotional and coping skills (Myers, 1992, p. xix).

4. Early intervention research and programs

The literature on health inequalities has been used as part of the justification for developing intervention programs for children in socially disadvantaged areas. For instance, ‘Head Start’ (Tarullo, 2000; Ulione & Donovan, 1996), ‘Sure Start’ (Blunket & Cooper, 2000) and the ‘Perry High Scope Preschool Program’ (Schweinhart & Weikart, 1993). These early childhood intervention programs found that investing in policies to reduce adverse affects early can provide advantages later on in life. For example the ‘Perry High Scope Preschool Program’ in the United States of America found that children who were involved in a preschool program of high quality achieved higher academically in primary school, more often completed secondary school, entered tertiary education and had lower levels of crime and delinquency. The cost analysis of this research found that every US dollar spent in early childhood saved thirteen dollars later in relation to reductions in juvenile delinquency and welfare support (Schweinhart et al., 2005).

Other studies have examined the socio-economic status of the family and how this affects the child’s development. Hart and Risley (1995) focused on the daily lives of one and two year old children in the United States of America. Forty two families
with infants from six to nine months of age were observed for one hour every month for two and a half years in relation to language development of the infant. The families included a mixture of upper, middle, and low socio economic status. The researchers concluded that the vocabularies of the children from the lower socio economic families were significantly lower than the others. This was also linked to lower IQ test scores. Within the cohort the middle and upper socio economic families had higher levels of interaction between parents and children. The lack of vocabulary in lower income families was exacerbated when entering the school system with predominantly middle or upper class background teachers. Teachers were seen to operate on a higher vocabulary level than the children were used to or could comprehend (Hart & Risley, 1995).

Another study conducted by Tasiey Petri and Holloway (2006) engaged mothers of differing socio economic status (working class and middle class) and concluded that the two types of families had different expectations and needs of early childhood services. For instance the working class mothers (with low efficacy) utilised the service for support in their parenting and in building social networks. This contrasted with the middle class mothers who relied on other avenues for support with their parenting and saw the early childhood service’s role as a place for their child to develop social skills. The authors argue for a reconceptualisation of supporting families from different socio economic classes.

The interventionist approach often only concentrates on the negatives of the socially disadvantaged group by diagnosing the problem and treating it with a universal
program. Authors such as Bickel and Spatig (1999) argue the ‘Perry High Scope Preschool Project’ has overemphasised the impacts of the program and the social inequalities in the United States of America negate the programs success. Penn (2005b) argues social poverty and inequality are complex societal issues and targeted early intervention programs cannot purport to be the only answer in solving them.

These arguments and other studies (see Cairney, 2000) reveal that the social and cultural discourse between the early childhood service and home seem to contribute to the failure of those children whose backgrounds differ from that of the teacher. These studies highlight the need for reconceptualising the way families and early childhood professionals engage to ensure the connections are meaningful and contribute to the health and well-being of children. As Cairney states:

*The main challenge that early childhood and school educators face is how to transform centres and schools into sites for learning that are responsive to the social and cultural diversity of the communities that they serve* (2000, p. 368).

Authors such as Leon extend this argument and call for collaboration with the families and communities so that they can “*discover resources that exist within themselves, their families, and their communities*” (Leon, 1999, p. 147). As Shonkoff and Phillips state:

*It demands that scientists, policy makers, business, and community leaders, practitioners, and parents work together to identify and sustain policies and practices that are effective, generate new strategies to replace those that are not achieving their objectives, and consider new approaches to address new goals as needed* (Shonkoff & Phillips, 2000, p. 2).
5. Strengths based practice

An approach that has recently emerged in the literature in relation to reconceptualising the way early childhood services engage families is the strengths based approach (Green, McAllister, & Tarte, 2004). The strengths based approach focuses on the strengths of the person and implements goals and resources that support the person to build on their strengths.

The strengths based approach has evolved from several fields including social work, psychology, psychiatry, nursing, family therapy and early intervention (Allen, 1977; Dunst et al., 1998; Erickson, Tomlin, & Swain, 1983; Karpel, 1986; Maton, Schellenbach, Leadbeater, & Solarz, 2004; Saleeby, 1992). The strengths approach focuses on the existing strengths of the person (their capacity and competency) and then empowers the person to build on these strengths, which includes accessing resources within and outside of the family (Maton et al., 2004).

Dunst, Trivette and Deal (1998) have adapted the strengths approach in their work with families who have a child with a disability. In addition, they highlight the importance of empowering families to be more competent, to mobilise resources and utilise existing resources and networks. They believe all people encompass the ability to be:

1. Proactive – people are competent or have the ability to become competent.
2. An enabler – the person does not have a deficit in their competency because they have not achieved. This deficit can be attributed to the failure of the social system.
3. In control – the person seeking help or being given help must feel a sense of control in changing the situation/behaviour (Dunst et al., 1998, p. 4).

Authors such as Solarz, Leadbeater, Sandler, Maton, Schellenbach and Dogden (2004) who support the strengths approach, argue that the deficit models currently in practice, those that identify a problem and focus on a “treatment” to fix the problem, do not address the needs of families and children successfully. This method often creates an ‘us’ versus ‘them’ approach whereby the person/family is labelled as apathetic or uncaring when they do not adhere to the professional’s prescribed advice (Merton, Merton, & Barber, 1983). However often this advice is not followed due to the lack of consensus between the professional (health, education) and the family about the issue and how to deal with it (Dunst et al., 1998).

This failure of the deficit model has led to the push for transformation of program models to incorporate a strengths approach whereby the community can work together to develop and implement appropriate solutions. The argument is that this new model will in turn build healthier communities as all stakeholders are engaged and empowered (Solarz et al., 2004). Dunst, Trivette and Deal propose that a new model of working with families successfully needs to include:

1. Establishing the family’s needs and aspirations – what the family considers important to devote energy and time to.

2. Understanding the family’s functioning style – determine how the family deals with crisis and issues and ascertain what is working well in the family system.
3. Mapping the supports and resources available – identifying the family’s social networks and potential resources to help meet the family’s needs and aspirations.

These three sections overlap where the professional helps and supports the family in achieving their goals, both enabling and empowering the family (Dunst et al., 1998, pp. 10-11).

Dunst et al (1998) have further articulated this stance and have coined the term “social systems perspective”. This perspective places the family within a social unit that includes both formal and informal networks and support units. They believe these units are interdependent and that changes within one unit can affect behaviours within another and therefore impact on the health and well being of the family. This perspective is similar to sociocultural theory, however authors discussing sociocultural theory state these supports and units are interrelated and impact upon each other (Mac Naughton, 2004b; Rogoff, 2003).

**Summary of renewed attention to the early years**

This section of the literature review discusses how both the brain research and the role of social capital and social determinants of health have been seen to play a part in people’s future. This literature has reinforced the important role targeted early intervention programs can play. However, some researchers highlight the need to be wary of universally targeted programs being able to resolve all issues, especially for
families and children from diverse backgrounds. Reconceptualising how programs are providing support to families has culminated in the recent emergence of the strengths based approach in the early years.

The experiences within the early childhood service

The focus on the importance of the early years and the connection of the environment to children’s development has led to renewed emphasis on the experiences occurring within the early childhood service. In particular the focus is on 1) the relationships between families and early childhood professionals; 2) providing quality early childhood environments; and 3) curricula and assessment foci. These issues are being grappled with in the current early childhood literature and are outlined below.

1. Relationships between families and early childhood professionals

Developing relationships and connections between families and early childhood professionals is increasingly being discussed within the early childhood literature. Developing these connections is a quality indicator and important for the health and well being of the child (Bateman, 2000; Bowes & Hayes, 1999; Elliott, 2003a; Epstein, 1995; Gonzalez-Mena & Widmeyer, 2004; Hughes & Mac Naughton, 2001a, 2002; Workman & Gage, 1997; Yoshikawa, 1995). A recent New Zealand study called for more emphasis to be placed on defining quality in relation to the interactions/relationships between early childhood professionals and families (Duncan, Bowden, & Smith, 2005). Interestingly, the majority of the research about establishing partnerships/connections with families is discussed from the researchers’
point of view about what this relationship should encompass (see Epstein, 1995; Flett & Conderman, 2001; Gonzalez-Mena, 2001, 2002; McBride, 1999; Rockwell et al., 1996; Stonehouse, 1989).

In the literature and research regarding building relationships/connections with families, the voices of both the early childhood professionals working in early childhood services and the families accessing these services are minimal. However, the few Australian studies that have engaged families and/or early childhood professionals have revealed some disparate views both between families and staff and the researchers.

For instance in Hand and Wise’s (2006) study, family day care and long day care staff as well as immigrant families from Vietnam and Somalia were interviewed. This study discovered staff initiated most of the communication and staff often felt tension when families initiated the communication. Tension occurred where staff felt the information shared contravened what they perceived as best practice or what was required to meet regulatory frameworks (licensing and accreditation). The study also found that family day carers were more likely than long day care staff to adapt practices to accommodate the families’ needs.

This issue of families communicating (or choosing not to) about their practices in the home also arose in De Gioia’s (2003) study. She found that culturally and linguistically diverse families were hesitant in sharing information with staff in relation to cultural practices. De Gioia’s research revealed that families were worried
that this may impact on the family/staff relationship if their child rearing practices differed from the service’s practices (De Gioia, 2003). Ebbeck’s (2001) study of immigrants from Vietnam, Cambodia, People’s Republic of China, Indonesia and the Philippines also revealed that families’ ratings for the goal of maintaining cultural identity and communication about child rearing practices in the early childhood service was lower than early childhood staff’s ratings.

Hughes and Mac Naughton (2002) interviewed staff in five early childhood services. The questions focused on developing partnerships with families. Hughes and Mac Naughton’s (2002) study also highlighted tension in communication between staff and families. In particular the disagreements and questioning from families once effective communication channels were established.

Elliott’s (2003a) study engaged families to ascertain their perceptions of quality. The three phases of her study involved different cohorts of families accessing early childhood services. The families participated in interviews, completed questionnaires or participated in focus groups. Families in Elliott’s (2003a) study perceived their voices to be marginalised in the early childhood service. The families expressed a desire to be listened to and have their needs and goals acknowledged in visible ways.

The dichotomy from the studies outlined above reveals that researchers’ statements about the importance of establishing connections often conflicts with what early childhood staff and families are articulating as current practice. Early childhood staff articulate discomfort in being responsive to families and families articulate feeling
fearful of communicating their needs or that their voices are marginalised. This discomfort felt by the early childhood professionals and the marginalisation of families’ voices reveals gaps in the literature. As Keyser states:

*Many early childhood professionals struggle to build strong relationships with families. Some feel competent working with children but lack the same confidence and experience working with adults; some are motivated to develop relationships with families but aren’t sure where to begin; many have begun the process of building relationships and have come up against what feels like a dead end*” (2006, p. 2).

Further research is needed to uncover the causes of the miscommunication and strategies for enhancing connections between families and early childhood professionals.

2. Defining quality

In the early childhood research to date, there are three main components that have been identified as markers of quality early childhood services. These are: 1) staff qualifications (holding an early childhood degree); 2) ratio of staff to children; and 3) group size (Ackerman & Barnett, 2006; Cryer, Tietze, Burchinal, Leal, & Palacios, 1999; Huarahi Arataki, 2001; Mooney et al., 2003; Wangmann, 1995). These three components have been shown to impact significantly on staff responsiveness to children and subsequently influence developmental and social outcomes for children (Clarke-Stewart, 1987; Howes, 1983; Howes & Rubenstein, 1985; Phillips, Howes, & Whitebrook, 1991; Wangmann, 1995; Whitebrook, Howes, & Phillips, 1989). Quality indicators defined by the various stakeholders in early childhood services are
also being discussed. For instance, Katz (1994) discusses five perspectives on early childhood quality. These are:

- The ‘top down perspective’ - the regulatory environment which encompasses areas such as ratios, qualifications of staff and health and safety.
- The ‘bottom up perspective’ - the child’s perspective on how welcome, accepted and stimulated they feel.
- The ‘outside inside perspective’ - the family’s perspective on how accepted they feel and if the program is meeting the goals they have for their child.
- The ‘inside perspective’ - the perspective of the staff in relation to the relationships with their colleagues, the families and management.
- The ‘outside perspective’ - the community’s perspective on the value the service is contributing to the community and if the service is resourced to achieve success.

However even with the discussion of the various stakeholders research has focused on what the “researcher” defines as quality. To date little attention has been given to the perspectives of families, children and staff and their voices remain largely silent in this debate. Further research is needed to obtain the families, children and early childhood professional’s perspectives about ‘quality’.

3. Curricula and assessment foci

The renewed attention on the early years and the importance of investing in the early years has culminated in a curricula and assessment focus. In several countries, such as the UK (HM Treasury, 2004) and New Zealand (Huarahi Arataki, 2001) models,
The South Australian Curriculum Standards and Accountability Framework (SACSA) is the only mandatory curriculum for most preschools and integrated early childhood services in the state of South Australia. There are still services (private and corporate child care services and community providers) who are excluded from this mandate due to their management model (Elliott, 2006). In the state of New South Wales a curriculum framework has been developed for early childhood services entitled NSW Curriculum Framework for Children's Services. The Practice of Relationships: Essential Provisions for Children's Services (Stonehouse & Duffie, 2002). This framework is a guide for early childhood services and focuses on the importance of building relationships with children, families and the community. This framework is not mandated nor has it been evaluated in terms of effectiveness.

The Australian Commonwealth Government has produced The National Agenda for Early Childhood – A Draft Framework (Australian Commonwealth Government, 2004). The agenda was a culmination of consultations with various stakeholders throughout Australia. The agenda outlines four key action areas:

- Healthy families with young children
- Early learning and care
- Supporting families and parenting, and
Interestingly within the early learning and care section the framework does not discuss a national curriculum. However, further on in the framework in the section “Working Together” both national consistency and national monitoring are raised as ways for governments (Local, State, Territory and Commonwealth) to work together to achieve the early childhood agenda. Suggestions for achieving this include:

- Agreed national goals for early childhood education, and
- A common curriculum across the states and territories for the preschool year (Australian Commonwealth Government, 2004, p. 21).

More recently at the Council of Australian Governments meeting in March 2007 there was agreement on providing a national approach for both quality assurance and regulations. The justification for this is to improve the quality of early childhood services and decrease duplication that currently occurs between the States and the Commonwealth (Council of Australian Governments, 2007).

The Quality Improvement Accreditation System (QIAS) was implemented in 1994 by the Commonwealth of Australia. Any early childhood service operating in Australia must be accredited to access the subsidies (Child Care Benefit) for families using their service. This system requires services to complete a self-assessment tool which addresses ten quality areas\(^\text{17}\). These are relationships with children, respect for children, partnerships with families, staff interactions, planning and evaluation, learning and development, protective care, health, safety, and managing to support

\(^{17}\) Please note that the system has been recently revised (after this thesis was conducted) and now there are 7 quality areas. The system is currently being revised again and the principles have been redrafted to include long day care, family day care and outside of school hours care. The plan is to have a consolidated system, which encompasses all service types. Consultations are currently occurring in the field about these draft principles (see http://www.ncac.gov.au).
quality. Once the service has completed the self-assessment tool a validator\textsuperscript{18} visits their service for a specified amount of time (depending on the size of the service) to complete their assessment. Both the services and validator's assessment coupled with completed parent questionnaires are sent to the Australian National Council of Child Care (NCAC)\textsuperscript{19}. The information is reviewed by a moderator\textsuperscript{20} who either recommends the service be accredited or seeks to gather more information. The final decision on the status of accreditation is taken by NCAC (Community Childcare Co-operative NSW & Child Care New South Wales, 2005).

The QIAS system does attempt to deal with the importance of relationships between early childhood professionals and families and this is acknowledged as one of the quality areas. However, there has not been systematic evidence collected on how these guidelines are being used and interpreted, nor on the outcomes associated with the implementation of QIAS (Tayler, Wills, Hayden, & Wilson, 2006). The constant revising of the system and more recently the inclusion of other services (family day care and occasional care) hampers evaluation strategies. The recent introduction of spot checks also undermines the original focus of the system as it becomes one of compliance over self reflection and evaluation (Nyland, 2006). Other authors such as Grieshaber (2002) argue that QIAS has eroded the professionalism of teachers through the prescriptive nature of the system.

\textsuperscript{18} A validator has a minimum two year qualification, seven years of experience working in the early childhood field and is currently working in the field.

\textsuperscript{19} See www.ncac.gov.au for more information about the organisation.

\textsuperscript{20} A moderator is employed by NCAC to assess all information gathered during the process and rate each principle and compile an improvement guide for the service. This step in the process is also being currently revised.
Further afield, in New Zealand a national early childhood curriculum *Te Whariki* has been developed that does take into account the social agenda of early childhood services. This curriculum is notably different to many other curriculum’s and frameworks as it does not focus on areas of development, but instead on ‘well-being’, ‘belonging’, ‘contribution’, ‘communication’ and ‘exploration’ (Ministry of Education, 1996). The aim is to create responsive early childhood services that are working with families. Cullen (1996) argues that the curriculum is still emphasising developmentally appropriate practice alongside sociocultural theories. She believes that early childhood professionals implementing the curriculum may not have the knowledge to reconcile these two different theoretical perspectives and this could result in a superficial implementation of the curriculum. Brennan (2007) supports Cullen’s argument but adds that the structural arrangement of early childhood services (separated from the broader community and conducted in relative isolation) contribute to the early childhood professional’s ability (or lack there of) to implement the sociocultural curriculum.

The ability of early childhood professionals to implement curriculum and assess their practices in connecting with families needs further investigation.
Summary of experiences within early childhood services

Analysis of the literature in relation to the focus on the experiences within the early childhood service has revealed gaps. These gaps relate to firstly the silencing of families’ and early childhood professionals’ voices in the discussion about their relationship and their perspectives on what defines a quality early childhood service. Secondly the literature fails to address the needs of families in relation to curriculum and assessment practices in early childhood services, and the supports needed by early childhood professionals to implement curriculum that connects with families. This thesis attempts to address the gaps by investigating what the principles of interaction and parent participation really mean to the parties involved (families and staff).

Supports for families

The environmental factors influencing families’ are being examined by social researchers. This discussion focuses on the issue of balancing family commitments with work commitments (Edgar, 2005; Pocock, 2003, 2006; Watson, Buchanan, Campbell, & Briggs, 2003). This dialogue is increasingly being commented on in the media (see Gittens, 2007). A recent report discusses the increases in Australia of the average work hours, increases in hours worked on the weekend and in the evenings, increases in participation of women in the workforce and decreases in the stability of employment (more casual and temporary workers) (see Relationships Forum Australia, 2007). These changes to working patterns are linked with family dysfunction including:

i) Negative health outcomes for working parents
ii) Strained family relationships

iii) Parenting marked by anger, inconsistency and ineffectiveness, and

iv) Reduced child well being (Relationships Forum Australia, 2007, p. 13).

Recently the Federal Australian Labor Party (currently in opposition) entered the debate and released their *Industrial Relations Plan*. Among other things this policy advocates for flexibility with working hours and parental leave to re-establish the balance between family and work commitments (Rudd & Gillard, 2007). Edgar (2002) argues that the statement ‘to balance family and work commitments’ is an impossibility as work and family do compete with one another and spill over into each other. He argues its time to stop treating these two aspects as different entities and address the issue differently; including building support within the work environment and encouraging employers to advocate for family-friendly policies within their employees’ communities.

This issue of striking a balance for families has magnified with the increase in media coverage of the importance of the early years. The pressure families are feeling in relation to parenting has resulted in multi million dollar businesses in the market for parenting resources (Mead, 2007). There has been a proliferation of parenting books, resources, toys, websites, classes and even reality television shows (for instance “Super Nanny” and “The House of the Little Tearaways”) in the past ten years. This focus on parenting raises the question of the role of the early childhood service in addressing needs of families and subsequently in promoting community supports (community development) which will provide opportunities for parents to deal with the stresses and issues of parenting.
Early childhood services as hubs

Researchers have identified the benefits for families when early childhood professionals’ develop partnerships with their community (Bergman, 2000; Limerick & Nielson, 1995; Townsend, 1998; Uchida, Cetron, & McKenzie, 1996). The concept of community connection places families at the centre of the political and social discourse and recognises the important role early childhood services play in the development of connections (Hayden, 2000; Hayden & Macdonald, 2001; Lero, 2000; Pence & Benner, 2000). These connections directly impact on the social sustainability and the wealth of the community (Van der Gaag & Tan, 1999).

In recent times, there has been a wave of literature, which examine early childhood services as community hubs and/or as vehicles for holistic service delivery. The notion is that any program which serves young children, needs to include supports for the carers and the community of young children. Hayden and Macdonald argue that early childhood services:

    are the cornerstone from which effective and supportive communities can be developed and sustained (2001, p. 32).

Internationally the focus on community hubs has been lead by Sure Start in the United Kingdom (Tunstill, Meadows, Allnock, Akhurst, & Gargers, 2005) and Toronto First Duty in Canada (Corter et al., 2006). Sure Start Local Programs (SSLP’s) have been established in disadvantaged communities of the United Kingdom with the aim to address child poverty and social segregation. The SSLP's are governed by the local community to meet the needs of the community and all children under four living in
the disadvantaged area can access the SSLP’s (Tunstill et al., 2005). *Sure Start* principles include:

- Working with parents and children
- Services for everyone
- Flexible at the point of entry
- Starting very early
- Respectful
- Transparent
- Community driven
- Professionally coordinated, and
- Outcome driven (Tunstill et al., 2005, p. 121).

An evaluation of the Sure Start community hubs has not found significant increases in the capacity of the people in the community. These poor results can be partly attributed to the time it has taken to establish the SSLP’s, the use of cross sectional analyses rather than longitudinal analyses and the capacity of the better resourced people in the community accessing these services more readily (Rutter, 2006). Recently the second survey of the millennium cohort study conducted in the United Kingdom reported that children from disadvantaged families are one year behind children from middle class families in relation to social and cognitive development (Hansen & Joshi, June 2007). As this is only the second wave of the longitudinal study (the first wave was conducted when the children were nine months) the authors
report that it is unknown if these results would have been worse if the SSLP’s had not been implemented.

Pascal, Bertam, Holtermann, John, Gasper and Bokhari (2004) report that establishing these community hubs for children and families is ambitious and challenging. Pascal et al add that several aspects are required to ensure success in developing integrated services. These include: 1) successful leadership and management; 2) shared philosophy across disciplines; 3) cohesive multi agency teams; 4) providing professional development opportunities as a whole team; 5) innovative practice based on quality improvement and assessment; 6) responding to local community needs; 7) providing a physical environment that embraces integration of services; and 8) successful monitoring and evaluation mechanisms (2004, pp. 9-11). The authors note that one of the challenges for SSLP’s has been ensuring all families in the community are accessing the services and they argue there is a need for research on how to achieve this inclusion (Pascal et al., 2004).

In 2002, Toronto First Duty implemented five community hubs. These hubs amalgamated and streamlined kindergartens, childcare and family support services. These community hubs are located in primary schools and include early childhood professionals, family support staff and teacher aids delivering the program. Evaluation of the five hubs concluded: integration across services was supported; sites varied in success from coordination to collaboration; and access to and participation in programs increased (Corter et al., 2006). Barriers to the success of the hubs related
to the different regulatory systems and varied remuneration scales and working conditions across professions (Corter et al., 2006).

In the Australian context the Queensland Government has begun to focus on community hubs and has included these as a part of the Queensland Child Care Strategic Plan 2000 – 2005 (Office of Childcare, 2001). Initial research conducted by Farrell, Taylor and Tennent (2002) found that families in two communities (rural and urban) were supportive of the establishment of a community hub. Participants in the study articulated the benefits of a hub would include being able to enter the workforce or gain qualifications; increase networks; provide family support and unite the community.

In New South Wales Families NSW (formerly Families First) has established “schools as community centres”21 and “supported playgroups”.22 These programs have been progressively rolled out across the state (beginning with the most disadvantaged areas) and the programs are responding to the community’s needs. Evaluations of these programs are in the infancy stage (see http://www.familiesfirst.nsw.gov.au).

Edgar (2002) argues that it is imperative that early childhood services are allowed to be diverse and meet their community needs. He argues for the need to have “family

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22 Provide a place where families can meet and network informally and provides a place for children to play and socialise. It is supported by a trained facilitator see http://www.familiesfirst.nsw.gov.au/public/s42_strategy_FF/strategies.aspx?id=1).
resource zones” which are natural clusters that form around all early childhood services supporting families. These zones would be informed by “family community forums” whose task is to assess the resources and needs of the families within the cluster and ensure the early childhood services (set up as a hub of services) would meet these needs. To meet families’ needs he states the staff would need to be qualified in broader terms than is currently the case and advocates for qualified professionals in all services. Edgar states until there are “new structures, new language and a new professional approach” (2002, p. 7) children and the people who care for them will not be respected and valued.

Reconceptualising the relationship between the early childhood service and the families

Within this growing body of literature about early childhood services as hubs, the relationship between the families and the early childhood service has not been fully explored. Moss and Pence (Moss, 1994; Moss & Pence, 1994) argue that the values of the stakeholders impact on the quality of the early childhood service which impact on the outcomes for children. Dahlberg, Moss and Pence (1999) argue that to define quality, values, beliefs and interests of the child’s environment need to addressed. They refer to ‘meaning making’ as a quality indicator. This requires establishing relationships with the stakeholders of the service (families, children, staff and local community) and co constructing what occurs in the service.
Research about establishing ‘meaning making’ is lacking in the Australian early childhood sector. Three significant studies have analysed this. Mac Naughton and Hughes (2001b) found that tension between staff and families was prevalent. This tension related to how early childhood professionals viewed themselves (are they the expert?) and also related to the inevitable disagreements/questioning from families as the communication channels were opened up. Elliot (2003b) reported families perceived their voices to be marginalised in the early childhood service and they wanted to be listened to, to have their needs met and goals acknowledged in visible ways. De Gioia (2003) noted that culturally and linguistically diverse families were hesitant in sharing information with staff in relation to cultural practices.

The researcher believes that families have not been engaged in establishing ‘meaning making’. Research is needed to unpack how connected families of young children feel and to ascertain what connections and values are needed to contribute to the health and well-being of children. This requires addressing how the early childhood service is supporting or not supporting the family in raising their child. There has been limited research to examine how families’ belief systems are supported or not supported by early childhood services and how this impacts on the connections for children and families in early childhood services. The information that is not known includes:

- To what extent do parents – particularly those from marginalised or diverse groups – feel that they can participate meaningfully in service delivery?
- How are values between the two groups communicated? What happens when there is a clash of values and/or expectations?
- How are parents engaged or disengaged with the daily activities of their children’s experiences within state sanctioned early childhood services?

This thesis addresses these questions.

**Summary**

This chapter discusses the current literature in relation to supports for families in Western contexts. Sociocultural theory is outlined to support the argument for a reconceptualisation of early childhood services. The main literature thrusts include the importance of the early years; the experiences within the early childhood service, current supports for families and the current focus on community hubs. This literature review reveals the need to examine early childhood professionals’ role in relation to the changing needs of families. Specifically families’ voices have been silenced in relation to their perceptions on connections and supports provided by the early childhood service. The overarching question that arose from the literature review for this thesis was: do early childhood services foster connections with families, particularly those families from marginalised or diverse groups?

In chapter three the qualitative methodology of phenomenology is outlined and the reasons for using this approach are discussed. The chapter also outlines how the data was collected, collated and analysed to ensure validity and trustworthiness of the research and its findings.
Chapter 3

METHODOLOGY

Introduction

The previous chapter describes current literature identifying the importance of providing support for families and preschool aged children as a role of early childhood services. While numerous authors (see Marmot & Wilkinson, 1999; Shonkoff & Phillips, 2000; Smith, 1996b) confirm that experiences in the early years influence long term outcomes, the literature emphasises the sociocultural context as a necessary framework for ensuring healthy, cohesive and stable communities that promote family and child well-being. The review of the literature also shows that early childhood staff may hold perceptions about working with families, which exclude rather than include families’ voices. The current study is filling a gap in the research by investigating how early childhood services enhance or detract from connectivity for families with preschool aged children.

The main aim of the research is to investigate how families’ voices can be heard. This involves enabling families to reflect upon their experiences and issues regarding their preschool child, and to reflect upon their connectivity with the early childhood service. The overarching question of the study is: How do early childhood services foster or detract from connections with families? The sub research questions include:

1. What do families report as important experiences for their preschool child?
2. What do early childhood service staff report as important experiences for preschool children?

3. What are the levels of connection between the early childhood staff and families in relation to these experiences?

The research investigates how “connected” families feel with their early childhood service and the meanings families ascribe to their experiences with the early childhood service they have chosen. This chapter describes the methodology used to assess perceptions of connectivity and support and provides the rationale for the methodology, the methods of phenomenology and the interrelationship of past and current context are unpacked. Both qualitative and quantitative methods are applied in the analyses of how early childhood services enhance or inhibit connectivity for families with preschool-aged children. The data making methods, data gathering techniques, analyses of data, rigor and limitations of the study are also described in this chapter.

**Research design**

The research calls for the investigation of the socially constructed reality which defines three families’ experiences and perceptions in relation to the care and education of their preschool children. Table 1 below outlines how the two phases of the study are carried out.
Table 1: Phases of the study

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<tr>
<th>Phase One</th>
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<tbody>
<tr>
<td>Selection of three families</td>
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<tr>
<td>Family data collection - video taping and editing, semi structured interviews, debriefing of video footage, eco map</td>
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<tr>
<td>Early childhood service data collection - semi structured interviews, ECERS-R and QIAS tools, observations of the child, analyses of documents</td>
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<tr>
<td>Analyses of data</td>
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<td>Development of questionnaire</td>
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<tr>
<th>Phase Two</th>
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<tr>
<td>Selection of five early childhood services</td>
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<tr>
<td>Structured questionnaires for families and early childhood staff in five early childhood services</td>
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<tr>
<td>Analyses of data</td>
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<td>Final data analyses incorporating data from phase one and two</td>
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</table>

In Phase One of the study considerable time is spent with three families and their children. Observations and interviews are used to elicit the families’ reported needs in relation to child rearing support and how each family perceives the strength of this support for meeting the health and well-being needs of their child. Bryman states "viewing events, actions, norms, values from the perspective of the people who are being studied" (1995, p. 61) is required of the researcher if he/she is to elicit in-depth knowledge and insight about the participants being researched. Thus time is also spent in the three early childhood services observing each child, observing the practices in the early childhood service, interviewing the early childhood teachers and analysing the policies and practices of the service (see data gathering section for details of strategies utilised) to elicit indepth knowledge and insights about the service.
Phase Two of the study involves the development of a questionnaire to identify generalities from the study. The experiences the families report to value are tested against a wider group of families and staff in early childhood services.

**Phenomenology**

As this research focuses on developing knowledge and insight into the three families’ needs and supports and how the early childhood services’ are contributing to connectivity for the families a phenomenological approach was chosen. Phenomenology identifies ‘phenomena’ through the eyes of the participants in the research. It is a reflection and interpretation of these experiences (phenomena) from the participant’s perspective and creates opportunities for new understandings (Heidegger, 1962; Husserl, 1965; Lester, 2001; Lyotard, 1991; Schutz, 1972; Stamage & Kreiger, 1987; van Manen, 1990).

Phenomenology is about the essence of the experience – the ‘way of seeing’. This means that reality cannot be known apart from the knower, and that knowing is within the context of the experience (Heidegger, 1992; Husserl, 1965; Leonard, 1994; Moran, 2002). Therefore, each individual’s world is constructed within the social world, both the environment and experiences impact on the decisions made (Heidegger, 1992; Schutz, 1972; Stamage & Kreiger, 1987). To allow the voices of the participants and their perceptions to be heard the researcher postpones his/her beliefs about what the research may uncover. In order to do this a heideggerian (hermeneutical) phenomenological approach is adopted (Leonard, 1994).
Heideggerian phenomenology originated from Husserl’s phenomenology philosophy. Husserl is the recognised founder of phenomenology and his transcendental phenomenology places the emphasis on intuitive reflection and the lived experience as is. Husserl believes the researcher must suspend or ‘bracket’ his/her biases or assumptions when studying the phenomena. Hermeneutic phenomenology is ontological and emphasises that the lived experience is situated within both a sociocultural and historical world and that understanding develops through both presumption and revelation and this is true for both the person and researcher (Hammond, Howarth, & Keat, 1991; Leonard, 1994; Moran, 2002). By spending in depth time with each family I am able to develop an understanding of their social and historical world and how this impacts on their beliefs about the supports they require for parenting a preschool child. Also one method I use to help suspend my biases and assumptions is the use of a video camera controlled by each family (see data gathering techniques section for details of how this was used).

Previous research studies have utilised video footage as a method for gathering data. This study uses the same method, slightly adapted to meet the needs of the investigation.

The methodology I use is similar to Tobin, Wu and Davidson’s (1989). Tobin et al (1989) investigate perceptions of (national) culture by insiders and external observers. This study uses culture in terms of the early childhood service, its connectivity with

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23 The term I is used instead of researcher as this was felt to be more true to the nature of phenomenology.
families, views and reported values and needs. Tobin, Wu and Davidson (1989) extract understandings of cultural and educational practices from preschools in Japan, China and the United States through the production of a twenty minute video of each preschool, showing the everyday practices and interactions, including ambiguous situations that would provoke discussion. The tapes are viewed by the families, the children, the administrators and child development experts to ensure interpretations from ‘insider’ and ‘outsider’ perspectives. Families, children, administrators and child development experts are given opportunities to comment on the known preschool and on the other two preschools from the ‘different’ cultures. The authors argue that this methodology enhances understandings of whether the preschool is typical for the country as well as promoting reflection on intercultural issues. The authors document the diversity of beliefs and values to show how these are culturally bounded by the society one lives in.

Fleer and Williams-Kennedy (2002) conducted a study within Aboriginal communities in Australia. Six Aboriginal families from four communities are provided with a video camera and asked to film incidents which reflect what is important about growing up as an Aboriginal child in today’s Australia (and specifically how literacy is viewed in the family – both its value and how it is taught/learnt). The tapes are edited by the family and shared in a one week workshop with all families, plus a reference group consisting of experts in literacy and Aboriginal studies, to support analyses of the data collected. The researchers find this approach to be an effective tool for allowing participants’ perspectives to be voiced. This method shows how Aboriginal families and their communities perceive parent
participation and partnerships in schools and in early childhood services (Fleer, 2004; Fleer & Williams-Kennedy, 2002; Williams-Kennedy, 2001). The researchers argue that this is authentic, culturally sensitive and uncovers how the sociocultural context of each child (their social and cultural world) impacts on their learning in the formal education system (Grant, 2001).

My study investigates similar issues, addressing the sociocultural context of the families and how the early childhood service is contributing to or detracting from connectivity for the child. By investigating families’ lives the experiences they value for their preschool child are raised. The video and subsequent discussion of the families’ social and cultural world help their beliefs and perceptions to be more clearly understood.

The Tobin et al (1989) study influences my decision to use video footage as a major data collection strategy. Fleer and Williams-Kennedy’s (2002) research influences how the video footage is collected and analysed. Their study ensures that participants not only have control of the data collected but also are actively involved in the analyses.

**Interrelationship on past and current context**

Shutz (1972) summarise historical and sociocultural experiences as the interrelationship between what is happening now with what has happened in the past. He discusses how the context is constructed individually but that it is also influenced by three phenomena. These are:
1. “Natural attitude”: this relates to the objects within the environment and how they affect the actions of the person.

2. “Dominant factors”: this refers to a situation that occurs as a part of the person’s life and occurs because of his/her previous experiences. This means that no person can possibly experience the same experience identically.

3. “Store of experiences”: refers to the person’s prior knowledge and experiences which are reflected on before new decisions and plans are made.

Therefore each individual’s world is constructed within the social world. In other words an individual’s reality is created through their previous experiences (true or perceived) along with the current environment. These two components intertwine and impact on the decisions the individual makes. Researchers such as Heidegger (1992), Schutz (1972) and Stamage & Kreiger (1987) argue that much non phenomenological research misses part of this reality as this relationship between the environment and the experience is not included in the analyses.

Shutz’s (1972) three phenomena are the driving force behind the data gathering strategies for this study to ensure the link between the environment and experiences are included. By providing an opportunity for each family to discuss their current environment, previous experiences and historical background (as well as how these impact on their current choices), issues about parenting, levels of connections and supports in the care and education of a preschool-aged child are able to surface. This interpretation occurs through the lens of understanding each family’s perceptions and social constructions (Heidegger, 1962). Similarly by including the voice of the early
childhood teacher about what they perceive their role to be, conducting observations and completing validated tools, the early childhood service’s perspective on or role regarding connections with families are recorded. This allows for a comparative analysis of the families and early childhood services perspectives about levels of connectivity (see data analysis section).

The analyses ensures the ‘presentations’ (Husserl, 1970) or core issues for all three families are unpacked individually as well as in the broader context of the role of the early childhood service. In Phase One of the study individually unpacking each family’s perspective allows for insights and understandings to surface in relation to how the connections between the family and early childhood service are deemed supportive or not supportive of families. In Phase Two of the study, the questionnaire “Experiences that are valued in the early childhood service” ensures the themes that emerged from Phase One can be tested with other families and early childhood services. This allows for contextualisation of the findings and provides broader analyses.

**Qualitative and quantitative considerations**

Traditionally research has been based in one of two paradigms – qualitative or quantitative. The arguments for situating the research within one of these frames has been based on the belief that social research fits within a qualitative paradigm and science fits within a quantitative paradigm (Hammersley, 1992). Authors such as Denzin and Lincoln (2005) and Howe (2004) defend this split and argue that
employing quantitative methods in a qualitative study weakens the interpretive nature of the research.

However, authors such as Oakley (2000) argue that the rift between paradigms has been based on a ‘gendering process’. She and others (Creswell, Shope, Plano Clark, & Green, 2006) state that both methodological approaches can be used to compliment each other and provide a thorough and in depth analyses of the subject being researched. Morse (1991) adds that methodologies are simply tools that support the researcher to understand the concept being studied.

Allan (1991) outlines that qualitative research is often the first step before utilising quantitative methods to test the ideas generated by the qualitative investigation. Trochim (2000) argues that by combining both methods in social research value is added to the research. The use of both qualitative and quantitative methods for data collection and/or analysis is referred to as a “mixed method” (Bazeley, 2003).

For this study qualitative and quantitative processes were implemented for data collection and analyses for different phases. In Phase One of the study, qualitative methods allow insights and understandings of three families’ perceived support needs with child rearing to be gained. In Phase Two of the study ideas about the support that families’ value is tested with a broader demographic. Quantitative measures are utilised in this broadening of the data collection.
Data making methods

Six methods are utilised to make the data in the study.

1. Purposeful sampling (Phase 1)
2. Video taping (Phase 1)
3. Semi structured interviews (Phase 1)
4. Structured interviews (Phase 1)
5. Non participant observations (Phase 1)
6. Structured questionnaires (Phase 2)

The phases of the data making are described in detail below.

1. Purposeful sampling: Selection of three families

Purposeful sampling refers to the choosing of participants because of specific desired characteristics to contribute to the understanding of the phenomenon being researched (Patton, 1990). Thus for this investigation purposeful sampling is used to recruit families who have specific needs (different from each other) that allow for comparative analyses to occur. Families who are recruited need to commit to a specific time frame, be willing to be interviewed (reflecting on the phenomena) and video tape their family life.

Family participants in this study meet three criteria. Firstly each family is to self identify as a member of one of three groups; a) an Aboriginal family, b) a family from

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24 Ethics approval was sought through the University of Western Sydney’s ethics committee. This process ensured that the study was conducted considering the participants’ interests and needs with the aim of minimising harm (Commonwealth Government of Australia, 1999).
a culturally and linguistically diverse background, and c) a family wherein one or more of the parents has an additional need. These chosen families cannot be assumed to represent the members of these groupings. However the families are chosen on the assumption that they have specific challenges to face in order for me to understand how these challenges impact upon their experiences in the care and education of their preschool child and particularly on their experiences of connectivity with their early childhood service.

The second criterion for inclusion in the study is that the family has a three to five year old child attending an early childhood service.

The third criterion is the family lives in a suburb of Sydney, NSW. This is a pragmatic need to ensure that I can visit the families and the early childhood services without incurring excess time and expense.

2. Video taping

Fleer & Williams-Kennedy (2002) and Tobin et al (1989) utilise video recordings to gather data from the participants’ perspective. In my study each family is given control of what is videoed and edited. This replicates the approach of Fleer and Williams-Kennedy (2002). Grant (2001) argues that by allowing the family complete control of the video camera and involving them in the interpretations of the data two outcomes in the study are actualised. These are 1) a genuine respect for the families’ perceptions and 2) a richer understanding of the way Aboriginal children learn. This
will help towards the goal of creating a space for the families’ perceptions and gaining a richer understanding of the connections and supports families need and rely on.

One criticism of this gathering technique is that the video tape only records what is taped and recordable and does not include all that actually happened (Morse & Richards, 2002). Penn-Edwards (2004) argue that the use of a video in data collection contributes to unplanned events being collected that are not construed by the researcher. As each family in this study choose what they video, the footage is not defined or influenced by me.

As stated earlier a phenomenological approach situates the participants as central to the study and aims to unpack their voices and perceptions. Hence for the editing of the video the participants are given full control. In this way participants’ perspectives about their own family life are acknowledged and the bias of the researcher is ommitted.

In order to raise the voice of each family they are asked to reflect upon their experiences in parenting their child and then reflect upon why they do what they do and what they require or need in terms of support. The video becomes the means by which the family communicates to me how they see themselves contributing to the care and development of their child. The video enables the family to provide a visual interpretation of the aspects about their family and the supports they access to help with the care and development of their preschool child.
Each family is given a video camera for a three week period as this is assumed to be enough time for the family to tape the footage without being overly intrusive in their lives. Each family is instructed to video experiences which reflect the answers to:

1. What does your preschool child need for healthy development?
2. How does your family contribute to these needs?
   a. What are the special or good things about your family?
3. What support is provided by the early childhood service and other community services for the healthy development of your child?

After the filming timeframe, I sit with each family (or some members of the family) and remove or edit footage they request. I later re-edit the footage into a story about the child’s experiences (organised into a routine about the child’s day – morning to evening with extra activities/experiences included at the end of the video). The family is given the opportunity to remove or change any of the video footage at this stage (see attached CD rom of three videos). Each family is then interviewed to record their verbal interpretations and analyses of the footage.

3. Semi structured interviews

Semi structured interviews provide an opportunity for perceptions to be discussed with questions used as a guide to allow for further clarification (Edwards, 2001; Kvale, 1996; Morse & Richards, 2002; Ray, 1994; Seidman, 1998; Siraj-Blatchford & Siraj-Blatchford, 2001; Trochim, 2001). Semi-structured interviews are used to gather information about the value and meaning families ascribe to their early
childhood service and other supports. Due to the broadness of the topic, it was determined that semi structured questions would be most appropriate (see Appendix 1, p. 242).

Seidman (1988) stated that in relation to phenomenological interviewing there are three steps to follow. These are 1) biographical detail; 2) current experiences of the phenomena; and 3) past experiences to ascertain how these impact on current experiences. This theory was adapted to suit the needs of this study when interviewing family members (see Appendix 1, p. 242 for the interview questions). These steps include firstly asking the participants (family members) to discuss their biographical detail, family life and experiences when they were growing up, and how this has affected their values systems and the way they view the world (questions 1,2,3,4,5). Secondly the family members are asked to discuss their present experiences as parents (questions 6,7,8,9,10,11,13,16,17,18). Finally the family members are asked to reflect on their experiences as parents and how their past experiences impact on how they parent their child in the present (questions 12,14,15). Each family chooses the place where the interviews are conducted and when they are conducted (time and dates).

The early childhood teachers from the three early childhood services are also interviewed to elicit their perceptions about the role of early childhood services as well as their understandings and perceptions of the children and families’ needs. These questions help unpack what the early childhood teachers’ perceive as essential for preschool children to be provided with when they participate in an early childhood
service as well as how the connections with their community facilitate and support this (see Appendix 2, p. 243).

4. Structured interviews

Structured interviews are recommended when the information being obtained will be quantified (Siraj-Blatchford & Siraj-Blatchford, 2001). This method of collecting interview data increases reliability as the questions have been replicated with all participants from the three families (Campion, Campion, & Hudson, 1994; Measor, 1990; Rubin & Rubin, 1995; Siraj-Blatchford & Siraj-Blatchford, 2001). In this case I wanted to find a basis for comparing the situations of the three families. For this study it includes debriefing of video footage and completing an ‘eco map’.

Debriefing of video footage

Following the final edit of the video the family view the final version and address the following questions:

1. What does your preschool child need for healthy development?
2. How does your family contribute to these needs?
   a. What are the special or good things about your family?
3. What support is provided by the early childhood service and other community services for the healthy development of your child?

This structured interview provides another opportunity for the family’s perceptions of the phenomena (their experience) to be heard. This explanation and interpretation of
the video footage is adapted from both the Tobin et al (1989) and Fleer and Williams-Kennedy (2002) studies.25

**Eco map**

The eco map is a common tool used by social workers and child protection agencies to provide a visual illustration of the family relationships and links (both strong and stressful) (Hartman, 1978). In this study an eco-map process is used to ascertain the people (family and friends) and services (including the early childhood service) each family relies on (strong connections) as well as to help uncover any weak and/or stressful relationships that exist (see Appendix 3, p. 244). Each family completes the eco map once all interviews have been completed. I am present whilst they complete it.

5. Non participant observations

With non participant observation the researcher remains relatively uninvolved, in the background and with minimal interaction. This distance allows for the observations to be collected to inform the research (Sanger, 1996). For this study I act as a non-participant observer in the early childhood service, completing observations of the child, completing rating tools on the service and collecting policy documents.

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25 In the Tobin, Wu and Davidson (1989) study the edited video is shown to the stakeholders (administrators, teachers and parents) of the preschool to elicit an ‘insiders’ perspective. Their perspectives are gathered from their running commentary of the video footage, with some questions as prompts when the commentary stopped. In the Fleer and Williams-Kennedy (2002) study each family is provided an opportunity to describe what was happening and why. Three questions help guide these interpretations by the families determining: 1) what can everyone see; 2) what can only the family see; and 3) what can we no longer see because it is so much a part of our lives (Fleer, 2004)?
Observations of the child

Observations of the child are carried out at the early childhood service. This direct observation of the child involves writing a running record of the child’s behaviour (towards his peers and teachers) and the interactions between the early childhood staff and children. I maintain my position as a non-participant observer (not involved in the activities and experiences with the children) and only interact with the children when directly spoken to. These observations record how the child operates in an environment outside of their home. It is noted that my presence at the early childhood service could impact on the early childhood staff’s behaviours and interactions with the child because staff are aware that I am at the service observing the child for the research study. However I noted that the staff’s behaviours to the children and their colleagues is consistent during all visits to the services and did not change when I entered the service each time.

Validated tools

The two validated tools of The Early Childhood Environment Childhood Rating Scale revised edition (ECERS-R) (Harms et al., 1990) and The Quality Improvement and Accreditation System (QIAS) (National Childcare Accreditation Council, 2002) are used to assess how the early childhood services in this study meet standards of care. Both these tools measure: the environment (including health and safety); routines; interactions with children; relationships with parents; the program (including curriculum, planning and evaluation); and management procedures. The indicators focused on with each tool are those that target interactions between children and staff,

26 See Appendix 4 for detailed discussion about these two tools.
the activities and program provided for the child and the parent/staff relationship. Since families have identified interactions, relationships with staff and the program as valuable components of care the use of these tools provides a valuable assessment of family perceptions versus objective validated criteria.

Collection of policy documents

Policies and guidelines from each service are reviewed in order to ascertain communication strategies utilised with families. The documents reviewed include the family handbook\textsuperscript{27} and the staff handbook\textsuperscript{28}.

6. Structured questionnaires

In order to devise generalities from this study, the experiences the families report to value are tested against those reported by a wider group of families and staff in early childhood services in Phase Two of the study. This is achieved through the development and use of a structured questionnaire entitled “Experiences that are valued in the early childhood service” (see Appendix 5, p. 246). Questionnaires allow for confidentiality and are therefore deemed to provide more accurate answers. Questionnaires are also useful in confirming findings and broadening the demographics of the research (Babbie, 1995).

\textsuperscript{27} This is given to families upon enrolling their child and outlines the services operations as well as some policies.

\textsuperscript{28} This outlines the policies and procedures staff must adhere to and understand.
The “Experiences that are valued in the early childhood service” questionnaire is developed for the second phase of the data making. It consists of twelve closed format questions (with six multiple choices for the answer) and one open ended question. This format is deemed to be the most appropriate to test the findings of the study from Phase One, in particular the experiences the families place a value on for their preschool child. Question thirteen is an open ended question to elicit experiences families and staff may deem important for children to be exposed to that have not been covered in the other questions.

The first twelve questions are derived from the six continua families reported in Phase One of the study. The questionnaire is piloted with a small group of independent staff and families to assess the format and clarity of the questionnaire as well as staff and families’ ability to complete the questionnaire. The participants are asked to complete the questionnaire and provide feedback regarding its user friendliness. As the changes to the questionnaire are of a minor nature (rewording of some of the questions to increase clarity) a second pilot is not necessary (Anderson, 1998).

The questionnaires are posted to five early childhood services in New South Wales in regions which differ from those of the three study families. The questionnaires are distributed to every family in each service with a three to five year old child and to all staff who worked with the age group. A cover letter and self addressed envelope are included. Follow up phone calls are made to the services to prompt returns of the questionnaire. As the questionnaires are returned directly to me these prompts to families and staff are generic notes for all families and staff. The return rates include
65% for staff and 26% for families which is an acceptable return rate for this method (Wiersman, 1991).

Data gathering phases

Table 2 illustrates the data gathering phases for the study. These are discussed below.

**Table 2: Data gathering phases**

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<th>Gathering technique</th>
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<tr>
<td>#1</td>
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<td>2. Video taping and editing 3. Semi structured interviews with family members 4. Debriefing of video footage 5. Eco map</td>
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<tr>
<td>#1</td>
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The 5th discourse: The connectivity role for early childhood services – Meaningful support for families.
Phase One
Family A

1. Purposeful sampling

At a meeting with representatives from a local Aboriginal early childhood agency in Sydney I speak about the research and the family characteristics required for participation in the research. These characteristics include being of Aboriginal descent and having a preschool child in an early childhood service. From this initial discussion a family is nominated as a possible participant and asked to contact me. The mother (Tessa\textsuperscript{29}) and I meet so I can describe the research and what is required and pass on a letter outlining the research, the requirements to participate (see Appendix 6, p. 264) and a permission slip. Tessa is asked about her willingness to participate and followed up with a phone call a few days later. Tessa agrees to participate and we meet to go through the activities involved in the research and to collect the permission letter (see Appendix 7, p. 265).

2. Video taping

I meet with Tessa at her work place and supply the video camera with the written information on what to video (the questions to be answered). A verbal discussion about these questions also occurs at this time. Other family members (her mother, brother and cousins) are invited by Tessa to use the camera as well. The family films aspects of their lives over a one month period.

\textsuperscript{29} All participants’ names are pseudonyms.
I met with Tessa twice during this stage as she wanted me to view what she had videotaped so far (see Appendix 8, p. 266 for these discussions).

The video footage is then edited by Tessa. She chooses what footage is to be kept and explains why. I act as an assistant to Tessa by carrying out the technical aspects of editing the footage from her instructions. In the end minimal footage is excluded from the end product, Tessa states, “I did not tape things that I didn’t want included in the video” (Tessa, int #4, section 1.6, paragraph 20) (see CD Rom for video).

3. Semi structured interviews

Interviews with family members

Three interviews occur with Tessa during the video footage period as well as after the data is gathered. Tessa chooses to conduct the interviews at her work place. I never visit Tessa’s home or the maternal grandparent’s home. This is due to time constraints as Tessa is a single mum who works full time, David (her 3 year old son) attends the early childhood service full time and Tessa’s father is ill and requires hospitalisation during this time period (see Appendix 9, p. 267 for these interview transcripts).

In the first two interviews with Tessa, she tells the story of her family and past life experiences. The last interview discusses how she sees the role of parenting, how her

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30 By not visiting Tessa or her parents home I was unable to observe David in his own environment. However I believe the video footage compensated for this. There were several sections in the video of David interacting in his home and at his grandparent’s home.
community is supporting her in the care and development of her child and her reflections on this.

**Constraints**

During the data collection Tessa’s father (Pop) becomes ill. This impacts directly on the structure of the family’s life in relation to supports and issues for Tessa and David. The data for the research is also impacted as I am unable to interview Pop who is in and out of hospital for treatment during the time of the research. Pop is named as a significant support for Tessa. However the maternal grandmother, Kimberly, also a significant support agent, is interviewed. This interview occurs at Kimberley’s workplace (see Appendix 10, p. 269 for transcript).

*Interview with the child’s early childhood teacher*

David’s early childhood teacher is unavailable to be interviewed\(^{31}\). This is compensated through discussions with David’s other regular teacher and general observations in the service.

**4. Structured interviews**

*Debriefing of video footage*

Once the video had been edited Tessa is asked to comment on why and how the events filmed reflect the three questions (see Appendix 11, p. 271).

\(^{31}\) When I initially spoke to the Director about the research and what is involved (having access to the preschool room, interviewing David’s teacher, observing David in the service and completing the two assessment tools) her reluctance to be involved is communicated. After several follow up calls with the Director and discussions with Tessa, access is granted. The service is working towards accreditation at the time and this study may have been viewed as added work and a drain on their time.
Eco map

Tessa is given the task of drawing an eco map about her supports and stresses. This involves her listing all people and services she interacts with and whether she perceives the linkages to be strong, weak or stressful (see Appendix 12, p. 272).

5. Non participant observations

Observations of the child

Anecdotal observations of David are carried out during one half day visit to the service (see Appendix 13, p. 273).

Validated tools

The Early Childhood Environment Childhood Rating Scale revised edition (ECERS-R)

During the time spent at the service I complete the ECERS –R (Harms et al., 1990) assessment tool (see Appendix 14, p. 276). Two visits of three hours each are taken to fill in the tool. Follow up questions are discussed with the Director over the phone in order to complete the tool32.

32 These questions relate to items that can not be directly observed and included: 38. Provision for parents; 39. Provisions for personal needs of staff; 42. Supervision and evaluation of staff; and 43. Opportunities for professional growth.
The Quality Improvement Accreditation System (QIAS)

During the time spent at the service I complete the QIAS validation report (see Appendix 15, p. 277). Two visits of three hours each are given to complete this validation report. Certain circumstances may have impacted on the data gathered\textsuperscript{33}.

Collection of policy documents

During the half a day observing David, I collect the service’s written policies and procedures for staff along with the handbook that is distributed to families.

The data gathering occurs over a three and a half month period. The video gathering takes one month and the interviews are then conducted over another six weeks. In the last month of the data gathering stage I carry out five half-day visits in the early childhood service.

\textsuperscript{33} Questions I could not complete via direct observation relate to the quality area 5: Planning and evaluation. However, questions are answered by Nell (the assistant) and the regular relief teacher as well as by the Director via the phone.
Family B

1. Purposeful sampling

I liaise with three directors of early childhood services before being successful in finding a culturally and linguistically diverse family to participate in this study. In the first two services letters for each family in the preschool room (N=20) are distributed. Some of these letters are translated into the main home languages in the preschool room. However no family materialises that fits the criterion and/or was willing to participate. In the third service the Director approaches individual families to ascertain their interest in participating. This method proves to be successful and a family agrees to participate at the Director’s request. I meet Katrina (the mother) at the early childhood service to discuss the study. At this meeting I give her a letter outlining the research activities. This is not translated (as requested by the family) as Ethanial (father) reads English and Katrina is also fairly fluent in reading English. After this initial meeting Katrina supplies a written consent form. I ask Katrina if she would like me to have information translated and/or have an interpreter present during the research. She states she will use Joan (her mother in law) and Ethanial when she needs translations. She also mentions at this time that she hopes to improve her English by participating in the research.

2. Video taping

I meet with Katrina at the early childhood service and supply the video camera with the written information (questions to be answered) about what to video. A verbal
discussion about these questions also occurs at this time. Ethanial is also invited to use the camera. The family filmed aspects of their lives over a one month period. The family is happy with all footage to be included so it is edited into a story about Tristan (their son aged 3 years) (see CD Rom for video data).

3. Semi structured interviews

Interviews with family members

I conduct three interviews with Katrina in the family home. The interviews are conducted in English, at Katrina’s request. During these interviews either Ethanial or Joan are present as well as Tristan. The interviews include biographical and employment details, the value of the services accessed within the community and how the policy, structures and systems within the community support or constrain the development of a healthy environment for their child and family. I also transcribe Joan and Ethanial’s interviews. The interview structure and content replicate family A (see Appendix 16, p. 280 for transcripts of the interviews).

Interview with the child’s early childhood teacher

During the time spent at the early childhood service I also interview Tristan’s teacher (see Appendix 17, p. 283).
4. Structured interviews

Debriefing of video footage

Once the video is edited Katrina is asked to comment on why or how the events filmed reflect the three questions posed (see Appendix 18, p. 284).

Eco map

Katrina is given the task of drawing an eco map about her supports and stresses. This involves her listing all the people and services she interacts with and whether she perceives the linkages to be strong, weak or stressful (see Appendix 19, p. 285 for this map).

5. Non participant observations

Observations of the child

Anecdotal observations of Tristan are carried out during two half-day visits to the service and also observing him for half an hour during another visit (see Appendix 20, p. 286).

34 Ethanial was unavailable for this interview due to work commitments.
Validated tools

*The Early Childhood Environment Childhood Rating Scale revised edition (ECERS-R)*

The rating scale is completed during the time spent at the service (see Appendix 21, p. 288). Two visits of three hours each are taken to fill in the tool. Follow up questions are discussed with the Director over the phone in order to complete the tool.

*The Quality Improvement Accreditation System (QIAS)*

The report is completed during the time spent at the service (see Appendix 22, p. 289). Three visits of three hours each are given to complete this validation report.

*Collection of policy documents*

The centre’s written policies and procedures for staff, and the handbook distributed to families are reviewed.

The above data gathering occurs over a three month period. The video gathering takes one month and the interviews are then conducted over another month. In the last month of the data gathering stage I carry out seven half-day visits to the early childhood service.
Family C

1. Purposeful sampling

I speak with colleagues to find a family where the parent has an additional need. A colleague recommends a family. I send an email to Reg (the father) explaining the study, attaching the permission letter outlining the research and asking for him to contact me if his family is interested in participating. We then talk on the phone about the research and Reg indicates that he and his wife are interested in participating. Reg has a debilitating muscular illness (multiple sclerosis) which means that he is confined to a wheelchair. I arrange to meet him at their home to collect the permission letter.

2. Video taping

I meet with Reg again and supply the video camera with the written information (questions to be answered) about what to video. A verbal discussion about these questions also occurs at this time.

Both Reg and Lucy are invited to use the camera. The family film aspects of their lives over a two month period\(^3^5\). Lucy does the majority of the filming as Reg’s multiple sclerosis makes it difficult for him to operate a camera. Both Reg and Lucy are happy for all footage to be included so the footage is edited into a story about Nathan (their son who is 3 years).

\(^3^5\) The video camera broke and had to be replaced.
3. Semi structured interviews

*Interviews with family members*

While the family are videoing events in their life and afterwards, I conduct three interviews with Reg and Lucy in the family home. During these interviews Nathan is present. The interviews include biographical and employment details, the value of the services accessed within the community and how the policy, structures and systems within the community support or constrain the development of a healthy environment for their child and family.

The interview content and structure replicates family A and B (see Appendix 23, p. 292 & Appendix 24, p. 294 for these transcripts).

*Interview with the child’s early childhood teacher*

During the time spent at the early childhood service I interview Nathan’s teacher (see Appendix 25, p. 296). The director of the service is interviewed over the phone (see Appendix 26, p. 297).

4. Structured interviews

*Debriefing of video footage*

Once the video is edited Reg and Lucy are asked to comment on why or how the events filmed reflect the three questions posed (see Appendix 27, p. 298 for transcript).
Eco map

Reg and Lucy are given the task of drawing an eco map about their supports and stresses. This involves listing all the people and services they interact with and whether they perceive the linkages to be strong, weak or stressful (see Appendix 28, p. 299 for this map).

5. Non participant observations

Observations of the child

Anecdotal observations of Nathan are also carried out during two half-day visits to the service. I also observe him for an hour during a visit in the family home (see Appendix 29, p. 300 for these transcripts).

Validated tools

The Early Childhood Environment Childhood Rating Scale revised edition (ECERS-R)

The rating scale is completed during the time spent at the service (see Appendix 30, p. 302 for rating scale). Two visits of three hours each are taken to fill in the tool. Follow up questions are discussed with the Director over the phone in order to complete the tool.

The Quality Improvement Accreditation System (QIAS)

The report is completed during the time spent at the service (see Appendix 31, p. 303). Three visits of three hours each are given to complete this validation report.
Collection of policy documents

I collect the service’s written policies and procedures for the staff and the handbook given to families.

The data gathering occurs over a three and a half month period. The video gathering takes two months and the interviews are then conducted over three weeks. In the last three weeks of the data gathering stage I carry out seven half-day visits to the early childhood service.

Phase Two

Structured questionnaires for families and staff

Research data analyses after Phase One culminates in the development of the structured questionnaire to validate findings and to broaden the scope of the study. The structured questionnaire entitled “Experiences that are valued in the early childhood service” is posted to five additional early childhood services in New South Wales. The services are selected from regions, which are demographically different from those to where the three studied families live. They represent a mix of auspicing types and families (see Appendix 32, p. 306 for a description of the services).

A package is sent to each service. This consists of: a covering letter explaining that completing the questionnaire is voluntary and that the service will remain anonymous

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36 One service was based in a rural, remote area of New South Wales and the other four services were based in demographically diverse areas of a large metropolitan city.
(see Appendix 33, p. 308): the structured questionnaires for families and staff; and self addressed envelopes (see Appendix 5, p. 247 and Appendix 34, p. 309). For the first twelve questions, respondents are asked to rate\(^\text{37}\) how they value the experience, how they think the early childhood service or families value the experience and the level of communication about the experience between staff and families. For the last question respondents can add other experiences not mentioned in the questionnaire that they value. The number of questionnaires delivered is 220 parent questionnaires and 34 staff questionnaires. Return rate is 65% for staff (N=22) and 26% for families (N=58).

**Data Analysis**

**Phase One**

Computer assisted qualitative data analysis software (CAQDAS) NUD.IST Vivo (NVIVO) version 2 is applied to the data collected from video taping, semi structured and structured interviews and observations of the child.

It has been argued (Agar, 1991; Dey, 1995; Miles & Huberman, 1984; Sandelowski, 1995; Tallerico, 1992) CAQDAS is sometimes viewed as a shortcut and that results can be skewed towards theory testing instead of theory making. The premise is that utilising software programs can lead to a decontextualistion of the data collected and miss the ‘essence of the meaning’, which leads to sterile data analysis that is

\(\text{\textsuperscript{37}}\) The scale for these questions consisted of 0 (do not know); 1 (not important); 2 (somewhat important); 3 (important); 4 (mostly important); and 5 (very important).
fragmented. Despite these misgivings I feel that NVIVO version 2 is appropriate for this study for the following reasons:

1. I need a systematic way of coding, sorting and ordering the data that is difficult to replicate manually (St John & Johnson, 2000).

2. I need the capacity to link to multi-media images and a software program that compliments a phenomenological framework (Bazeley & Richards, 2003; Morrison & Moir, 1998; Qualitative Solutions and Research Pty Ltd, 2005).

3. I need to ensure that the text can be searched, restructured and explored thoroughly so that the data can be analysed for common patterns and the testing of understanding. This can occur as the data can be compared and analysed across attributes (Dey, 1993; Morse & Richards, 2002; Murphy, 2000; Richards & Richards, 1992; Welsh, 2002).

4. I also need an audit trail to show explicitly how the data is analysed for the validity of the research findings to be supported (Gerson, 1986; Kelle & Laurie, 1995; St John & Johnson, 2000).
How each data gathering step is analysed

Table 3 below illustrates how each data gathering step in Phase One is analysed.

### Table 3: Data gathering analyses in Phase One

<table>
<thead>
<tr>
<th>Date gathered</th>
<th>Analytical tool used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video taping</td>
<td>NVIVO</td>
</tr>
<tr>
<td>Semi structured interviews</td>
<td></td>
</tr>
<tr>
<td>Structured Interviews</td>
<td></td>
</tr>
<tr>
<td>Non participant observations (observations of the child and collection of policy documents)</td>
<td></td>
</tr>
<tr>
<td>Non participant observations (ECERS-R and QIAS)</td>
<td>Validated scoring tool</td>
</tr>
</tbody>
</table>

Video taping, semi and structured interviews, observations of the child and collection of policy documents

Semi structured and structured interviews, observations of the child and policy documents are transcribed and imported into NVIVO. The home video made by each family is linked to NVIVO as a data bite\(^{38}\). Excerpts of the policies and handbooks collected from the three services are also imported into NVIVO, as well as a data bite entry to alert me to the complete document. I also utilise text searches for hunches I have about what the families may have been saying about the care and development of their child\(^ {39}\).

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\(^{38}\) Data bite means the external file (in this case a video) is linked or coded to the relevant nodes. This means that I am able to view the video from the link in NVIVO.

\(^{39}\) Text searches do not always reveal the subtleties and synonyms need to be used instead. For instance I did a text search on networks as I thought families were talking about how they formed allegiances for support. However this text search was not successful as families did not use the formal word “networks” when referring to this support strategy. The families talked more about how they developed friendships/relationships with both family and strangers (children’s friends parents, neighbours) and grew to trust and rely on them for support when needed.
The first step in coding the data in NVIVO involves setting up the attributes. Each document is allocated its appropriate attribute(s) for the project. These transcripts are then coded on a line by line basis for the first family to develop an understanding of the emerging themes related to the connections of families and support issues for the care and development of their child. Several themes such as “fitting in”, “challenges faced” and “the importance of family” emerge from the initial analyses. For example the “importance of family” is reinforced throughout Tessa’s interview transcribes and is also reflected in the video and in the words of David when referring to his cousins and extended family. Dey (1993) summarises this process of analyses as describing the phenomena, classifying the phenomena and interpreting how the concepts interconnect.

Following this step I refine the themes which overlap. For example initially a code of “competitiveness” is made under the theme of “fitting in”. However as more data is coded it emerges that competitiveness constitutes a theme of its own and is related to the mother’s and the family’s belief about the importance of sport. That is, being successful at sport is deemed to equate with success within the wider community. After coding the second and third family this “competitiveness” theme is expanded and merged into a theme about “connections and values”. Similarly the code of “importance of cultural identity” is initially included under the theme of “supports”. However again as more data is coded, cultural identity emerges as being related to the connections the family have to the community in which they live. Thus it is merged

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40 The attributes for this project include case study (1, 2 or 3), centre (teacher, director, policy or teacher/director), gender (male or female), and role (mother, father, grandparent, teacher, both parents or policy).

The 5th discourse: The connectivity role for early childhood services – Meaningful support for families.
into the theme about “connections” (see Appendix 35, p. 311 for a description of all
codes, themes and their definitions).

The data for the next two families is coded according to the categories from Family A.
These initial themes are revisited and revised. It becomes clear that more themes are
emerging. The final analyses produces five themes. These are:

• Connections
• Challenges
• The role of the early childhood service
• Supports for families, and
• Experiences for preschool aged children.

Finally, all data is analysed in relation to how each early childhood service is seen to
support (or not support) the family in the care and development of their child.
Analyses includes comparing and contrasting the three families’ perspectives. This
analyses reveals that all families are different and have varying perceptions about
how the early childhood service contributes to connectivity. These differences
provoke questions about how the relationship between families and the early
childhood service could be strengthened. This leads to the development of the
structured questionnaire, which includes twelve questions that are derived from the
six continua families reported. The questionnaire is used to validate findings with
families and staff in different demographical regions.
Non participant observations

Non-participant observations are recorded according to the instructions for ECERS and QIAS\(^{41}\). The scores are graphed to illustrate the ratings for each service. The scores from the ECERS-R tool are collated using the quantitative rating scale intrinsic to the tool. This involves calculating the average score for each subscale. The scores are placed on a line graph to show the strengths and weaknesses that exist.

The QIAS tool allows the validator to calculate a rating (unsatisfactory, satisfactory, good quality, high quality) for each of the ten quality areas. The rating is determined by observations of particular actions and these are graphed to show the strengths and weaknesses that exist.

Phase Two

Table 4 below illustrates how the data gathering step in Phase Two is analysed.

Table 4: Data gathering analyses in Phase Two

<table>
<thead>
<tr>
<th>Date gathered</th>
<th>Analytical tool used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured questionnaire</td>
<td>SPSS (statistics)</td>
</tr>
<tr>
<td></td>
<td>NVIVO (open ended answers)</td>
</tr>
</tbody>
</table>

Structured questionnaires

The structured questionnaires are entered into an EXCEL spreadsheet, one for the families and one for the staff. This data is then imported into SPSS for statistical analyses. The program allows for statistical organisation of the responses as well as

\(^{41}\) As this tool was only completed by myself the issue of subjective ratings arises. However, given my sixteen years experience in the early childhood field and that I did not know the three services prior to the study, I believe each service was rated fairly on both assessment tools.
comparisons between families and staff responses (Huck & Cormier, 1996). The analysis is based on independent t-tests and the results are validated by a one-way analysis of variance.

The open-ended question (question 13) is transcribed and imported into NVIVO for analyses. All other comments written on the questionnaire are transcribed and imported into NVIVO. These responses are coded and analysed in the same way as the other data imported into NVIVO.

**Rigor and replicability**

The ability to maintain reliability and validity in qualitative research has been debated (Morse & Richards, 2002; Trochim, 2001). Reliability is the ability to replicate the study and achieve the same results. However, in a study such as this one this ability to replicate is not applicable. While reliability and validity are still the goal of the qualitative researcher these terms need to be interpreted differently within the qualitative paradigm (Kvale, 1989; Maxwell, 1992; Morse & Richards, 2002; Sparkes, 2001). Lincoln and Guba (1985) state that ‘trustworthiness’, ‘credibility’, ‘applicability’ and ‘consistency’ are more appropriate terms for qualitative studies. Validity of the findings is applicable to this study as outlined below.

**Trustworthiness and credibility**

A contributing factor is time spent with participants in order to desensitise them to the research process and to feel at ease with the researcher (Benner, 1985, 1994). In this
study I make a concentrated effort to interact with the families over a long period, using various methods of data gathering. The families’ trust in me seems to develop as more intimate stories emerge\textsuperscript{42} over time.

Information collected from the interviews is given back to the participants (family members and early childhood teachers) to change, delete or enhance as a way to ensure trustworthiness and accuracy of the data. One early childhood teacher (the director from Service C) requests some changes to her transcript. These relate to information recorded about the program and the linkages with local community agencies. Lucy and Reg (Family C) also request minor changes be made to their interview transcripts. They wish to add to the list of people whom they identified as a family support.

Integrity is upheld in two ways. 1) Through the collection of video footage which is controlled by the family; and 2) allowing each family to select the footage they want to include in the analyses.

**Consistency**

The data gathering steps are replicated for the three families. These steps include one researcher spending three months with each family. In this time each family video

\textsuperscript{42} For instance Tessa spoke to me about the disciplining challenges she faces with David and spoke about smacking him in the past even though she didn’t think it was the right approach for him. Katrina spoke to me about the loss of her baby when she was five months pregnant and Lucy spoke about her alcoholic and abusive father. All stories are close to each mother and require them feeling safe and not judged to disclose these memories or incidents.
tapes their family’s experiences and participates in semi-structured and structured interviews. Non-participant observations of the child and the completion of validated tools are also conducted at the early childhood services, as well as interviews with the children’s early childhood teacher.

NVIVO allows the audit trail of data coding and analyses to be transparent. The emerging themes of the data and how analyses changes with more coding are documented through the use of memos. During this data analyses period time is spent at a research farm and a NVIVO expert is consulted. The expert reviews the data and coding and helps me to solidify my thoughts and ideas.

**Applicability**

Analyses of the data reveals that families value particular experiences at the early childhood service for their child. This list of valued experiences culminates in the development of the structured questionnaire, which is used to test the validity of the “list”. The findings from the questionnaire identifies aspects of early childhood services’ programs that have not been previously investigated. This provides

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43 For example when coding the second and third family the word “values” became important as they discuss the whys and ways they “parent” or raise their child. This is originally documented as a memo, however, once I revisit the documents (including those of the first family) a new core theme emerges around important experiences. This includes several sub themes including materialism, conformity, respect, sense of self, conformity, tolerance, educational attainment and independence.


45 For example the third family keeps talking about a safe environment for their child and I thought that this was only significant to this family. However with the aid of the expert asking questions about what “safe” really means I was able to revisit the other two families’ data and see that “controlling the environment” was a parenting strategy that all families discuss, but they are using different words to describe the same phenomenon.
opportunities for the original findings to be tested for generalisability across a broader population.

**Limitations of the study**

The main criticism of qualitative research relates to the researcher becoming personally involved as she/he is deemed to be inherently interested in the research topic. This involvement can lead to biases and can skew what the researcher may look for in the ‘data made’. During data gathering and analyses, the opportunity for bias to occur must be recognised. The researcher’s personal experiences and observations can impact on which themes are investigated and what conclusions are drawn (Morse & Richards, 2002).

Plager discusses these biases in relation to phenomenology as being linked to Heidegger’s concept of ‘fore-having’⁴⁶ (Plager, 1994). That is, the researcher outlines his/her biases and his/her hunches or hypotheses about the research to highlight the significance of the project to the researcher and how it could affect the interpretations made. In the next chapter my own story is discussed to help illuminate some of the biases that could occur during the data gathering and analyses. Of course when discussing biases, one can still overlook biases that are subliminal or unconscious or

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⁴⁶ Heidegger outlines that all that one knows is related to previous knowledge gleaned from the world around (social and cultural environment). Heidegger discusses these as:

1. A *fore-having* – we have a practical knowledge from the world around us that allows us to interpret.
2. A *fore-sight* – our background knowledge enables us to have a point of view from which we interpret.
3. A *fore-conception* – because of the above we have expectations of what might happen in the interpretation (Heidegger, 1962).
unrecognised in oneself. The measures which are taken to limit this bias are described under rigor and reliability in the previous section.

A criticism of phenomenology is that it leads to in-depth knowledge of only one site. Research within the one site requires intensive observation and gathering of a great deal of data (Giorgi, 1985). I attempt to overcome this by choosing three families from different backgrounds and then further testing the findings with families and staff from five other early childhood services. However the reader needs to consider, when reading the discussion and conclusions sections, that the content is based upon three families situated in three suburbs of a large metropolitan city. This small sample size may mean that some issues and themes might not be generaliseable to the broader population. To determine if other families face these themes and issues with preschool children the study would need to be replicated and tested in other ways with several other families (with similar and different family characteristics) to ascertain the degree of generalisation of the conclusions drawn.

The research questions and the use of a phenomenological approach impact on the data collected and the focus taken. For instance I concentrate on the supports and constraints, which are reported about the early childhood service and do not include comments about other services the families access. When discussion focuses on health or school I redirect it to the early childhood service. It would be useful to broaden the questions to include the relationship between early childhood services and other family oriented services, but this was outside of the scope of this study.
Limitations for Family A

The reluctance of the director to be involved in this research – both her service and the preschool teacher was problematic – and may have affected the data gathered. For instance, not having access to David’s preschool teacher means that I was only able to record the interactions of the regular relief teacher (who replaced David’s teacher) and the other regular staff member, Nell\(^\text{47}\). However it must be noted that Nell is the teacher whom David speaks about at home and Tessa (mother) believes that Nell has a significant impact on his attitude and behaviour.

Limitations for Family B

Katrina requests the interviews be conducted in English, her second language. This could have impacted on the data collected. Katrina may have misunderstood questions asked, but I don’t think this was the case because both Ethanial and Joan interpret questions for her on several occasions. However, having close family members present at the interviews may have affected Katrina’s reporting. Nonetheless, completing the eco map and viewing the video suggest that Katrina’s answers are relevant and she is being as honest and open as possible in the interviews.

Limitations for Family C

The fact that both parents and the child were present at all interview sessions, at their request, may have impacted on the data gathered. For example, parenting issues may

\(^{47}\) Nell was working in the position of untrained assistant in the preschool room.
have been answered differently by either parent on their own. As they requested to be together, I felt obliged to accept it. Nonetheless, I had no reason to believe that either parent was not being honest and open in their answers.

Summary

In this chapter about research design, the data gathering techniques and processes used in Phase One and Two of the study were described, as is the justification for utilising a mixed method approach for data collection. The chapter describes the data analysing methods used, including the use of the computer program NVIVO. A description of the themes, which emerged during data analyses, were also outlined. The chapter includes a discussion on rigor and the possible limitations of the study and how these were addressed.

In the following chapter the findings are presented. The themes that emerged from the data analyses in relation to the research questions are described. A section on the researcher’s (my own) story is included. This component is added to show how my personal belief system and values could have influenced the data gathering and analyses.

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48 For example on questions about discipline, Reg and Lucy answered how they had different expectations of Nathan’s behaviour and routine. During this discussion they spoke about how they disagreed about what time Nathan should be going to bed. They both emphasised that when they disagree about parenting they do not do it front of the children.
Chapter 4

FINDINGS

Introduction

The previous chapter describes the phenomenological approach and data collection used for this study. This chapter presents the researcher’s (my) narrative to illustrate how my personal belief system and values could have influenced the data gathering and analyses. Each family’s story is briefly outlined, including a profile of their attitudes towards parenting and the importance they place on the supports they access in relation to their child. The profiles of the three early childhood services are also given in relation to the validated tools ECERS-R and QIAS. The themes that emerge from the data are discussed as they relate to the research questions.

Researcher’s narrative

A phenomenological researcher is telling a story about the participants that has been influenced by the researcher’s biases and values (Gadamer, 2002; Heinz & Myers, 1999; Plager, 1994; Sadala & Adorno, 2002). In this way the researcher’s background defines the lens through which the data emerges. Moran (2002) argues that it is impossible not to bring assumptions into phenomenological research. However, Gadamer (2002) explains what is needed is for the researcher to bring these biases to the foreground to allow the researcher to move past these and be open to new interpretations about the phenomena. Outlining my own story alerts myself as researcher to be open to new interpretations as well as alerting the reader to the values
I have in relation to the early childhood field that may have coloured the research. For this reason my own story is outlined below.

**My story**

I have been influenced by a number of events and experiences in my life. My ‘biases’ and values fall within the categories of ‘equity’, ‘social justice’, ‘commitment to community’, ‘partnerships’ and ‘benefits of early childhood services to children and families’. Here I provide some background information about the development of these concepts that influenced my approach for this research.

**Background and career choice**

I wanted to be an early childhood teacher from the age of thirteen. I come from a large working class family. I am the second youngest and was surrounded by nieces and nephews when I was growing up. My parents actively encouraged me to continue my studies after high school as they did not have the opportunity to complete high school themselves. My father is a labourer and my mother a nurse\(^{49}\). They instilled in all six of their children the importance of education and its potential to ensure future security.

During work experience in High School I spent time in preschools, primary schools and a special needs mobile playgroup. These experiences convinced me to study early childhood after completing Year Twelve (Higher School Certificate). This

\(^{49}\) Not practiced as she became a full time stay at home mother from the age of 20.
choice meant I had to leave my small country town. I was the first child from my family to attend University in a city where I did not know anyone.

I graduated from the University of Canberra with a Bachelor of Education (Early Childhood) in 1990. My first job was teaching part-time in a community based early childhood service whilst studying my fourth year at University. Upon graduation I became the full-time preschool teacher at the early childhood service. Two years later I was promoted to Director. The service was managed by a community organisation, which ran a number of early childhood services including family day care, playgroup, mobile preschool, outreach services for disadvantaged children and aged care. Here I was profoundly influenced by management practices, which included a focus on staff involvement in decision-making and an emphasis on linking with other community agents. For instance staff were encouraged to access the Resource and Advisory Program, which offered resources, training and professional development to all early childhood professionals.

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50 Community based centres are early childhood services that are funded by the local and/or state governments to provide a more affordable service for families with lower incomes.

51 Family day care is where the child is looked after in the home by a carer who does not need to have formal qualifications. A coordination unit oversees each carer’s program. Playgroup is where families can bring their child/ren to a session (usually two hours) that offers similar experiences to a long day care service. A playgroup coordinator runs the program and the families must attend with their child/ren. A mobile preschool is a preschool that goes into the community and usually sets up in the local hall. Families can leave their three to five year old child for a session, which is similar to a preschool program. A social worker works with families referred as “at risk” by agencies such as the Department of Children Services. The aged care coordinator organises activities for the elderly who residing in the area.

52 The Resource and Advisory Program (RAP) was a resource and training organisation that supported staff working in early childhood services through provision of a resource library, networking meetings and inservices.
In late 1994, I was given the opportunity to establish a new service for a private operator\(^{53}\). In NSW at that time the field derided private sector service operators. My role became one of public relations proving credibility and most importantly fighting against bias towards private centres by modelling community relevance and support.

**Commitment to the role of collaboration/partnerships in early childhood education**

I returned to university to study a Masters of Education in 1998. As a part of these studies I became acquainted with the notions forwarded by Pence and Benner (2000)\(^ {54}\); Kagan and Bowman (1997); Moss and Penn (1996) and Lero (Lero, 2000)\(^ {55}\). These authors and other post modernists argued that research into social and cultural influences revealed differences and that every child, family and community constructed their beliefs on the experiences unique to them and their community. Therefore early childhood education could not be separated from its context or community (Dahlberg, 1999; Dahlberg et al., 1999; Fleer, 2000a, 2001, 2003b; Fleet, 2000; Fleet & Patterson, 1998; Hayden, 2000; Lambert & Clyde, 2000; MacNaughton, 2000a, 2000b; Penn, 1997, 2001; Rogoff, 1990, 2003; Taylor, 2000; Tobin et al., 1989).

These authors identified a critical role for those who work with young children. They discussed how ecological forces influenced long term outcomes and identified the central role of the social political context including the immediate environment(s), the

\(^{53}\) A private early childhood service is run for profit.

\(^{54}\) Pence and Benner's article was in press in 1998.

\(^{55}\) Lero's article was in press in 1998.
community, the space given to voices and the social attitudes as predictors of health and well-being for children. This broadened concept of what an early childhood professional could be (could achieve) motivated me towards further investigation. I completed my MEd thesis entitled *The community centred early childhood professional: Developing linkages to support children and families* in 2000. The major finding was the valuable contribution early childhood professionals can have for the children and families in their service when they move beyond their service and develop linkages and relationships with appropriate agencies and community leaders.

In 2001 I commenced my doctoral studies to further this interest base in relation to how families were supported with parenting within their community. This interest base intensified into the connections families have and how these contribute to or inhibit their parenting. Whilst completing my doctoral studies I also had two children who are now 3 and 5 years old. Becoming a parent, relatively isolated from support (isolated by distance from my family and in-laws), intensified this interest of connections and the relationships that families form when raising young children, and in particular the role the early childhood service plays (or can play) as a support to families.

**Interest in connections**

This interest in connections was instilled in me from a young age. My parents’ taught me that everyone had a right to be heard, to be valued and to be accepted regardless of race, culture, ability or social standing. We grew up in a housing commission house with many Aboriginal families in the complex. Other Anglo Saxon people within the
complex would discuss the Aboriginal families in derogatory terms such as “Abo’s”, “bludgers” and “welfare cheats”. My parents forbade the use of derogatory terms and encouraged us to socialise with the Aboriginal children in our neighbourhood. My father was highly involved with the local soccer club, coached many of the children in the neighbourhood and knew many of the Aboriginal families in our local community.

The values instilled in me by my parents impacted on the teacher that I became and my commitment to being non-judgemental. In my first teaching job I dealt with families struggling with domestic violence, drug addictions, poverty, disability and others who were not from the dominant culture. This diverse population helped me begin to become aware of my biases, to work towards equity in all ways and to develop skills in fostering inclusion and connections.

An example of this need to develop connections is illustrated by an event that occurred during my first year of teaching. I found myself working with a 3 year old boy (Simon) who lacked social skills. Simon’s main interactions with the other children were through physical means, for example, hitting, yelling or screaming at the children if they would not play with him or do exactly what he wanted. Simon and his mother, Doris were new to Canberra. Doris was a single mother, who had no connections in Canberra (family or friends) and was working long and varied shifts as a medical resident. Simon was often dropped off or picked up by baby sitters. The early childhood service was the main connection for Doris with the community.

Establishing a relationship and connection with Doris was crucial for Simon’s healthy

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56 see Hayden, Macdonald and Fraser, 2001, who discuss the role of the early childhood service as being one of the first points of contact for families.
development and well-being and for integrating Simon into the service’s program. Through phone calls, written notes and face-to-face chats, a plan for Simon was developed. This included processes for the home and the service. Within a month of implementing the plan, Simon’s behaviour had changed drastically. For the next eighteen months he thrived in the service. He became one of the most popular and sought after children in his group. His interactions were respectful, intelligent and sensitive to other children. The connections with his mother were strong and she often used us as her point of reference for parenting issues. In exchange, we were able to make use of her expertise (as a medical Doctor) with policies and health advice.

I believe that my own story and my commitment to the role that early childhood education plays in promoting social justice is likely to have coloured the lens of this research. The influences and philosophical principles which I bring to the study, are outlined in table 5 over the page.
### Table 5: Influences and philosophical principles

<table>
<thead>
<tr>
<th>EVENT</th>
<th>SUPPORTED BY LITERATURE (AUTHORS)</th>
<th>PRINCIPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents teach values of accepting people regardless of colour, religion, ability.</td>
<td>Creaser &amp; Dau, Derman-Sparkes</td>
<td>Foundation blocks of social justice.</td>
</tr>
<tr>
<td>Parents promote importance of education for success.</td>
<td>Schweinhart &amp; Weikart</td>
<td>Equity of education opportunity.</td>
</tr>
<tr>
<td>Undergraduate degree in early childhood.</td>
<td>Fleer, Stonehouse, Vygotsky</td>
<td>Notion of early childhood education as support for families.</td>
</tr>
<tr>
<td>Practice in early childhood education as a teacher and then director.</td>
<td>Bronfenbrenner, Derman-Sparkes, Gonzalez-Mena, Stonehouse</td>
<td>Confirmation of social justice, which is supported by policy and the organisation.</td>
</tr>
<tr>
<td>Practice in private centre as director.</td>
<td>Carter &amp; Curtis, Epstein, Rockwell, Andre &amp; Hawley, Kagan &amp; Bowman, Jorde Bloom, Rodd</td>
<td>Understanding the importance of links and support networks with other early childhood professionals as well as the crucial role of building partnerships with families.</td>
</tr>
<tr>
<td>Post graduate studies – Masters in Early Childhood.</td>
<td>Hayden, Epstein, Fleer, Hughes &amp; Mac Naughton, Moss, Pence, Rogoff, Tobin</td>
<td>Viewing early childhood education with a post modern perspective and recognising the importance of developing collaborative relationships with community stakeholders to ensure responsive early childhood services.</td>
</tr>
<tr>
<td>Becoming a parent.</td>
<td>Barker, Dunst, Trivette &amp; Deal, Eisenberg, Murkoff &amp; Hathaway, Hayden</td>
<td>The need for families to feel connected to services and supported in the care and education of their children.</td>
</tr>
</tbody>
</table>
Families’ Stories

Outlined below is a brief summary of each family. A detailed account of each family is attached in the appendices.

Family A’s background

My family is of Aboriginal descent and we live in an inner suburb of Sydney, NSW. My mum’s mother was a part of the stolen generation. I (Tessa) am a single mother and I work full time in my local community for an Aboriginal organisation. I have a four year old child, David and he attends the local community based early childhood service full time. I am supported (financially and emotionally) through my extended family, particularly my mother (nan) and father (pop) and my father’s extended family. My parents play a pivotal role in helping me raise David. I work with mum and also spend a lot of time at their house (see Appendix 36, p. 312 for a detailed description of the family).

Family A is a single mother with a preschool child. The family rent a unit in a local government area that has a population of 92,000 people who speak 33 different languages (Australian Bureau of Statistics, 2001a). The local area is diverse, with people of differing socio-economic status and a high concentration of Aboriginal people. Family A rent their unit from the Aboriginal Housing Commission and their unit is a short walk from the local train station, police station and local shops. The area has some built up areas for industry and there are several main arterial roads. The area also has many green spaces including ovals and a number of sporting clubs, which the family accesses throughout the week and weekend.

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57 An Aboriginal person is an original descendant of the Aboriginal and Torres Strait Islander people who inhabited Australia before colonisation in 1788.
58 The description is a summary of Tessa’s story taken from the various interviews conducted with her.
Family B’s background

*I (Katrina) was born in Argentina and have 15 brothers and sisters (11 are still alive)*. I came to this country for a holiday. I met *Joan* (my husband Ethanial’s mother) on a holiday on a boat trip in Brazil. We became friends and Joan visited me in Argentina and then I visited her in Australia. I met Ethanial (who couldn’t speak Spanish – I taught him in three months) and he came back to Argentina with me. We got married in Argentina and then returned to Australia to help Joan. We planned to stay for only two years but are still here eight years later with two children, *Emily* (seven) and *Tristan* (four), and a house in a western suburb of a large metropolitan city. I work nights in a factory and study English at TAFE three mornings a week. Tristan goes to the TAFE childcare service while I am studying (three mornings) and he has just started going to another preschool one day a week. The rest of the time he is with me. We speak Spanish to the children but they both can speak English too *(see Appendix 37, p. 314 for a detailed description of the family)*.

Family B represents a family from a culturally and linguistically diverse (CALD) background and they have a preschool child. The family lives in a local government area located on the western fringe of a large metropolitan city. The population of this local government area is 172,397 people. 25% of the population are identified as Aboriginal. 81.7% of the population have English as the only language spoken in the home. The other three common languages spoken in the home are Tagalog – Filipino (1.3%), Arabic (1.3%) and Italian (1%). 94.1% of the population were identified as working *(Australian Bureau of Statistics, 2001c)*. The family owns a three bedroom house in the area. Their house is on a cul-de-sac and many of the surrounding houses

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59 The description is a summary of Katrina’s story taken from the various interviews conducted with her.

60 TAFE stands for “Technical and Further Education”. TAFE is a government training system similar to the community college system in the United States. TAFE early childhood services will only take the child while the parent attends classes. The child cannot attend if the parent is not at TAFE.

61 Preschool is another term for an early childhood service.
have been extended and renovated. The street has few trees and the island in the cul-de-sac is covered in grass. Tristan learnt to ride his bike on the street. The neighbours on both sides rarely interact with the family. It is a short drive to the local shops, primary school and freeway that goes to the city.

Family C’s background

We (Reg and Lucy) grew up in this area (south west suburbs of a large metropolitan city)\(^6\). We met through work (child protection field) and have been married for eleven years. We have two sons, Simon (eight) and Nathan (three and a half). Nathan attends childcare three days a week (the days mum works) and Simon is at the local primary school. Reg is at home full time as he is enrolled in a post graduate research degree and is in a wheelchair due to his multiple sclerosis. Reg has two adult sons (Craig and Frank) from his previous marriage, Craig spends time in the family home and Frank has just moved back in full time (see Appendix 38, p. 316 for a detailed description of the family).

Family C is a nuclear family with a preschool child and the father has a chronic disability (multiple schlerosis). The local government area that Family C lives in has a population of 70,642 people and its population has grown 11% between the 1996 and 2001 census. 0.5% of the population are identified as Aboriginal origin and 56.9% of the population speak English as their first language. The other three main languages spoken in the home include Chinese (14.3%), Greek (5%) and Arabic (4%). 94.5% of the population is employed (Australian Bureau of Statistics, 2001b). Family C owns a three bedroom house in the area. The house is situated on a busy arterial

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62 The description is a summary of Reg and Lucy’s story taken from the various interviews conducted with them.
road. The local primary school and shops are located a short walk from the house, on
the other side of the busy road. The neighbours on both sides help out regularly.

Findings

The study investigates whether early childhood services enhance or reduce
connectivity for families with preschool aged children. The research questions are:

1. What do families report as important experiences for their preschool child?
2. What do early childhood service staff report as important experiences for
   preschool children?
3. What are the levels of connection between the early childhood staff and
   families in relation to these experiences?

A profile of the three families is outlined to illustrate the experiences the three
families’ value and the supports (and their importance) they access in the care and
development of their child. The three early childhood services the family’s access are
also profiled using the ECERS-R and QIAS tools. The research questions in relation
to the three family’s experiences are discussed. The themes or key experiences raised
by the three families in Phase One of the data collection are outlined under question
one and two. Question three outlines the findings from Phase Two of the data
collection (structured questionnaires for families and staff).
Families’ profiles

Each family places a different emphasis on the key experiences for their child and the supports they access in terms of importance. Outlined in graph 1 (p. 128) and 2 (p. 130) is a summary of each family’s profile. The two graphs illustrate how the three families have different needs and these needs are based on their individual family’s life and experiences. These profiles are developed from the information collected from each family in Phase One (video taping, semi structured interviews and structured interviews) but the ratings and tables summarising each family’s position are devised by me. These profiles illustrate how each family has an individual view of parenting in relation to the care and education of their preschool child.

63 The ratings I gave each family come directly from the qualitative data collected. These ratings are based on my understandings of their beliefs and attitudes to these experiences.
Experiences for their preschool child

Graph 1

Graph 1 illustrates the views of each family in relation to experiences for their preschool child. For instance Family A places a high value on the importance of David developing strong relationships with other adults within a communal environment. However these relationships do not necessarily require David to be mixing with diverse groups (many of these adult relationships were with the large extended family). Education is seen as important, as long as David can operate in an individual manner and be accepted for who he is.

In contrast Family B values a balance between relationships (as long as they are within the family’s control) and the need for consumer materials (as long as it is not competitive) to aid in Tristan’s development. Family B also places a high value on education but in contrast to Family A believe discipline needs to be strict for Tristan’s healthy development. Many of the experiences Family C values were in contrast with
the other two families. Family C values experiences that promote activism and perceive the role of the early childhood service to promote play and fun for Nathan as well as provide opportunities for him to mix with diverse groups of people.

Each family discusses these experiences as important in contributing to their child’s needs. Each family perceives these experiences contribute to their child being happy and able to live and participate successfully within the community. During the video taping each family address the question “What does your child need for healthy development?” in a different way. For example Family A emphasises the benefits of extended family. Family B speaks about how their child’s own feelings of satisfaction impact on their decisions. For instance if Tristan says he is not happy at the early childhood service they would not investigate further just remove him. Family C focuses on creating a safe and happy home as a foundation for health and well-being.

_Providing a solid base in which they feel good about themselves. Everything springs from that. To make sure the house is a safe place to be (not my upbringing). Feel confident and know that we will be there that they are safe, loved and cared about (interview 1, mother, family C, section 1.11, Paragraph 24)._

**Importance of supports**

Graph 2 outlines the differing supports each family value and rely on in relation to the health and well being of their preschool child. For a detailed examination of the analyses of these supports for each family see Appendix 39, p. 318.
The supports each family place a value on also differ and this is related to the individual situation for each family. For instance both Family A and B place little importance on friends and neighbours as supports in the development of their preschool child, but their reasons are remarkably different. For example Family A places little significance on this, as Tessa believes she has all the support she needs with her extended family.

However, Family B speaks about how the neighbourhood they live in impacts on their levels of trust. They rarely see or communicate with their neighbours, as they do not perceive they are a positive influence on their children. Much of this perception relates to the emphasis they feel the neighbours place on competing with each other in relation to material belongings. Friends are also a limited source of support as they perceive the disciplining (too lenient) and parenting techniques of their friends contradict their values and beliefs. In essence this family excludes itself from...
neighbours and community in order to protect their children from different parenting approaches.

In contrast, Family C relies heavily on their neighbours and friends for support. Much of this reliance is a result of Reg’s illness and his physical limitations in helping with the parenting of their children. Therefore Nathan is participating and socialising in a wide range of environments, including the early childhood service, extended family members, school networks and family friends, but these have all been screened by his parents to determine safety.

Although the supports each family rely on differ, the three children are experiencing similar opportunities for their healthy development in their home environment. The video footage of all three children portray them as competently and confidently participating (see CD Rom). David (Family A) is swimming with his older cousins and participating in games with his cousins with limited supervision; Tristan (Family B) rides a two wheel bike unaided and helps his mother with chores; Nathan (Family C) participates in preparing meals and successfully manipulates a knife and fork whilst eating his meal.

**Responsibilities of parenting**

All three families discuss feeling an immense sense of responsibility in the care and education of their child. This relates to the financial and emotional pressure of
providing for their child. This sense of responsibility is exacerbated by the high expectations the families place on themselves to be the best providers they can be.

Work and/or study commitments are perceived as essential in providing now and/or in the future for their child. The families outline how these work and study commitments impact on their ability to maintain a balance with the family. For instance Tessa (Family A) discusses how her priority is her immediate family (parents) and the extended family are seen less regularly since she began full time work:

\[\text{I find it harder to see all the family since I started working but I still see my mum and dad a lot (interview 1, mother, family A, section 1.6, paragraph 14).}\]

The need to balance work commitments with family life are also raised by Family B. They discuss that the lack of time and reduced energy levels impact on their relationship with their children. This perceived lack of time has restricted the amount of children they had. Ethanial states:

\[\text{It is very difficult as we could have a dozen (children) but it is not the money it is the time (interview 1, father, family C, section 1.1, paragraph 4).}\]

All three families raise the issue of having little time to oneself. The parenting role impacts on their ability to mix and socialise regularly, develop their own self identity and to have time away from the commitments of parenting.

\[\text{...The absolute constancy of it because Reg is in the wheel chair I single parent (not emotionally) but physically I have an extra child to attend to physical needs. I have to dress Reg etc. There is no respite, I can’t have a cup of coffee with a girlfriend, read a book etc (interview, mother, family C, section 1.15, paragraph 32).}\]
Summary of families’ profiles

The three families’ profiles in relation to experiences they value and the supports they rely on vary and this is affected by their own individual experiences (sociocultural perspectives). In relation to the responsibilities faced with being a parent there is some common ground between all three families. These commonalities include balancing work/study commitments with family life (time and resources) and the high expectations they place on themselves to provide the best environment for their child’s healthy development.

Early childhood services profiles

Early Childhood Service A

The early childhood service is licensed for 60 children aged between 6 weeks and 6 years. It is supported and funded by the local council and NSW Department of Community Services. Priority of places is given to residents and workers in the local government area. The centre operates from 7.30am – 5.30pm, Monday to Friday and is closed for public holidays and two weeks over Christmas.

The centre has three rooms (0-2’s, 2-3’ and 3-5’s). David is in the three to fives room which is staffed by an early childhood teacher and one untrained childcare worker.

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64 Early childhood teacher is someone who has undertaken a three to four year early childhood degree at university.

65 Untrained childcare worker is someone who does not have recognised formal qualification in childcare (TAFE or university) but has some experience working with children.
There are some Aboriginal children at the service, but they are not in David’s room. The majority of the children in the preschool room are Caucasian, with a minority from other cultures and countries.

Early Childhood Service B

The early childhood service is licensed for 40 children aged between 6 weeks and 6 years but only caters for 29 currently. It is supported and funded by the local TAFE. Priority of places is given to students who are attending courses at the TAFE. Their child can only attend while they are at the TAFE course. The centre operates from 7.30am – 5.30pm, Monday to Friday and is closed for public holidays and two weeks over Christmas.

The centre has three rooms (0-2’s, 2-3’ and 3-5’s). Tristan is in the three to fives room which is staffed by an early childhood teacher and operated on a ratio of one adult to seven children. The children are family grouped at other times with the toddler group, which is staffed by a diploma trained teacher, and one untrained childcare worker. There are many children from culturally and linguistically diverse backgrounds and they are in all rooms including Tristan’s.

Early Childhood Service C

The early childhood service is licensed for 60 children aged between 6 weeks and 6 years. It is supported and funded by a community-based not-for-profit organisation.
that operates 24 services in NSW. The centre operates from 7.30am – 6.00pm, Monday to Friday and is closed for public holidays and two weeks over Christmas. The centre has three rooms (0-2’s, 2-3’ and 3-5’s). Nathan is in the three to fives room, which is staffed by an early childhood teacher and two untrained childcare workers. There is a mixture of children in the service. They include culturally and linguistically diverse children and children with additional needs.

**Validated assessment tools**

Both ECERS-R and QIAS validated tools are used in this study to assess the three early childhood services in relation to interactions with children, program activities and relationships with families. Graph 3 (p. 135) and 4 (p. 137) outline the results of each service in relation to these two tools.

**Graph 3:**

![ECERS-R RATINGS](image-url)
Graph 3 reveals that Early Childhood Service B and C achieve ratings of 5 (good) or above (high) in relation to the areas of: language and reasoning; activities; interaction; program structure; and parents and staff relationships. Early Childhood Service A rates the lowest (achieving mostly satisfactory scores) and with interactions and program structure falling below 3 (minimal). All three services achieve a rating of five or more (good to excellent) in relation to building parent/staff relationships.

Service A’s rating for interactions relate to inadequate supervision in the outdoor area. For instance one staff member is left for a lengthy time on their own whilst the other staff member sets up inside or is on a break. This reduction in staff numbers impacts on the other staff member’s ability to supervise the whole area adequately and respond appropriately to children’s needs and interests. This low rating also relates to children being required to form queues and wait for lengthy periods in transition as well as being required to be quiet at group times. If children were unable to be quiet threats in relation to food withdrawal are made by the staff. These interactions between the staff and children impact on the interactions between children, that is, staff do not encourage talking between peers or offer many opportunities for children to make choices. Most of the program structure is teacher oriented with large group experiences and structured end product activities dominating the program.
The QIAS ratings also reveal that Early Childhood Service A is operating at an unsatisfactory level in the areas of relationships with children and respect for children. These ratings reflect similar observations discussed above in relation to graph 3. Both Early Childhood Service B and C are operating at good or high quality for the indicators of relationships with children, partnerships with families, planning and learning and development (activities). All three services achieve a rating of five or more (good to high quality) in relation to building parent/staff relationships.

Early Childhood C achieves the highest ratings in both the ECERS-R and QIAS tools and it could be assumed that it is a high quality service. Early Childhood Service B is operating at a good quality level and Early Childhood Service A could be described as a poor/satisfactory quality service based on these two validated tools assessments.
Summary of early childhood services profiles

Both ECERS-R and QIAS validated tools reveal that Service A is operating at a poor or satisfactory quality level. Whereas Services B and C are operating at good to high quality level in relation to interactions and activities provided for the children and the relationships being built with families. All services are operating at a good to high quality level in relation to developing partnerships with families. These validated tools confirm that all three services have rated well in relation to developing partnerships/relationships with families. This measurement of high quality partnerships requires further investigation, as reported later in this chapter, the study finds that families’ do not feel supported by early childhood services (in relation to the experiences that are valued in the program). The study also finds that the level of communication occurring between families and the service about these experiences is not effective.

Phase One data analysis: video taping, semi structured interviews, structured interviews, observations of the child and policy documents

In Phase One the data collected is analysed with NVIVO version 2. The data is coded in relation to attributes and under the themes that emerge from the data. These themes include: connections; challenges; the role of the early childhood service; supports for families, and experiences for preschool aged children. Analyses of the data includes comparing and contrasting the three families perspectives, as well as the

66 The attributes for this project included case study (1, 2 or 3), centre (teacher, director, policy or teacher/director), gender (male or female), and role (mother, father, grandparent, teacher, both parents or policy).
early childhood services’ perspectives about experiences for children and supports families need. Findings are described in relation to the first two questions of the research:

1. What do families report as important experiences for their preschool child?
2. What do early childhood service staff report as important experiences for preschool children?
3. What do families report as important experiences for their preschool child?

Families report twelve experiences as being important for their preschool child to experience. As each family has varied responses to these twelve experiences these are presented as a continuum. This is to aid in discussion and analyses of the families’ different viewpoints and conflicts the families’ grapple with while raising their preschool child. These experiences include:

a) Materialism (consumer oriented) versus relationships?
b) Conformity versus individualism?
c) Acceptance versus activism?
d) Role of early childhood service – education versus play?
e) Discipline – strict versus lenient?
f) Social environment – mixing with others versus not mixing?

a) Materialism (consumer oriented) versus relationships

Experiences of focusing on materialism or relationships related to how the families perceive the societal values that impact on their child’s world. This particularly relates to both a real and perceived focus on wealth and material belongings as well as how this is contributes to a fracturing of the community. This fracturing is perceived
to relate to both the deterioration in building of relationships/connections as well as the diminishing levels of trust within communities. For instance Family A refutes consumerism and consistently discusses the importance of family and maintaining connections. For instance Tessa’s mum states:

*It is how valuable family is, how we care as Aboriginal people about our families and about how we share what we have and that material things don’t matter in an Aboriginal lifestyle... because all the money in the world doesn’t make you happy* (interview 1, grandmother, family A, Section 1.10, Paragraph 24)

Family A also discusses this in relation to the pressure of accumulating the latest equipment or toys and balancing the wants versus the needs of the child. Tessa struggles with the requests she receives from David about wanting new toys and sees this as a discrepancy between her value system and the broader values he is exposed to.

*These days’ kids just want, want, want. It is not about what they need. I find it difficult giving into his wants. I will go out and buy it eventually but I won’t give it to him when he says he wants this and wants that. I try to explain to him that you don’t always get what you want* (interview 5, mother, family A, section 1.13,paragraph 32).

Family A struggles with this discrepancy and tries to find a balance between teaching David the value of family and community, but also providing for David so he is not excluded from his peer group.

In contrast to Family A, Family B refuses to give into pressure in relation to acquisitions and wants.

*People want more, (they) look for (an) excuse when working and say it is “for my kid”. My mum (did) not give (anything) to me and I still love her anyway. This is what I want to teach my children* (interview 2, mother, family B, section 1.12, paragraph 32).
Family B is adamant that they only gave their children what they need, not what they desire. The pressure to conform for this family is perceived as external (friends, neighbours, children’s peers) and is seen as a challenge of raising children in a society that does not have the same consumerist values. Ethanial states:

_Some of our friends call us cruel. Our kids don’t have McDonald’s everyday. My wife and I agree don’t give them wants but give them 110% needs. That’s important (interview 1, father, family B, section 1.1, paragraph 4)._ 

_b) Conformity (assimilation) versus individualism_

All three families discuss this experience as balancing the need for their child to have a sound understanding of the family’s beliefs and culture with the desire for their children to be accepted into the wider community. This is seen as a conflict - the balance between respecting identity (cultural and family beliefs) and conforming to the broader community’s value system.

For instance Family A feel that it is paramount that David has a sound understanding of his Aboriginal heritage. Tessa discusses her need for David to know about his heritage, his roots - including his great grandparents being a part of the “Stolen Generation”⁶⁷. However, she also balances this with the need for him to mix with other nationalities.

_His own culture is important but he gets that from home all the time. We talk about who he is, his identity… (however) we are not just defined by our race… (and) the reality is it is not just all Koori’s and he needs to get used to this (interview 4, mother, family A, section 1.1, paragraph 4-5)._ 

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⁶⁷ The stolen generation refers to Australian Aboriginal children (usually of mixed racial descent) who were taken from their families and placed in church missions and/or given up for adoption. This occurred between 1900 and 1969 and was promoted as a child welfare practice. In today’s society it is viewed as a violation to human rights.
Family B discusses this conflict in relation to the difference in this community and the one they experienced in Argentina. Katrina describes Australia as having a “cold spirit” but acknowledges that this is compensated by a level of safety not evident in her country. Ethanial also discusses the need for their children to be confident about themselves, which means they rise above conformity. He feels that an important role of theirs as parents is to develop their children’s sense of self, an acceptance of their individual identity where they are able to confidently express their own opinions and needs. He states:

_They don’t need to fit in and that’s good, as we know we’ve done our job (interview, father, family B, section 1.1, paragraph 4)._

However he also acknowledges that there is room for some compromise. For example he allows Emily to have money for the canteen so her friends do not see her as completely different.

Family C’s emphasis on conformity or individualism is directly impacted by Reg’s illness. The illness impacts on both their level of spontaneity (attending functions and events that the children have been invited to) as well as the visible differences in Reg (due to the wheelchair and his impaired body and speech movements). Family C believes the situation impacts on their children as it creates comparisons of their family with other families in their community. They discuss the struggle of ensuring Reg is still included as a visible part of the family and balancing this with the needs of the boys in participating and feeling included in their community.

_Sometimes they say it is not fair because of what they can’t do. They say things like “It’s not fair mum” (if they can’t go) or “Why can’t dad be here” (when they do participate in events). Samuel is finding it harder because he has more exposure to_
dads now he is at school. His world is widening (interview, mother, family C, section 1.21, paragraphs 45-46).

I want them to be different but then I also want them to conform (interview 1, mother, family C, section 1.16, paragraph 33-36).

c) Acceptance versus activism

All three families discuss the importance of valuing what you have and not dwelling on the negatives that occur in life. How the families differ is how they approach these situations of adversity – either accepting of the situation or becoming motivated to improve or rectify the situation.

All families talk about life being unfair at times but needing an ability to roll with the punches and not being beaten by the challenge. For instance Tessa (Family A) discusses the absence of David’s father as unfortunate and that she wishes it was different. However she emphasises that she has no control of the situation as David’s father does not want to be involved and she therefore accepts this situation. However she justifies this acceptance with her belief that David is not missing out as he has her father adopting the father figure role. She says:

I don’t have the benefit of having both parents there (for David)...On the other hand he is not missing out as he has my father in his life and he is a positive role model for my son (interview 5, mother, family A, section 1.9, paragraph 21).

However in relation to the issue of the “Stolen Generation” Family A embraces activism. Tessa believes this has repercussions for David and will impact on who he becomes in the future. Tessa discusses the importance of instilling within David the stories and struggles of the Aboriginal people and in particular her family’s story (her mother’s grandmother was a part of the “Stolen Generation” and was taken from her
parents’ at the age of 6 weeks). Even though Tessa and her family have been unable to trace their ancestry completely, Tessa sees it as a life long search for her, her family and her son and will not be deterred from this quest.

*Probably identity and the history of our family and our people too. That is important even though I see it as important for him to get on with other nationalities it is more important knowing where he comes from* (interview 5, mother, family A, section 1.12, paragraph 30).

Family B believes in acceptance and emphasises the need to not expect everything to be easy or fair and that having high expectations can create unhappiness. Their beliefs relate to being realistic to ensure you do not become disillusioned.

*Teach them to be humble. Living and breathing - more than this than (you are) lucky. If (your) expectations aren’t so great than everything is easy* (interview 2, mother, family B, section 1.13, paragraph 42).

This acceptance could be related to Katrina’s upbringing in a third world country where poverty and hardship are visible. Katrina also experienced the death of her father when she was a young girl, which she spoke about as having an impact on her life and how they lived after he died.

Family C discusses activism as a way of overcoming obstacles faced in life. They emphasise being resilient and not being conquered by challenges. This is illustrated through their discussion about Reg’s illness.

*That life doesn’t always go the way you want it to but you can get through it, around it* (interview re video, mother, family C, section 1.3, paragraph 10).

This level of activism could be related to this family’s knowledge of the systems and processes. Over the time of Reg’s illness they have accessed various resources and agencies to ensure Reg is included in family and community life. For instance they
obtained funding for a van that had been specifically designed for Reg’s wheelchair. This increases the family’s ability to participate in family outings and special events outside the family home.

d) Role of early childhood service – education versus play

The role of the early childhood service in relation to education or play is hotly debated in the early childhood arena (Elliott, 2006). Each family views the importance of this role in diverse ways. For instance Family A discusses the positive impacts of the early childhood service in terms of offering an educative component – something she does not believe David was exposed to in the previous early childhood service he attended. Tessa states:

I knew within three days of changing him over he came home and started talking about the planets. They’re things we wouldn’t be talking about at home so obviously he is getting that at school (early childhood service) and I’ll explore that with him...He is also writing his name and they are showing him how to write in Chinese (interview 5, mother, family A, section 1.14, paragraph 34).

Family B also focuses on the importance of education and specifically the role of the early childhood professional. They feel the teachers need to be in control and prepare Tristan for the school environment. For instance Ethanial notes that he wants to see a:

Figure of a teacher who says yes/no and tells them what they can and can’t do. Teach him for school. Listening skills...use they’re hearing and interpret well when listening to instructions...I am a team leader at work and I see the need for understanding a directive and listening (interview 1, father, family B, section 1.4, paragraph 27).

This focus on education has culminated in them also enrolling Tristan in another early childhood service two days a week as it:

David was moved from a preschool that was run specifically for Aboriginal children to a community based long day care. The preschool hours had become unsuitable when Tessa begun a full time job. Tessa also felt that David was able to “play” more at the preschool.
The 5th discourse: The connectivity role for early childhood services – Meaningful support for families.

Teaches preschool and he needs this for when he goes to school (interview 1, mother, family B, section 1.3, paragraph 10).

The service Tristan attends whilst Katrina is studying at TAFE is unaware of this change. Although the service rated high in both ECERS_R and the QIAS tools for the program and activities the family do not perceive an educative component is occurring at the service.

Family C places an emphasis on play not education. They want the early childhood service to focus on Nathan’s interactions with other children and adults, be a fun place for him and to help him develop skills that motivated his own learning. Their emphasis places the teacher in a facilitative role as opposed to a didactic role described by the other two families.

These various perspectives of the three families reflect the current debates about: i) the types of programs/activities that should be provided (including the argument for a common curriculum); ii) how these activities should be delivered (facilitated by the teacher or taught directly by the teacher); and iii) how the early childhood service’s program should be marketed to families (Elliott, 2006).

e) Discipline – strict versus lenient

All families perceive discipline as a contentious issue in the care and development of their preschool child. This contention relates to two issues: i) the consistency of discipline between family members; and ii) discipline practices between the family and the early childhood service.
i). Consistency

Consistency between parents and other significant family members is a source of conflict. Most commonly reported is one parent being less strict than the other. For instance in Family A, Tessa feels she is often undermined by her parents when trying to discipline David. As she states:

*At home he has three parents to raise him and it is hard as dad overrules me and it is hard to get into a routine (interview 7, mother, family A, paragraph 16).*

Kimberly (David’s nan) acknowledges that she and Tessa have different disciplining styles and she states:

*We are always being warned not to do this and do that with him but we give him little treats and Tessa doesn’t know about them (interview re video, grandmother, section 1.1, paragraph 4).*

The other two families also discuss this level of inconsistency or having different expectations about how to discipline their preschool child.

*We do have different expectations, for example sleep time for Nathan. We always have more fine tuning but we follow the other and then work it out behind the scenes (interview, mother, family C, section 1.13, paragraph 28)*

*Tristan he needs it. Sometimes when tired I raise my voice. But usually he goes to his room (going to the corner doesn’t really work). He cries and makes me upset. Then he stops, he says “mummy I am OK” and he comes out. I am very soft, Ethanial is harder (interview 2, mother, family B, section 1.9, paragraph 21).*

ii). Discipline practices between the family and the early childhood service

The importance placed on discipline in the early childhood service differs with each family. For instance Tessa (Family A) believes that the early childhood service has had a positive impact on David’s behaviour. She believes the routine and consistent rules are beneficial and felt this counter balanced the home life that is less structured with routines and rules. She acknowledges that this change requires David to have to adapt at the service:
At first he found it hard to fit in. I have noticed a difference and he has settled right down. He is in a routine and he understands the rules (interview 1, mother, family A, section 1.1, paragraph 4).

However, Family B feels that early childhood professionals are not firm enough. They do acknowledge that this is a community value and upheld by laws, but that they feel the discipline has become too lenient. They believe this had led to children lacking respect for their elders. As Ethanial states:

There should be more discipline in the schools today. They get nursed along so there is someone always there to help them. Teachers must feel their hands are tied. The teacher is the parent when I can’t be so they should do what they have to. But others (other families) say you can’t talk to my child like that (interview, father, family B, section 1.2.4, paragraph 18).

Family C places an emphasis on self-discipline whereby empathy and a sense of responsibility for ones actions are emphasised. Smacking is seen as unacceptable in their family. Their perspective is influenced by both Lucy’s early childhood experiences (an emotionally and physically abusive alcoholic father) as well as Reg and Lucy’s professional work (child protection).

f) Social environment – mixing with others versus not mixing

Both Family A and C emphasise the importance of their child mixing with a variety of people. Tessa (Family A) has moved David from an Aboriginal preschool to a community based long day care to ensure his knowledge of diversity is extended. She states it is important that David:

Socialise with other kids from all backgrounds (interview 4, mother, family A, section 1.1, paragraph 4)
Tessa qualifies that David is being exposed to his Aboriginality in the home so he needs to have other varied social environments to help him develop a broader understanding of the society he lives in.

Family C’s reason for diversity is related to Nathan seeing people from diverse backgrounds and with various needs. This importance is related to their wish that Nathan develop a deeper understanding of his father’s additional needs and this impacts on the choice of early childhood service chosen for Nathan (that is a community based service with children from diverse backgrounds and children with identified additional needs).

Family B’s perspective is opposite to the other two families. They limit Tristan’s social environment outside the family unit. The early childhood service is the only place Tristan mixes with diverse people, but the family emphasise the service’s role as one of social interaction for their child.

**Summary of what families reported as important experiences for their preschool child**

The three families differ in their beliefs and levels of importance in the twelve experiences outlined. These experiences include:

a) Materialism (consumer oriented) versus relationships – the dichotomy between focusing on the importance of building relationships with others or
focusing on acquisitions and matching the toys and activities the child has with their peers.

b) Conformity versus individualism – the conflict that arises between teaching your child about family values and cultural identity compared to providing your child with the skills and knowledge that enable them to fit into the wider community. This focus on cultural identity versus understanding how to conform within the wider community, needs to be re-examined in early childhood services. The families state teaching about their culture is not as important in the early childhood service as their child receives this information in the home. Learning the norms of the wider society is seen as an important role that early childhood services should be playing.

c) Acceptance versus activism – each family differed on the importance of accepting, but all believed at times this is an important concept to understand. Family A and C also place an importance on activism for particular situations and this is related to their ability to mobilise appropriate resources in these situations.

d) Role of the early childhood service (education versus play) – each family’s perspective mirrors the current debates about early childhood services and the current situation facing the field in relation to the care versus education debate.

e) Discipline (strict versus lenient) – each family has a different view on the appropriate techniques in regards to discipline. This difference in opinion relates to each family’s own upbringing and experiences (sociocultural perspective). Contention arises when families perceive extended family
members, neighbours and/or friends and the early childhood service, do not match their disciplining approach.

f) Social environment - mixing with others or not mixing – again each family differs in the importance of developing relationships with a variety of diverse people. Safety and trust are the two main factors that inhibit this from occurring, with for example Family C screening all people before allowing their children to mix with them.

2. What do early childhood service staff report as important experiences for preschool children?

The early childhood service staffs’ views are analysed in relation to the twelve experiences reported as important by families for their preschool child to experience. The analysis includes data sources in Phase One of the study. This includes interviews with the early childhood teachers (N=3) and reviewing policy documents (N=6). These experiences discussed below include the original twelve experiences outlined by the families plus one additional concept, which is, supporting families.

a) Materialism (consumer oriented) versus relationships

Relationships are emphasised both by the early childhood professionals and the policy documents. The following statement illustrates this focus:

*To be comfortable to come here, a home away from home and building up warm relationship with them (interview, early childhood teacher 1, family B, section 1.1, paragraph 7).*
This belief in building relationships is supported by the policy documents. Statements include “staff having positive meaningful relationships with children” (Parent Handbook, Early Childhood Service A) and the use of a focus system to develop relationships with individual children (Parent Handbook, Early Childhood Service B & C).

None of the early childhood professionals, nor the policies discuss materialism. One reason for this could be it has not traditionally been an area the early childhood professional has participated or engaged in. Often the early childhood service is seen as a ‘melting pot’ – a place where all children are treated equally and all equipment and resources are shared fairly. This is equated with the value of fairness whereby children learn the social conventions of taking turns and developing negotiation skills. However it could be argued that the resources provided reflect a level of materialism as the services are all well resourced.

b) Conformity (assimilation) versus individualism

All three services policies emphasise the importance of viewing the child as an individual. This includes acknowledging that children are diverse and need to be respected regardless of culture, gender or ability. The interactions between the staff and children mirror this belief in Service B and C (Family B and C), and there are activities that allow for the child’s interests to be acknowledged.

The interactions and activities provided in Service A (Family A) conflict with the policy documents; children are encouraged to conform to the teacher’s lead regardless
of their gender, culture or ability. For instance there is some disparity between the
treatment of David (Family A) compared to the other children. Observations reveal
him acting covertly in the early childhood environment on several occasions. Much
of his rough/active behaviour is seen as unacceptable and he is therefore disciplined at
a higher level than the other children in his class. This label of being difficult has
implications for the way David interacts and socialises with the children and teachers.

David had adapted his behaviour because of this attention from the staff and had
learnt verbal and non-verbal techniques to apportion the blame to others or remove
himself from the situation. In essence David had learnt skills that enable him to “fit”
the expectations of the staff. This treatment did not seem to bother David, he
exhibited a happy nature and enjoyed attending the service. Tessa also felt it
paramount that David learn and adapt before entering the school system.

At first it was hard for him to sort of blend in but he is fine now, he has friends and he
pretty much gets along with the boys and girls which is surprising and you can see
that in the video and it is a good thing (interview 5, mother, family A, section 1.14,
paragraph 34).

c) Acceptance versus activism

Providing an environment where the children are safe, protected and cared for is a
consistent message in both the policy documents and the interviews with the early
childhood staff in all three services.

Create an environment where children and staff feel safe by ensuring staff are
responsive to children’s needs (handbook, service A, family A, section 1.1, paragraph
4).

There is also an emphasis on fostering children’s independence and developing a
broader understanding of the world.

For them (the children) to become more adaptive and flexible and help to give them
skills for the future. Still maintain that important bond with their family but also

The 5th discourse: The connectivity role for early childhood services – Meaningful
support for families.
Providing a safe, equitable place for the children and opportunities for independence could be perceived as the foundation blocks of activism. Activism requires skills of confidence and an understanding of unfair practices.

However, apart from when the children are encouraged to solve their own problems and speak up for their rights (in Service B and C) a broader emphasis on social justice is not evident. In Service A, again the interactions conflict with the policy documents and children are encouraged to conform and be accepting of the program being delivered.

d) Role of early childhood service – education versus play

The early childhood professionals from Services B and C (Family B and C) emphasise the importance of understanding the child as an individual and allow the child to follow their interests, with a focus on play.

*We value play as the first and foremost avenue that children use to learn and explore their environment (parent handbook, service B, family B, section 1.2, paragraph 6).*

*The staff do not follow a set curriculum but allow the curriculum to unfold along with the children’s interests. Daily the staff reflect upon the play of the children within the various play areas, pose questions about the purpose of their play and suggest future programming directions. The information is recorded in the daily reflective journal that is available for parents to read (parent handbook, service C, section 1.2, paragraph 39).*

This is evident in the interactions with the children in both services. For example Tristan asks for equipment both outdoors (the bikes) and indoors (the hammering table) and these requests are followed through by the staff (see appendix 20, p. 286).
The environments in service B and C foster learning though play and exploration with a focus on children guiding the learning through their interests.

On the other hand Service A emphasises the role of early childhood as education, whereby most of the activities are chosen and directed by the staff. If children ask questions or tried to initiate choices these are usually denied. For example when the children are being read a familiar book at group time many of them were guessing what was about to happen and David pointed out letters that are in his name. These overtures by the children were met with being told to sit down and to not ask questions or make comments until the teacher directed them (see appendix 13, p. 273). These interactions again contradicted the policies of the service, which indicated an emphasis on responsive interactions.

e) Discipline – strict versus lenient

All three services emphasise the importance of children self-regulating their behaviours and being provided with opportunities to resolve conflicts. A focus on maintaining the child’s self esteem and developing skills in interactions with other children is highlighted.

Interactions observed in both Services B and C support the policy statements. Children are provided with opportunities to resolve issues that encourage discussion and negotiation. The routines are also flexible and adapted when needed. This focus on nurturing positive relationships between the children is reinforced by the early childhood teachers.
Guide the children’s interactions with their peers – help them develop social skills and how to interact with other children (interview, early childhood teacher 2, service C, section 1.2, paragraph 11).

Service A’s interactions between staff and children reveal a stricter approach to discipline. Children are given few opportunities to discuss or resolve conflicts as the staff often intervene. This intervention usually results in the staff member making a decision about the conflict and requesting apologies from the children for their behaviour. This approach is not reflected in the policy guidelines at the service.

Children are encouraged by staff to resolve conflict, solve disagreements and problems and express their feelings and frustration, no form of physical punishment, intimidation or humiliation is used by the staff, expectations of children’s behaviour is both age appropriate and realistic (parent handbook, service A, section 1.2, paragraph 6).

f) Social environment – mixing with others versus not mixing

The early childhood professionals and the policy documents emphasise the importance of diversity. The early childhood professionals place importance on an appreciation and understanding of others (broadening the child’s view beyond the family unit). This broadening of the child’s view is considered beneficial to children as it develops an understanding of diversity and difference. Emphasis is placed on empathy, understanding and appreciation of diversity.

Children exposed to a diversity of people - adults and children and both personality and culture (interview, early childhood teacher 2, family C, section 1.2, paragraph 11).

g) Supporting families

All three early childhood services emphasise the importance of supporting families in their services. This supportive role is described differently in each service and includes providing written information about parenting (Service A), having informal
get togethers to promote networks between the families (Service B) and formal parenting classes (Service C).

By providing this information (albeit in different formats) it could be assumed that early childhood professionals believe a part of their role is educating and/or supporting families in the care and development of their child/ren.

*Offering parents professional advice, support and education (parents handbook, early childhood service C, section 1.1.1.2, paragraphs 12-16).*

However, apart from Service B providing informal network sessions, it could be argued that the other approaches of disseminating information are not based on being responsive to the families or building on their strengths. For instance analyses of the policies and practices of all three services in relation to communication with families reveals giving information to families (not receiving information from families) is emphasised. These passive communication strategies the services implement are contradictory to their policy documents and verbal statements, which emphasise the importance of being responsive to families and openly communicating with them. For instance:

*We try and do a lot of it verbally with the parents and that in itself is a really powerful tool in building up relationships with the parents* (interview, early childhood teacher 1, family B, section 1.3.1, paragraphs 13-18).

All standard forms of communication are discussed, for example parent boards, notices and newsletters. However the use of technology in aiding communication is not discussed. Service C has one notable exception to this passive form of communicating as they met with each family every six months to discuss goals for their child.
Given that all three families discuss the overwhelming sense of responsibility in the care and education of their child, the information being disseminated through the service could be contributing to these pressures. This information about practices in supporting the health and well being of the preschool child may have added to the families concerns about ensuring they provided optimum experiences for their child to be successful.

Summary of what early childhood service staff report as important experiences for preschool children

The experiences the three early childhood services and their staff perceive as important experiences are similar with some local variation occurring. These experiences include:

a) Materialism (consumer oriented) versus relationships – developing relationships with children is emphasised as crucial by all three services. Materialism experiences are not discussed and this may be due to it not being a traditional area for early childhood professionals. It was noted that all services were well resourced and could be unintentionally promoting the importance of material well-being.

b) Conformity versus individualism – all three services’ policy documents recognise the importance of promoting individualism over conformity. The services placed importance on recognising children are diverse and need to be respected regardless of their culture, gender or ability. Service A’s
interactions contradicted these policy documents as David is treated differently and his behaviour is not understood or accepted. However Tessa thought it is important that David learn to fit in and conform to the wider community’s rules and expectations. This is a view also expressed by Family C which means learning the norms of the wider society is seen by the families as an important role that early childhood services should be playing.

c) Acceptance versus activism – the services acknowledge the need to create a fair and equitable environment, whereby children are encouraged to speak up for their rights and solve problems. Apart from this an emphasis on social justice is not evident.

d) Role of the early childhood service (education versus play) – Service B and C place an emphasis on play, following the child’s interests and incorporating these into the program. Service A implements practices whereby the early childhood professional is the director of the program – providing the activities and limiting the choices children make. This issue of how the program is delivered and what it consists of continues to be debated in the early childhood field.

e) Discipline (strict versus lenient) – the approaches used in behaviour management again differ in each service. An emphasis is placed on self regulating behaviour, except for Service A whereby the early childhood professionals intervene and help children resolve the issues or conflicts.

f) Social environment (mixing with others or not mixing) – providing an environment that broadens the child’s view beyond the family unit is
emphasised by all three services. Appreciating and understanding diversity are seen to be key components of the services’ programs.

g) Supporting families – all three services emphasise the importance of communicating with families and disseminating information about the service and the importance of the early childhood years. Most of this information is geared to the giving of information, an exchange from families to staff is not overly emphasised.
Phase Two data analysis: structured questionnaires

In order to devise generalities from this study, the experiences the families report to value are tested against a wider group of families and staff in early childhood services. This occurs through the development and use of a structured questionnaire entitled “Experiences that are valued in the early childhood service” (see Appendix 5, p. 247). In Phase Two the structured questionnaires are entered into an EXCEL spreadsheet, one for the families and one for the staff. This data is then imported into SPSS for statistical analyses. The program allows for statistical organisation of the responses as well as comparisons between families and staff responses. The analysis is based on independent sample t-tests for equality of means and is significant at the .05 level of probability. The results are validated by a one-way analysis of variance. Findings are described in relation to the third question of the thesis.

3. What are the levels of connection between the early childhood staff and families in relation to these experiences?

Levels of coherence and connection between early childhood staff and families are not optimal. On analyses of the questionnaires, distributed in Phase Two of the study, discrepancies between families and early childhood professionals are highlighted. These discrepancies are discussed under the following:

a) Families’ and staff’s order of importance of experiences

b) Issues on which families’ level of importance and staff’s predictions of families’ views differ
c) Issues on which staff’s level of importance and families’ predictions of staff’s’ views differ

d) Frequency of discussion occurring between families and staff

e) Other experiences

a) Families’ and staffs’ order of importance of experiences

This graph supports the findings about what families report as the important experiences from Phase One of the data collection. Except for not needing to mix with a diverse group of people (question twelve) the other eleven experiences, discussed originally by the three families, are rated as 2.5 (somewhat important) or higher. Of these experiences, eight are noted to be important or mostly important. Tables 6 and 7 below outline the statistical significance of these findings.
### Table 6: Issues on which staff and families placed different levels of importance: Group statistics

<table>
<thead>
<tr>
<th>Issue</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>O1 access toys and equipment</td>
<td>Parent</td>
<td>58</td>
<td>3.41</td>
<td>1.060</td>
<td>.139</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>3.41</td>
<td>1.054</td>
<td>.225</td>
<td></td>
</tr>
<tr>
<td>O2 develop close relationships with carers</td>
<td>Parent</td>
<td>58</td>
<td>4.05</td>
<td>.963</td>
<td>.126</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>4.73</td>
<td>.456</td>
<td>.097</td>
<td></td>
</tr>
<tr>
<td>O3 conform to group norms</td>
<td>Parent</td>
<td>58</td>
<td>3.78</td>
<td>1.027</td>
<td>.135</td>
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</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>3.91</td>
<td>1.065</td>
<td>.227</td>
<td></td>
</tr>
<tr>
<td>O4 independence and individuality</td>
<td>Parent</td>
<td>58</td>
<td>4.02</td>
<td>.908</td>
<td>.119</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>4.41</td>
<td>.796</td>
<td>.170</td>
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<tr>
<td>O5 exposure to things unpleasant</td>
<td>Parent</td>
<td>57</td>
<td>2.72</td>
<td>1.176</td>
<td>.156</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>21</td>
<td>3.00</td>
<td>1.225</td>
<td>.267</td>
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<tr>
<td>O6 speak up when they do not like things</td>
<td>Parent</td>
<td>58</td>
<td>3.86</td>
<td>.926</td>
<td>.122</td>
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<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>4.59</td>
<td>.590</td>
<td>.126</td>
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</tr>
<tr>
<td>O7 given lots of choices</td>
<td>Parent</td>
<td>58</td>
<td>2.64</td>
<td>1.038</td>
<td>.136</td>
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</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>3.86</td>
<td>.990</td>
<td>.211</td>
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<tr>
<td>O8 teacher is the leader of the classroom.</td>
<td>Parent</td>
<td>58</td>
<td>3.31</td>
<td>1.353</td>
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</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>2.50</td>
<td>1.336</td>
<td>.285</td>
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<tr>
<td>O9 not have to follow strict rules</td>
<td>Parent</td>
<td>57</td>
<td>2.54</td>
<td>1.053</td>
<td>.140</td>
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<td></td>
<td>Staff</td>
<td>21</td>
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<td>O10 need to learn how to respect rules</td>
<td>Parent</td>
<td>58</td>
<td>4.17</td>
<td>.798</td>
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<tr>
<td></td>
<td>Staff</td>
<td>22</td>
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<td>1.270</td>
<td>.271</td>
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<td>O11 interact with many different people and groups.</td>
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<td>58</td>
<td>4.17</td>
<td>.861</td>
<td>.113</td>
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<td></td>
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<td>22</td>
<td>4.23</td>
<td>.973</td>
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<td>O12 do not need to mix with diverse groups</td>
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<td>56</td>
<td>1.61</td>
<td>1.155</td>
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<td></td>
<td>Staff</td>
<td>17</td>
<td>2.53</td>
<td>1.736</td>
<td>.421</td>
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</tbody>
</table>
Table 7: Issues on which staff and families placed different levels of importance - Independent samples test

<table>
<thead>
<tr>
<th>Factor</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
<tr>
<td>O1 access toys and equipment</td>
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<td>.894</td>
</tr>
<tr>
<td>O2 develop close relationships with carers</td>
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<td>7.504</td>
<td>.008</td>
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<tr>
<td>O3 conform to group norms</td>
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<td>.532</td>
</tr>
<tr>
<td>O4 independence and individuality</td>
<td>assumed</td>
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<td>.880</td>
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<td>O5 exposure to things unpleasant</td>
<td>assumed</td>
<td>.001</td>
<td>.975</td>
</tr>
<tr>
<td>O6 speak up when they do not like things</td>
<td>assumed</td>
<td>4.108</td>
<td>.046</td>
</tr>
<tr>
<td>O7 given lots of choices</td>
<td>not assumed</td>
<td>.016</td>
<td>.899</td>
</tr>
<tr>
<td>O8 teacher is the leader of the classroom.</td>
<td>not assumed</td>
<td>4.108</td>
<td>.046</td>
</tr>
<tr>
<td>O9 not have to follow strict rules</td>
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<td>.827</td>
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<tr>
<td>O10 need to learn how to respect rules</td>
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<td>.023</td>
<td>.880</td>
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<tr>
<td>O11 interact with many different people and groups.</td>
<td>assumed</td>
<td>4.108</td>
<td>.046</td>
</tr>
<tr>
<td>O12 do not need to mix with diverse groups</td>
<td>not assumed</td>
<td>.007</td>
<td>.934</td>
</tr>
</tbody>
</table>

Factors denoted with ‘O’ represent parents or staff’s own views about priority.

The 5th discourse: The connectivity role for early childhood services – Meaningful support for families.
Table 7 reveals that staff places a significantly higher importance than families on the experiences of:

- Developing close relationships with carers (question two)
- Speaking up when they do not like things (question six)
- Being given lots of choices (question seven)
- Not having to follow strict rules (question nine), and
- Not having to mix with diverse groups (question twelve).

This compares to families who place a significantly higher importance on the teacher as the leader in the classroom (question eight). These results demonstrate that families place a higher importance than staff on: structure in the program; cooperating as a group; following rules; and having a teacher who is an authority figure in early childhood services. The result of staff rating not mixing with diverse groups as significantly more important than families seems to be an anomaly considering the other question regarding diversity in the questionnaire. In question eleven the staff did rate the importance of interacting with different people and groups as mostly important (4.23) compared to not mixing with diverse groups as somewhat important (2.53).
b) Issues on which families’ level of importance and staff’s predictions of families’ views differ

**Graph 6**

Graph 6 shows that of the twelve experiences early childhood staff have a clear understanding of families’ value of importance on eight of these. Table 8 and 9 outline the statistical significance of these differences in perceptions.
Table 8: Issues on which families’ level of importance and staff’s predictions of families’ views: Group statistics

<table>
<thead>
<tr>
<th></th>
<th>parent or staff</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
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<tr>
<td>P1 access toys and equipment</td>
<td>Parent</td>
<td>58</td>
<td>3.41</td>
<td>1.060</td>
<td>.139</td>
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<td></td>
<td>Staff</td>
<td>22</td>
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<td>P2 develop close relationships</td>
<td>Parent</td>
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<td>4.05</td>
<td>.963</td>
<td>.126</td>
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<td>with carers</td>
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<td>22</td>
<td>4.27</td>
<td>.703</td>
<td>.150</td>
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<td>P3 conform to group norms</td>
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<td>3.50</td>
<td>1.185</td>
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<td>P5 exposure to things unpleasant</td>
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<td>1.176</td>
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<td>.926</td>
<td>.122</td>
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<td>.868</td>
<td>.185</td>
</tr>
<tr>
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<td>Parent</td>
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<td>1.038</td>
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<td>.973</td>
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<td>Staff</td>
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<td>2.95</td>
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<td>P9 not have to follow strict</td>
<td>Parent</td>
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<td>2.54</td>
<td>1.053</td>
<td>.140</td>
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<td>Staff</td>
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<td>1.117</td>
<td>.244</td>
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<td>Parent</td>
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<td>4.17</td>
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<td>.105</td>
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<td>Staff</td>
<td>22</td>
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<td>1.299</td>
<td>.277</td>
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<td>P11 interact with many different</td>
<td>Parent</td>
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<td>4.17</td>
<td>.861</td>
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<td>people and groups</td>
<td>Staff</td>
<td>22</td>
<td>3.68</td>
<td>.894</td>
<td>.191</td>
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<td>P12 do not need to mix with</td>
<td>Parent</td>
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<td>1.155</td>
<td>.154</td>
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<td>diverse groups</td>
<td>Staff</td>
<td>17</td>
<td>1.76</td>
<td>1.602</td>
<td>.389</td>
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</table>
Table 9: Issues on which families’ level of importance and staff’s predictions of families’ views: Independent Samples Test

<table>
<thead>
<tr>
<th>Issue</th>
<th>Assumption</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
<tr>
<td>P1 access toys and equipment</td>
<td>Assumed</td>
<td>2.016</td>
<td>.160</td>
<td>.019</td>
</tr>
<tr>
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<td>not assumed</td>
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<td>.248</td>
<td>-.980</td>
</tr>
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<td>Assumed</td>
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<td>.001</td>
<td>-.958</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-1.190</td>
<td>62.750</td>
<td>-.224</td>
</tr>
<tr>
<td>P3 conform to group norms</td>
<td>Assumed</td>
<td>11.423</td>
<td>.001</td>
<td>-1.190</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-1.128</td>
<td>51.829</td>
<td>-.456</td>
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<td>.151</td>
<td>2.086</td>
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<td>not assumed</td>
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<td>30.825</td>
<td>.074</td>
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<tr>
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<td>Assumed</td>
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<td>.024</td>
<td>1.584</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>1.584</td>
<td>62.538</td>
<td>.118</td>
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<td>P6 speak up when they do not like things</td>
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<td>.447</td>
<td>.506</td>
<td>-.206</td>
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<td></td>
<td>not assumed</td>
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<td>40.292</td>
<td>.833</td>
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<td>Assumed</td>
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<td>.344</td>
<td>-2.306</td>
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<td>40.290</td>
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<td>.144</td>
<td>.706</td>
<td>-1.843</td>
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<tr>
<td></td>
<td>not assumed</td>
<td>-1.794</td>
<td>33.953</td>
<td>.082</td>
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<td>P10 need to learn how to respect rules</td>
<td>Assumed</td>
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<td>2.990</td>
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<td></td>
<td>not assumed</td>
<td>2.424</td>
<td>27.230</td>
<td>.022</td>
</tr>
<tr>
<td>P11 interact with many different people and groups</td>
<td>Assumed</td>
<td>.267</td>
<td>.607</td>
<td>2.252</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>2.214</td>
<td>36.721</td>
<td>.033</td>
</tr>
<tr>
<td>P12 do not need to mix with diverse groups</td>
<td>Assumed</td>
<td>2.508</td>
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<td>2.214</td>
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<td>not assumed</td>
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<td>.710</td>
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</table>

Factors denoted by ‘P’ are parents’ responses and staff predictions about parents’ priority.
The significant differences in these results of the issues on which families’ level of importance and staff’s predictions of families’ views are that families rate the following experiences as higher than staff predict:

- Independence and individuality (question four)
- Learn how to respect the rules (question ten), and
- Interact with many different and diverse people (question eleven).

In relation to given lots of choices (question seven) staff predict that families would rate this higher than they did. These results reflect the discussion previously in relation to the order of importance the families and staff place on the experiences. That is families place a higher value on structure and conformity than staff perceive.

c) Issues on which staff’s level of importance and families’ predictions of staff’s’ views differ

Graph 7
In relation to graph 7, of the twelve experiences families only predict similar ratings to the staff on four of the experiences (question one, three, eight, and ten). Table 10 and 11 outline the statistical significance of these differences in perceptions.

Table 10: Issues on which staff’s level of importance and parents predictions of staff level of importance differed significantly: Group statistics

<table>
<thead>
<tr>
<th>Experience Description</th>
<th>Parent or staff</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 access toys and equipment</td>
<td>Parent</td>
<td>58</td>
<td>3.03</td>
<td>1.092</td>
<td>.143</td>
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<td>Staff</td>
<td>22</td>
<td>3.41</td>
<td>1.054</td>
<td>.225</td>
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<tr>
<td>S2 develop close relationships with carers</td>
<td>Parent</td>
<td>57</td>
<td>3.60</td>
<td>1.266</td>
<td>.168</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>4.73</td>
<td>.456</td>
<td>.097</td>
</tr>
<tr>
<td>S3 conform to group norms</td>
<td>Parent</td>
<td>58</td>
<td>3.50</td>
<td>1.064</td>
<td>.140</td>
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<td>Staff</td>
<td>22</td>
<td>3.91</td>
<td>1.065</td>
<td>.227</td>
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<tr>
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<td>Parent</td>
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<td>3.07</td>
<td>1.323</td>
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<tr>
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<td>Staff</td>
<td>22</td>
<td>4.41</td>
<td>.796</td>
<td>.170</td>
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<td>Parent</td>
<td>57</td>
<td>1.79</td>
<td>1.461</td>
<td>.193</td>
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<td></td>
<td>Staff</td>
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<td>3.00</td>
<td>1.225</td>
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<td>2.98</td>
<td>1.420</td>
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<td>Staff</td>
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<td>Staff</td>
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<td>2.50</td>
<td>1.336</td>
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<tr>
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<td>Parent</td>
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<td>S11 interact with many different people and groups</td>
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<td>.973</td>
<td>.207</td>
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<tr>
<td>S12 do not need to mix with diverse groups</td>
<td>Parent</td>
<td>56</td>
<td>1.23</td>
<td>1.112</td>
<td>.149</td>
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<td></td>
<td>Staff</td>
<td>17</td>
<td>2.53</td>
<td>1.736</td>
<td>.421</td>
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</table>
Table 11: Issues on which staff’s level of importance and parents predictions of staff level of importance differed significantly: Independent Samples Test

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
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</thead>
<tbody>
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<td></td>
<td>F</td>
<td>Sig.</td>
<td>t</td>
</tr>
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<td>Equal variances</td>
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<td></td>
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<td></td>
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<td>.305</td>
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<td></td>
<td>not assumed</td>
<td></td>
<td></td>
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<tr>
<td>S5 exposure to things unpleasant</td>
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<td></td>
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<tr>
<td>S6 speak up when they do not like things</td>
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<td>5.732</td>
<td>.019</td>
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<td>not assumed</td>
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<td>not assumed</td>
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<td></td>
</tr>
<tr>
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<td>Assumed</td>
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<td>.222</td>
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<tr>
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<td>.002</td>
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<td></td>
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</tbody>
</table>

Factors denoted by ‘S’ are staff’s responses and parents’ predictions about staff priority.

The 5th discourse: The connectivity role for early childhood services – Meaningful support for families.
The significant differences in the results between staff’s level of importance and parents predictions of staff level of importance occur when staff respond with higher scores than families predict on the following experiences:

- Develop close relationships with carers (question two)
- Independence and individuality (question four)
- Exposure to things unpleasant (question five)
- Speak up when they do not like things (question six)
- Given lots of choices (question seven)
- Not have to follow strict rules (question nine)
- Interact with many different people and groups (question eleven), and
- Do not need to mix with diverse groups (question twelve).

This result illustrates that families are not tuned into the early childhood service’s rating of importance of the experiences. Many of the experiences that staff rate as more important than families predict, relate to the level of autonomy the child has in the program. This result mirrors results from the previous tables where families state they value conformity, learning the rules and the teacher being the leader of the classroom.
d) Frequency of discussion occurring between families and staff

**Graph 8**

Graph 8 illustrates that on all twelve experiences staff perceive there is more discussion about these than families believe is occurring. Families rate that this information is never or rarely discussed. For instance one parent comments that this information is one way (service to family) otherwise discussion only occurs if there is a problem.

*There’s little interaction between the service and parents, apart from a quarterly general newsletter. Where a parent feels the child isn’t showing the correct behaviour it’s their responsibility to raise this with the centre (Q13 P 2100).*

Table 12 and 13 outline the statistical significance of these differences in perceptions.
### Table 12: Frequency of discussion occurring between families and staff: Group statistics

<table>
<thead>
<tr>
<th>Item</th>
<th>parent or staff</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
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<tr>
<td>D1 access toys and equipment</td>
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<td>2.41</td>
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<td>Staff</td>
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<td>2.33</td>
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<tr>
<td>D6 speak up when they do not like things</td>
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<td>2.45</td>
<td>1.244954</td>
<td>0.16347</td>
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<td>Staff</td>
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<td>3.24</td>
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<td>1.250287</td>
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<td>0.237228</td>
</tr>
<tr>
<td>D9 not have to follow strict rules</td>
<td>Parent</td>
<td>57</td>
<td>2.23</td>
<td>1.309457</td>
<td>0.173454</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>21</td>
<td>3.05</td>
<td>1.20317</td>
<td>0.262553</td>
</tr>
<tr>
<td>D10 need to learn how to respect rules</td>
<td>Parent</td>
<td>58</td>
<td>2.83</td>
<td>1.201431</td>
<td>0.157756</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>3.27</td>
<td>1.031957</td>
<td>0.220014</td>
</tr>
<tr>
<td>D11 interact with many different people and groups</td>
<td>Parent</td>
<td>58</td>
<td>2.62</td>
<td>1.460925</td>
<td>0.191829</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>22</td>
<td>3.05</td>
<td>0.652998</td>
<td>0.13922</td>
</tr>
<tr>
<td>D12 do not need to mix with diverse groups</td>
<td>Parent</td>
<td>56</td>
<td>1.61</td>
<td>1.231091</td>
<td>0.164511</td>
</tr>
<tr>
<td></td>
<td>Staff</td>
<td>17</td>
<td>2.35</td>
<td>0.996317</td>
<td>0.241642</td>
</tr>
</tbody>
</table>
Table 13: Frequency of discussion occurring between families and staff: Independent samples test

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
<th>95% Confidence Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equal variances</td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>D1 access toys and equipment</td>
<td>assumed</td>
<td>0.012348</td>
<td>0.012348</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-2.36546</td>
<td>57.21722</td>
</tr>
<tr>
<td>D2 develop close relationships with carers</td>
<td>assumed</td>
<td>0.561937</td>
<td>0.455736</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-3.53023</td>
<td>48.19363</td>
</tr>
<tr>
<td>D3 conform to group norms</td>
<td>assumed</td>
<td>0.004749</td>
<td>0.945235</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-2.18784</td>
<td>44.12546</td>
</tr>
<tr>
<td>D4 independence and individuality</td>
<td>assumed</td>
<td>15.7648</td>
<td>0.000159</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-2.31556</td>
<td>75.15733</td>
</tr>
<tr>
<td>D5 exposure to things unpleasant</td>
<td>assumed</td>
<td>5.525234</td>
<td>0.021339</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-1.87115</td>
<td>58.77274</td>
</tr>
<tr>
<td>D6 speak up when they do not like things</td>
<td>assumed</td>
<td>3.225735</td>
<td>0.076428</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-3.1319</td>
<td>49.68952</td>
</tr>
<tr>
<td>D7 given lots of choices</td>
<td>assumed</td>
<td>0.970033</td>
<td>0.327717</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-2.53085</td>
<td>45.07588</td>
</tr>
<tr>
<td>D8 teacher is the leader of the classroom.</td>
<td>assumed</td>
<td>4.112369</td>
<td>0.045985</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-2.74093</td>
<td>45.52557</td>
</tr>
<tr>
<td>D9 not have to follow strict rules</td>
<td>assumed</td>
<td>1.715588</td>
<td>0.194207</td>
</tr>
<tr>
<td></td>
<td>not assumed</td>
<td>-2.60443</td>
<td>38.63899</td>
</tr>
<tr>
<td>D10 need to learn how to respect rules</td>
<td>assumed</td>
<td>0.40318</td>
<td>0.52731</td>
</tr>
</tbody>
</table>

The 5th discourse: The connectivity role for early childhood services – Meaningful support for families.
Factors denoted by ‘D’ are staff responses and parents’ responses about the frequency of discussion.
The most commonly discussed experiences (rated by both staff and families) includes conform to group norms; need to learn how to respect rules and develop close relationships with carers. Interestingly staff rank developing close relationships with carers as the most discussed experience whereas families rate group norms and respecting rules as the most discussed. These results reflect the previous discussion about the importance families place on conformity. Whether staff discussing these experiences with them ensures they rate them as important or whether families seek out this discussion would require further investigation.

Experience twelve, *do not need to mix with diverse groups*, and experience five, *exposure to things unpleasant*, are nominated by both families and staff as least discussed issues. They are low on the priority lists of both families and staff but families under predict staff’s scores on both issues. Issues of discussion where families and staff responses are significantly different are:

- Access toys and equipment (question one)
- Develop close relationships with carers (question two)
- Conform to group norms (question three)
- Speak up when they do not like things (question six)
- Given lots of choices (question seven)
- Teacher is the leader of the classroom (question eight)
- Not have to follow strict rules (question nine)
- Do not need to mix with diverse groups (question twelve)

On all of these staff rate the discussion as occurring more frequently than families indicate. Even though staff indicate these discussions are occurring, the discussion is still limited to rarely or sometimes (never frequently).
e) Other experiences

Question thirteen of the questionnaire asks families and staff to nominate up to three experiences for children aged three to five which they consider a priority. 44 (76%) families and 19 (86%) staff responded to this question. On analysing the responses from participants some responses are disregarded as they correlate with the experiences discussed in the first twelve questions of the questionnaire. Of the answers left they are ordered in priority (the number of mentions for each category). A summary of the responses is outlined in the graph (9) below.

**Graph 9**

In regards to other experiences valued by families and staff these results illustrate that both families and staff value the importance of creative art experiences as well as ensuring self esteem is maintained. School readiness tasks such as group experiences, learning skills/knowledge (basics of reading and writing) and working in pairs or small groups are raised as an important experience. However, staff place a higher...
importance on this experience than families. Interestingly providing a safe environment is seen as important by the families but only mentioned once by the staff. Staff also raise environmental awareness as an important experience, whereas families have not mentioned this.

Summary of the levels of connection between early childhood staff and families in relation to these experiences

The analyses of the results from the “Experiences that are valued in the early childhood service” questionnaire reveals that early childhood professionals and families have differences in ratings and understandings of each other. The early childhood staff have a clear understanding of families rating of the importance of the experiences. However, this is not reciprocated – families’ ratings about the importance of some experiences in early childhood services does not correlate with the early childhood staff’s ratings of these experiences. Many of the experiences, which are rated as being of low importance for the early childhood service, are rated as being important experiences for the families.

A lack of understanding between the families and staff is also illustrated in table 12 concerning the frequency of discussions between families and staff. Staff perceive that their communication channels are effective. Families do not.

The findings illustrate that early childhood professionals and families do not necessarily have the same priorities in relation to experiences for preschool aged children. These results pose the following questions:
1. Do families expect the early childhood service their child attends will provide the experiences they value highly?

2. What are the main methods of communication early childhood professionals utilise when communicating with families and do families value this communication as effective?

3. How can communication channels be improved between families and staff?

**Conclusion**

This chapter has presented my story and the story of each participating family. Themes from the data are discussed as is each family’s story. Critical findings include:

1. Rather than supporting families some forms of information dissemination from early childhood services actually increases pressure on families.

2. Staff and families have differing perceptions about the frequency of communication and the experiences occurring in the early childhood service. Families report that the experiences they value highly are not valued by the service.

3. Despite a strong emphasis on a *multicultural* approach to early childhood service delivery, not all families value this notion. Rather, families want early childhood services to ‘teach and reflect’ the dominant cultural ways of knowing and learning because this is associated with school success.

4. Some common and widely used measures assessing quality early childhood services do not include measures associated with family and community support.

The following chapter presents the implications of this research and compares it to the current literature.
Chapter 5

DISCUSSION

Introduction

In the previous chapter the story of the three families studied are presented, including a description of each family’s reported attitudes about their parenting experiences. The value that each family places upon the supports they can access in relation to their child is discussed. Ratings of the three early childhood services are presented and discussed. The themes that emerge from the two phases of data collection are outlined. I present my own story to illustrate how my personal belief system and values could influence the data gathering and analyses for this study.

The research investigates how early childhood services foster connectivity for families with preschool aged children and ways to assess how services are meeting this role. The findings of the research are:

1. Rather than supporting families some forms of information dissemination from early childhood services actually increases pressures on families.

2. Staff and families have differing perceptions about the frequency of communication and the experiences occurring in the early childhood service. Families report that the experiences they value highly are not valued by the service.

3. Despite a strong emphasis on a *multicultural* approach to early childhood service delivery, not all families value this notion. Rather, families want early childhood services to ‘teach and reflect’ the dominant cultural ways of knowing and learning because this is associated with school success.
4. Some common and widely used measures assessing quality early childhood services do not include measures associated with family and community support.

This thesis contributes to informing and challenging micro early childhood policy through revised practice. Findings one to three relate to the mismatch between the families expectations/perceptions and the early childhood services expectations/perceptions at the micro level (early childhood services). Finding four relates to the systemic or macro level. This discussion advocates for reconceptualising early childhood service delivery at both the service delivery and policy level to provide safe ‘meeting places’ for families. Embracing the fifth discourse revolutionises the early childhood professional’s role both within the service and the broader community.

This reconceptualisation involves taking a proactive role in identifying the critical issues for families, and providing the opportunity to discuss these issues in ways that are participatory and non judgmental, reflecting mutual respect for all parties. Within the service the early childhood professional utilises this space for engaging meaningfully with families to determine their goals and needs and adapt the program and experiences to suit these needs. Externally the early childhood professional plays a role in referring families to appropriate support agencies as well as being an advocate to policy makers for the resources needed for the community to meet the families’ needs.
Micro policy level – unpacking the mismatch between the families expectations/perceptions and the early childhood services expectations/perceptions

1. Information dissemination increases pressures on families

The issue of how to support families with their parenting role needs to be examined and researched in depth. Currently there is an assumption that early childhood services have a role in educating families about parenting issues (Edgar, 2002; Mead, 2007). Families who have diverse needs and expectations may not reciprocate this assumption.

In industrialised countries, increasingly information in print, on the internet and distributed through agencies has emphasised the role of the family and parenting styles on outcomes for young children. This emphasis on the importance of the parenting role has seen a proliferation in the market place of books, resources, websites, parenting programs, advertisements for various brain development programs and reality television shows such as “Super Nanny” and “The House of the Little Tearaways” (Mead, 2007). Products are marketed to families in terms of providing an optimal learning environment for their child’s brain to develop. This results in pressure, stress and feelings of guilt in parents to ‘hot house’ their child.

This role of “educating families” about the importance of parenting has been adopted by many family support agencies. For example early childhood health centres (clinics for antenatal care) whose role historically had been to assess young children’s health (including height, weight, feeding and sleeping patterns) are now also providing developmental information, tip sheets and workshops for families who access their services (NSW Multicultural Health, 2003). Some authors argue that this kind of
information serves mostly to undermine parents’ confidence (see Edgar, 2002; Mac Naughton, 2004b). Edgar (2002) argues that dominant values being emphasised in relation to parenting information also serve to undermine respect for diversity within societies, as reflected in the explosion of “how to” parenting programs. The families in this study reflect this notion. They consistently place high expectations on themselves in relation to their parenting role. For instance family 2 states:

*It is very difficult as we could have a dozen (children) but it is not the money it is the time (interview 1, father, family C, section 1.1, paragraph 4).*

This expanded role into parenting advice is also evident in early childhood services. Early childhood professionals are being encouraged to embrace a broader role that includes supporting families (see Fleer et al., 2006). Accountability systems, such as QIAS require early childhood services to disseminate information about the service to families including tip sheets on health and safety issues for children (National Childcare Accreditation Council, 2002). It is evident from this study that there is a critical need to rethink how to support families.

The three early childhood services in this study use a number of avenues for disseminating information to families. These include tip sheets with advice, verbal offers of advice and formal parenting sessions. The families in the study report how this information added to the pressure they are feeling in relation to providing a ‘quality’ environment for their child.

Families’ voices about the role that early childhood services play as supports for the parenting task is found to be lacking in the early childhood literature. Two studies, which have addressed this, are relevant. In a survey of staff, Sims (1994) outlines that
75% of workers in early childhood services report it is an important role to educate parents on appropriate parenting skills. While only 38% of parents report this to be an important role for early childhood staff (Sims, 1994). Similarly Knopf’s (2004) study of African American mother’s perceptions of quality childcare reveals that parents reported more trust towards early childhood professionals who do not use communication times as an opportunity to “preach” or “educate” but as a time for listening to the parents and responding to their needs. In this study the parents perceive “listening” as a quality indicator of an early childhood service.

The need for families to be listened to within a responsive relationship is supported by a review conducted by Lambert (1992) about changed behaviour in therapeutic counselling. Lambert reports that 30% of change in clients is attributed to the quality of the relationship between therapist and the client compared to 15% attributed to the techniques used in the therapy. Another 15% is attributed to the placebo effect and the remaining 40% depends upon the client’s environment, severity of the problem and motivation to change.

2. Communication discontinuity

In this study the cohort of families and early childhood professionals report different perceptions about program experiences and the frequency of discussion occurring between families and staff about these experiences.

This mismatch in perceptions reveals two disturbing findings. Firstly experiences that families rate as important are seen by families to be of low importance to the early childhood service. This finding raises issues about the choices families make in
selecting services for their children. Are families compromising on program experiences when selecting a service for their child?

The second finding relates to the perceptions of early childhood staff about their discussions with families. Early childhood staff consistently rate communication as satisfactory, whereas families rate the communication as poor or non-existent. This finding indicates that early childhood staff are not communicating in a way that is being understood, digested or valued by families and that they remain unaware of this fact.

Three recent studies that have examined the communication channels between families and staff also support the findings from this study. Hand and Wise’s (2006) study interviews family day care and long day care staff as well as immigrant families from Vietnam and Somalia and finds that communication is predominantly occurring from staff to family. When communication does occur the other way around (family to staff) it causes problems for the staff. One third of the staff report that hearing about childrearing practices of families confront their own parameters of early childhood beliefs as well as those dictated by accreditation and the regulatory tools.

Hughes and Mac Naughton’s (2002) study supports these findings. Staff, in five early childhood services in Victoria Australia, are interviewed in relation to developing partnerships with families. Tension between staff and families is highlighted as a major finding. This tension relates to how the early childhood professional view themselves (are they the expert?) and to inevitable disagreements/questioning from families as the communication channels are opened up.
Elliott’s (2003a) study examines families perceptions of quality. Diverse cohorts of families who access early childhood services, overwhelmingly perceive that their voices are marginalised in the early childhood service. Elliott’s (2003a) research reveals that families want to be listened to and have their needs and goals acknowledged in overt ways.

This study reinforces the notion that families’ voices are not as influential nor as ‘heard’ as is implied by regulations, policies and literature about enhancing parent partnerships. The assumptions about how early childhood professionals should be communicating with families could mean that current “best practice” models are not meeting families’ needs and expectations. Indications of the communication mismatch between families and staff in early childhood services calls for further investigation.

3. Families access early childhood services to acculturate their children

Early childhood services need to re-examine the role they play in preparing children for mainstream Australia. Findings from this study reveal that many families choose children’s services to assist their children to adapt to the norms and rules of mainstream society. Families state that a focus on the child’s individual cultural identity is not one of their goals for accessing early childhood services because this learning occurs within the family home.

This role of enculturation has rarely been discussed in relation to studies that examine parental choices of early childhood services. Most studies discuss factors such as cost, proximity to home or work, availability, and program qualities. Program
qualities focus on the interactions between staff and children, staff and families and
the program activities that stimulate the child’s health and development (Hattie, 2003;
Ispa, Thornberg, & Vender-Barkley, 1998; Johansen, Leibowitz, & Waite, 1996;
Leslie, Ettenson, & Cumsille, 2000; Ramsey, 2000; Siraj-Blatchford, Sylva, Taggart,
Sammons, & Melhuish, 2002).

There are a few notable exceptions of Australian studies that focus on the role of
enculturation on parental choices of children’s services. Ebbeck’s (2001) study of
immigrants from Vietnam, Cambodia, People’s Republic of China, Indonesia and the
Philippines reveals that families’ ratings for the goal of maintaining cultural identity
and communication about child rearing practices in the early childhood service is
lower than early childhood staff’s ratings. Similarly, Hand and Wise (see da Silva &
Wise, 2003; da Silva & Wise, 2006; Hand & Wise, 2006; Wise, 2002; Wise &
Sanson, 2003) report that those immigrant families from Vietnam and Somalia who
particularly value continuity of culture, choose family day care services over
institutionalised early childhood services. Conversely the families that choose long
day care services do so because they value enculturation for their children. De Gioia
(2003) similarly asserts that the culturally and linguistically diverse families in her
study report choosing long day care services as a means to ensure that their children
integrate successfully into Australian society.

Early childhood teachers seem unaware of the reasons behind families’ choices of
services. There is a need for raised awareness and honest dialogue about this issue to
ensure that early childhood services are providing programs that meet diverse
families’ needs.
Summary and implications of the mismatch between the families’ expectations and the early childhood services expectations at the micro policy level

This thesis highlights the need to unpack the mismatches between families’ expectations and the early childhood service’s expectations. It is this lack of understanding on what information is needed, how to develop the information and effective delivery modes that needs to be addressed in relation to supporting families.

Some of the questions that need to be examined by early childhood services include:

1. What do families want their child to experience at the service?
2. What are the most effective methods for communicating with families?
3. What information is being exchanged between families and staff and what is being excluded and why?
4. How should early childhood services support families?
5. Is acculturation of diverse populations into mainstream ways of learning a fundamental role for early childhood services, and if so how does this relate to the goals of a “multicultural” society?

Strengths based approach

McCashen (2005) discusses from a child and family welfare perspective the difficulties the profession face when working with families with diverse needs. He states:

*Ways of responding to marginalised families, children and young people seem to be adding to, rather than relieving difficulties faced by them* (McCashen, 2005, p. 1).

This frustration has led to new ways of working with diverse families that include building on strengths, empowering families and a focus and commitment to social
justice and power. This early childhood study reinforces these frustrations faced in the child and family welfare field and also reinforces the need for early childhood services to reconceptualise their practices with families.

In Australia a strengths based approach to early childhood service delivery has recently gained momentum (Benevolent Society & Lady Gowrie Child Centre, 2007). The principles behind this approach are that services need to focus on the strengths and resources of the client/family. Therefore, staff of early childhood services need to work with each family at their level to ascertain their goals and aspirations. Early childhood services can then build on what families already know, and work to empower them with the strategies and confidence to be the drivers of their parenting. This includes the families determining what and how information is disseminated. This represents a revolution in early childhood service delivery.

Increasingly authors, such as Dahlberg, Moss and Pence (1999) and Hayden and Macdonald (2001) argue that early childhood services are “meeting places” where the development of community takes hold. A “meeting place” is one where families build long term relationships with professionals; where families view their child in relation to other children; and where families develop relationships and networks with other families (Hayden & Macdonald, 2001). The role of the early childhood professional in this context needs to be radically reviewed.

This thesis asserts that exchanges of information between families and early childhood professionals needs to be made more meaningful for both parties. Exchanges of information that empower families by reducing pressures and
facilitating the capabilities of families. By working collaboratively with families and by enabling them to identify their strengths and needs, meaningful exchanges of information begin to occur. These exchanges, which are based on the needs and goals of the families, culminate in authentic and meaningful exchanges that empower families in their role as parents.

Utilising a strengths approach results in meaningful relationships with the families that foster open communication and collaboration because they are based on the families’ individual strengths and goals. Allowing the family to lead this relationship results in an effective partnership where the family feels valued, empowered and trusted.

Developing alternative ways of making connections and supporting families in early childhood services will not solve all the issues families face. Families still need supportive communities that promote social connections and place importance on family life. Indicators such as economic stability, affordable childcare, flexible work arrangements, housing and safe communities are necessary ingredients to support families in the health and development of their children (see Daniels et al., 1999; Marmot & Wilkinson, 1999; Noring, 2000).

The issues of assimilation and enculturation also need to be investigated. Families are choosing services to help their child develop the skills and language to fit into the mainstream society. Questions that need to be examined include how the current political climate is influencing these families’ choices? Since threats of terrorism (perceived or real) have been openly discussed by politicians and covered by media
outlets, is Australian society less tolerant of difference (see Akerman, 2007; Ho, 2007; Poynting & Mason, 2006)? Jakubowicz (2007) argues that this is the case, resulting in increasing mistrust of migrants and diversity of all kinds. There is a need to investigate how societal attitudes of reduced tolerance are being reflected in the early childhood sector.

Increased fear of difference affects the professional development of early childhood specialists. Training institutions need to review the level of cross-cultural training in relation to developing the communication skills their early childhood graduates receive. These training institutions need to examine how early childhood graduates are being equipped with the knowledge and skills required to engage in effective communication with diverse families.

**The macro policy level - program content and the role of early childhood services**

The role of early childhood services has evolved considerably in the last twenty years. These changes have been impacted by: 1) service delivery moving to a model whereby families are viewed as consumers; 2) pedagogical changes and the push for a common curriculum or framework which impacts on the role the early childhood professional plays in the service; and 3) emerging assessment practices that require services to comply with regulatory standards. These three issues are discussed below.
1. Service delivery

Policy changes in the last twenty years have had a direct impact on the role early childhood services play in Australia (see Brennan, 1998; Kilderry, 2006; McGurk, 1997; Press, 1999). For example the removal of operational subsidies for community-based services to funding families directly (through Child Care Benefit) has had profound results. Childcare is seen and supported as a commercial enterprise with an emphasis on the provision of care to support workforce participation (see Goodfellow, 2005). The broader role for early childhood services to develop community and social capital has been lost in these and similar operational changes.

Families in this study express concern about the level of materialism and the focus on consumerism, which their children experience. Early childhood staff do not identify this as an issue. Nonetheless, under the current model of delivery for early childhood services, families are seen as consumers and are commodities to be engaged and marketed to. Tobin (1995) argues that early childhood services in the United States of America (USA) typify consumerism through “cluttered overstimulating environments modelled on the shopping mall and amusement park” (p. 232).

Current discussion about early childhood services: their design and delivery of services has not been critiqued in relation to the values and messages portrayed. Given the families’ concerns in this study about the levels of consumerism and the messages their children are being exposed to, this critique would seem appropriate.
2. Pedagogical changes

The growing awareness of the importance of the early years has caused debate about the most appropriate pedagogical program for children in early childhood services. The push for a common curriculum has been gaining momentum as a way to ensure a focus on child development for all services. This emphasis is emerging both internationally (see OECD, 2001; OECD, 2006) and nationally (see Australian Government, 2006; Rudd & Maklin, 2007; Tayler et al., 2006). This debate regarding the pedagogical program reflects long standing debate about the role of care versus the importance of education in early childhood service delivery (Fleer, 2002; Press & Hayes, 2000).

Some early childhood researchers argue it is time for a well researched, national curriculum for the early childhood sector (Elliott, 2006; Press, 2006). Elliott (2006) argues that it is astonishing that a sector that provides educational components (that is early childhood services for under 5’s) is assigned to do this without a well researched national curriculum to support them. Whereas, others believe that a national curriculum does not allow for diversity and difference in the nation’s population (Dahlberg et al., 1999; Mac Naughton, 2004b).

Mac Naughton’s (2004b) argument is that much of the research into appropriate curriculum, experiences and windows of opportunities (brain development theories) does not take into consideration the ‘changeability’, ‘diversity’ and ‘complexity’ of research with children. She asserts when researching humans it is impossible to exclude the many variables that exist and therefore potentially impact on who we are,
what we do and why we do it. This creates problems with the findings and absolute truths often espoused by researchers.

This issue of program content (what should be taught and how it should be taught) is contentious. Interestingly, a study undertaken by the National Institute of Child Health and Human Development (2006), found that early childhood services experiences were not the most important indicator of success for children. This study states that children’s success is directly related to family characteristics. However, when examining the family characteristics that support children’s successful development, some interesting conclusions can be drawn. The family characteristics include families with high levels of education, higher incomes, mothers with little or no depression, organised routines with books, play materials and interactions with learning experiences. One could argue that many of these indicators (books, structure and play materials) mirror most educational institutions so it would seem logical that these children are successful. If all children are to have successful program experiences in early childhood services they need to reflect and support the diversity of families and their learning styles.

All three early childhood services in this study scored average or higher for program content and evaluation in both the ECERS-R and QIAS tool. However the families in this study are confused about what the service should be providing for their children. Elliott’s (2003a) research supports this confusion faced by families. She asserts that parents are not aware of an educational focus of the early childhood service largely because early childhood professionals do not overtly discuss this aspect of service
Articulation of pedagogy in the early childhood service needs attention. In this study families are expressing a need for less confusion (being given a true picture of the program content, teaching approach and overall philosophy of the service). Communication strategies about pedagogy in early childhood services need to be revised. The challenge for early childhood services and policy makers is ensuring that this communication strategy reflects the diversity and complexity of the families accessing the early childhood services.

3. Assessment practices

The focus on the investment of increased public monies has culminated in the push for accountability from the Australian Federal Government. This push for accountability is also reflected internationally in industrialised nations. What is hotly debated in this discussion of accountability is whose view of quality is being assessed.

This research reveals that current validated tools (QIAS and ECERS-R) for assessing quality in early childhood services are unable to measure families’ support needs. There are a number of criticisms of QIAS. Firstly it is criticised for leaving out three of the main measures of quality. These are staff qualifications, ratios of staff to children, and group sizes (Wangmann, 1995). Others argue that the document is based on DAP and does not allow for diversity (see Tayler et al., 2006, pp. 113-116). To the extent that quality refers to establishing space for the stakeholders (children, families and staff) to create “meaning making”, as Dahlberg, Moss and Pence (1999)
report, the QIAS system is not measuring quality. In this study the QIAS tool was unable to measure the three areas where families’ perceive they are not supported. These areas include:

1. Some forms of information dissemination from early childhood services, rather than supporting families actually increases pressure on families.

2. Staff and families have differing perceptions about the frequency of communication and the experiences occurring in the early childhood service. Families report the experiences they value highly are not valued by the service.

3. Despite a strong emphasis on a multicultural approach to early childhood service delivery, not all families value this notion. Rather, families want early childhood services to ‘teach and reflect’ the dominant cultural ways.

4. These current assessment tools (based on DAP criteria) must be reviewed and evaluated to ensure that every family is provided with a safe ‘meeting place’ within the early childhood service to be listened to, responded to and supported in their role as parents.

Developmentally appropriate practice (DAP) has been the common knowledge base for assessment practices for children’s learning (Bredekamp & Copple, 1997). Several authors, such as Dahlberg, Moss and Pence (1999); Fleer (2000b); Mac Naughton (2000a); Penn (2005b); and Tobin (1996) question the validity of DAP as it is based on research evidence almost solely from the USA and assumes all children develop knowledge and skills at a particular age or stage. These authors argue that acquiring knowledge and skills does not occur in isolation and is affected by many variables in the child’s sociocultural world. Rogoff (2003) provides many examples
in her work that illustrate how a child’s cultural and social world impacts on their development. For example an Efe baby (11 months old) handling a machete skillfully to cut fruit and a Mayan girl (6) operating as a carer for her baby cousin (Rogoff, 2003, pp. 5-6). If these situations were assessed in the western context they would be deemed inappropriate and considered dangerous activities for the children.

In this study the discontinuity between families and staff is related to the values placed on experiences. Early childhood staff value certain pedagogy that is not necessarily mirrored by the families. This diversity needs examining to ensure children are being provided with appropriate programs and assessment practices that reflect the needs of the children and families accessing the service.

Currently this is not the case and the Australian Government adopting other countries assessment tools that measure outcomes for children’s success illustrates this. For example the Early Development Index (EDI) from Canada is being trialed in Australia. This is a checklist that can be completed by teachers to measure the five developmental domains\(^69\) (Sayers, Goldfeld, Coutts, & Silburn, 2005). This tool is a prime example of assessments based on DAP and so not surprisingly some populations of children do not fair as well as others. The findings from this assessment tool shows Aboriginal children do not perform as well as the mainstream population. How can this measurement be given credibility when research shows that Aboriginal children learn and develop in different ways to the mainstream (see Fleer & Williams-Kennedy, 2002; Grant, 2001; Makin & Jones Diaz, 2002)?

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\(^69\) The developmental domains include physical health and well-being; social knowledge and competence; emotional health/maturity; language and cognitive development; and communication skills and general knowledge.
Assessment tools are used by Governments to regulate early childhood services and to justify prescriptive practices. However these tools fail to incorporate the complexity of children’s learning within their sociocultural world. Penn (2005b) furthers this argument by revealing how these approaches situate marginalised groups as having issues that need to be “rectified”. She points out that if this position was reversed a different perspective would emerge on what is best practice or quality. In this study the early childhood staff do not value families’ needs in relation to experiences for their children. “Best practice” for these families would require changes to early childhood ideology including what experiences should be provided and how communication should occur between families and the staff.

McCurdy and Daro (2001) argue that the need for collaborative, receptive and flexible service systems contrasts sharply with the mandated and structured institutional systems currently operating for families. This study asserts that there is a need to move to responsive, innovative systems of assessment that are representative of the diversity of the families’ and children’s’ experiences.

**Summary of program content and the role of early childhood services at the macro policy level**

Families in this research voice their confusion about the content of the program being taught, how this was being communicated, and the confusion regarding the care versus education role of early childhood services. These confusions for families are likely the result of current emphasis within service delivery models; pedagogical approaches regarding best practice; and an enhanced push for accountability from government.
Firstly the change in service delivery model from early childhood services being an integral part of their community to a commercial entity has had impacts on program content, marketing of the service and the relationships developed with families. Families in this study express concern for society’s focus on consumerism. This concern was not replicated with the early childhood services and assumptions about the messages of consumerism emanating from early childhood services (including design features) needs to be examined and debated.

Families in this study express confusion about program content and how services are supporting their child’s learning. Debate about a common curriculum for all early childhood services continues to be disputed in the early childhood arena. Many researchers argue that this will mean a loss of responsive early childhood programs that meet the needs of diverse families. However, if families are wanting more information about program content and the early childhood professional’s role in delivery of the content some consensus in this area needs to occur and be communicated clearly with families.

An increased outcomes based focus has been gaining momentum as the government moves towards accountability of monies invested in early childhood services. Many researchers argue that these assessment tools are based on outdated criteria (DAP) and do not allow for the diversity and complexity of children and families. This research reports the failings of QIAS to measure the discontinuity between families and early childhood staff. These assessment tools (based on outdated criteria) must be reviewed and evaluated to ensure that quality measurements include responsive practices that support families in their role as parents.
These issues of program content, the role of early childhood services and assessment procedures need to become a shared responsibility between the family, educators, and the community. As Bateman states:

"Within the family and community, all participants share an ethical/moral responsibility to promote the optimum conditions for the well-being of children" (2000, p. 1).

**Recommendations for further study**

This research raises issues that need further investigation. These include:

1. *Strengths based approach*

A perception about educating families and communicating to (not with) families is highlighted in this thesis. The current role early childhood professionals’ embrace when working with families and how this could be reconceptualised needs further investigation. This includes examining whether the strengths based approach would be an effective strategy to implement in early childhood services to engage families and increase connections. Specifically, the questions to be researched include:

   a) Does the strengths based approach enable early childhood professionals to ascertain more clearly what families needs are?

   b) Would implementing the strengths based approach reduce the pressure families place on themselves about providing the best environment for their child to succeed?

   c) Would the strengths based approach increase collaboration between families and early childhood professionals (provide opportunities for ‘meeting places’) and enhance connectivity for the children?
2. Role in acculturation

Further research is needed to examine the role early childhood services play in promoting the mainstream culture. Families in this study value their children learning the skills, knowledge and rules that will help them to successfully integrate into society. This issue needs further examination on two fronts. Firstly research needs to investigate:

a) Is the current political climate influencing families from diverse backgrounds to choose early childhood services to support their child’s enculturation?

Secondly, there is a need to scrutinise the early childhood professional’s level of training in relation to cross-cultural communication. The question that needs to be examined is:

b) Are early childhood graduates being equipped with the knowledge and skills required to engage in effective communication with diverse families?

3. Reviewing policy and practical implications in the delivery of early childhood services.

Embracing the fifth discourse requires reconceptualising early childhood services to provide safe ‘meeting places’ for families. This requires reconceptualising the role of early childhood professionals within and outside the early childhood service. Within the early childhood service the emphasis is on implementing responsive practices with families that empower them to make decisions about their child’s goals. Externally the early childhood professional acts both as a referral point for families to appropriate support agencies and as an advocate to policy makers regarding the resources needed in the community to support the families. This broadening of the
role of early childhood services requires including the families’ voices in relation to 1) early childhood practices and 2) assessment practices. Currently the tools for guiding practice create confusion for families and the assessment tools are not measuring the important aspects of support for families in early childhood services, including effective communication and providing ‘meeting places’ for families.

The current early childhood services model (based on funding the families), is impacting on the role of the early childhood service for families. This funding model emphasises consumerism, competition and market forces. However, the families in this study still express confusion about what experiences their preschool children should be receiving and how these experiences contribute to the education of their child. This confusion requires investigation into both appropriate pedagogical practices and the assessment tools that assist governments to measure accountability. Questions to investigate include:

a) Can families be supported effectively by early childhood services operating within a consumerism model?

b) Does the design of early childhood services contribute to the messages of consumerism for children?

c) Can appropriate pedagogical practices developed with families help resolve the care versus education debate?

d) Can appropriate pedagogical practices developed with families create responsive early childhood services that connect with families?

e) Can assessment tools be reconceptualised to measure early childhood services’ ability to provide responsive quality programs that meet the needs of the families and community?
Conclusion

This chapter provides analyses of the findings from this study. Recommendations for further study are also outlined. Paramount to these recommendations is the need to embrace the fifth discourse. While the 4th discourse promotes early childhood services as community hubs - or places which model and reflect meaningful participation of families, the 5th discourse includes reconceptualising the role of early childhood professionals within and outside the early childhood service. Within the early childhood service, the fifth discourse emphasises the need to implement responsive practices with families, which include building on their strengths and empowering them to make decisions about their child’s goals. Externally, the early childhood professional acts both as a referral point for families to appropriate support agencies but as also an advocate to policy makers in regards to the resources needed in the community to support the families.

The next chapter brings the study together and provides implications and recommendations for future developments in policy and practice.
Chapter 6

CONCLUSION

Introduction

Chapter five discusses the research findings. This chapter presents an overview of the findings of this study and uses these to argue for a fifth discourse for early childhood education. Policy implications and recommendations for further research are also included.

The fifth discourse

The literature reviewed for this study focuses on the importance of the early years environment for long-term health and well-being of individuals. A key component of a positive environment is shown to be related to the degree to which the child’s immediate family feel a sense of belonging (or social inclusion) – and to factors that provide family support (under the auspice of ‘healthy communities’).

Researchers from the field of early childhood have built upon this literature to argue for a reconceptualisation of early childhood services as community hubs - or places which model and reflect meaningful participation of families. This includes families being empowered to contribute to the development of healthy communities for themselves and their children. This reconceptualisation is termed ‘the fourth discourse’ of early childhood education because it builds on and transcends three previous approaches to early childhood services. These three discourses (as discussed in chapter one) include:
1. Early childhood as a service for working parents. This is fuelled by mothers entering the work force and has been growing rapidly since the late 1960's. Within this discourse children are viewed as a constraint to employment opportunities.

2. Services for children in need. Since the late 1960's the Australian government has funded services that provide a program for children with additional needs. This discourse incorporates programs of child protection, prevention of family breakdown and other interventions for at risk situations.

3. Preschool programs for over three's. This discourse incorporates a priority on education and child development for children three to five years of age (Lero, 2000; Moss, 1994).

The main contribution of this thesis is to demonstrate the need to move onto a fifth discourse for early childhood services. With the rise of globalisation, increased diversity and a trend towards neo-liberalism in many industrialised societies, traditional supports for parents of young children are increasingly scarce or non-existent (see Bowes & Hayes, 1999; Brennan, 1998; Penn, 2005b; Pocock, 2003; Putnam, 1995). The early childhood sector has a critical responsibility to counter the effects of the concomitant pressures upon communities and families. The early childhood sector needs to build on current knowledge and practice and embrace a new approach to remain relevant to the families they serve.

I have called this new approach the fifth discourse. This moves beyond early childhood services as community hubs and meeting places which model participation
– it involves taking a proactive role in identifying the critical issues for families, and providing the opportunity to discuss these issues in ways that are participatory and non-judgmental, reflecting mutual respect for all parties.

Embracing the fifth discourse means entering into new relationships with families whereby meaning making is shared. It means changing the focus for early childhood training and identifying a new approach to quality and the tools used to measure service quality. Underlying this is the need for policy reviews to ensure that the goals and infrastructure of the early childhood education sector target community health and development over and above care and support for children and individuals.

The fifth discourse ensures specific engagement with the families in the service is the priority. This requires opportunities for families’ voices to be heard and families to engage meaningfully as part of the early childhood community. To develop these opportunities, a strengths based approach is recommended. For this approach to succeed in engaging families, the skills and attitudes required of the early childhood professional include respect, sharing of knowledge, collaboration, transparency and a belief in social justice (see McCashen, 2005).

This approach revolutionises the early childhood professional’s role both within the service and in the broader community. Within the service, the early childhood professional utilises this space for engaging meaningfully with families to determine their goals and needs and adapt the program and experiences to suit these needs. The role of the early childhood professional in building these meaningful connections with families is three fold. It includes:
1. Establishing the family’s needs and aspirations. Determining what the family considers important to devote the energy and time to for their child.

2. Understanding the family’s functioning style. Determining how the family deals with crises and issues and ascertaining what is working well in the family system.

3. Mapping the supports and resources available. Identifying the family’s social networks and potential resources to help meet the family’s needs and aspirations (see Dunst et al., 1998).

Externally the early childhood professional has two pivotal roles. These include:

1. Referring families to appropriate agencies. The early childhood professional is viewed as a connection for families to access other appropriate agencies and resources (see Hayden & Macdonald, 2000).

2. Advocating to policy makers regarding resources and programs their families require. The early childhood professional is an agent for ensuring programs reflect families’ needs and appropriate resources are allocated to the community to support families. This is a crucial role as it ensures policy makers are informed at the “grass roots” level and allows for funding and resources to be targeted appropriately.

**Methodology**

This study has shown that the expectations and some critical issues for families who use early childhood services, are not addressed by those services – such as interactions with families, staff goals and the policies and goals which inform and guide service delivery. While the study is based on a limited sample size, there is
reason to believe that the findings are generalisable to the early childhood sector in industrialised nations (especially those with) well-defined policies and guidelines relating to training and program indicators of ‘quality’.

Australia, for instance has a well-regulated early childhood sector including a national system of accreditation for licensed early childhood services. Some states, such as New South Wales, have curriculum guidelines for early childhood programs dealing with children from birth to six years of age. There are high standards for staff including the need for an early childhood university qualification for teachers. However, research findings from this study show that rather than ensuring responsive services to children and families, the NSW system actually works against the reported needs of many families. This astounding conclusion is based on two phases of research.

**Phase one**

In Phase One, a phenomenological approach is utilised to explore children’s early childhood experiences and to examine how these experiences contribute to connectivity for the families. Phenomenology identifies ‘phenomena’ through the eyes of the participants in the research. It is a reflection and interpretation of these experiences (phenomena) from the participant’s perspective and creates opportunities for new understandings (Heidegger, 1962; Husserl, 1965; Lester, 2001; Lyotard, 1991; Schutz, 1972; Stamage & Kreiger, 1987; van Manen, 1990). The study involves compiling case studies of three families with young children who might be considered non-mainstream to investigate their issues and support needs as parents.
One family is Aboriginal, living in the midst of a non-Aboriginal community. One family is culturally and linguistically diverse with the mother having immigrated to Australia with minimal English language proficiency. This family is isolated from extended family. The third family is mainstream, has long-standing roots in their current community, has friends and relatives close by, but is distinguished by the specific stresses of having one parent with a chronic and debilitating disease. All families feel they have several options in terms of childcare and freely choose a specific early childhood service for their preschool aged child. None of the families express unhappiness with their choice.

The research consists of interviews with the family members (semi structured and structured), analyses of videos made by parents, assessment of the chosen early childhood services, interviews with early childhood staff and other means to investigate and analyse the support which these families receive for the complex task of parenting under diverse circumstances.

In this phase the research is examining the sociocultural context of the families and how the early childhood service is contributing to or detracting from connectivity for the child. By investigating families’ lives the experiences they value for their preschool child is raised. The video and subsequent discussion of the families’ social and cultural world helps their beliefs and perceptions to be more clearly understood. The Tobin et al (1989) study influences the researcher’s decision to use video footage as a major data collection strategy. Fleer and Williams-Kennedy’s (2002) research influence how the video footage is collected and analysed. Their study ensures that
participants not only have control of the data collected but also are actively involved in the analyses.

All data is analysed through computer assisted qualitative data analysis software (CAQDAS) NUD.IST Vivo (NVIVO) version 2. The findings from Phase One show a ‘disconnect’ between the needs of the families and the supports provided by the services. Perhaps the most important finding is that the families’ do not have expectations that their needs will be met by their early childhood service – which explains why they have no complaints about the service despite some fundamental gaps. Equally surprising is the finding that staff in early childhood services believe that they have a good understanding of families’ needs and that they are meeting these successfully. Some fundamental differences in values and expectations remain unarticulated by both groups.

**Phase two**

In Phase Two, quantitative measures are utilised in broadening the data collection. At the completion of Phase One of the research data analyses a questionnaire entitled “*Experiences that are valued in the early childhood service*” is developed to test and confirm findings. In Phase Two of this study the questionnaire is disseminated to a broader sample of families and staff in five diverse early childhood settings throughout one large urban area and one small rural area. The questionnaire is distributed to families who have a child (aged three to five) and all staff who work with that age group. The results of the questionnaire indicate that the original findings are generalisable across a broad spectrum: the value continua that have been
identified resonate with this sample. Comparisons are made between perceptions of families and staff regarding key values.

Using SPSS to test for statistical analyses, which involves independent samples t-test and a one-way analysis of variance, it is shown that perceptions of the groups differ. In some areas the difference shows statistical significance. These are mostly related to the role of the early childhood professional in delivering the experiences. For instance the families place a high value on structure and conformity. Staff are unaware of this. Similarly staff report that families value child autonomy when in fact they do not. Obviously this is a projected value from the staff members themselves. Regarding the twelve experiences included in the questionnaire, staff consistently report that there is discussion about these experiences at higher frequency than the families believe is occurring. Indeed families report that they communicate with staff about nearly all of the experiences “rarely” or “never”.

Key findings

The contribution of this thesis to the field of early childhood education is four fold. Firstly, through rigorous qualitative methodology and analyses, it is shown that there are issues in the delivery and outcomes of early childhood services that lie below the level of awareness (of staff, trainers of staff, and policy makers). The issues are fundamental to families as they struggle with the pressures of child rearing in modern societies, but even families themselves remain unaware that their chosen early childhood service can support them in meaningful ways. The first contribution of this thesis is awareness raising about the potential of early childhood services to make a fundamental difference to families and subsequently to the health and well being of
children growing up in diverse societies. This fundamental difference includes ways 
early childhood staff communicate with families, including understanding why 
families choose their service.

Secondly, the thesis uses evidence from families to develop a tool for assessing staff 
and family connectedness (or lack thereof). The tool has been trialed and could 
contribute to raising awareness and subsequently to discussions, which result in 
meaningful communication between early childhood staff and families. While it is 
recommended that the questionnaire be trialed further, refined and adapted for use by 
wider populations, the very process of doing so will undoubtedly bring about the 
desired goal of breaking silences and raising issues which are critical to families in 
support of their parenting role.

The third contribution of this thesis to the field of early childhood education is the 
analyses and subsequent identification of gaps in the current tools used to define 
‘quality’ service delivery for early childhood services. It is shown that despite best 
intentions, these tools bypass critical issues and in doing so contribute to a culture of 
silence. Families and staff are not addressing needs because there is no reference to 
these in state and sector recognised policies, guidelines and assessment tool 
development and use. A rigorous assessment of such instruments as the QIAS and the 
widely used ECERS-R with the goal of adding elements to address the fifth discourse 
is called for.

Finally, this thesis identifies the need for a new line of research and of action. In 
industrialised nations where early childhood infrastructure (funding, training and
policy making) is well developed, it is time to enter into a new phase. This thesis shows critical gaps in the focus and actions of the early childhood sector. Early childhood services need to ensure relevance by being the vehicle whereby family voices are raised and families are supported and empowered to deal with changing social forces and decreasing social safety nets.

Early childhood professionals need to know about the conditions under which parenting takes place and need to analyse their role in alleviating (rather than contributing to) the stresses of those with young children. This means that training for early childhood professionals needs to address the development of communication skills, the ability to assess social issues, an understanding of how policy is made and how to advise, advocate and mobilise stakeholders to ensure that voices of families and their children are part of the political context within communities and wider social structures. Academics and researchers need to focus their attention on these areas.

Policy makers need to be made aware of underlying pressures which can prevent families and children from contributing to society building and to seek alleviation of these through support for the early childhood sector.

While many of the issues identified in the course of this thesis are complex and may call for long-term solutions, it is my belief that giant steps can be made towards the realisation of the fifth discourse – and towards a more relevant and supportive environment for young children by addressing the following recommendations.
Recommendations for further study

This research raises issues that need further investigation. If early childhood services are to embrace a more supportive and responsive role with families further investigation of this role needs to occur. Issues to investigate include:

**Strengths based approach**

A perception about educating families and communicating to (not with) families is highlighted in this thesis. The current role early childhood professionals’ embrace when working with families and how this could be reconceptualised needs further investigation. This includes examining whether the strengths based approach would be an effective strategy to implement in early childhood services to engage families and increase connections. Specifically, the questions to be researched include:

a) Does the strengths based approach enable early childhood professionals to ascertain more clearly what families needs are?

b) Would implementing the strengths based approach reduce the pressure families place on themselves about providing the best environment for their child to succeed?

c) Would the strengths based approach increase collaboration between families and early childhood professionals (provide opportunities for ‘meeting places’) and enhance connectivity for the children?

**Role in acculturation**

Further research is needed to examine the role early childhood services may be playing in promoting the mainstream culture. Families in this study value their children learning the skills, knowledge and rules that help them to successfully
integrate into society. This issue needs further examination on two fronts. Firstly, research needs to investigate:

  a) Is the current political climate influencing families from diverse backgrounds choosing early childhood services to support their child’s enculturation?

Secondly, there is a need to scrutinise early childhood professionals’ levels of training in relation to cross-cultural communication. The question that needs to be examined is:

  b) Are early childhood graduates being equipped with the knowledge and skills required to engage in effective communication with diverse families?

Reviewing policy and practical implications in the delivery of early childhood services

Embracing the fifth discourse requires reconceptualising early childhood services to provide ‘meeting places’ for families. This broadening of the role of early childhood services includes redeveloping tools that firstly, guide early childhood practice and secondly, assess early childhood practice. Currently the tools for guiding practice create confusion for families and the assessment tools are not measuring the important aspects of support for families in early childhood services, including effective communication and providing meeting places for families.

The current early childhood services’ model (based on funding the families) has impacted on the role of the early childhood service for families. This funding model emphasises consumerism, competition and market forces. However, the families in this study still express confusion about what experiences their preschool children
should be receiving and how these experiences contribute to the education of their child. This confusion requires investigation into both appropriate pedagogical practices and the assessment tools that assist governments to measure accountability. Questions to investigate include:

a) Can families be supported effectively by early childhood services operating within a consumerism model?

b) Does the design of early childhood services contribute to the messages of consumerism for children?

c) Can appropriate pedagogical practices developed with families help reduce the care versus education debate?

d) Can appropriate pedagogical practices developed with families create responsive early childhood services that connect with families?

e) Can assessment tools be reconceptualised to measure early childhood services’ ability to provide responsive quality programs that meet the needs of the families and community?

Reviewing the importing of frameworks and assessment programs

Increasingly Australia is looking at overseas models (based on DAP principles) to adopt for both curriculum frameworks and assessment programs. For example the Early Development Index (EDI) from Canada is being trialed in Australia (see Sayers et al., 2005).

This thesis calls for a reconsideration of this development. This study finds families’ needs in relation to the program content and relationships with the early childhood staff are not optimal. Imposing systems and measures could further alienate and
disadvantage diverse families. Moving to the fifth discourse requires Government to embrace responsive programs that meet the needs of the diverse families in the community. Reconceptualising the role of the early childhood professional requires Governments to review current systems that regulate early childhood services and provide appropriate resources to support this reconceptualisation.

**Conclusion – the fifth discourse**

If the early childhood sector believes that all families in Australia are valued regardless of background, race, religion or socio-economic status they must ensure early childhood services are meeting families’ diverse needs. Dahlberg and Moss articulate this potential in reconceptualising the early childhood arena when they state:

> These institutions (early childhood services) have the potential for becoming spaces for ethical and political practices that can engage many people, of all ages...their importance rests as much if not more in their potential purposes and the choices with which these confront us: as sites for governing or for emancipation, for conformist or transformative action, for transmitting or constructing knowledge, for reinforcing or reconstructing discourses...for us the Utopian possibility...is that more preschools and schools might become loci of ethical practices, and by so doing contribute to relationships, with each other as well as our environment, which are founded on a profound respect for otherness and a deep sense of responsibility for the other (2005, pp. 191 - 192).

This thesis provides families a voice in the early childhood arena. Families in this study reveal that some fundamental needs for their preschool child are not being met. I believe it is time for us to embrace the fifth discourse – whereby early childhood services are reconceptualised, along with the role of the early childhood professional. This reconceptualisation would ensure families’ needs are being met beyond health and development needs for preschool children. Embracing the fifth discourse requires changes in policy, in the training of early childhood professionals as well as the resources provided in the services and the broader community.
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Appendix 1

Interview with parent/s: (conducted over 2 or 3 interviews)

1) Significant events of childhood
2) What was it like growing up in your family?
3) Describe all family members and their relationships with you and each other
4) Who were you closest to?
5) Which parent influenced you most and why?
6) What is the communication like in your family?
7) How are emotions expressed in your family?
8) How is conflict expressed/resolved?
9) What discipline methods are used?
10) What were your experiences of school?
11) What are the significant friendships and relationships outside of your immediate family?
12) In what ways would you choose to raise your child differently/the same as your parents?
13) What do you consider the role of a parent to be?
14) How did you decide to parent your child?
15) What do you think are some of the important things to pass on to your child?
16) What are the difficult aspects of parenting to you?
17) When your child leaves ??? CCC and goes to school what would you see as a success (how he would act, know, do)?
18) Describe a typical day with your child
Appendix 2

Interview with early childhood teachers:

1. What do preschool children need for healthy development?

2. What are the benefits of early childhood services?

3. What are the special or good things about this early childhood service?

4. How do you work with the community to provide these things?
Appendix 3

Eco Map Tool

Think about the various people/stakeholders/groups that affect your family and the type of relationship your family has with each: strong and supportive, weak, or stressful. Then, complete the eco-map below.

[Diagram of an eco-map with circles and lines indicating different relationship types]
Appendix 4

The Early Childhood Environment Childhood Rating Scale revised edition (ECERS-R)

This is an American based validated tool which assesses early childhood environments in relation to meeting children’s developmental needs (Harms et al., 1990). The original ECERS tool has existed since 1980 and had been used in numerous studies in the United States and the world (Peisner-Feinberg & Burchinal, 1997; Rossbach, Clifford, & Harms, 1991; Whitebook, Howes, & Phillips, 1990). These studies found correlations between ECERS scores and outcome measures for children, teacher characteristics and behaviours. During the revision of ECERS, Harms, Clifford & Cryer (1998) utilised three processes. These were:

1. A content analysis of ECERS in relation to other global assessment tools;
2. Data gathered from studies of preschool, childcare and kindergarten settings that administered ECERS, and
3. Comments from people who had used ECERS through focus groups and a questionnaire (Harms, Clifford, & Cryer, 1998).

Once the revised scale had been developed it was tested in forty five classrooms in 1995 and then revised again in relation to the interrater reliabilities. This redrafted scale was then retested in twenty one classrooms with reliability being determined (see Harms, Clifford, & Cryer, 1998 for details of this testing).

ECERS-R measures seven areas; space and furnishings, personal care routines, language reasoning, activities, interaction, program structure and parents and staff. For this research the areas focused on were language reasoning, activities, interaction, program structure and parents and staff. The first four areas of the scale were focused on as I was observing how the staff were interacting with the child in relation to his individual needs and interests. This was to determine the consistency between the services’ perceptions and those of the families and children. The parents and staff area was also focused on to ascertain what is rated as quality was again correlating to what the family’s needs were. Therefore, this tool coupled with the Quality Improvement and Accreditation System (QIAS) validation report (see next section) helped develop a clear picture of the level of quality of each early childhood service in relation to how the child’s interests, needs and abilities were catered for and how the family was involved and catered for. The information gained from this tool enhanced the interpretive dimension of the research as I was able to discuss what the quality indicators say is best practice in relation to what was most appropriate for each child and their family.

As discussed above this tool was recently revised to ensure the instrument was expanded to reflect the current research and practices in the early childhood field. In particular the revised edition addressed the inclusion of children with disabilities as well as a concern for sensitivity to cultural diversity (Harms et al., 1990). However there are criticisms of this tool within the early childhood field. For instance Kwan stated that although the scale can be used in most countries there are unique areas of concern in early childhood for each nation, cultural group or society. She discussed her country, Singapore, as having a high focus on reading, writing and numeracy and that this comes from both families and the society. She also believed teaching languages (the children in Singapore are taught three languages in preschool) and
religious beliefs are not acknowledged in the scale (Ebbeck & Waniganayake, 2003; Kwan, 1998).

Other criticisms focus on the fact that the tool is based on developmentally appropriate practice (DAP). DAP is based on children’s ages and the expected milestones are aligned to this. Therefore developmentally appropriate practice is the understanding of the ages and stages and what activities are appropriate for each stage. However these notions of ages and stages are being questioned as they are based on North American and European backgrounds and therefore do not necessarily match with the cultural diversity found in most western countries today (see Fleer, 2005, 1995; Lubeck, 1998; Mac Naughton, 1995; Penn, 2005a).

The Quality Improvement and Accreditation System (QIAS)
QIAS was implemented in 1994 by the Commonwealth of Australia. Any early childhood service operating in Australia must be accredited to access the subsidies (Child Care Benefit) for families using their service. This system requires services to complete a self-assessment tool which addresses ten quality areas. These are relationships with children, respect for children, partnerships with families, staff interactions, planning and evaluation, learning and development, protective care, health, safety, and managing to support quality. Once the service has completed the self-assessment tool a validator visits their service for two to four days (depending on the size of the service) to complete their assessment. Both the services and validator's assessment coupled with completed parent questionnaires are sent to the Australian National Council of Child Care (NCAC). This information is reviewed by a moderator who either recommends the service be accredited or seeks to gather more information. The final decision on the status of accreditation is taken by NCAC (Community Childcare Co-operative NSW & Child Care New South Wales, 2005).

Once the service is granted accreditation it is valid for two and a half years and then the process begins again (National Childcare Accreditation Council, 2002). Any service unable to meet the accreditation standards is required to submit another self study report within six months of the original decision. If after this time the service does not meet the accreditation standards the Commonwealth can withdraw the child care subsidies and therefore the families accessing that service would not be able to access these subsidies (Community Childcare Co-operative NSW & Child Care New South Wales, 2005).

\footnote{Please note that the system has been recently revised (after I conducted this study) and now there are 7 quality areas.}

\footnote{A validator has a minimum two year qualification, seven years of experience working in the early childhood field and is currently working in the field}

\footnote{See \url{www.ncac.gov.au} for more information about the organisation. The principles are being redrafted currently and a new set of principles will be distributed to all services from July 2005.}

\footnote{A moderator is employed by NCAC to assess all information gathered during the process and rate each principle and compile an improvement guide for the service.}
Appendix 5

Experiences that are valued in the early childhood service

Parent Questionnaire
Please note that all questions relate to children who are 3 years - 5 years of age! Please answer each question by placing an X in the box which you think most closely represents your situation.

For Example

*Children's environments need to be very clean*

I would rate this

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There is information or discussion about this between families and staff

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Please start here

1. *Children should have opportunities to access toys and equipment which they may never experience in their home setting.*

I would rate this

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Comments

2. Children need to develop close relationships with carers.
I would rate this

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Comments

3. Children need to learn about how to conform to group norms (how to fit into a social group).
I would rate this
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Comments

4. *Children need to assert their independence and individuality. They need to learn not to simply follow group behaviour.* I would rate this

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Comments

249
5. *Children need some exposure to things that may be unpleasant so that they learn how to deal with real life experiences.*

I would rate this

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Comments______________________________________________________________

6. *Children need to learn to speak up when they do not like things.*

I would rate this

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There is information or discussion about this between families and staff
7. Children should be given lots of choices about what they want to do and when.
I would rate this

| 0 - I do not know | 1 - not important, not a priority | 2 - somewhat important | 3 - important, a priority | 4 - mostly important, a significant priority | 5 - very important, a high priority |

My early childhood centre would rate this

| 0 - I do not know | 1 - not important, not a priority | 2 - somewhat important | 3 - important, a priority | 4 - mostly important, a significant priority | 5 - very important, a high priority |

There is information or discussion about this between families and staff

| 0 - I do not know | 1 - Never | 2 - Rarely | 3 - Sometimes | 4 - Frequently | 5 - A great deal |

Comments

8. The teacher is the leader of the classroom. It is the teacher’s job to ensure that children partake in classroom (educational) experiences - even when some children might not want to do these things.
I would rate this

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### Comments

9. *Children should not have to follow strict rules. They should have choices and opportunities to negotiate allowable behaviours.*

I would rate this

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### Comments

__________________________________________
10. *Children need to learn how to respect rules, even when they do not like or agree with the rules.*

**I would rate this**

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Comments

11. *Children need to learn how to interact with many different people and groups.*

**I would rate this**

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12. Children do not need to mix with large and diverse groups of people.

I would rate this

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Comments

13. Can you add (up to three) experiences for children aged 3-5 which you consider a priority?

1. ____________________________________________________________________________________________
**Staff Questionnaire**

Please note that all questions relate to children who are 3 years - 5 years of age! Please answer each question by placing an X in the box which you think most closely represents your situation.

For Example

*Children's environments need to be very clean*

Parents would rate this

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Please start here

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Parents would rate this

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Comments

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2. *Children need to develop close relationships with carers.*

Parents would rate this

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3. *Children need to learn about how to conform to group norms (how to fit into a social group).*

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4. *Children need to assert their independence and individuality. They need to learn not to simply follow group behaviour.*

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5. *Children need some exposure to things that may be unpleasant so that they learn how to deal with real life experiences.*
Parents would rate this

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6. Children need to learn to speak up when they do not like things.

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259
7. Children should be given lots of choices about what they want to do and when.

Parents would rate this

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8. The teacher is the leader of the classroom. It the teacher's job to ensure that children partake in classroom (educational) experiences - even when some children might not want to do these things.

Parents would rate this

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9. *Children should not have to follow strict rules. They should have choices and opportunities to negotiate allowable behaviours.*

Parents would rate this

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10. *Children need to learn how to respect rules, even when they do not like or agree with the rules.*

Parents would rate this
### 11. Children need to learn how to interact with many different people and groups.

#### Parents would rate this

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#### Comments

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12. *Children do not need to mix with large and diverse groups of people.*

Parents would rate this

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Comments


13. *Can you add (up to three) experiences for children aged 3-5 which you consider a priority?*

1. 

2. 

3. 


Appendix 6

Dear ____________________.
I would like to provide you with more information about the research project, which I, Fay Hadley, am undertaking for my PhD in Social Sciences at the University of Western Sydney, Bankstown. The study, *Community cohesion: Analysis of several environments of three to five year old children (including the family and the early childhood setting)* investigates the environmental influences upon the health and wellbeing of a three to five year old child in the community.

The research will look at three environments. These are the:
- home (including extended family and neighbourhood);
- early childhood setting attended by the child; and
- community (including the services and support groups which are used by the family).

*This research project will identify implications for early childhood settings in providing healthy environments for children and their families.*

You will be invited to participate in this study over a four-month period. This period will include:
- you videoing child and family experiences
- being interviewed and
- allowing me to conduct general observations of your child in your family home and the early childhood setting.

All data collected from your participation will be treated confidentially and stored at the researcher’s office in a locked filing cabinet. Also when writing and/or reporting the results of the project your early childhood centre’s name and community will be disguised to ensure your privacy is protected.

If you would like to be find out more about this research and/or be involved could you please contact Fay Hadley on __________ to discuss details. Please note that once you agree to participate you can still withdraw your support from the research at any point of time without any repercussions from the University or me*.

My supervisor Assoc Prof Jacqueline Hayden, is happy to discuss this research project and she can be contacted on ________________.

Thank you for your time,

Fay Hadley
Researcher

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*This study has been approved by the University of Western Sydney Human Research Ethics Committee (HEC 03/051). If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (tel: 02 4570 1136). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 7

I/We, ______________________________________(please print), agree for

my/our family, including my/our preschool aged child _______________(print name)

to be involved in the research project entitled *Community cohesion: Analysis of several environments of three to five year old children (including the family and the early childhood setting). How do these different contexts impact on the child’s health and well-being?*

Signature & date (parent 1)________________________ ______________________

Signature & date (parent 2)________________________ ______________________

I/We ______________________________________(please print), agree to the

screening of the edited video footage of my/our family life to be used in the focus groups for the research project. I/We also give permission for the researcher to screen the edited video footage at conferences/seminars etc when she is discussing her research with the wider community.

Signature & date (parent 1)________________________ ______________________

Signature & date (parent 2)________________________ ______________________

I wish to receive the research paper that is complied from this research.
Appendix 8

FAMILY A
1st interview with Tessa Looking at video footage

CCC
At first he found it hard to fit in. I have noticed a difference and he has settled right down. He is in a routine and he understands the rules. I moved him from W to expose him to broad cultures as he is going to school next year and this will help him fit in. He goes five days a week. He went to W from when he was 2/12 – 4 years and then moved him over to Alexandria CCC. Moving him from specific Koori program to Alexandria CCC has exposed him to other kids and was a good thing. They cater for all nationalities through nutrition, celebrations. They celebrated NADOC week last week.

Nan’s house
David loves cartoon network. We can’t get it at our house so he loves to watch it at his nan’s house.

David
He has lots of expressions – everyone loves him. Loves wrestling – especially the ROCK. Not that I like the wrestling but his uncle (my 12 yr old brother) loves it and has influenced him. Wrestling has been a strong interest for about 1/12 – 2 years.

Football long weekend
It is about different communities coming together and works as a gathering place. It is about seeing people you haven’t seen for a long time. His Uncle plays each weekend and this was the grand final game.

Message for Pop
We did that together as David was not allowed to visit Pop in the hospital while his immune system was low.

Work
I find it harder to see all the family since I started working but I still see my mum and dad a lot. If they haven’t seen me for a couple of days they will come round and check on me.

2nd interview with Tessa looking at video footage

Pool Party – cousin’s birthday: this is a family event. We rarely do something that doesn’t involve the family.

Swimming: David has been swimming every summer. He is Ok with bubble and tube.

Anthony: he is a role model. All the kids look up to him. David loves him. I am going up to the Gold Coast to see the fight – lots of the family are going. Choc doesn’t drink or smoke and the way he is portrayed in the media is not how we know him. David spends time around there with his cousins (boy and girl). As dad is not working Choc is paying all the bills as he sees my mum and dad as his second set of parents. He helped us out last year when mum was sick as well – he gave her the care she drives now. We are a tight knit family.

David is starting workshop lessons at Polkadotts. It is an entertaining company.
Appendix 9

Interview questions
08/11/02 & 15/11/02

1. Significant events of childhood. What was it like growing up in your family?
I was an only child till I was 12 and I got everything I wanted. It was a big change when my sister was born. I spent a lot of time at my Aunty’s house as we live with one another – move in between houses in the whole family both sides. I feel closer to my mother’s side, they seem more close knit. There are 12 of them. My grandmother was apart of the stolen generation, she was taken from her family when she was a small baby so there seems to have importance on the family of staying together and helping each other out. If we haven’t got it we try and get it. There are still a lot of unanswered questions about my grandmother’s history. Her birth certificate states place of birth as unknown so we don’t know the country we are from. My grandfather was quite fair and passed as white and was well respected in his community. He is Koori, but we found this out much later. They tried to take my mother and her siblings away from my grandmother but the whole community pulled together to keep them with the family. My mother lived in house with a dirt floor and so all the kids were dirty so they took them and cleaned them up to make them look respectable.

3. Describe all family members and their relationships with you and each other.
I have a sister who is 16 – she doesn’t live at home. I have a brother who is 12. Dad has another son and they are still quite close. He has three children (8, 7 & 4) and they are all girls. David is the only grandson on both sides and that is why he is so spoilt. My father takes on the father role with David as he doesn’t have any contact with his dad. As dad is in hospital with illness it has been difficult for David. We have been spending a lot of time at mum’s because of dad being sick. He has cousins in Canberra that he misses. Who were you closest to?
Which parent influenced you most and why?
Both. Mum is amazing – what she has achieved. I can’t fault either of them. Dad and I clashed as we were pretty much the same. They are strong in their own right. They give me the room to make mistakes and learn from them and looking back I see why they did this. My mum adores my father and I see love that is shared. They are both hardworking and they don’t like to ask for anything but because they give so much they get it back.

6. What is the communication like in your family?? How are emotions expressed in your family? How is conflict expressed/resolved?
Dad never expresses his emotions but you knew when he said no as it was in his tone of voice. I never got a flogging but it was the tone that scared me the most. Mum would come in and try to fix things softly. There were never any extreme events that influenced my opinions. There were no drinking or drugs. They were away from the kids and dad never swore in front of us. Because of the experiences my parents have had they think it is important to raise us differently – because of what goes on in the outside world they make us strong so we can cope. They talk about everything, such as the stolen generation and how that makes them feel. I had no real problems that couldn’t be handled and I was involved in sports and won’t be pressured into things I don’t want to do.

9. What discipline methods are used?
10. What were your experiences of school?
Primary school – grew up in Earlwood and went to Canterbury South. I went to an all girl’s high school and I was involved in sports as it made you feel good as you were looked up to especially when you win. I did basketball and netball from 9 to 19. I went to Cleveland St High from year 9 to year 12 as a few of us cousins all decided to go their together (including Anthony) and we had an aunty there who was the Aboriginal Education Officer. We had a laugh everyday and it was up to you what you took in. My parents pushed education as they didn’t have the chance to do it.

11. What are the significant friendships and relationships outside of your immediate family?
I do have friends but family comes first. I don’t have any friends that I ring everyday I’m not a phone person. It is also hard to find the time as they want to go out and I can’t and don’t want to. I do have some close friends I confide in and also mum’s sister she is like a second mum to me. She checks up on me and we talk and I confide in her. My mum’s eldest sister is psychic and she has read my palm.

12. In what ways would you choose to raise your child differently/the same as your parents?
In terms of discipline I could do things differently – looking back at the last 18 months my patience has been wearing thin.
I don’t have the benefit of having both parents there – it would have been good like for David’s father to be in his life but we have no control of that situation and if there not ready I wouldn’t force the issue. On the other hand he is not missing out as he has my father in his life and he is a positive role model for my son.
I suppose with my family I never got like a flogging or anything of him I just knew when he said no and it all had to do with his tone of voice that he meant no and I never really pushed that. I try to use this type of discipline with David but it doesn’t work, I give in and he knows how to play me. My mother – I hope I can be half the mother that she is. Always put her children first. My approach is that I try not to give him too much to David, I might not give it to him and stick to it but it is sort of given to him by mum and dad. They’ll give it to him. He is the only grandson for them and he is spoilt, very spoilt.

Fay: Do you think if he was a girl it would be the same?
Tessa
I think there would be a difference. You are not allowed, especially like babies the girls in our family the boys are not allowed to pick on them at all. My dad would pull the little fellows all the time over it. When the girls are around it won’t happen and it is not allowed to happen (rough play). I suppose it is looking at respect.

13. What do you consider the role of a parent to be?
One of his parents – he has got three parents. Giving him what he needs, nurturing him, raising him to respect people for who they are and not being judgemental, and being accepting of difference and being proud of who he is.
14. How did you decide to parent your child?
15. What do you think are some of the important things to pass on to your child?
Probably identity and the history of our family and our people too. That is important even though I see it as important for him to get on with other nationalities it is more important knowing where he comes from. Because like my grandmother is apart of the stolen generation, we will be searching for the rest of our lives and he will be searching for the rest of his life to find out those answers. To reassure him that the
family he has now and that even though it is hard to trace back our ancestry it is a big part of him and can effect the way he sees the world to be you know looking back on history he will have a lot of questions he will raise himself.

16. What are the difficult aspects of parenting to you?

Before I had David I had no problems taking other peoples kids and you never truly know until you have your own. I am very lucky that I have a good support network – emotional and financial. These days’ kids just want, want, want it is not about what they need. I find it difficult giving into his wants. I will go out and buy it eventually but I won’t give it to him when he says he wants this and wants that. I try to explain to him that you don’t always get what you want. Every afternoon when we pick him up from school he says to me have you got a surprise for me mum? And if I don’t he is not happy and so nanny will stop the car and get him a chocolate or something along the way home. I do ask him if he has been a good boy at school and he will say yes of course but I try not to give into him. But if it is not me giving into him it is my parents.

17. When your child leaves CCC and goes to school what would you see as a success (how he would act, know, do)?

I knew within three days of changing him over he came home and started talking about the planets. There things we wouldn’t be talking about at home so obviously he is getting that at school and I’ll explore that with him. I know when I pick him up it is hard to get him out of the centre. He talks about his friends. Just yesterday one of his friends spat water on him and so when I picked him up he decided to go and get him back. Like he got in trouble for it and I said to him this morning I’m going to tell S (child) he can’t do that and it is not right and he goes no I’ll tell him so he sort of protected his friends as well. At first it was hard for him to sort of blend in but he is fine now, he has friends and he pretty much gets along with the boys and girls which is surprising and you can see that in the video and it is a good thing.

Fay: will he be going to same school as other kids?

Tessa

Not sure I don’t really have conversations with the other parents, I say hello to most of them, I’ll talk to Cathy. I know he is a bright kid so I want them to assist him with his development and that he is progressing and to make sure that he is in an environment where he is safe and able to express himself with no barriers.

18. Describe a typical day with your child

As soon as he gets up he wants to get in front of the TV and put the cartoon network on. I’ll iron our clothes and let him sit there and then give him breakfast. I’ll have my shower and come back down stairs and he will still be sitting there and I’ll have to con him up to get dressed (I usually bath him at night). It’s always a hassle of the morning and it is hard to get him out the door -I’ll have to turn the TV off to get him out the door and I have to dress him in front of the TV. We’ll get in the car and chatter, chatter, chatter (he never stops) and we’ll talk about what happened yesterday. So today we talked about the spitting of water and how it is not good, catch germs. It is not a hassle getting him to school anymore, he is quite happy to go in there and he sits with his friends. Then I go to work. When I pick him up he will kick his shoes off as soon as he sees me, I think it is because he has to have them on there so as soon as he knows he is going he takes them off before we walk out the door. Then I have to chase him out of the school, con him up. When we get home (last night I took him for a walk with me) or he will play with my brother when he gets home, watch TV some more or get on the computer as there are some games on there that he plays. He will have a bath and dinner then he will talk for an hour before he goes to sleep, maybe even longer if I let him. It has been pretty exhausting you know physically and emotionally since my dad has been sick. I find it hard to get motivated to do things with him, but he has his days where does has his activities like outside his school, like I’ll take him to his workshop, and take him swimming and I am looking at getting him into little athletics. These are things I probably wouldn’t normally do as my dad usually takes him swimming, golf so it has sort of pushed me back into the role and making me more active with him.
Appendix 10

Interview with grandmother discussing questions

1. Significant events of Tessa’s childhood.
To have the family and the bond between the family. Her first cousins are like her brother and sister, they are always there not removed from the family. This has had a great impact on the way Tessa has grown. I come from a large family (12) and so does Tessa’s dad (9). So there is a huge family but all the families’ children are linked in so they are not just like cousins, they are like brother and sisters. What affects one family affects the whole. Growing up in a large extended family has formed who Tessa is today.

2. What was it like for Tessa growing up in your family?
In the beginning she was the only child for 12 years she was spoilt by her dad. We tried to give her things that we never had as children. Dad and I differed in the way she got things, I wanted her to earn it, rather than he wanted to give. I was trying to teach her the value of getting things and how you had to work to get things and her dad and I would have arguments over this and then I would give in so Tessa would get more or less what she wanted. But when the second child came along it was quiet different. The attention was given to the new baby so she wasn’t the focus and that really impacted on Tessa.

3. How did you influence Tessa and why? My mum’s child rearing practices were a little bit different to how I did it. I changed and extended on how my mum bought me up. I’ve tried to teach her good values, tried to explain in various ways why you don’t do things wrong and the impact and consequences if you do.

4. What is the communication like in your family? Communication – I wouldn’t say it’s the greatest. We talk about everyday things and when Tessa was much younger in her teenage years and going into 18 she and I relationship was more like friends as I was a young parent. We use to talk about a lot of things but as she has got older she doesn’t tend to share a lot now. Things that happen between her and David she does – although she thinks that sometimes I interfere now and I do know I do and I have to learn to let that go. Her and her dad communication is not so good. She finds it really hard to talk to him and I don’t know why that is but I think that it is not Tessa’s problem, it’s her dad’s. He thinks it is women and men business and she shouldn’t talk to his daughter about certain things and Tessa is the very modern girl and wanting to share things but she feels she can’t because dad has this attitude. I suppose that comes because he came from a more traditional lifestyle rather than where I came from which was open communication. My sister actually commented recently that Tessa is her father (Tessa had a bit of an attitude problem) because he can have an attitude.

Both the maternal parents have been reared quite differently. A lot of different things have happened in both lives so there is a different way that we communicate.

5. How are emotions expressed in your family?
For me I am really open with my emotions, same with Tessa though she can hold things within but you can always know by her expressions that something is happening in her life whether it be good or bad. We try to teach David to be very open about his emotions. Tessa’s dad is not so open with his emotions he doesn’t share a lot about how he feels. He does with me but not with other family members. The children can usually communicate to what they feel.

6. How is conflict expressed/resolved? The more education that I have got I’ve been able to put whatever conflict I have on the table and discuss. I always give my opinions and we do come to a common ground so that in a sense it is resolved.

7. What discipline methods are used? The way that I was reared and I did something wrong my mum would send me to my room or if I stretched all her limits I would get a smack. That is the way I reared Tessa to. Now that I am more educated in early childhood I still believe in smacking because I don’t think smacking (not hard smacking –smack on the bum or hand only) goes astray if you have exhausted all other avenues. I don’t think I am a bad person because I got smacked or that I smoked my children because I got smoked. Its not about that I know that Tessa doesn’t practice that now but maybe she didn’t like me smacking her and maybe that’s the reason why she doesn’t smack David. With David Tessa discusses the issue, makes him solve the problem or makes David come up with a solution and if he can’t come up with a solution it is her job to do that and that’s how she deals with it. I suppose my giving her knowledge about early childhood and new child rearing practices and her working in an early childhood setting has given her new child rearing practices. The smacking has stopped in the third generation of our family.

8. What are the significant friendships and relationships outside of your immediate family for Tessa?

9. In what ways do you think Tessa chooses to raise David differently/the same as you raised her?
I think she raises him in some aspects the way that I raised her but some of her practices have changed to the way that she feels she should do it. I expected that because I done it and it just changes as you become a parent and there is new media stuff out there and you take on other beliefs and practices and she is her own person and she has her own way of doing things.

10. What do you consider the role of a parent to be?
I think the role of a parent is to guide your children, and also give them the information to make good decisions even sometimes they may make bad decisions but the ultimate is that they’ll analyse that and come up with solutions whether it be good or bad.

11. How are you involved in David’s life? In every way possible. I was very involved and now I am kinda stepping back so I can let Tessa find her ground with David and be the mother and probably be not so dependent on the support, although we always be there but I want her to stand up and say (because she is a single parent) “I did this with a little bit of help from my parents”. We are very involved in his education and I’ll always support Tessa through that. I also give her support so she can have a social life as well and we go to all the sporting places and go with Tessa when she takes him to training to give her that support. With the both of us getting very sick we realised that we do have to sit back and say if anything happened to us how would she cope (as she was very dependent on us). She is getting better moving away from us a little bit more now, finding a social arena outside the family.

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12. What do you think are some of the important things to pass on to David? Is how valuable family is, how we care as aboriginal people about our families and about how we share what we have and that material things don’t matter in aboriginal lifestyle. That as long as you are happy, have got good health and have an income (its great if you have one that gives you benefits but it doesn’t matter if you don’t because all the money in the world doesn’t make you happy. Family connections and the values of aboriginal culture.

12. What are the difficult aspects of being a grandparent to you? Being told to not say anything (by Tessa). I don’t find it difficult, I love it and it is a different kind of love and being involved in his birth has made that really strong bond with David and I so it is really hard to step back. As much as I try and I do bite my tongue when she says “I am the mother” it is really hard to do.
13. When David leaves Alexandria CCC and goes to school what would you see as a success (how he would act, know, do)? I knew he would have difficulties in adjusting when he started the new school (ACCC) and I also felt that in a sense he was a little bit disadvantaged as well because there were no other aboriginal children of his age group within the centre. I did know how he would be prepared to go into a school where there was no other indigenous children his age. In the beginning I wanted the school to be more inclusive of his aboriginal culture, although they did things it was one off every term. To make David feel more comfortable to build a relationship with an aboriginal preschool and do visits so he had that connectedness. So when he started he didn’t adjust to well, it took him a couple of terms to settle. They talk about the way aboriginal children play, which is the rough and tumble play the new school was quiet different because they are very placid children and David has been spoken to about the type of play he does but I suppose that is the lack of education by the teachers in the way that our children play plays a big part in it. Hope that Alexandria could prepare him to adjust to school.

14. Describe a typical day with David when he is with you. He doesn’t have foxtel at home so he gets cartoons in the morning for an hour, then we have breakfast, play with nan and pop, then do some shopping, Every time we go shopping he thinks he needs a surprise. In the afternoon we might go the Matthew’s (his uncles) footy game and he will meet up with other children he knows and they’ll play for the two hours that we are at the football. We’ll come home either go to the park next door and kick a ball round or do drawing. I have book and textas that he knows in a drawer and he likes to draw pictures of something that has happened in his life. He likes to torment his uncle and play the game upstairs but his uncle doesn’t like little boys in his room. Late that afternoon his mum picks him up or he might stay the night. He sleeps with nan and pop gets kicked out.

15. What does David need for healthy development? He doesn’t need anything more than what he has got except that he loves his chocky biscuits and junk food. His mum is very strong about not giving lots of fats and chocolates at their house but when he comes to nan and pops because pop is a chocolate freak there is always something in the cupboard for him. He loves his milk and milo. We are always being warned not to do this and do that with him but we give him little treats and Tessa doesn’t know about them.

16. What are the special or good things about your family? We’re very connected in helping each other no matter what it is. We are always there for each other. The siblings have a bit of squabbles but when it comes to the crunch we know that we can depend on each other and that goes to for extended family. If one of the family has a health problem or any sort of problem we know that they’ll come together and support the family that is in trouble, try to ease that burden. We respect each other and we respect our differences (all our family is quiet different in personality).

17. What community resources do you access to support you in raising your grandchild? Aboriginal medical service (for David’s health), aboriginal housing company (Tessa rents from them). Aboriginal children’s service (counselors), aboriginal early childhood unit (where I work and Tessa accesses info from), aboriginal legal service (legal advice) metro land council (Tessa works there now). I know that I am saying all aboriginal services and there is no mention of mainstream services but I can’t think of one mainstream services that we actually access to give support to David it is usually aboriginal services and the only time we would go to a mainstream is when they refer us.

18. Words to describe David. Artistic, diversionary tactics, tactician, loving, caring, sensitive to your emotions, thirst for knowledge.
Appendix 11

Interview with Tessa discussing video footage and questions

1) What does David need for healthy development?

David needs to be in environments where he can socialise with other kids from all backgrounds. His own culture is important but he gets that from home all the time. We talk about who he is, his identity. We are not just defined by our race, it is also about our interests, what we like to do. It is also about the importance of appreciating others and what they offer and acceptance of difference. It helps him understand about other kids from other races – what they practice.

The program at both schools is important. When he was at W it was a good first start for him as they focused on identity, cultural perspective and being proud of who he was. He is happy at preschool (Alexandria CCC) and the program concentrates on catering for all kids – celebrating many cultures. After three days of going there I noticed a change in him – he was talking about things we wouldn’t talk about at home. The reality is it is not all just Koori’s and he needs to get used to this. At the preschool they have a nutrition program where they introduce all different foods from different cultures – food we wouldn’t normally eat at home. They provide breakfast if you go there early and also teach them self help skills. The children get their own morning tea and poor their own drinks – I was surprised as this didn’t happen at w. The children help with cooking biscuits, pizza etc. He is also writing his name and they are showing him how to write in Chinese. Nancy the asian teacher he is really attached to her.

2) What are the benefits of family living?

As I am a single parent I really rely on my parents, even with the 18 months of sickness they have been there for me. David talks about his Pop (my father) at school and refers to him as his dad. When they asked a question at school about what your dad does he said “my father drives a big truck.” He also refers to my mum as his nanny and mum. He is not confused, they are just really close and take on those roles. He also loves my brother (his uncle Mat). We are living at home at the moment and Mat is good for him, he plays with him and occupies him and this helps give me a break.

3) What are the special or good things about your family?

Life revolves around our family. I was the only child for 12 years, then came my sister and four years later my brother. Before they came I got everything I wanted and mum tells me I wasn’t happy about having a baby sister in the house. Anything we as kids needed it was given to us or they tried to get it. This carried onto David. They provide support emotionally and financially. They set up their home so that David feels like he owns the place. I know I can go there anytime and not be knocked back and this is like that for everyone. For example if you are hungry you go to the fridge and help yourself you don’t have to ask. This support is more so for David than for me now. My dad really likes the boys and he used to (before he got sick) take David to golf, the football, the aquatic centre, shopping. On Saturday’s he used to pick him up in the truck (he is a truck driver) and take him with him for the day while he was working. It was hard when dad went into hospital. This pushed me to do more things for David as they’ve been sick (Mum last year and dad this year). For example I am getting him into little athletics (starts next week), swimming (started last week), polkadots. Outside family supports the family financially as dad used to earn good money (Tessa’s cousin – Choc). All close on both sides of the family. At family events we all come together, for example there were 50 people at dad’s birthday party last month. It was interesting to see them speak about dad (his brothers) and get emotional as they are the tough old blokes. My cousin (Choc) looks up to my dad as a second father and would give him anything. When my uncle (cousin’s dad) was boxing and away a lot dad used to look out for the family. The family is always there in times of trouble – that’s what family is about. This happens in everyone’s home no matter what.

4) What community resources do you access to support you in raising David?

Tessa

Preschool

Medical centre

Aunty’ place – playgroups, support services, looking at early childhood development

Aboriginal housing – got my house through them and they provide maintenance. I was on the waiting list for 9 years and I am happy with what I got. It has 3 bedrooms, swimming pool, sauna, and gym in the complex. I pay rent to them. I was cautious about moving into Redfern but security is good and it is centrally located.

Polkadots workshops and involved in swimming. These are good for his development.

Other

Fay: Is there anything you do not want to keep in the video? Tessa: I did not tape things that I didn’t want included in the video.
Interview with Tessa discussing eco map

stressful connections -my health (not been good and this was before my dad got sick). I have approached the Aboriginal Medical Centre and I have not heard any response from them and I am thinking they’re failing us at this point as if they don’t get me any help how can I relate better to my son in certain situations and it has to do with my patience and when disciplining him. You know I am not ashamed to say that I might smack my son more than maybe I should but I mean they’re failing me in that aspect so then they are failing my son. So I am not very happy with them. I’m going to get on with my life thinking that I can cope but when I’m faced with certain situations then I know I can’t and that is why it is important that my mum and dad are there. Without them I feel like I am failing David.

Public transport – we use it so it is a weak connection

Police station – weak connection at this point but knowing that it is just around the corner is security
Appendix 13

Observations of David

T1 – Michaela (relief teacher in his room -his teacher in office as Director was on leave).
T2 – Nancy –assistant in his room.
T3 – teacher from room 3 (toddlers room).
T4 – teacher from room 3 (toddlers room).

9am – 9.15am.
outside playing running game with about eight other children. Amy was the leader and David and others were following her instructions doing running races, stamping feet, picking flowers and sitting around the yard. David kept shouting I’ve won and made sure he was up the front participating in all games and he came 2nd or 3rd most times.

Stated I’m having a drink o water to the group and walked towards water bubbler. Several others followed him, including Amy. They had a drink and then Amy said follow me. David and two other boys did not go they stayed and played with the water. T3 came over and redirected them and spoke about how to use the cups. David stated I’m finished now and he and the two other boys rejoined the group for more games.

9.15am – 9.20am.
David moved away from the game with two other boys and as they walked away he pushed one of the boys several times in the back laughing and doing it like it was a game. David moved back to bubblers and got himself a drink and began to play with words saying poo, stinky head and laughing. The other two boys joined in saying the words and laughing. T4 came over and spoke to the boys about their words and asked them to move away from bubbler if they had finished their drink. One of the boys moved away but the other one and David kept drinking and giggling and still kept saying the words. T4 came back and spoke to them and asked them to move away – she stood there till they did.

9.20am – 9.40am.
David’s mother turned up and we all went inside to watch the video.

9.40am – 9.45am.
David, his mum and I came back from watching the video and all the children were sitting down for morning tea. David moved to the table with blocks on it and started to play with them. T1 went over him and spoke to him about morning tea and ushered him to the table set for morning tea. David sat down and began to eat.

9.45am – 9.50am.
David put his plate and cup away and ran out to the playground with the rest of the group and joined in with the running game again that was led by Amy. One boy came and told T3 that David had hit him. T said to boy what do you say to him? The boy ran back and told David no hitting it hurts. Another child came and spoke to T1 and said David had been hitting him. T1 yelled out David’s name several times from across the yard and he did not respond (he was playing on the climbing equipment with several children). T3 then approached him and said his name again to his face to get his attention. David listened and mostly held eye contact with the teacher during being talked to about not hitting and punching and then he ran off and played. At this time there was only one teacher in the playground supervising (two others were cleaning up morning tea and T2 was setting up the playroom for inside activities).

David was chasing some children and hitting them with his hat. T3 approached him and he said he hurt me. T2 intervened and talk David by the hand off the other teacher (they had a conversation about his behaviour). T2 moved to side of playground with David and spoke to him for a few minutes about his behaviour. David seemed upset and he was then taken by T2 to T3 and asked to say sorry. T3 stood above him, David had his eyes downcast and wouldn’t look at T3. He then walked off on his own to other side of the yard, walking on little bushes on side of path and glancing back at T2. He then went over to a middle sized tree picked up a stick and attempted to hide behind it. He looked up and saw T2 looking at him and so he dropped the stick and moved over to the red dish where one other boy was sitting and playing with blocks (connectors) in it. David hopped in and started to play with the blocks.

9.50am – 10.00.
A little boy (blue hat) yelled out from the verandah (at table with large leggo blocks) to David several times saying David do you want to play with me? David did not respond.

At the red dish the other boy hopped out and David stayed in and the little boy spun the dish around. David jumped out and in the dish several times laughing and pretending to over balance. T4 began to walk towards the dish and the three boys got out of the dish and moved to the sandpit.

10.00am – 10.10am.
The boy in the blue hat (from block table at verandah) moves into the sandpit with David. They were both digging and putting sand on side of the sandpit (building a castle). David knocks sand back into sandpit a couple of times and the little boy (blue hat) begins to cry. David looks around at the teachers but they do not do anything so he begins to play again. This time they build the castle together on the side of the sandpit. Two other boys join in and the one of the boys (red hat) doesn’t look happy and moves towards one of the teachers. David yells out loudly to him we will build sand castles now. The boy moves back to the sandpit.

10.10am – 10.20am.
David moved to gross motor area with three other boys and one girl. Climbing through the tunnels and talking to the girl. The boy (blue hat) came over from the sandpit and spoke to David and then joined in the play – jumping off big block to the soft mat together. David confidently jumped passed the soft mat on to the grass several times.

10.20am – 10.30.
left gross motor area and ran over to a little boy, waving his arms at him, the little boy seemed scared and kept backing away from David. David then ran back to the big bocks, jumped off them and then ran towards the little boy yelling NO loudly at the boys on the gross motor equipment and then pushing the little boy in the stomach and then walking towards him. The little boy kept trying to move away from David. T1 approached David and sat him on her lap and talked to him. (Later T1 approached me and said that he has been particularly aggressive today – hitting, pushing and she tries to redirect him but if that doesn’t work she has to sit him down with her to give him a chance to cool down and then he can re-enter the play). David kept saying to T1 I want to play (several times).

10.30am – 10.40am.
David moves to the table on the verandah which has large leggo blocks. Boy (yellow hat) at the table says to David you are not allowed to make guns. David then made a gun shaped structure and then knocked down the little boys tower that he was building on the table. Another boy at the table turned to David and shouted
loudly not nice David. The boy (yellow hat) said no to him when he was knocking down his tower. T4 entered and said to the group not making guns you are not allowed. She then walked away. David then made a rocket shaped structure and begins moving around the table. The little boy (yellow hat) kept moving away from David saying stop it – no guns. It’s not nice. David replied you can break mine up and he then crashed his onto the ground. David then spoke to the boy saying what’s that? I built a rocket ship and mines very powerful. He then began to help the little boy (yellow hat) by adding blocks to his tower saying I’m making it more powerful. The little boy seemed apprehensive but let him help and stayed close to him. David then said we do a race, mine one wins (he said this over and over again). You lost, you lost, you won, I won, my rocket wins. David approaches me and says mine has guns on the back. I use it to shoot aliens. Another boy approaches and says you can’t play guns at kindy and another boy says you are not allowed to kill. David replies no I’m not killing aliens, mine has got one gun, mine is more powerful than yours (says this to yellow hat). He begins to help the little boy (yellow hat) again, laughing and saying did you see that, look at him. The little boy smiles back. Two other boys join in the play and David starts making firing noises and aiming the rocket at them. David says mine one in powerful, has the gun on the back. He then goes back to the little boy (yellow hat) an says want to play in a race? He repeats himself three times and then breaks up the blocks and makes shooting noises.

10.40am – 10.45am.

T1 yellow inside time to line up at the door. David raced over and was second in line. T2 talks to David about the blocks on the floor. David leaves the line and goes and picks up the blocks and puts them on the table and then races back to his spot in the line. T2 pulls him out of the line and ties up his shoe lace and all the children wait in the line. David moves back to the line and one of the girls says to David don’t push in. T1 says he isn’t he was already there.

10.45am – 10.50am.

All children walk into the room and sit on the mat in the reading area. David is sitting towards the front and T2 is on the couch in front of the group. David is asked to sit properly. All children are then asked to remind T2 how to sit in group time. T2 says good morning to the children, they all reply good morning nell. T2 asks them to say good morning to T1, they say good morning Michaela and then she asks them to say good morning to me, they say good morning Fay. T2 asked Amy to come up as it is her birthday and she then asks the group hands up if you are 4. David puts his hand up. Most of the group sang happy birthday to Amy, David did not. T2 explained the activities on the tables and then she said I am going to choose who does santa activity, put your hands up if you want to do it. David had his hand up, as did several other children. T2 chose 6 children and one of them was David. The other children were allowed to choose where they wanted to go.

10.50am – 11.10am.

David moved to the table and sat down and waited with the other children. T2 says pull sleeves up, David did. T2 showed the finished product of the santa craft activity and the different parts that would go together to make santa. David repeated body parts, arm, leg, face, body and asked what do you need a body for? He didn’t get it. T2 pointed out the face and said she got to do David’s face and then wrote D, E, N. T2 wrote his full name on the face. David picked up paint brush and began to start and T2 stopped him and said you need to think about the colours you want. She then put spots of different colours on different parts of the face and David began to copy these with the colour of paint. David painted with his left hand and was using small, gentle strokes. David got red paint on the side of his hand and he then smeared it onto the table. T2 came back to table and said David we don’t paint on our tables. T2 pulled up his sleeves and said I told you to do this or it will make a mess (his sleeves fall down again quickly). David painted Santa’s face black and red, he was concentrating and doing the painting very finely and delicately. T2 came back and said to David where are his eyes? I can’t see them. David points to the face and says there they is. T2 says if you are finished put it on the floor, David picks up his face and moves towards the place on the floor asking put it here? T2 replies yes. David sits back down and asks can I do an arm now? T2 replies yes and gives him one. David starts to paint again delicately and concentrating. When he is finished painting he says to T2 look what I did. T2 says good, finished, go put on the floor and the next one. David says did you see that with a smile on his face. T2 says go and wash your hands. David went into the bathroom and washed his hands and then started playing with the water, putting his thumb up the tap hole so water would squirt around. One of the girls walked in and told David to stop, T2 turned to the bathroom and said David enough, turn the tap off. I’ve told you not to waste water and only one paper towel thankyou. Come here I am not happy with you as you were wasting water and then the sheep, animals and farmers won’t be able to drink and we won’t have enough water for the plants. David responds they will die.

11.10am – 11.30am.

David moved to the dramatic play area and then he got a book off the piano and approached T1 and said can we read this story? Another boy asked T1 can I have a book off the piano? T1 asked if these books were allowed by the children and T2 said no they are Karen’s (teacher of the room)books. T1 approached David who was in reading area on the couch looking at the book and said this book needs to go back on the shelf as it is one of Karen’s special books. David gave book back and moved to nature table where two other books were allowed by the children and T2 said no they are Karen’s (teacher of the room)books. T1 approached David who was in reading area on the couch looking at the book and then said book needs to go back on the shelf as it is one of Karen’s special books. David gave book back and moved to nature table where two other books were sitting (one boy and one girl). David says to them I’m looking for the butterflies, he then picked up a pine cone and put a butterfly in it. He then took a frog and jumped around on the table. Another boy approached the table and he had the hour glass in his hand, David went up to him and said let me see, let me see. He was right in the boys face. T2 comes across and says what’s happening. David says he is not sharing. T2 says 2boys that boys we share, use your words. The little passed it to the little girl and she began to play with the hour glass. David asked her can I have a turn please and the he lined up the frogs. She replied I am waiting for the sugar to go down, David said it’s not sugar and then he got the bird nest and put the frog in it with leaves and sticks. He then started watching the hour glass for the sand to go down. He then was given the hour glass and he said I got the hour glass and I am watching the sugar go down. Another boy approached him for a turn and he said no and then they struggled over the glass, David wouldn’t let go. T2 came over and asked what was happening and David said it is Sarah’s turn. T2 praised David and said that is good talking and she then talked to the other boy and told him he needed to use his words. They were made to hug each other and then David moved to the puzzle table.

11.30am – 12.00.

The children are asked to pack away and move to the mat. David is again sitting at the front of the group. The group were asked by T2 to put there hand up if they packed away. David put his hand up and said I did pack away. T2 then picked up a story book and opened the front cover and said we need to keep learning our alphabet. The instructions formT2 was to put your hand up if your name started with the letter she was pointing to. At the letter C David yelled out they look like worms. T2 in a stern voice says to David no worms here, not funny. The rest of the group began to giggle. At letter D David put his hand up. He then asked T2 can I do my words. They were made to hug each other and then T2 moved to the puzzle table.

David repeated body parts, arm, leg, face, body and asked what do you need a body for? He didn’t get it. T2 pointed out the face and said she got to do David’s face and then wrote D, E, N. T2 wrote his full name on the face. David picked up paint brush and began to start and T2 stopped him and said you need to think about the colours you want. She then put spots of different colours on different parts of the face and David began to copy these with the colour of paint. David painted with his left hand and was using small, gentle strokes. David got red paint on the side of his hand and he then smeared it onto the table. T2 came back to table and said David we don’t paint on our tables. T2 pulled up his sleeves and said I told you to do this or it will make a mess (his sleeves fall down again quickly). David painted Santa’s face black and red, he was concentrating and doing the painting very finely and delicately. T2 came back and said to David where are his eyes? I can’t see them. David points to the face and says there they is. T2 says if you are finished put it on the floor, David picks up his face and moves towards the place on the floor asking put it here? T2 replies yes. David sits back down and asks can I do an arm now? T2 replies yes and gives him one. David starts to paint again delicately and concentrating. When he is finished painting he says to T2 look what I did. T2 says good, finished, go put on the floor and the next one. David says did you see that with a smile on his face. T2 says go and wash your hands. David went into the bathroom and washed his hands and then started playing with the water, putting his thumb up the tap hole so water would squirt around. One of the girls walked in and told David to stop, T2 turned to the bathroom and said David enough, turn the tap off. I’ve told you not to waste water and only one paper towel thankyou. Come here I am not happy with you as you were wasting water and then the sheep, animals and farmers won’t be able to drink and we won’t have enough water for the plants. David responds they will die.

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shoes, first were white shoes. David said I’ve got white shoes and T2 said no you sit here, she then called purple shoes and said to David sit properly. She then called black shoes and David didn’t move. T2 said to David you can go no and he went to the bathroom to wash his hands and then went and sat at a table for lunch.

My observations/interpretations: David seems to be labelled the bad boy, the teachers are onto him frequently, even if it is a minor thing. During the whole morning David’s interactions with the teachers consisted mainly of disciplining and other than when he was doing structured activity he did not seek out or interact with the teachers inside or outside.
Appendix 14

ECERS-R Scale

Legend

- Activities
- Interaction
- Language reasoning
- Parents and staff
- Program structure
Appendix 15

Accreditation Principles

Quality Area 1: Relationships with children
Principle 1.1: Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way
- unsatisfactory
- satisfactory
- good
- high quality

Principle 1.2: Staff guide children's behaviour in a positive way
- unsatisfactory
- satisfactory
- good
- high quality

Quality Area 2: Respect for children
Principle 2.1: Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity
- unsatisfactory
- satisfactory
- good
- high quality

Principle 2.2: Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child
- unsatisfactory
- satisfactory
- good
- high quality

Principle 2.3: Staff treat children equitably
- unsatisfactory
- satisfactory
- good
- high quality

Principle 2.4: Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction
- unsatisfactory
- satisfactory
- good
- high quality

Quality Area 3: Partnerships with families
Principle 3.1: Staff and families use effective spoken and written communication to exchange information about individual children and about the centre
- unsatisfactory
- satisfactory
- good
- high quality

Principle 3.2: Family members are encouraged to participate in the centre’s planning, programs and operations
- unsatisfactory
- satisfactory
- good
- high quality

Principle 3.3: The centre has an orientation process for all new children and their families
- unsatisfactory
- satisfactory
- good
- high quality

Quality Area 4: Staff interactions
Principle 4.1: Staff communicate effectively with each other and function well as a team
- unsatisfactory
- satisfactory
- good
- high quality

Quality Area 5: Planning and evaluation
Principle 5.1: Programs reflect a clear statement of centre philosophy and a related set of broad centre goals
- unsatisfactory
- satisfactory
- good
- high quality

Principle 5.2: Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child
- unsatisfactory
- satisfactory
- good
- high quality

Principle 5.3: Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners
- unsatisfactory
- satisfactory
- good
- high quality

Principle 5.4: Programs are evaluated regularly
- unsatisfactory
- satisfactory
- good
- high quality
Quality Area 6: Learning and development
Principle 6.1: Programs encourage children to make choices and take on new challenges
- unsatisfactory □ satisfactory □ good □ high quality

Principle 6.2: Programs foster physical development
- unsatisfactory □ satisfactory □ good □ high quality

Principle 6.3: Programs foster language and literacy development
- unsatisfactory □ satisfactory □ good □ high quality

Principle 6.4: Programs foster personal and interpersonal development
- unsatisfactory □ satisfactory □ good □ high quality

Principle 6.5: Programs foster curiosity, logical inquiry and mathematical thinking
- unsatisfactory □ satisfactory □ good □ high quality

Principle 6.6: Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression
- unsatisfactory □ satisfactory □ good □ high quality

Quality Area 7: Protective care
Principle 7.1: The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child
- unsatisfactory □ satisfactory □ good □ high quality

Principle 7.2: Staff supervise children at all times
- unsatisfactory □ satisfactory □ good □ high quality

Principle 7.3: Toileting and nappy-changing procedures are positive experiences and meet each child’s individual needs
- unsatisfactory □ satisfactory □ good □ high quality

Principle 7.4: Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort
- unsatisfactory □ satisfactory □ good □ high quality

Quality Area 8: Health
Principle 8.1: Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted
- unsatisfactory □ satisfactory □ good □ high quality

Principle 8.2: Staff implement effective and current food-handling standards and hygiene practices
- unsatisfactory □ satisfactory □ good □ high quality

Principle 8.3: Staff encourage children to follow simple rules of hygiene
- unsatisfactory □ satisfactory □ good □ high quality

Principle 8.4: The centre acts to control the spread of infectious diseases and maintains records of immunisation
- unsatisfactory □ satisfactory □ good □ high quality

Quality Area 9: Safety
Principle 9.1: Buildings and equipment are safe
- unsatisfactory □ satisfactory □ good □ high quality

Principle 9.2: Potentially dangerous products, plants and objects are inaccessible to children
- unsatisfactory □ satisfactory □ good □ high quality

Principle 9.3: The Centre promotes occupational health and safety
- unsatisfactory □ satisfactory □ good □ high quality
Quality Area 10: Managing to support quality

Principle 10.1: Management consults appropriately with families and staff and written information about the centre’s management is readily available to families and staff
unsatisfactory satisfactory good ✓ high quality

Principle 10.2: Staffing policies and practices facilitate continuity of care for each child
unsatisfactory satisfactory ✓ good high quality

Principle 10.3: Management provides an orientation program for new staff with a focus on the centre’s philosophy, goals, policies and procedures
unsatisfactory satisfactory good ✓ high quality

Principle 10.4: Management provides and facilitates regular professional development opportunities for staff.
unsatisfactory satisfactory good ✓ high quality

7 = unsatisfactory
12 = satisfactory
5 = good quality
11 = high quality
Interview 1: At house – C (37 yrs), Ch (4 yrs) & J (mother-in-law – 51 yrs)

F: What does Ethaniel do?
C: He is in construction.

F: What do you do?
C: Trained as a chef in my country. I work in meat pie factory. I do night shifts 8pm – 5am. Go to TAFE to learn English and look after Tristan in the day. I sleep/rest on the couch with Tristan, he plays and sometimes sleeps too. I am going to send him to centre close by for afternoons to help me and it also teaches preschool. He needs this for when he goes to school.

F: Will you take him out of TAFE centre.
C: Don’t know. Working this out at the moment as new centre very expensive.

F: How did you and Ethaniel meet?
C: On holidays here. He said I marry you and I said no you not marry me I am too old. He said I get my passport and come back with you and I said OK as I didn’t believe him but he did get it. I took him to see the other life. He went back to Argentina with me, married there. Spent nine months and moved back to Australia as Joan was ringing asking for help. I taught Ethaniel to speak Spanish in three months. Before that we used dictionary.

F: What is Ethaniel’s background?
C: He has Italian background. When he was 12 his parents divorced. It was very messy. Still is. He grew up in Bexley. Joan (his mum) grew up in Leichardt.

C: we came back to Sydney and were going to stay 2–3 years to make money and then go back to my country as I have a business there (it is a fast food restaurant). When I went back after two years the business was bad. I left a friend in charge and not good. Had to sell for $1000 American dollars.

I wouldn’t speak English when I was here. Ethaniel was interpreter. Very unhappy. Made decision to buy here (St Clair) because of situation in my country (Argentina). Not like to pay rent. One day this is mine. Bought in March 1998.

F: Describe all family members
C: 15 children, 11 alive. One died at 2 years old, 1 at 1 years old and one premature and one a miscarriage. All born and live in Argentina except 1 sister (younger sister) lives in Seven Hills and is married with 2 children 14 years and 7 months. Married Uruguay Australian man.

F: What was it like growing up in your family?
C: life very good, loved, big, if had problems all came together. This country is cold no spirit. I like it here now – more opportunity. Different in my country to borrow money you have to have property. Very dangerous, too much poverty.

Go home when I have to. I miss my family. Would like to go every year but my family all go together or no one go. Last year went for three months as my mum was sick and I missed Ethaniel – he lost 27 kilos.

F: (3) Describe all family members and their relationships with you
C: 5 boys, 4 girls. Sebastian in the middle (40 yrs) looked after me. Slept with me when he was little. Like a father to me. He is not married and when I lived in my country he lived with me. Now he lives by himself. I invited him here to stay when Melanie was 2 but he said “no life here.” Ethaniel liked my brother and also my nephew (who is same age as me). Ethaniel was a different man in my country.

F: Which parent influenced you most and why?
C: when I was 10 years old dad passed away. It was very painful. Dad was a very good man, very placid. We lived separate as dad on farm and mum in city so kids could go to school. Weekends at farm and he watched us play. Dad say to mum never smack as these are babies. Said to mum I am going away on a long trip. I’m tired. Mum said good idea. He passed away just after that. I think he knew as he said to mum you look after the girls.

Mum never remarried. She used to take us three out (Katrina & her brothers) and go dancing etc. it was very friendly lots of younger ones there. Mum brings you up makes you feel good. Learnt form mum to love life. Mum has enlarged heart and high blood pressure.

I am upset with me. Like to do more. Look after myself, need to do.

Interview 2 with Katrina
10/11/04 C and D

Katrina
Tristan has started at new preschool today. It is his first day he went OK.

1. Significant events of childhood
When I was 10 years old dad passed away. It was very painful. Dad was a very good man, very placid. We lived separate as dad on farm and mum in city so kids could go to school. Weekends at farm and he watched us play. Dad say to mum never smack as these are babies. Said to mum I am going away on a long trip, I’m tired. Mum said good idea. He passed away just after that. I think he knew as he said to mum you look after the girls.

Mum never remarried. She used to take us three out (Katrina & her brothers) and go dancing etc. it was very friendly lots of younger ones there. Mum brings you up makes you feel good. Learnt from mum to love life. Mum has enlarged heart and high blood pressure.

I am upset with me. Like to do more. Look after myself, need to do.

2. What was it like growing up in your family?
Life very good, loved, big, if had problems all came together, This country is cold no spirit. I like it here now – more opportunity. Different in my country to borrow money you have to have property. Very dangerous, too much poverty. Go home when I have to. I miss my family. Would like to go every year but my family all go together or no one go. Last year went for three months as my mum was sick and I missed Ethaniel – he lost 27 kilos.

3. Describe all family members and their relationships with you and each other.
15 children, 11 alive. One died at 2 years old, 1 at 1 years old and one premature and one a miscarriage. All born and live in Argentina except 1 sister (younger sister) lives in Seven Hills and is married with 2 children 14 years and 7 months. Married Uruguay Australian man.

4. Who were you closest to?
5 boys, 4 girls. Sebastian in the middle (40 yrs) looked after me. Slept with me when he was little. Like a father to me. He is not married and when I lived in my country he lived with me. Now he lives by himself. I invited him here to stay when Melanie was 2 but he said “no life here.” Ethanial liked my brother and also my nephew (who is same age as me). Ethanial was a different man in my country. Close to both. When younger my third brother like my dad and brother in law like my dad. My niece and me the same age. Lots of dancing and cuddling. My mum looked after us, not remarry. I worked form 12 yrs doing babysitting to help mum. My mum is good when you are feeling very bad, she puts you in good spirits. Put you in the top again. Some people put you down all you speak is negative. Mum does positive and you say is true. Mum is so young. I look at mum and older sister and I say she is more younger. Older sister is 55 and mum is 77 and still she is so young.

5. Which parent influenced you most and why?
Mum brings you up makes you feel good. Learnt form mum to love life. Mum has enlarged heart and high blood pressure.

6. What is the communication like in your family? 7. How are emotions expressed in your family?
Talk and look at way needs to change.

8. How is conflict expressed/resolved?

9. What discipline methods are used?
Tristan he need it. Sometimes when tired I raise my voice. But usually go to his room (go to corner doesn’t really work). He cries and makes me upset. Then he stops he say “mummy I am OK” and he come out. I am very soft, Ethanial is harder.

Fay
What about when you were growing up?
Katrina
Mum and dad discipline very strict. Mum at 7 she taught me to sweep floor. Before no TV, this one is very bad. Kids don’t have imagination – you need to direct them. Mum tell me once and I do it in the right way, make bed, wash face, pack up breakfast things, no-one taught me this. Now kids say I need this one. When I am 4 I live in the farm near a river. Me and sister go everyday to play and father told us once he need watercress for his lunch. We had no watch but when we saw dad at 11 o’clock we get watercress for him. I helped my mother wash clothes. After play no toys I invent my toys with my sister. Used cans that mum had from cooking. Now totally different.

10. What were your experiences of school?
At school I was a good girl. Went from 6 yrs up to year 10. Finished when I was 17 as I was at night school as I worked from 12 to help mum. In my country school is for study not for lazy people. If you don’t pass you repeat. Repeat for three years then you have to leave school.

11. What are the significant friendships and relationships outside of your immediate family?
With my sister that lives here. Also with friend (20 years been friends) who is Melanie’s godmother. Talk to each other, she has no brother or sisters so we shared clothes etc. Ethanial is best friend here. Hard to make friends here – life is different. Too much competition. In my country you have something and someone has more you feel happy for them. Here lots of friends but they need something. Want him (Ethanial) for work. After he finishes job slowly slowly gone again. 1st year only had Ethanial and 2nd & 3rd years make friends. This has made me a little bit strong. Before get upset if didn’t say hello but now don’t care. I don’t like it because I become cold. More important my family. Before make more friends. For 3-4 years I cook make lots, put money into food to make people happy. Every Saturday my kitchen table (bigger than one that is there now) was covered in food for friends. But now don’t cook too much. Really only have one friend now – one of Ethanial’s.

12. In what ways would you chose to raise your child differently/the same as your parents? 13. What do you consider the role of a parent to be? 14. How did you decide to parent your child?
It is not a job it is second nature. Do automatically. I like this job. Become good. What can I do to make more better for them. Children more important. House is good but work for children as not little for long. Enjoy them. People want more – look for excuse when working and say it is “for my kid”. My mum not give nothing to me and I still love her anyway. This is what I want to teach my children.

(Ethanial had been talking about his mum & dad)
Joan says she works for her grandsons and I say not materials give them love. We say “this house is for us” (indicates the whole family) never say “this is for you”.

You want something you work hard for it. All the time I help my mummy (only 3 years when we were establishing her that I didn’t).

Lots of depression here – money comes too easy from centrelink. Makes you sick. Not like this in my country.

(Ethanial talking about values instilling in the children)
If at 12 Melanie changes it is time to move. Not so easy in my country.
(talking about hardest thing in parenting ie wants and needs) Life is not a competition. If a friend has this doesn’t mean you have to have it to. Your life is most important. It doesn’t matter if new or old you only change something if it needs to change. They both have a money box and any money they find goes into it. Melanie even put her tooth fairy money in it and then we went to the bank and banked it.

I work in the canteen and see lots of kids spending lots of money everyday. You don’t need canteen everyday.

17. When your child leaves CCC and goes to school what would you see as a success (how he would act, know, do)?
You respect yourself and you respect others. You don’t like this done to you then don’t do it. Help if you can. Teach them to be humble. Living and breathing more than this than lucky. If expectations aren’t so great than everything is easy. If my child not happy/change I take them out straight away no questions. I want my child to be happy.

18. Describe a typical day with your child
With Ethanial Sunday is family day. Breakfast together, do chores as a family. Depends on weather if we go out or stay home. Go to a park, have BBQ let steam off be energetic. Treats are icerink/bowling depending on budget. Trip to MacDonalds or Hungry Jacks to play in gym They don’t ask for food. Maybe give them a hash brown and they are so happy and say “Thankyou mummy”.

Typical day with mummy.
Chores, go shopping, cooking or washing. If at home on the bike. Playing and watching TV so I can sleep on couch. Sometimes meet friends for cup of coffee and he play by himself no problem.

I am upset with me. Like to do more. Look after myself, need to do.

Interview J: At house – Katrina, Tristan & Joan

F: Where did you grow up?
J: Italy, Argentina and then Australia. Grew up in Leichardt “little Italy”

F: Where do you work?
J: As a beautician in the city near town hall.
J: my schooling – very little. None in Italy, three years in Argentina and two years here (Australia). Age is only a number. I am 51 and had 7 children. Four are alive
30 (Ethanial), 28, 24 and 23 all boys. 24 year old lives with me all others are married and have their own houses. All are serious (not like me). 28 year old is in N.Z.

J: visited Argentina after trip where we met on a boat. Met on a boat trip in Brazil, we were both on holidays. We wrote letters and had phone calls. Then Tristan came over and look after me as I had cancer. Then she met him. I came through the door and said this is Katrina and Ethanial looked up and said hello and that was it. He was very cold then.

J: I came paying, she (Tristan) came paying. Some others come through the backdoor. Creates racism. People are scared now.

D Interview 1:
10/11/04, sitting in on C’s second interview
9. What discipline methods are used?
Some of our friends call us cruel. Our kids don’t have McDonalds everyday. My wife and I agree don’t give them wants but give them 10% needs. That’s important. They don’t need to fit in and that’s good as we know we’ve done our job. We still like to discipline more, but too busy not enough time, way overworked. They haven’t got my role model consistently. I see the children for 2 hours a day – how can I discipline and educate as you want to catch up and play? I say suffer now but will pay off later on. They call us old fashioned – I look at grandparents and parents and I don’t see as old ways but as normal. It is a 28 hours a day job growing children. Just can’t leave them anywhere. Sometimes help puts you backwards. We want them mentally stable, have self esteem and being loved. That makes the person who they are. It is very difficult as we could have a dozen but it is not the money it is the time. We want to bring two more people that are not so angry in the world. Too many angry people and I know as I ride a motorbike. I am doing lots of hours (works 6 days a week) to live, maybe help with education later on.

(Katrina talking about helping her mum)
You do something because you like to not because you will receive something.
(talking about centrelink)

Had friend over on weekend who was telling us about their friend who had a baby for the centrelink money (referring to the baby bonus). I said one I am offended and two not to see them or I won’t be your friend. That’s the new god – money. Hopefully we will avoid it by the values we are instilling now.

(Katrina talking about why you buy things)
Still like them to wonder. With the tooth fairy I find the shiniest $2 and Melanie goes mad because she thinks it is brand new. She asked whether Santa was real and I said to if you believe he is real. Melanie said she believed which was good.

(Katrina discussing canteen at the school)
But we do give her some money (20 cents so she can buy two pieces of watermelon) so that she is not out of the picture with her friends. Kids are cruel and we don’t want her picked on so that puts a bandaid on it.

17. When your child leaves ??? CCC and goes to school what would you see as a success (how he would act, know, do)?
Interaction with the other children. Figure of a teacher who says yes/no and tells them what they can and can’t do. Teach him for school (discipline). Listening skills and behaviour don’t seem to teach this. Use their hearing and interpret well (when listening to instructions). All childcare people I have spoken to said they didn’t understand this. I am a team leader at work and I see the need for understanding a directive and listening. Respect and discipline.

18. Describe a typical day with your child
Sundays is family day. Breakfast together, do chores as a family. Depends on weather if we go out or stay home. Go to a park, have BBQ let steam off and be energetic. Treats are icerink/bowling depending on budget. Trip to MacDonalds or Hungry jacks to play in gym They don’t ask for food, Maybe give them a hash brown and they are so happy and say “Thankyou mummy”. Fay

How many days do you work?
Ethanial
6 days. 5 for living (pay bills) and 6 day to have family money.
Appendix 17
Interview with M teacher and centre director

1. What do three to five year old children need for healthy development?
Secure in the centre.
Staff should take an interest in each individual and enhance each child’s development through observing them and seeing what their interests and needs are.
To be comfortable to come here, a home away from home and building up warm relationship with them. It is more than a job basically and would hate to think that the children felt that we were here just because of the job.
2. What are the benefits of early childhood settings?
First of all it is socialisation. For them to become more adaptive and flexible and help to give them skills for the future and there still maintain that important bond with their family but being able to feel confident and independent enough to break away from family.
Obviously for the kids – developing the program based on their needs but also for the parents to meet others and to start forming their own networks so it is an extension of their parenting.
3. What are the special or good things about this early childhood setting?
Parents can come in and feel really comfortable with us to come in and talk to us. Number 1 because their English is not so good so they are not so confident. We try to overcome that by making them feel comfortable when they are here and not making them feel silly because they can’t communicate what they want to say and for us to put strategies in place to help them communicate with us.
Fay: What kind of strategies would you use here?
We try and do a lot of it verbally with the parents and that in itself is a really powerful tool in building up relationships with the parents. Initially they might be quiet shy or they might have the confidence to do that but the more you get to know them the more you see them responding to that.
The way we have gone with the whole emergent curriculum philosophy its meeting the children interests and needs and it makes so much sense to be doing that – it so in the here and now and it is so much more meaningful to them. You can pick up on an interest and share it with the parents and they can then follow up it at home.
High turnover with parents studying so we need a personalised orientation. Has really helped. We also have a day where parents can get together before they even start classes to get to know other parents and us a bit. We have a couple parent evening each semester but is more informal than formal. Also do a play night where the families engage with the activities and play. Also have informal get togethers like the disco.
Emergent curriculum – the parents are showing a lot of interest in the documentation.

We are really lucky with the space we have because we are not running at full capacity. It is a luxury at the moment and it creates more options. (3 rooms – 29 children). We also have great ratios because it is a TAFE centre:
Under 2’s 1:5
2-3’s 1:5
3-5’s 1:7

How we work with the parents. The networks developed through things such as the family nights.

4. How do you work with the community to provide these things?
Lapstone preschool – assessments on children. It is our first port of call.
SUPS through Blacktown Council (they have multicultural resources, training for the staff and also offer hands on experiences in the centre.
Wentworth Area Health Service – they have a nutritionist (I liaise with quiet a bit especially for my NESB families with under 2’s) and speech therapist
Life start – work in centre/home with the child eg. autism
TAFE – directors meeting and staff development through the yearly conference and through being sent on workshops etc
Counselling service attached to TAFE for the families.
Library at Mt Druitt – we walk.
Occasionally go on excursions out of the centre and also have visitors to the centre eg fire, police, ambulance
We often walk around the TAFE and attend special events – free sausage sizzles.
Appendix 18

Katrina looking at the video:
19/11/04 Katrina and Tristan

1) What does Nathan need for healthy development?
We play have lots of laughter no problem. Tristan loves to swim and he just jumped in last year.
Tristan is more lazy. Melanie do it all the time by herself. Tristan he say “you do it mummy.”
Tristan loves to hammer – anything to fix – tools love them. Maybe he be a mechanic.
Riding his bike in the backyard. I’ll get a pergola one day – I wait.
Eating his lunch – spaghetti.
Tristan loves spiderman.
(Lady in the mall) No we don’t know her – she just works there – Tristan talks to lots of people.
2) What are the benefits of family living?
2) What are the special or good things about your family?
Tristan sleeps in Melanie’s room. He doesn’t like to sleep by himself. Ethanial say OK use his room for play.
I love Melanie – but I love him too.
3) What are the special or good things about your family?
Childcare
Tristan was very late in toilet training. My neighbour help me. It worked as he was very lazy. He was going 2 days a week to my neighbour and would take her son to school. I miss he as she moved to Newcastle.
Other
I work hard now for money to send for my mum’s doctor bills and to save for my study next year. (Talking about extra shifts she is doing at work at the moment)

I’ll continue him if he has no change. I like no change. He is a little bit scared so not 100% sure for me. Melanie is OK she likes going. Tristan says mummy I don’t like it. For me the hours are long (9 – 5) as he usually stays close to me. He kept asking what time I’m going? When is my dad coming? Ethanial says he seemed happy and was playing when he picked him up. (Talking about Tristan’ new centre he is attending 1 day a week and Melanie’s after school care).

I lost my third baby when I was 5 months pregnant so no more now.
Appendix 19

Eco map – 2nd family
Interview with Katrina
Discussing eco map 15th Nov
Strong connections
Ethanial
Joan
Childcare
Younger sister
Weak connections
Neighbours
TAFE – learning English
Stressful connections
Some friends – just want to use Ethanial for his work skills
Mum – being sick and in Argentina
Community – making me cold and not wanting to care
Appendix 20

Observations of Tristan:

T at centre
12 o’clock – 12.20pm
Tristan asked by teacher to pass book to her as they were going to read a story. He passed book to her and sat on cushion listening to story “The Crocodile Beat”. Some of the other children hopping up and down and being redirected etc but Tristan sat and listened to whole story. Tristan: ‘The lion’s fighting with the crocodile”
Teacher acknowledged his comment, repeated his statement and kept reading.

Next story: On your potty – he listened to whole story. During the third book another child sat on his cushion. He said “no”. Teacher intervened and Tristan got off his cushion half way through the story. Stood up but still listened as well as trying to pick up toys. He was redirected by his teacher. Mum came in and he ran straight to her at the door. Then went to playdough table, then to kitchen with mum and then left saying goodbye.

Tristan second ob at centre
at centre 10.30am 12 o’clock
Tristan wanted a balloon.
Teacher
Tristan go use your words and ask Tina (teacher) for a balloon.
Tristan
Went up to Tina and said can I get a balloon. Tina gave him one. He then came over to me (Fay) and said where is my bag? (he wanted to put a toy in it)
Fay
Go ask your teachers
Tristan
(to a teacher) he showed them his toy.
Teacher
You want to put it in your locker?
Tristan
Yes
Teacher
Opened door and watched him as he went to his room and put it in his bag.
Tristan
All children then went outside with their balloons. Tristan went up to the teacher I want some streamers. He waited while they were made. He asked for blue and then took streamers and ran around the bike path with some of the other children. Chased Jack saying I am going to get you. He then followed Jack to the dolphin. Then chased him again over the playground saying I am going to get you. It started to rain so all children came inside and the teachers put Hi 5 on and started up a circle dancing song game. Tristan just watched and was encouraged by the teachers but still didn’t participate just watched and then came and sat next to me.
Fay
Why are you sad?
Tristan
I wanted a bigger balloon. He then walked over to the stage and joined Jack who was playing on the cushions with the balloons. He then moved to the dramatic play area picked up a camera and pretended to take photos. The he moved to the gluing table and sat and watched Jack and Ethanial. He then came and sat next to me and talked about the watch he was wearing on his wrist. Its from here its pretend. Its taking lots of time to get to 10 o’clock. My mummy coming at 10 o’clock. Daddy likes big ones. He’s got muscles. Teachers set up a puppet show and made a semi circle in front of puppet theatre. Tristan wouldn’t sit down until I came with him. He smiled during the show.

Stayed for about 10 mins then came back to me and said I want to eat I am very hungry. He then went to the bathroom and washed his hands and then went back to the group time. He listened to cheeky monkeys and when Tina snapped him and he had a big grin on his face. He stood and watched the others get snapped and grinned. He then went to the cutting table. Looked at the photos and then moved to the where the babies were eating.

Teacher
He was redirected to group time.

Tristan
He then moved back to the eating table (where the babies were eating) and again redirected to group time. Julian sat next to him and they laid down on the snake. Sat up and watch Gallump being sung. Then he laid down again. Tina directed all children to lay down and begun to sing “little bunnies.” He participated for all animals (bunnies, tigers, lions, kangaroo, crocodiles) but wouldn’t make the noises. He then walked over to me and sat down again. He was yawning (seemed tired) and said I want to eat.
Fay
It will be lunch time soon.
Tristan
One of the children came and showed me a toy. Tristan said I want a turn three times and the last time said please. The boy wouldn’t give him a go. Are you hungry? (asking me Fay)
Fay
I am tired are you?
Tristan
No and then he went and sat at the table for lunch. Opened up his straw for juice and then he ate lunch and moved to snake and played and then went and got a balloon off the shelf and played with it.

Tristan fourth ob at centre
9am 11/30 at centre
Tristan
Tristan is outside with a plastic hoop playing by himself. He is throwing it up. States to teacher (Melissa) I drink coffee with my mummy I like coffee.
Melissa
I don’t think you drink coffee.
Tristan
Yes I do. Then says to teacher (Melissa) I want a bike.
Melissa
Reminds him about his manners and then they walk off together towards the shed where the bikes are kept.
Tristan
He came out riding a bike (Jack also had one). He rode it easily. Melissa came out with the trampoline he followed her to where it was being set up and asked for a turn.
Melissa
It is Rachel’s turn first as she asked for it.
Tristan
Waited for his turn. He had a jump and then went to the end of the line. Waited for about a minute and then ran off to the bikes, jumped on and rode around on it. Approached me (Fay) and said this is big one but the babies can’t ride. He then found a ruler and took it to Melissa.
Melissa
What should I do with it?
Tristan
I don’t know. Tristan then went off and played with the hoops. He laid then down and hopped through them like a hopscotch game. Heard a plane above and yelled there is a plane. Other children and teachers watched the plane. He then said to Melissa I want to make an aeroplane please
Melissa
What do you need?
Tristan
Hammer, nail, glue (putting his finger to his mouth while thinking about the answers)
Melissa
What else
Tristan
Uumm bang it walls.
Melissa
Very good, nearly we need wood.
Tristan
He then followed her inside (so did several other children) and went to hammering table. Melissa helped him pull the nails out of the wood. He then hammered away for about 10 mins. He then found a yo yo and looked at it with another child. Then he found a blow pipe with a ball in it (you blow gently and ball rises).
Melissa
Tristan share that toy with the others.
Tristan
Nope I want to take it to my house (he also did this with the textas earlier on with me placing them all in his hands and not letting the other children use them).
About 5 mins later forgot about blow pipe put it down and went back to the hammering table for about 15 mins. Looking for more wood and nails and working independently on his plane only asking for more nails.
Appendix 21

ECERS-R Scale

Service B

Legend

- Activities
- Interaction
- Language reasoning
- Parents and staff
- Program structure
Appendix 22

QIAS Validation report: Accreditation Principles

Quality Area 1: Relationships with children
Principle 1.1: Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way
unsatisfactory  satisfactory  good  ✓ high quality

Principle 1.2: Staff guide children's behaviour in a positive way
unsatisfactory  satisfactory  ✓ good  high quality

Quality Area 2: Respect for children
Principle 2.1: Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity
unsatisfactory  satisfactory  ✓ good  high quality

Principle 2.2: Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child
unsatisfactory  satisfactory  good  ✓ high quality

Principle 2.3: Staff treat children equitably
unsatisfactory  satisfactory  ✓ good  high quality

Principle 2.4: Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction
unsatisfactory  satisfactory  good  ✓ high quality

Quality Area 3: Partnerships with families
Principle 3.1: Staff and families use effective spoken and written communication to exchange information about individual children and about the centre
unsatisfactory  satisfactory  good  ✓ high quality

Principle 3.2: Family members are encouraged to participate in the centre’s planning, programs and operations
unsatisfactory  satisfactory  good  ✓ high quality

Principle 3.3: The centre has an orientation process for all new children and their families
unsatisfactory  satisfactory  good  ✓ high quality

Quality Area 4: Staff interactions
Principle 4.1: Staff communicate effectively with each other and function well as a team
unsatisfactory  satisfactory  good  ✓ high quality

Quality Area 5: Planning and evaluation
Principle 5.1: Programs reflect a clear statement of centre philosophy and a related set of broad centre goals
unsatisfactory  satisfactory  good  ✓ high quality

Principle 5.2: Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child
unsatisfactory  satisfactory  good  ✓ high quality

Principle 5.3: Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners
unsatisfactory  satisfactory  ✓ good  high quality

Principle 5.4: Programs are evaluated regularly
unsatisfactory  satisfactory  good  ✓ high quality
Quality Area 6: Learning and development
Principle 6.1: Programs encourage children to make choices and take on new challenges
unsatisfactory satisfactory good ✓ high quality

Principle 6.2: Programs foster physical development
unsatisfactory satisfactory good ✓ high quality

Principle 6.3: Programs foster language and literacy development
unsatisfactory satisfactory ✓ good high quality

Principle 6.4: Programs foster personal and interpersonal development
unsatisfactory satisfactory good ✓ high quality

Principle 6.5: Programs foster curiosity, logical inquiry and mathematical thinking
unsatisfactory satisfactory good ✓ high quality

Principle 6.6: Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression
unsatisfactory satisfactory ✓ good high quality

Quality Area 7: Protective care
Principle 7.1: The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child
unsatisfactory satisfactory good ✓ high quality

Principle 7.2: Staff supervise children at all times
unsatisfactory satisfactory good ✓ high quality

Principle 7.3: Toileting and nappy-changing procedures are positive experiences and meet each child’s individual needs
unsatisfactory satisfactory good ✓ high quality

Principle 7.4: Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort
unsatisfactory satisfactory good ✓ high quality

Quality Area 8: Health
Principle 8.1: Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted
unsatisfactory satisfactory good ✓ high quality

Principle 8.2: Staff implement effective and current food-handling standards and hygiene practices
unsatisfactory satisfactory good ✓ high quality

Principle 8.3: Staff encourage children to follow simple rules of hygiene
unsatisfactory satisfactory good ✓ high quality

Principle 8.4: The centre acts to control the spread of infectious diseases and maintains records of immunisation
unsatisfactory satisfactory good ✓ high quality

Quality Area 9: Safety
Principle 9.1: Buildings and equipment are safe
unsatisfactory satisfactory good ✓ high quality

Principle 9.2: Potentially dangerous products, plants and objects are inaccessible to children
unsatisfactory satisfactory good ✓ high quality
Principle 9.3: The Centre promotes occupational health and safety
unsatisfactory satisfactory good ✓ high quality

Quality Area 10: Managing to support quality
Principle 10.1: Management consults appropriately with families and staff and written information about the centre’s management is readily available to families and staff
unsatisfactory satisfactory good ✓ high quality

Principle 10.2: Staffing policies and practices facilitate continuity of care for each child
unsatisfactory satisfactory good ✓ high quality

Principle 10.3: Management provides an orientation program for new staff with a focus on the centre’s philosophy, goals, policies and procedures
unsatisfactory satisfactory good ✓ high quality

Principle 10.4: Management provides and facilitates regular professional development opportunities for staff. (National Childcare Accreditation Council, 2001)
unsatisfactory satisfactory good ✓ high quality

1.2, 2.1, 2.3, 5.3, 6.3, 6.5, 6.6, = good quality
28 = high quality
Appendix 23

Interview with Lucy

1. Significant events of childhood
I was the baby of 4. My siblings were 17yrs (Bruce), 10 yrs (sister) and 8 ½ years (brother older than me. Mum married three times. Her first husband died 3 months?!!! And second husband died 4/5 years old. When I was 11 years old mum left my dad as he was violent to her and an alcoholic. So it was mostly mum, my brother and me. We lived in oak flats, then Loftus when I was 11 and then around here (Peakhurst). Mum died 14 years ago – she was 71.

2. What was it like growing up in your family?
I had a hard father so home was tough. I loved school. We went to the local Methodist church. I went to Sunday school and remember it as fun – singing songs and playing in the sand tray.

3. Describe all family members and their relationships with you and each other.
Mum died 14 years ago aged 71. siblings – eldest brother, than sister, than brother than me. My sister is who I have most contact with and the brothers float in and out. My sister is in Cronulla.

4. Who were you closest to?
My mum. My brother was 8 ½ years older than me and my sister left home when she was 16 years old.

5. Which parent influenced you most and why?
Mum was my significant parent. Dad was violent and abusive and gone from when I was 11.

6. What is the communication like in your family?? 7. How are emotions expressed in your family?? 8. How is conflict expressed/resolved?
For 11 years there were a lot of slamming doors etc. once he left mum said no more arguments or raised voices and we never argued again.

9. What discipline methods are used?
Mum only hit me once. There was not hitting or door slamming etc after dad left. My mum was very good at the emotional threats saying things like “You promised me.”

10. What were your experiences of school?
I loved school. I went to the local primary school in Loftus and then here at Penshurst and high school at St George, Kogarah. Lucy studied teaching at Waverley College (Sydney Kindergarten Teachers College).

11. What are the significant friendships and relationships outside of your immediate family?
Friends from school and college (uni) days. New friends through the primary school. There are 8 families who swap/ network with and have afternoon teas with.

12. In what ways would you choose to raise your child differently/the same as your parents?
Providing a solid base in which they feel good about themselves. Everything springs from that. To make sure the house is a safe place to be (not my upbringing). Feel confident and know that we will be there – that they are safe, loved and cared about.

13. What do you consider the role of a parent to be?
Providing a solid base in which they feel good about themselves. Everything springs from that. To make sure the house is a safe place to be (not my upbringing). Feel confident and know that we will be there – that they are safe, loved and cared about.

14. How did you decide to parent your child?
I'm trying to teach him that he does need to recognise that it is his responsibility.

15. What do you think are some of the important things to pass on to your child?
Patience, respectful, tolerant, self reliant, humour. Feel loved and wanted. The ability to love. Good solid group of friends and adults around the.. The ability to attract people to them rather than repel them.

16. What are the difficult aspects of parenting to you?
It affects the whole family because if Reg can’t do it we have to decide whether I do it with the boys or not and we have to way up the boys needs. The van is helping with but spontaneity doesn’t always happen. For instance when Reg was in hospital at Christmas time we went to Darling Harbour for the night. I couldn’t do that with Reg as we have to book way ahead for a disabled suite etc. It is a shock going from early childhood to parenting. Also the absolute constancy of it because Reg is in the wheel chair I single parent (not emotionally) but physically I have an extra child to attend to physical needs. I have to dress Reg etc. there is no respite – I can’t have a cup of coffee with a girlfriend, read a book etc. Also have the added quandy of parenting a 23 year old. He is an adult but is living in a family home where there are expectations and this can impede on us.

17. When your child leaves ??? CCC and goes to school what would you see as a success (how he would act, know, do)?
The socialisation part. How to get on with people, learn to be in a group and a hunger to learn and get information. Nathan has been at the centre since he was 8/9 months old. Has been saying “I don’t want to go there – it is boring.”

18. Describe a typical day with your child
Having a child already in the school system I want them to be different but then I also want them to conform. Don’t cause waves, the stuff that goes on in schools, the politics etc
I would have liked him to go to learning links (a program for children with special needs) so that he would understand that his father was not the only person with a disability. But it was a preschool and wasn’t going to work with work hours so we chose community based centre instead and it had children with disabilities. I am always talking to Kelly (the Director) what is happening with Reg so they can understand his behaviour. His behaviour goes up and down like most three year olds.

19. Describe a typical day with your child
He gets up in the morning and has breakfast. He gets dresses. He can do this himself but sometimes he asks for help (having Reg has made them independent as I am busy with him. But sometimes he’ll flip back and want help.) 8/8.30am he goes to childcare and 5.30/5.45pm I pick him up. We come home and have dinner, play and bed. On Monday and Friday (not childcare days) we drop Simon off at school and could stay at home and do housework, or cook, or go to the shops, or go visit someone etc. After we pick up Simon from school Nathan will get dragged to soccer training, drama class etc. Simon and Nathan spend a lot of time together playing and have a typical love/hate relationship – true brothers.

Lucy

Simon – “don’t get angry mum it is his brain”. Describing how they had driven out to uni (to many campuses trying to find the right one) as Reg thought he needed to re enrol at uni. Lucy found admin place and was told he didn’t need to enrol in person and came back to the car upset and frustrated.

Reg
I don’t think it is much fun to have a dad in a wheel chair.

Fay
Have the boys said this – why do you think this?

Lucy
Sometimes they say it is not fair because of what they can’t do. They say things like “It’s not air mum” “Why can’t dad be here”. Simon is finding it harder because he has more exposure to dads now he is at school. His world is widening.

Lucy

I would have liked him to go to learning links (a program for children with special needs) so that he would understand that his father was not the only person with a disability. But it was a preschool and wasn’t going to work with work hours so we chose community based centre instead and it had children with disabilities. I am always talking to Kelly (the Director) what is happening with Reg so they can understand his behaviour. His behaviour goes up and down like most three year olds. I tell them (Simon and Nathan) a lot of stuff. The boys need to know about the adults and what is going on and childcare is much more open to that than the school. I know about the staff in the child care centre but at Simon’s school I don’t.

Other

## Reg and Lucy met while both working for DoCS in a residential day care child protection program and then for the Wiley Park Community centre.

## Lucy is currently working for the benevolent Society – project manager for Play Pals.

## From when Lucy and Reg got married Tristan & Frank spent every second weekend with them. Craig moved in full time when he was 18 and then moved to Wagga for uni when he was 20. he is still back in the holidays. Frank has moved in full time now and was staying 5 nights a week before that. They are both a big part of Nathan and Simon’s life.
Interview with Reg

1. Significant events of childhood
I remember the tidal pool in Georges River. We would build poles into the mud with dad. When I was seven we moved to Kogarah Bay/Sylvania. It was a great place to grow up. I had a pool and dad used to take us out the back and say let's go fishing. He would give each of us a stick and we'd go around stabbing the leaves in the backyard. What a great way of dad getting us to clean up. I was four years old when my sister was adopted. I remember telling the nuns at school that my mum was having a baby tomorrow and I got into trouble. Well the next day we brought her in. I have two older brothers, then me, then my sister Kerry. Married my first wife at 22 and had Frank and Craig.

2. What was it like growing up in your family?
Mum was amazing. She was very tolerant and a stay at home mum. Dad had his own dry cleaning business. We had a catholic up bringing – attending catholic schools etc. dad became very anti church later on.

3. Describe all family members and their relationships with you and each other
Dad died 5 ½ years ago and mum died 18 months ago. Two older brothers (John and Mike) and younger adopted sister Kerry. John is who I have most contact with and am closest to now. I have rediscovered/created a relationship with John. Mike has taken a backwards step (lives in Elanora Heights) and John has stepped in as he doesn’t have his own family. Mike and John don’t have a relationship. Mike has 4 kids ranging from 25 down to 20.Kerry lives close but she has MS as well and we don’t see her much. She is not in a chair but is in the early stages of dementia and she has always been a little odd.

4. Who were you closest to?
My brother Mike. John left for Mittagong when he was 12 to become a teaching brother. He did this for a few years.

5. Which parent influenced you most and why?
My dad. Mum didn’t have self-confidence and she always deferred to dad. Dad was delightful, bigger than life and I idolised him. Mum was the quieter mouse type.

It was around the dinner table. Very political, opinions voiced. We yelled and sort of vented our opinions and then got on with it.

9. What discipline methods are used?
I remember Kerry being beltied for wetting the bed. It was very odd as my parents never hit us kids for anything. I don’t remember it being a strict place. For instance my parents were very supportive of me when I decided to get a divorce from my first wife and I thought they would disapprove.

10. What were your experiences of school?
I enjoyed my catholic education. I went to Marist Brothers at Kogarah and remember being so proud to be in charge of the cadet’s cup. When you were in charge of the group you get to salute with the sword. Reg did a psych dip ed, then a masters in counselling and child protection and is now completing a masters honours thesis called “Beating Burnout.”

11. What are the significant friendships and relationships outside of your immediate family?
Sue (a uni mate) and her husband Main are close friends. Lucy – we have been married for 10 years. Pat and Joel (friends with my first wife). They used to live in Tamworth but have just moved back to Sydney. I went to school with Pat.

12. In what ways would you chose to raise your child differently/the same as your parents?
We don’t spank him. I am not as active with Nathan as my dad was with me because of the MS. Dad would always take us surfing. I can’t do hat with Nathan, nor swim. Craig and Frank and John do the active stuff with him. He has lots of male adults doing that. I was in the chair when Nathan was born so did more with Simon and cared for Simon when he was three. I never changed Nathan’s nappy. Reg’ role is bed time although he did have Nathan for 45 mins yesterday while Lucy did the grocery shopping. This is the most he has had him without someone else being around.

13. What do you consider the role of a parent to be?
Modelling their care and concerns. Making sure they show each other care and to other kids. Have seen it with the four kids – it is not too early to learn about self discipline. This is an incredibly important gift.

Fay- what do you mean by self discipline?
Getting them to stop and wait.

15. What do you think are some of the important things to pass on to your child?
Patience, respectful, tolerant, self reliant, humour. Feel loved and wanted. The ability to love. Good solid group of friends and adults around the,. The ability to attract people to them rather than repel them.

16. What are the difficult aspects of parenting to you?
The physical aspects – I’m missing out on not doing it.

17. When your child leaves ??? CCC and goes to school what would you see as a success (how he would act, know, do)?
Like themselves but not be obnoxious.

18. Describe a typical day with your child
He gets up in the morning and has breakfast. He gets dresses. He can do this himself but sometimes he asks for help (having Reg has made them independent as I am busy with him. But sometimes he’ll flip back and want help.) 8/8.30am he goes to childcare and 5.30/5.45pm I pick him up. We come home and have dinner, play and bed. On Monday and Friday (not childcare days) we drop Simon off at school and could stay at home and do housework, or cook, or go to the shops, or go visit someone etc. After we pick up Simon from school Nathan will get dragged to soccer training, drama class etc. Simon and Nathan spend a lot of time together playing and have a typical love/hate relationship – true brothers.

Reg
I don’t think it is much fun to have a dad in a wheelchair.

Fay
Have the boys said this – why do you think this?

Lucy
Sometimes they say it is not fair because of what they can’t do. They say things like “It’s not air mum” “Why can’t dad be here”. Simon is finding it harder because he has more exposure to dads now he is at school. His world is widening.

Reg
Sometimes I am tempted to give up and become totally dependent on Lucy. Sometimes I just do and you’ve got to fight it – it’s hard.

Other
### Reg and Lucy met while both working for DoCS in a residential day care child protection program and then for the Wiley Park Community centre.
## From when Lucy and Reg got married Craig & Frank spent every second weekend with them. Craig moved in full time when he was 18 and then moved to Wagga for uni when he was 20. he is still back in the holidays. Frank has moved in full time now and was staying 5 nights a week before that. They are both a big part of Nathan and Simon’s life.

## Simon – “don’t get angry mum it is his brain” Describing how they had driven out to uni (to many campuses trying to find the right one) as Reg thought he needed to re enrol at uni. Lucy found admin place and was told didn’t need to enrol in person and came back to the car upset and frustrated.
Appendix 25

Interview with M - teacher
Nathan’s teacher, 15th February 05

1. What do three to five year old children need for healthy development?
   Love and support of their parents.
   An attentive and stimulating environment where they are free to explore and play. Lots of interactions and development of language.
   Allowed to follow their interests.
   Offered a variety of different experiences.

2. What are the benefits of early childhood settings?
   Experience different things to the family.
   Trained staff who know what is important for children’s development.
   Guide the children’s interactions with their peers – help them develop social skills and how to interact with other children.
   Gets them used to being away from their parents and prepares them for school.

3. What are the special or good things about this early childhood setting?
   Following the children’s interests – we don’t force them to do anything.
   Support and extend them.
   Good staff: child ratios which gives us the time to spend with the children in interactions.
   Lots of different things to choose – a variety of learning centres.
   Opportunity for people to come from the outside eg the reptile man.

   The parent resource program – offers support for families and give us time off the floor.
   There is a good mix of staff and we work well together. We complement each other and many have been here a long time. We use our strengths, eg Kelly gets us to share things at staff meetings. Kelly is a really good director and it makes a difference when you have good management. Allowing Kelly to be non teaching makes a big difference.
   The organisation supports staff – there are lots of opportunities to attend workshops and professional development which affects the way we interact with the children.

4. How do you work with the community to provide these things?
   We out on information nights and workshops.
   We have links with the community centre so we can refer families.
   We do little visit into the community eg library weekly plus they come and visit us.
   We have people in form the community – police/fire brigade/dental nurse.
   We have the parent program which runs workshops for families and we offer scholarships for parents who not be able to attend the centre otherwise.
   We meet with the parents every 6 months to set goals. We have extra staff members to cover that through the program.

Describe Nathan
   Good strong friendships
   Good social skills – able to ask for help
   Can get anxious/emotional about what is going on in the home
   He is cluey – has a good memory
   Is interested in dinosaurs
   He loves books – goes and selects them after group time to read
   Settled well into our room – he is comfortable and independent
   He had a group of his friends move up with him
   Lucy mostly picks him up, occasionally Frank (Nathan’s bog brother) and I only speak to Reg on the phone – I have never met him.
Appendix 26

Interview with K - Director

centre Director – , 10th March 05
1. What do three to five year old children need for healthy development?
Stimulation
Consistent environment
Educators that facilitate their interests
Safe environment
Balance of activities – quiet, noisy, indoor, outdoor.
2. What are the benefits of early childhood settings?
Social interaction
Children exposed to a diversity of people – adults and children and both personality and culture.
Learn through play
Stimulation outside the home.
3. What are the special or good things about this early childhood setting?
Really inclusive centre – both for children and adults. There are a range of people with different backgrounds.
The benefits of two playgrounds – the children are able to explore their own space safely.
Very family friendly – open to their input and sharing on a daily basis. Families share experiences, write in journals, through committees, joining in activities, fundraising/social events.
We are also run parents courses.
4. How do you work with the community to provide these things?
We run parent sessions – advertise in the local community – local shop, GP, early childhood clinic.
We run play in the park every Wednesday, which is an informal playgroup for families.
I attend lots of different agency meetings to best support families and the community.
We are setting up a playgroup with the community centre, which will be run out of the Jefferson centre which is at the bottom of the high rises. The Federal Project – Childcare Links, funds it.
We have a scholarship program for parents who don’t usually access childcare because of cultural or financial issues (as long as they are on 100% CCB they receive childcare for $5 a day.)
Appendix 27

Reg and Lucy - the video

1) What does Nathan need for healthy development?
Food, housing, safety, love, limits, variety of safe people, some freedom to explore, challenges, people to care about.

2) What are the benefits of family living?
Support, love, people that really understand, safety, emotional safety is really important. Extended family for extra supports and friends are an extension of that. Although "blood is thicker than water"

3) What are the special or good things about your family?
The way we discipline. Tolerance and our humour – they go really closely together with the disability. Reg states, "I can’t get cross with her (Lucy) because she makes me laugh." Lucy states, "The boys learn different things because of the disability – especially to wait (this can be good and bad). Also that life doesn’t always go the way you want it to but you can get through it, around it." Reg: "Sam has worked out not to be angry with me."
Fay: you seem to have a lot of people over etc in the video.
Lucy: yes we do lots of entertaining. We do have people over here more because of Reg’ disability. The boys have a lot of connections with people. They are doing stuff with their big brothers.
Reg: I can’t do as much because of the disability.
Also some people can experience different things that we may not be able to do or want to do, like camping, going to the beach.

4) What community resources do you access to support you in raising Nathan?
Childcare is the main one.
The local GP is great, they know the family well. They look at the family as a whole. For instance when they were looking for extra family help for Kerry (Reg’ sister with MS) our GP said no Lucy can’t do it. I know I can use them in a medical way. The hospital is an add on and the early childhood clinic not so much now – more with Simon than Nathan.
Friends – picking up Simon from school and looking after the boys if needed.
Noel (home help) helps Reg but that helps me (Lucy) because I needed to focus on the boys more in the mornings.

Nathan has had lots of medical interventions since he was born. He had kidney reflux at 3 weeks of age. He was on antibiotics for this and he was tested every 6 months to see if it had changed. At 2 years he had an operation – his urethra was replanted into his bladder. It is usually genetic so we had to have Simon tested when Nathan was diagnosed. It was a stressful time when Nathan had the operation as Reg was in hospital with a broken foot and his mum was in another hospital dying.
Nathan has snored for a long time – it got worse and worse and he has sleep apnoea. The tests at hospital show that he ahs to have his tonsils and adenoids out. He has large tonsils but has never had tonsillitis. Reg (watching the video during sleep tests) He was so calm. Lucy “he was just fabulous.”
His development is fine.
He also has a slight stigmatism in his eye, which was diagnosed in October. He wears glasses but keeps braking them

History of relationship
We got married in 1994 and about 6 months after that Reg was diagnosed with MS. Had Simon in 1997 and Nathan in 2001. We waited a while before we decided to have a second one.
Lucy: I wanted more than one – I knew it would be difficult but I didn’t know it would be that hard. Simon had his two bigger brothers but they were closer in age and had each other and we wanted him to have someone closer to his age as a support.
Reg always wanted another one.
Appendix 28

Eco Map

Interview with Reg & Lucy
Discussing eco map 14th Feb

Strong connections
The most supportive connections in terms of being able to help out regularly are the P gang (drop off and pick up from school, sleepovers, afterschool and weekend catch ups and are there as constant support when needed); John (Reg’s brother who does a lot with the boys) and Helen & Dennis (Lucy’s sister & brother in-law who also help out etc with the boys). Other constant connections are Craig and Frank (Reg’s sons from previous marriage), Noel & Molly (Reg’s carers who are at the home most mornings to help him get ready which frees Lucy up to spend more time with Simon & Nathan; neighbours – both sides who help out with putting garbage out, odd jobs around the house eg garden etc); childcare centre fro Nathan & Debbie (Lucy’s best friend)

Weak connections
Michael and Anne (Reg’s brother), extended family (both sides); Bruce & Barb (Reg’s friends); Keith (Lucy’s brother); uni/college friends; sue & man (Reg’s friends).

Stressful connections
Kerrie (Reg’s sister who also has MS and is in first stages of dementia.
Appendix 29

Observation of Nathan
At centre 02/02/05
Nathan
Nathan was playing in the outdoor equipment with his friend James. Nathan had a stick and James said 'can I have a turn?’’ Nathan said “yes”. He played with it for a few more minutes and then passed it to James. Fabian joined the play singing songs about crocodiles and saying it was Nathan. Nathan laughed.

A little girl approached Nathan and showed him her special box she had brought in from home. Nathan had a look and then James said “give it to me.” She said “no” and went away.

The three boys pretended to fall off the equipment yelling out “help me.” And then leaning back and pulling each other back in. Nathan said, “No, I am in the water” and he fell out and was yelling “help me.” Fabian pulled him back in and James left the play and Nathan continued to play with Fabian. James returned to the play a few minutes later. He was laughing and then the little girl returned to the play to talk to Nathan and show him the box again. Fabian and James gathered around and then they went back to playing on the equipment and pretending to fall out etc. James then passed the stick to the other boy and Nathan said, “after your turn it is my turn.”

15 mins later they all ran off chasing each other and then came back to the climbing structure. The girl came back and they tried to open her box.

Inside
After 30 mins outside the three boys came inside and went to the interest table, which had dinosaurs and nature items on it. Nathan was looking at the dinosaur book with Fabian who was leading the play and directing what pages etc they were looking at. He then left the book and walked up to me and gave me a big cuddle and then moved into the book area where Fabian had gone to and sat next to him on the couch and looked at another book together. Fabian was reading the book to Nathan and they were both laughing. The little girl and James joined them on the couch. Fabian kept grabbing Nathan (when he was distracted or talking to the other two) and redirecting him back to the book he was reading. Nathan said to Megan (his teacher) “I like that story.” He then got off the couch and went to Megan and said, “What is that?”

Megan
Megan said “that is a power ranger.”

Nathan
He got back on the couch and then ran over and gave me a cuddle and then went back to the mat that had small dinosaurs on it and began to play by himself. After 1 min he went over to a group of children with a big cardboard box and then moved back to the couch with the boy and played with a large figurine. Fabian had a dinosaur and Nathan then went to a toy box and came back and said, “I’ve got one too.” (He held up a dinosaur). James kept trying to enter the play but Fabian kept saying “don’t do that. go somewhere else.” They then all played in the reading area but by themselves. Nathan picked up the book they were looking at earlier and Fabian said, “do you want me to read that?” Nathan said “no” and yanked back the book off Fabian. Nathan began to read it saying “spider” and then he read it with the help of Fabian. Nathan than began to roll around so Fabian took the book back and began to read it himself. Nathan began to play with the figurines – making them talk to each other on his knee. He came and gave me another cuddle and went to mat and looked at another book on transport. Megan said “it is pack away time.” So Nathan closed the book and started to talk to James and played with the power ranger figurine. He then went into the locker room.

Megan
“Nathan come back into the room.”

Nathan
Nathan came back into the room and said to Megan “I am putting this in my locker” and then turned to James and said, “that’s yours and this is mine.” He went back to the locker room and kept playing with the figurines. He then came out and gave me a cuddle and then went back to locker room as James was still in there. (30 mins)

Group time
(Group time went for 30 mins)
Nathan sat at the back of the group with James and Fabian. He did the actions to the songs being sung and was laughing and enjoying himself. Then half the group were asked to wash their hands and the other half (Nathan’s group) were having group time. Nathan followed the directions from Yoko (teacher) sitting on the mat, doing the actions to open shut them etc.

Yoko
Yoko directed the group “cross your legs”

Nathan
Nathan yelled out “I’m crossing my legs.” Anthony took a while to settle (had just been dropped off etc) and Nathan waited while Yoko settled him in and sang baa baa black sheep.

Yoko
“Nathan which song would you like to sing?”

Nathan
“Jingle bells.”

Yoko
Can you sing it?

Nathan
“Yes” and then he sang it. He also sang twinkle twinkle little star and he watched Yoko when open shut them was sung.

Yoko
We are reading we are going on a bear hunt.

Nathan
Sat still while Anthony got back up and interrupted group to tell Yoko about cats and dogs. Once Yoko began to read the book Nathan sat and listened and said some of the words during the story. Anthony picked another book “Duck in a truck” and Nathan sat still, yawning and watching the front.

Yoko
Nathan cross your legs.

Nathan
Nathan followed Yoko’s instructions.

Yoko
What happened to your glasses?

Nathan
I don’t know and then sat and watched and listened to the story.

Yoko
My turn to talk. Other people….
Nathan
Listen.
Yoko
Very good Nathan.
Nathan
Nathan began to play with his show lace but was still looking at the book.
Yoko
Talking about the book she asks, “what is he going to do?”
Nathan
Pull the truck out. Mia and Nathan quickly look at each other and the look back at the book.
Yoko
Now it is time for lunch. Yoko called out their names one at a time to go the bathroom to wash their hands.
Nathan
When his name was called out he hopped up came and gave me a cuddle and went to the bathroom to wash his hands for lunch. He sat next to James for lunch and waited for his lunch to be served talking to James. Nathan said to me “sit next to me. Are you going to eat lunch with us?”
Fay
No
Nathan
Why not?
Fay
Because I am going to go home and eat my lunch soon.
Nathan
It smells delicious (talking about the lunch).
Yoko
Nathan what would you like – spoon or fork?
Nathan
Both. He then got his lunch and sat down and begun to eat it. He then said “James keeps dropping his food on the floor.” “I want some more.” He got up and was served some more and said “thankyou.” To James he said, “I did a burp.” Once he finished he took his plate to the tray and scraped it. He then came over to me and showed me his shorts and said “I’ve got lots of pockets so I can out toys in there.” He then got his dessert and finished his fruit and yoghurt and then put his bowl away and went to the bathroom with James.

Nathan
Observations of Nathan during interview with parents.

Nathan born 1 June 2001. (3.5 years old during research).

Whilst mum and dad were being interviewed by me (1.5 hours) he played by himself, sat with mum reading a book and played a chasing game with older brother Frank.
Appendix 30

ECERS-R Scale

Legend

- **Activities**
- **Interaction**
- **Language reasoning**
- **Parents and staff**
- **Program structure**
Appendix 31

QIAS validation tool: Accreditation Principles

**Quality Area 1: Relationships with children**

- **Principle 1.1:** Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 1.2:** Staff guide children's behaviour in a positive way
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

**Quality Area 2: Respect for children**

- **Principle 2.1:** Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 2.2:** Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 2.3:** Staff treat children equitably
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 2.4:** Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

**Quality Area 3: Partnerships with families**

- **Principle 3.1:** Staff and families use effective spoken and written communication to exchange information about individual children and about the centre
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 3.2:** Family members are encouraged to participate in the centre’s planning, programs and operations
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 3.3:** The centre has an orientation process for all new children and their families
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

**Quality Area 4: Staff interactions**

- **Principle 4.1:** Staff communicate effectively with each other and function well as a team
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

**Quality Area 5: Planning and evaluation**

- **Principle 5.1:** Programs reflect a clear statement of centre philosophy and a related set of broad centre goals
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 5.2:** Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 5.3:** Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners
  - unsatisfactory
  - satisfactory
  - good
  - ✓ high quality

- **Principle 5.4:** Programs are evaluated regularly
unsatisfactory  satisfactory  good  ✓ high quality

**Quality Area 6: Learning and development**
Principle 6.1: Programs encourage children to make choices and take on new challenges
unsatisfactory  satisfactory  good  ✓ high quality

Principle 6.2: Programs foster physical development
unsatisfactory  satisfactory  good  ✓ high quality

Principle 6.3: Programs foster language and literacy development
unsatisfactory  satisfactory ✓ good  high quality

Principle 6.4: Programs foster personal and interpersonal development
unsatisfactory  satisfactory  good  ✓ high quality

Principle 6.5: Programs foster curiosity, logical inquiry and mathematical thinking
unsatisfactory  satisfactory  good  ✓ high quality

Principle 6.6: Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression
unsatisfactory  satisfactory  good  ✓ high quality

**Quality Area 7: Protective care**
Principle 7.1: The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child
unsatisfactory  satisfactory  good  ✓ high quality

Principle 7.2: Staff supervise children at all times
unsatisfactory  satisfactory  good  ✓ high quality

Principle 7.3: Toileting and nappy-changing procedures are positive experiences and meet each child’s individual needs
unsatisfactory  satisfactory  good  ✓ high quality

Principle 7.4: Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort
unsatisfactory  satisfactory  good  ✓ high quality

**Quality Area 8: Health**
Principle 8.1: Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted
unsatisfactory  satisfactory  good  ✓ high quality

Principle 8.2: Staff implement effective and current food-handling standards and hygiene practices
unsatisfactory  satisfactory  good  ✓ high quality

Principle 8.3: Staff encourage children to follow simple rules of hygiene
unsatisfactory  satisfactory  good  ✓ high quality

Principle 8.4: The centre acts to control the spread of infectious diseases and maintains records of immunisation
unsatisfactory  satisfactory  good  ✓ high quality

**Quality Area 9: Safety**
Principle 9.1: Buildings and equipment are safe
unsatisfactory  satisfactory  good  ✓ high quality

Principle 9.2: Potentially dangerous products, plants and objects are inaccessible to children
unsatisfactory  satisfactory  good  ✓ high quality
Principle 9.3: The Centre promotes occupational health and safety
unsatisfactory satisfactory good ✓ high quality

Quality Area 10: Managing to support quality
Principle 10.1: Management consults appropriately with families and staff and written information about the centre’s management is readily available to families and staff
unsatisfactory satisfactory good ✓ high quality

Principle 10.2: Staffing policies and practices facilitate continuity of care for each child
unsatisfactory satisfactory good ✓ high quality

Principle 10.3: Management provides an orientation program for new staff with a focus on the centre’s philosophy, goals, policies and procedures
unsatisfactory satisfactory good ✓ high quality

Principle 10.4: Management provides and facilitates regular professional development opportunities for staff. (National Childcare Accreditation Council, 2001)
unsatisfactory satisfactory good ✓ high quality

6.3 – scored good quality – rest high (34/35)
Appendix 32

Early Childhood Service D

Early Childhood Service D was located in the Eastern Suburbs of Sydney, which has approximately half of the population of Anglo Saxon descent (Community Relations Commission, 2003). The service is auspiced by the local council.

Early Childhood Service E

Early Childhood Service E was located in central NSW, in a large town with a population of 38,000. The town has a high percentage of people who are of Anglo Saxon descent (85%) (Community Relations Commission, 2003). The centre is auspiced by a large early childhood corporate organisation. The Director was a professional colleague of mine who was eager to participate in this phase of the study.

Early Childhood Service F

Early Childhood Service F was located in the Northern Beaches of Sydney. The Director was known to me as the service had been involved in other research projects both for the local university and for an early childhood non government organisation. In this area approximately 70% of the population is of Anglo Saxon descent (Community Relations Commission, 2003). The service is auspiced by an early childhood corporate organisation. The director agreed to participate in this phase of the study.

Early Childhood Service G

Early Childhood Service G is located in the inner west of Sydney, in a highly populated urban area that is culturally diverse. Nearly half the population speak a language other than English in the home (Community Relations Commission, 2003). The service is auspiced by a not for profit community owned organisation. A colleague of mine works for the organisation and she approached her manager to determine if the early childhood service could participate. The manager agreed to participate in this phase of the study.
Early Childhood Service H

Early Childhood Service H is also located in the Eastern Suburbs of Sydney. The service is a work based service and is auspiced by a large professional institution. I knew the Director through professional networks and she agreed to participate.
Dear,

Further to our recent telephone conversation I would like to provide you with more information about the research I, Fay Hadley, am undertaking for my PhD in Social Sciences at the University of Western Sydney, Bankstown. The study is titled, *Community cohesion: Analysis of several environments of three to five year old children (including the family and the early childhood setting). How do these different contexts impact on the child’s health and well-being.* This stage of the study is investigating what families and early childhood workers identify as being important for service delivery to 3 – 5 year old children.

I am hoping that your service can:

1) Distribute the “staff” questionnaires to all staff in your service who work with 3-5 year old children.
2) Distribute the “family” questionnaires to the families you feel will be comfortable with receiving the questionnaire who have a 3-5 year old child.

The parent and staff questionnaires come with a pre paid self addressed envelope. Parents and staff are under no obligation to complete the questionnaire. All questionnaires will be returned directly to myself (not you or the centre). Responses will be seen only by myself. All answers are completely anonymous and no service or individual will be identifiable.

This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (tel: 02 4736 0883). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Please note that you, or any participant, can withdraw from this activity at any time without repercussions. If you would like further information about this research project please feel free to contact me (9938 4640 or 0407 266 600) or my University supervisor, Dr Jacqueline Hayden (9772-6746) at any time.

Thank you for your support and assistance. A summary of results from this survey will be sent to your service for the information of all participants.

Best wishes
Fay Hadley
Researcher and PhD candidate
University of Western Sydney, Bankstown Campus.
19th October

Dear Parent,

This research project is part of my PhD studies at the University of Western Sydney. The study is titled, **Community cohesion: Analysis of several environments of three to five year old children (including the family and the early childhood setting). How do these different contexts impact on the child’s health and well-being.** I am investigating which aspects of early childhood service provision are deemed to be important to families and early staff members.

If you would like to participate in this study, please complete the attached questionnaire and post it in the envelope provided. **NO STAMP IS NECESSSARY.** It would be greatly appreciated if you could return the questionnaire on or before November 10, 2006. You do not need to return the questionnaire to the centre.

Please note that completion of all or any or part of this questionnaire is totally voluntary. You should feel free to answer all or only some of the questions.

All answers are confidential and anonymous: They will be recorded and originals stored in a locked cabinet. I will be the only person who will ever view the questionnaires.

This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (tel: 02 4736 0883).

Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Thank you for your valuable assistance with this research.

Yours sincerely

Fay Hadley
Researcher and PhD student
University of Western Sydney
Bankstown Campus
30th August

Dear Staff member,

This research project is part of my PhD studies at the University of Western Sydney. The study is titled, **Community cohesion: Analysis of several environments of three to five year old children (including the family and the early childhood setting). How do these different contexts impact on the child’s health and well-being.** I am investigating which aspects of early childhood service provision are deemed to be important to families and early staff members.

If you would like to participate in this study, please complete the attached questionnaire and post it in the envelope provided. **NO STAMP IS NECESSSARY.** It would be greatly appreciated if you could return the questionnaire on or before September 30, 2006.

Please note that completion of all or any or part of this questionnaire is totally voluntary. You should feel free to answer all or only some of the questions.

All answers are confidential and anonymous: They will be recorded and originals stored in a locked cabinet. I will be the only person who will ever view the questionnaires.

This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (tel: 02 4736 0883). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

Thank you for your valuable assistance with this research.

Yours sincerely

Fay Hadley
Researcher and PhD student
University of Western Sydney
Bankstown Campus
Appendix 35

NVIVO CODES
1. Connections – feelings related to the community/country
   a) disparity - negative feelings
   b) agreement – positive feelings

2. Parenting challenges (what difficulties parents face)
   a) discipline
   b) absolute constancy (lack of respite)
   c) balancing commitments (balancing family/work and study commitments)

3. Role of early childhood service (positive and negative supports for families)
   a) communicating to families
   b) parenting program
   c) responsive (how the child is responded to during interactions/conversations)

4. Supports (who play a role in supporting families)
   a) extended family (includes grandparents / aunts / uncles)
   b) work/study
   c) family friends
   d) early childhood service
   e) other (eg church, playgroups, other services)
   f) other children (friends of the child)
   g) health services
   h) parents (child’s parents)
   i) other parent

5. Important experiences (families’ belief systems)
   a) consumerism – negative influence as it is wants vs needs
   b) life’s hand (rolling with the punches life deals you)
   c) respect
   d) sense of self (understanding of who they are)
   e) fitting in
   f) appreciating other cultures
   g) physicality
   h) education
   i) developing independence
   j) sociality
   k) valuing childhood
   l) create a social environment
   m) control environment
   n) use of a routine
   o) keep them busy/activities
   p) expose to wide cultural world
Appendix 36

Family A
Tessa's story

My family is of indigenous descent and we live in an inner suburb of Sydney, NSW. My mum’s mother was a part of the stolen generation. I am a single mother and I work full time in my local community for an Aboriginal organisation. I have a four year old child, David and he attends the local community based early childhood service full time. I am supported (financially and emotionally) through my extended family, particularly my mother and father and my father’s extended family. My parents play a pivotal role in helping me raise David. I work with mum and also spend a lot of time at their house. If mum hasn’t heard from me in a couple of days she’ll come looking to see if I am OK. I hope I can be half the mum she is – she has achieved so much and I look up to her.

I am 28 and the eldest daughter of three children. I was the only child until I was 12 and it was a big shock for me when my sister was born. My sister (16) does not live with mum and dad but my younger brother (12) does. My dad has a son from a previous relationship and he has three children (all girls) of his own (8, 7 and 4). So David is the only grandson for dad and as you can imagine he is pretty spoilt by him.

I went to an all girls’ high school and then transferred to a co-ed high school for years 10, 11 & 12 to study with my cousins. My aunty was also the Aboriginal education officer at the school. I was always involved in sports and it made you feel good as you were looked up to especially when you won. I played basketball and netball from 9 – 19 years old. After high school I completed a Diploma in Health and I am currently deferred from a Bachelor of Health (one and half years to complete). Education was important to our family and my parents always encourage this as they hadn’t had the same opportunities.

When I was growing up Dad never expressed his emotions but you knew when he said no as it was in his tone of voice. I never got a flogging but it was the tone that scared me the most. Mum would come in and try to fix things softly. There was no drinking or drugs. They smoked outside or away from the kids and dad never swore in front of us. Because of the experiences my parents have had they think it is important to raise us differently because of what goes on in the outside world they make us strong so we can cope. They talked about everything, such as the stolen generation and how that made them feel. I had no real problems that couldn’t be handled and I was involved in sports and wouldn’t be pressured into things I didn’t want to do.

David and I live in a three-bedroom unit (provided by the Housing Commission), but we also spend a lot of time at mum and dad’s house (especially since dad has been sick and in and out of hospital). I am one of David’s parents – he has three. Their house has been set up to include David and he has his own room at mum and dad’s house (although he likes to sleep with nanny).

The extended family on dad’s side have been providing both financial and emotional support whilst he has been ill and hospitalised. Dad used to earn good money. The family is always there in times of trouble – that’s what family is about. My cousin is a successful sportsman and has been a great help to our family. It is funny how his media image is not the cousin that I know and respect. He gave mum a car last year to help her get around.

I spend all my spare time with my son, my parents and extended family. Sports, such as football, are focal meeting places for me. I do have friends but family comes first. It is also hard to find the time as they want to go out and I can’t and don’t want to. I do have some close friends I confide in and also mum’s sister she is like a second mum to me.

I spent time in rural NSW with my mother’s family, especially my aunt. I was between studying and I worked for the Aboriginal health system when I was there. I plan to return to rural NSW when I am 35.

David is the only grandson on both sides of the family. David’s father is not involved in raising him. I don’t have the benefit of having both parents there – it would have been good like for David’s father to be in his life but we have no control of that situation and if they’re not ready I wouldn’t force the issue.
There has been a lot of illness in the family over the past eighteen months. Firstly my mum and more recently dad has been ill and hospitalised. This has added stress to my life but it has also pushed me to do more activities with David as dad did a lot before he got sick. David has found it hard while dad’s been in hospital, especially when he wasn’t allowed visitors from the kids for a while in case they had infections. David talks about his Pop (my father) at school and refers to him as his dad. When they asked a question at school about what your dad does he said “my father drives a big truck.” He also refers to my mum as his nanny and mum. He is not confused; they are just really close and take on those roles.

David attends a local community based long day care centre five days a week. I moved him to the centre a couple of months ago. Previously he attended a local Aboriginal preschool but I moved him as the hours didn’t suit my longer working hours and I wanted him to have a different educational perspective. He needed more routine and limits and he wasn’t getting it at the Aboriginal preschool. I noticed the difference right away and it (the early childhood service) is helping him to learn to fit in and I think this will help for when he goes to school. The reality is it is not all Kooris and he has to learn to accept people from all cultures. He gets his identity from me – we talk about our culture all the time at home and I make sure he understands about the stolen generation and what it means to our family. David has a great sense of humour and he uses it to get out of trouble – he gives you a certain look and all you want to do is laugh instead of disciplining him. He is a really friendly kid and this gets him into trouble sometimes. The other day he was at the pool cuddling the kids in the water (which is dangerous) but he just wanted to be their friend.

David’s story

I am four and I love the ROCK. See I know how to make my eye go up like the ROCK’s. I love going to nanny’s house – she has lots of yummy things and we play. I like to watch cartoons at nanny’s house – she has cartoon network my favourite. Mike (my uncle) sometimes plays with me and lets me go on his games (play station). We see my cousins’ lots and go to the footy to watch uncle Mike play. Poppy has been sick and I miss him lots – I drew him a love heart to go to hospital. I like swimming too and I go to swimming lessons.

At preschool I like outside where you can run round and play heaps. Inside Nell (his teacher) helps me do activities and painting. At group time we have to sit and listen and wait our turn to talk. I like to read the books and talk and play with my friends. When mummy comes to get me I take off my shoes and run around happy.

Typical day

As soon as he gets up he wants to get in front of the TV and put the cartoon network on. I (Mum) will iron the clothes and let him sit there and then give him breakfast. After my shower he will still be sitting there and I’ll have to con him up to get dressed (I usually bath him at night). It’s always a hassle of the morning and it is hard to get him out the door -I’ll have to turn the TV off to get him out the door and I have to dress him in front of the TV. We’ll get in the car and chatter, chatter, chatter (he never stops) and we’ll talk about what happened yesterday. So today we talked about the spitting of water and how it is not good, you catch germs. It is not a hassle getting him to school anymore, he is quite happy to go in there and he sits with his friends. Then I go to work. When I pick him up he will kick his shoes off as soon as he sees me, I think it is because he has to have them on there so as soon as he knows he is going he takes them off before we walk out the door. Then I have to chase him out of the school, con him up. When we get home (last night I took him for a walk with me) or he will play with my brother when he gets home, watch TV some more or get on the computer as there are some games on there that he plays. He will have a bath and dinner then he will talk for an hour before he goes to sleep, maybe even longer if I let him. He has his days where he has his activities outside his school, like I’ll take him to his workshop, and take him swimming and I am looking at getting him into little athletics.
Appendix 37

Family B
Katrina’s story
I was born in Argentina and have 15 brothers and sisters (11 are still alive). We lived with mum in the city so that we kids could go to school. Dad lived on the farm and we went to the farm every weekend. Dad passed away when I was 10 years old. He said to my mum that he was tired and was going on a trip and that she is to look after us and not smack us. I think he knew he was going to die. Mum never remarried but life was good. We went out, lots of dancing and lots of people around. Here (Australia) it has much more cold spirit. But I have gotten to like it better now as there is more opportunity here. Back home it is very dangerous, lots of poverty and you can’t borrow money to buy unless you own something.

I’d like to go home more – I miss my family. But I’ll only go if all family (kids and husband) go. I have a younger sister here in Sydney, she married a Uruguay Australian man and has two children (14 years and 7 months). Mum is positive – she makes you feel good and puts you on top again. Mum (77) acts young and looks younger than my eldest sister (55). Mum is sick, has an enlarged heart and high blood pressure and I work hard to send money for the Doctor bills.

I came to this country for a holiday. I met Joan (my husband Ethanial’s mother) on a holiday on a boat trip in Brazil. We became friends and Joan visited me in Argentina and I took her and showed her around my country. Joan kept ringing asking me to visit Australia (Joan had cancer) and I came and helped look after her. I came here to Australia and met Ethanial on the first night. He didn’t say much then and I didn’t speak good English. He said I marry you and I said no you not marry me I am too old (he was 20, she was 28). He said I get my passport and come back with you and I said OK as I didn’t believe him but he did get it. I took him to see the other life. He went back to Argentina with me and we married there. Spent nine months and moved back to Australia as Joan was ringing asking for help. I taught Ethanial to speak Spanish in three months. Before that we used a dictionary.

We were only going to stay for 2 – 3 years (in Australia) and make some money as I had my business (restaurant) back in Argentina. After 2 years I went back and the business was very bad, I had left it with a friend and they didn’t look after it. I had to sell it for $1000 US. For the first two years in Australia I didn’t learn English. Ethanial was my interpreter as I was very unhappy and didn’t want to stay. I fell pregnant with Emily and then we bought a house here because of the worsening situation in my country. I don’t like to pay rent and one day this is mine.

Tristan was born three years after Emily. I then fell pregnant when Tristan was only 1 and I lost my baby when I was 5 months pregnant. No more now – I was very sick before and after losing the baby. We speak Spanish to the children but they both can speak English too.

I am a trained chef and I work in a factory here most nights (8pm – 5am). I go to TAFE three mornings a week to learn English and I want to study hairdressing next year and I look after Tristan in the day. I work hard now to save for my study and to send to my mother back in Argentina for her Doctor bills, as she is very sick.

Ethanial’s story
I work six days a week. The five days is for living (pays the bills) and the 6th day provides some family money for us. I am a team leader in the construction business. I am Italian (born here in Australia) and my parents split up when I was 12. It was very messy and still is. My parents worked long hours in the business and always talked about it being for us one day. But that didn’t happen because of the divorce the business got sold but there still seems to be excuses about working a lot. I have three other brothers, who are all married with children and own their own homes.
Tristan’s story
In my family is my dad, my sister, my mum and my boy (him). I am three and a half and love to play on my bike, jump on my trampoline and swim in the pool when it is hot. I like to draw in my books with my sister and I have lots of books in my toy box. I like blue – it is for boys. I like to sleep in my sister’s room and dad said that was OK to mum so now my room is the playroom. Spiderman is my favourite and I like to learn about spiders and their webs. I only like little spiders but daddy likes big ones because he has big muscles. When I get big I want to draw and learn the pictures like my sister.

When I go to kindy I like to do the hammering and making things at the table. It is fun outside too and we have a trampoline and bikes at kindy. My friends are Julian and Jack. When it is story time I help pick the book for the teachers and sit on the cushion and listen. When mum picks me up after lunch I run to her, give her a big hug and smile and then we get my lunchbox from the kitchen and say goodbye to my teachers.

Typical day
Chores, go shopping, cooking or washing. If at home on the bike, playing and watching TV so I can sleep on couch. Sometimes I meet friends for cup of coffee and he plays by himself no problem. If it is TAFE day I drop him off to preschool and pick him up after lunch and we come home and have a sleep on the couch together before we pick up Emily from school.

With Ethanial Sunday is family day. Breakfast together, do chores as a family. Depends on the weather if we go out or stay home. Go to a park, have BBQ let steam off and be energetic. Treats are ice rink/bowling depending on the budget. Trip to MacDonald’s or Hungry Jacks to play in gym. They don’t ask for food, maybe give them a hash brown and they are so happy and say “Thankyou mummy”.
Appendix 38
Family C
Lucy’s story
I was the youngest of 4. Mum married three times as her first husband died when my brother was 3 months old and her second husband died when my brother was 5 and my sister was 4. My mum left my dad when I was 11 as he was a drunk and physically abusive. I don’t have any contact with him and I don’t know where he is. I have a brother 8 years older than me so it was mostly mum, my brother and me after that as my other brother and sister had already left home. After mum left my dad she said no more fighting and so we never raised our voices or slammed doors again.

Mum and I were very close when I was growing up but she died 14 years ago, she was 71. Now I am closest to my sister and my two brothers float in and out. I’ve lived around here since mum left dad. I loved school and after I completed high school I went to teachers college here in Sydney.

I met Reg when we were both working for a Government Department in a child protection program. We got married in 1994 and about six months later Reg was diagnosed with Multiple Sclerosis. Reg’s sons (Craig and Frank) from his first marriage spent every second weekend with us. We had Simon in 1997 and then waited a while before deciding to have a second one. We both wanted another one and I knew it would be hard but I didn’t realise it would be as hard as it has been. Reg ended up in a wheelchair just before Nathan was born. Craig (21) moved in full time when he was 18 and moved to Wagga last year for his university studies. Now Frank (23) has moved in full time and before that he was here five nights a week. Having Frank here has added quandaries for me as although he is an adult he is living in our family home and there are certain expectations.

Nathan has had lots of medical interventions since he was born. He had kidney reflux at 3 weeks of age. He was on antibiotics for this and he was tested every 6 months to see if it had changed. At 2 years he had an operation and his urethra was replanted into his bladder. It is usually genetic so we had to have Simon tested. Nathan has also snored for a long time and then it got worse and worse and turned into sleep apnoea. The tests at hospital show that he has to have his tonsils and adenoids out. Other than those medical problems he has a slight stigmatism in his eye. This was diagnosed recently and means he has to wear glasses but he keeps taking them off and leaving them lying around and then they get broken.

I work three days a week for a large welfare organisation now. Life is very busy with looking after Reg (I tend to a lot of his physical needs), dropping Simon off to primary school and Nathan to preschool three days a week. Nathan has been going to the preschool since he was 9 months old. They know us very well and I am always talking to the director and his teacher about what is happening at home and his behaviour goes up and down like most three year olds. I wanted him to go to preschool that was for children with disabilities but it wouldn’t work with the hours they operate so we sent him there instead as they had some children with disabilities. We want him to know his dad is not the only one with a disability.

We are always having people over to entertain, as it is much easier for us because of Reg. The boys have lots of connections with different people so they get to lots of experiences. There are about 8 families from Simon’s school and we all help each other out and visit each other. We call ourselves the ‘gang’.

Reg’s story
One of my first memories is building tidal pools in Georges River with dad. We moved to Kogarah Bay/Sylvania when I was seven and it was a great place to grow up. Our house had a pool and dad used to take us out the back and say lets go fishing. He would give each of us a stick and we’d go around stabbing the leaves in the backyard. I think back to that now and think what a great way for dad getting us to clean up. Dad was always doing active things with us, taking us surfing and swimming.

When I was four my mum and dad adopted my sister (Kelly). I remember telling the nuns (we had a catholic upbringing) at school that my mum was having a baby tomorrow and I got into trouble as they didn’t believe me. Well the next day we brought her in and that showed them. I have two older brothers (Joe and Mick), then there is me and then my adopted sister. When Joe was 12 he went
to Mittagong to learn to be a teaching brother. So I became close to Mick as we were the two boys left. Now it is around the other way as I am rediscovering a relationship with Joe. Joe ended up doing lots of travelling (he’s a writer) and has no family of his own. I think it is easier for him to help out with the boys than Mick (has his own practice, family of four adult children). Joe does the active things with them that I can’t do now – camping, going to the beach, swimming etc. Kelly doesn’t help as she also has MS (a strange coincidence) and is in the first stages of dementia.

When I was 22 I married my first wife and we had Craig and Frank. The marriage didn’t work out and when I spoke to my mum and dad they were very supportive of me getting a divorce – that surprised me because of their catholic beliefs I thought they would disapprove. Dad later renounced the church but mum didn’t. Dad died 5 years ago and mum 18 months ago. Dad was delightful, bigger than life and I idolised him, mum was the more mousy type and she deferred everything to dad.

I enjoyed my catholic education and then went to University to do my Psych Diploma of Education. I have also completed a Masters in Counselling and Child Protection. I worked for a government agency in child protection and this is where I met Lucy. I was already in the chair when Nathan was born so I did a lot more with Simon. I never changed Nathan’s nappy but I do bed time with the boys. We read stories and sing songs together.

Humour is important to me and I want my boys to have that. I can never get mad with Lucy as she always makes me laugh. Sometimes I would like to give up and rely totally on Lucy – it would be easy to do so and it is hard to fight it. I forget things and the boys say “don’t get angry mum it is his brain.”

Nathan’s story
I am three and a half and I like mum and dad. I don’t like killing anybody but we (him and his brother Simon) do softly fighting on the trampoline. Monsters make me scared and Mamma makes me get a big smile on my face. When I get big I want to be a policeman. Craig and Frank (his older half brothers) are big and have big smiles and I play with them lots. Dad has a wheelchair.

Simon copies me a lot. He says I copy him but he copies me. I say fall off the edge of the cliff. I wear glasses but I am always taking them off and they get broken. Simon stood on them the other day. I had to go to the hospital and sleep there. Mum came too and they puts lots of sticky things on me to watch me sleep.

My friends at preschool are James and Fabian. I like playing outside – we run around and play games. They have dinosaurs at preschool – I like playing with them. At group time I sit and sing songs and listen to the books.

Typical day
He gets up in the morning and has breakfast. He gets dressed. He can do this himself but sometimes he asks for help. Having to help Reg has made them independent. But sometimes he’ll flip back and want help. 8/8.30am he goes to childcare and 5.30/5.45pm I (mum) pick him up. We come home and have dinner, play and bed. On Monday and Friday (not childcare days) we (mum and Nathan) drop Simon off at school and could stay at home and do housework, or cook, or go to the shops, or go visit someone. In the afternoons we (mum and Nathan) pick up Simon and then he usually gets dragged to soccer training, drama class. Simon and Nathan spend a lot of time together playing and have a typical love/hate relationship - true brothers.
Appendix 39
The other parent, the extended family, friends and neighbours and the early childhood service were identified as the four main supports for the families in the parenting role. The first three supports are discussed below in relation to the level of importance each family placed on these as supports and why.

Other parent
Each family spoke about how they relied and leaned on each other for support. With Tessa (family A) she discussed the important role her parents’ played in supporting her as a parent. She felt their role encompassed more than being a grandparent and she believed that she was only one of his parents – he had three (her, her mother and her father). This attitude was reflected in the everyday family routine and structure. For instance David and Tessa spent equal amounts of time at their home and at her parents’ home. This was normal for David and he adapted to both places and called them both his home. When speaking about his pop, David would also intersperse this with the label of ‘dad’. For instance when the teachers asked him at the early childhood service about what his dad did he stated:

My father (his pop) drives a big truck (Mother, interview 4, 22-23).

As Tessa stated:
He is not confused, they are just really close and take on those roles (Mother, interview 4, 24-25).

Family B emphasised how they (Ethanial and Katrina) relied on each other. This dependence of one another was justified by the disappointment that can occur when other family members or friends are called upon for help. For example Ethanial stated:

It is a 28 hours a day job growing children. Just can’t leave them anywhere. Sometimes help puts you backwards (interview 1, father, family B, section 1.1, paragraph 4).

Katrina (family B) also discussed how Ethanial was the main person she relied on and she viewed him as her best friend (interview 2, mother, family B, section 1.11, paragraph 29).

For family C this interdependence was evident to a lesser extent and this had been exacerbated by Reg’s illness. For Lucy this increasing reliance of Reg on her (due to his decreasing physical mobility) had led to the dynamics of the relationship changing and the need for external supports to be sought. Reg also discussed how the illness had impacted on him relying on Lucy for many of his daily physical needs. He discussed the difficulties this created in his fight to keep some independence and stated:

Sometimes I am tempted to give up and become totally dependent on Lucy. Sometimes I just do and you've got to fight it - it's hard (interview, father, family C, section 1.20, paragraphs 41-42).

Extended family
In all three families the extended family played a vital role in supporting the family. This occurred as either or both financial and emotional support depending on each family. For instance with family A the extended family played a central role in their lives and were the main contacts for them after work hours and on the weekends. This support had been both financial (Tessa’s cousin was a successful sportsman) and emotional through networks, offering advice and providing respite to Tessa. For instance Tessa’s mother stated:

We’re very connected in helping each other no matter what it is. We are always there for each other…when it comes to the crunch we know that we can depend on each other and that goes to for extended family. If one of the family has a health problem or any sort of problem we know that they’ll come together and support the family that is in trouble, try to ease the burden (interview re video, grandmother, family A, section 1.2, paragraph 6).
For family A the extended family (which included grandparents, aunts, uncles, cousins) were seen as a central figure to ensuring David was happy, safe, loved and had a positive sense of himself and how he fitted into the world. Tessa’s high valuing of her own cultural background resulted in strong connections with her extended family and friends.

(I would like) to make sure that he is in an environment where he is safe and able to express himself with no barriers (interview 5, mother, family A, Section 1.14.2, Paragraph 37).

With family B all but one sister of Katrina’s lived in Argentina. However Katrina still spoke about the emotional support she received from her family – especially her mother. She stated:

Mum brings you up makes you feel good. Learnt from mum to love life (interview 2, mother, family B, section 1.6, paragraph 16).

Ethanial had two brothers (one living in Sydney) and his mother. However these family members were not mentioned as providing support to the family. Again as this family stated the conflict that arises between parenting styles and values had impacted on their reliance on others (including extended family) in the care and education of their preschool child.

Family C discussed the emotional support they received from their siblings. As both Reg and Lucy’s parents were deceased their siblings had embraced a supportive role. The emotional support and level of respite offered by caring for Nathan and his brother was seen as vital for this family.

Joe, Regs’ brother who does a lot with the boys and Betty & Bill (Lucy’s sister & brother in-law) also help out with the boys (eco map interview, family C, section 1.1, paragraph 4).

Reg especially valued the physical things (that he could no longer do) that the extended family did with the children. For example camping and going to the beach.

**Friends and neighbours**

Family A discussed the importance of the extended family and that friends were not as important as the family.

I do have friends but family comes first (interview 5 mother, family A section 1.8, paragraph 17).

As family A had a large extended family there was less need for the family to rely on friends and neighbours for support. This could also be a cultural nuance as often Aboriginal people refer to their friends and neighbours as their ‘cousins’ or ‘family’ and tend not to draw a difference between blood relatives and friends.

Family B placed value on the extended family and these bonds transcended distance. Katrina also cited her neighbour (who had moved interstate recently) as a great support with Tristan. The neighbour looked after Tristan two days a week when he was two and also helped with milestones such as toilet training:

Tristan was very late in toilet training. My neighbour help me. It worked as he was very lazy (interview re video, mother, family C, section 1.4, paragraph 17).

Apart from this neighbour Katrina (family B) had minimal connections with her local community and discussed how she found Australia was not as warm and friendly as Argentina. This belief had culminated in the family relying minimally on outside help. However Katrina chose to stay in Australia as she recognised the positives of safety and that there were more opportunities for her children in Australia. Although recognising these opportunities she and her husband had not ruled out the possibility of returning to Argentina at a later date.
With family C the extended family played an important role in their lives. As both Lucy and Reg’s parents were deceased and Lucy had no contact with her father this relationship was formed with key adult family members (Lucy’s older sister, Reg’s older brother and Reg’s adult sons from his first marriage).

*Extended family for extra supports and friends are an extension of that. Although “blood is thicker than water” (mother interview re video, family C, section 1.2, paragraph 7).*

Family C also discussed the importance of networks being built with friends and neighbours. This family had the most developed networks of friends and the group was utilised as a support in picking up or dropping off to school and short respite.

*The most supportive connections in terms of being able to help out regularly are the gang (families they met when Simon started school) – they do drop off and pick up from school, sleepovers, after school and weekend catch ups and are there as constant support when needed (eco map interview, family C, section 1.1, paragraph 4).*

*Neighbours on both sides who help out with putting garbage out, odd jobs around the house eg garden (eco map interview, family C, section 1.1, paragraph 4).*

Family C had high levels of connection with their local community. Both parents had experienced different values in their upbringing and these experiences had impacted on their beliefs to be involved and seek help as needed. Both parents had established careers in child protection and social welfare. Their professions had equipped them with the knowledge of the systems/processes and a heightened awareness of available services that supported families. With Reg’s illness came a need for Lucy to rely on external support from appropriate agencies and family members in helping with caring for Reg and rearing their two boys.