Chapter 1

INTRODUCTION

Background to the study
The thesis investigates the impact of cultural continuity and discontinuity of care giving practices (with particular emphasis on sleep and feeding) between home and the early childhood setting.

In the past decade increasing numbers of very young children are accessing daily care from adults who are not family members, relatives or neighbours. In Australia, because of migration patterns, children from diverse cultural backgrounds are increasingly being found in institutionalised child care settings. These settings tend to reflect the dominant culture of Australian society which may implement very different practices and beliefs from those of the home setting. The importance of predictability and consistency in cues given to infants are vital to healthy psychosocial development, self concept, sense of trust and positive world view (Bronfenbrenner, 1979, 1986; Erikson, 1950, 1968; Farver, Kim, & Lee, 1995; Powell, 1989; Rosenthal, 2000; Rutter & Rutter, 1993; Serpell, 1993).

The affects of continuity/discontinuity\(^1\) of care for very young children who are attending diverse settings and being exposed to different cultural practices have

\(^1\) The terms continuity and consistency, discontinuity and inconsistency are used interchangeably in this thesis.
not been widely investigated in Australia or elsewhere.\textsuperscript{2} The impact of continuity and discontinuity between cultural practices, particularly for very young children who attend child care centres where the majority of staff and peers may not be from similar cultural backgrounds, is the focus of this thesis.

\textbf{Australian society}

The composition of Australian society has been described as ‘multicultural’ and ‘culturally diverse’ for many generations (Harrison, 1987; Hughes, 1997; La Trobe University, 1978; National Multicultural Advisory Council, 1999; Phillips & Houston, 1984; Thompson, 1988) The National Multicultural Advisory Committee states,

\begin{quote}
[We are committed to]... a united and harmonious Australia ... developing its continually evolving nationhood by recognising, embracing, valuing and investing in its heritage and cultural diversity (1999: 4).
\end{quote}

Early childhood settings reflect the multicultural nature of Australia. The number of children aged 0-3 years utilising child care in 1996 in Australia was 84,700. Within New South Wales, (NSW) where this study is situated, 55,200 children were in child care settings in 1996 (Australian Bureau of Statistics, 1996). Twenty three percent of the NSW population were born overseas, 15.7% being from non-English speaking countries (Ethnic Affairs Commission. New South Wales, 1998).

\textsuperscript{2} There have been some exceptions, see literature review p. 75.
In my interactions with child care centres over the past few years, it has become apparent that a large percentage of the child care user population comprises of children from diverse backgrounds. The topic is increasingly critical because of the large number of babies in care; the increasingly diverse clientele of early childhood centres and greater attention to the long-term outcomes associated with experiences during the first three years of life (see Chapter 2). The issue also became particularly important to me due to a personal experience.

A few years ago I was involved in lecturing international along with local Australian students preparing to be early childhood teachers. After 18 hours of tuition and discussion promoting an anti bias approach to early childhood education, over a period of weeks, the class was given some anecdotes to be responded to in a group discussion. One anecdote described a young child being brought to a child care centre in Australia. The child was dressed inappropriately for the weather. She was wearing numerous layers of clothes and was obviously in some discomfort. The students were asked to describe how they would respond to the parent and to the child in this situation. The Australian students tended to state that they would remove clothes once the child was at the centre. One student gave the following comment, reflecting the answers of the majority of Australian student cohort,

I would put them [the clothes] back on before the parents arrived to pick their child up (D 1-7).
There was no concern about communicating with parents, investigating reasons for the dress habits or attempting to understand and respect potential cultural issues reflected by this practice by this entire cohort of students. Interestingly, the international students did suggest collaborative ways of dealing with both the child and parents from the non-dominant culture. Their responses are reflected in this comment by one international student,

I would make sure that the child was given extra fluid and kept out of the hot sun; I would also talk with the parents about their reasons for this practice and see how we could promote the child’s best interests (D 4-2).

These observations led me to reflect on the following questions: To what extent are the needs of families and children who use our child care settings being considered? To what extent is there respect for and negotiation with families about child rearing practices? To what extent are we creating continuity between the home and early childhood environment and thereby acknowledging the importance of each child’s individual cultural heritage? How normative and culturally hegemonic are young Australian teachers in their ideas and practices towards parents and young children?

Traditional means of transmitting cultural identity

The role of women in Australia has undergone radical change in the past three decades (Brennan, 1994; Hayden, 1996; Wearing, 1984). A major transformation has been the participation of women in the workforce, thereby increasing the

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3 The term dominant culture refers to the main cultural group of a community or region and practices reflected by this group (Bourdieu, 1973).
number of young children accessing child care services. Prior to this change, the ‘ideology’ of motherhood implied that it was the mother’s role to spend time with the children, supporting, guiding and encouraging them (Wearing, 1984). It was through these daily interactions and child rearing practices that the cultural heritage of the family unit was deemed to be passed from mother to child and from one generation to the next. These patterns of behaviour were determined and learnt by the culture in which the family lived (Benedict, 1938). While class and gender analyses argue this notion of transference, prevalence of the family as transmitter of culture was seldom argued (Elkin & Handel, 1989; Mead, 1975).

The change in the role of women through their entry into the workforce and the impact of the increase in divorce rates and single parent families\(^4\) have had an impact on practices involved in the transference of culture within the family setting from parents to their children. In the past three decades it has become normal for very young children to spend large amounts of time outside the home environment. The likelihood of early childhood teachers being involved in daily child rearing practices with very young children has increased dramatically (Chang, Muckelroy, & Pulido-Tobiassen, 1996; Small, 1998).

\(^4\) According to the Australian Bureau of Statistics, the number of divorces involving children (under 18 years) in 1996 was 54%, with the average number of children (under 18 years) of divorcing couples being 1.9 children. The proportion of one parent families with dependent children is 10% (Australian Bureau of Statistics, 1998).
What is culture?
Culture has been defined in myriad ways. For the purpose of this thesis, I am adopting the notion of these authors and include in my analyses the following principles drawn from them. All of these definitions address the pattern of interactions with the environment which the group provides the individual and are affected by attitudes and behaviour. All are consistent with the provision, by the group of what Chang and Pulido (1994) call a blueprint, a way to behave:

1) Culture reflects particular shared and learned behaviours exhibited by a group of people (family), incorporating their beliefs, values, attitudes, norms, technology and way of life (Crapo, 1995; Ogbu, 1998; Sculpin & DeCorse, 1992; Small, 1998; Thomas, 1998; Tylor, 1958).

2) Culture is fluid and can be affected by time, changes to society, changes to the environment and the integration of two or more cultures (Hopkins, 1989).

3) Two or more people from the same cultural background can often function in different ways based on their personal experiences and differences (Chang & Pulido, 1994; Small, 1998).

4) Culture is passed from one generation to the next through learned experiences (Thomas, 1986).

5) Parents’ daily interactions with their young children are a direct result of what is dictated by their culture (Benedict, 1938) and can explain cultural variations in the environment (Hopkins, 1989).
6) The interconnectedness of the immediate and external environment impact upon the development of culture in young children (See forward, p. 47) (Bronfenbrenner, 1979).

7) Culture exists on two levels, the first existing on an unconscious level, whereby daily behaviour occurs automatically (Bandlamudi, 1994; Lotman, 1985) as does actions and care giving practices within the family. In this thesis I refer to this as micro culture. The second level incorporates ritualistic, symbolic behaviour which ties belonging to the group via their ethnic labeling or country of origin (Barth, 1969; Thomas, 1986). I refer to this as macro culture.

This premise implies that all individuals possess a culture and that this culture is influenced by the context of their family and society in which they live (Harkness, 1980). Child rearing practices reflect the culture of the parent and are fundamental in forming the cultural identity of the young child (Benedict, 1938; Hopkins, 1989; Shonkoff & Phillips, 2000).

The influence of micro and macro culture on the way in which families select child care arrangements and interact with child care staff was assessed in this thesis through observations of immediate environments and through reports by family members about their interactions, use of information, and perceived connectedness between the home and child care environments.
Micro and macro cultural transmission and the early childhood setting

Policies and guidelines are increasingly identifying the need to acknowledge, accept and include multiculturalism within the daily program of child care settings in Australia; thereby working towards harmonising cultural groups within the environment (Creaser & Dau, 1996; Ebbeck, 2001; Hopson, 1990; Makin, Campbell, & Jones Diaz, 1995; National Childcare Accreditation Council, 1994; New South Wales Department of Community Services, 1998; Rodd, 1996). Development of self-concept and identity is associated with daily rituals of very young children such as sleep and feeding (Lotman, 1985; Vygotsky, 1978). Developing parent and staff partnerships is identified as a significant component for increasing awareness about child rearing needs of the young child in the early childhood setting (Buchanan & Burts, 1995; Caufield, 1996; Davies, 1997; Epstein, 1994; Gonzalez-Mena, 1997; Jordan, Reyes-Blanes, Peel, Peel, & Lane, 1998; Pulido-Tobiassen & Gonzalez-Mena, 1999).

Despite numerous studies on this topic, the link between Australia as a multicultural nation and the transference or continuity of micro and macro cultural child rearing practices with very young children from the home setting to the early childhood setting has not been extensively addressed. Exceptions to this are two recent studies:

A study by Ebbeck & Glover (2000) explores continuity between home and early childhood setting. This study investigated the beliefs of 101 immigrant families from Vietnam, Indonesia, The People's Republic of China and Philippines and

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*Beyond Cultural Diversity: Exploring Micro and Macro Culture In the Early Childhood Setting.*
Cambodia to Australia about features of their preschool child's education with those of 100 early childhood teachers working with these children. Findings highlighted differences for staff and parent expectations of maintenance of home culture and parent involvement in the preschool setting (Ebbeck, 2001; Ebbeck & Glover, 2000).

A study carried out by the Australian Institute of Family Studies addressed the impact of continuity and discontinuity of practices between the home and early childhood setting on developmental outcomes for young children using child care services. Approximately 300 children 0-3 years from Somali, Vietnam and Anglo-Australian backgrounds utilising a variety of child care services, centre based care, family day care and informal care situations were involved in the study. Findings highlighted the potential for a negative impact on the behavioural, cognitive, motor and social developmental areas for children when discontinuity was prevalent (Wise, 2002, 2003; Wise & Sanson, 2000).

**Routine practices as daily rituals**

Very young children are in the process of forming their identity. They are exploring their sense of self in the context of the environment in which they are situated (Erikson, 1950; Hoare, 1991; Lally, 1995). The interactions and routine practices carried out by significant adults shape their developing sense of self and identity (Brim & Kagan, 1980). The behaviour displayed by adults towards very young children determines how they begin to understand themselves.
(Kagan, 1981). The interplay between micro and macro culture and identity becomes evident as young children identify with the caregiving practices to which they are exposed (Courtney, 1982). This aspect of micro and macro culture socialises children and provides their sense of identity, shapes their belief and value systems and provides a sense of belonging (Bhavnagri, 1986; Bhavnagri & Gonzalez-Mena, 1997; Mangione, 1995).

Children's identity forms in the early years of life. Micro and macro cultural identity formation is dependent upon parents passing this information to their children through a process of enculturation (Knight, Bernal, Garza, Cota, & Ocampo, 1993). Parents reinforce cultural norms and values through overt and instinctive practices associated with their child (Farver, Narang, & Bhadha, 2002). When parents arrive with a young child in a new country their responses to the micro and macro cultural changes can impact upon the micro and macro cultural identity development of the child. The extent to which they maintain their micro and macro cultural identity and take on practices associated with the new macro culture is defined as acculturation (Phinney, 1996). Four levels of acculturation have been identified in the literature: 1) assimilation; 2) marginalisation; 3) separation; and 4) integration (Berry, Kim, & Boski, 1988; Berry, Kim, Power, Young, & Bujaki, 1989; Farver et al., 2002).

Research has shown that there are major micro and macro cultural differences in infant caregiving practices between “developing” and OECD countries (Abbott,
1992; Bhavnagri, 1986; Bhavnagri & Gonzalez-Mena, 1997; Field, Sostek, Vietze, & Liederman, 1981; Leiderman, Tulkin, & Rosenfelds, 1977). This, coupled with the notion that child developmental ‘milestones’ or ‘norms,’ have been derived predominately from OECD, middle class society (Ball & Pence, 2000; Harkness, 1980; LeVine, 1989; Moss & Pence, 1994; Nugent, Lester, & Berry Brazelton, 1989; Werner, 1977) has implications for the manner in which care giving routines are carried out with very young children.

Ever since Bronfenbrenner revolutionised the theory of human development (1979), there has been increasing acknowledgement that development in young children is influenced not only by biological factors but also by experiences related to the environment. These include the interrelationship with the primary caregiver and a host of socioeconomic and micro and macro cultural factors within the child’s ecology (Brunson Phillips & Cooper, 1992). The emphasis of context of micro and macro culture and society in relation to child rearing practices are strong determinants for the development of the individual (Harkness, 1980; Vygotsky, 1978).

For the purpose of this thesis, I have chosen to focus on two particular child-rearing practices which constitute routine care giving practices. These are the practices associated with sleep and feeding. Sleep and feeding associated practices form the basis of survival for very young children (Small, 1998). They are carried out across all macro cultures, however it is the micro cultural
practices which bring about the differences associated with sleep and feeding. The manner in which the routine practices of putting young children to sleep and feeding children are carried out, forms part of the micro and macro cultural blueprint which influences their adult behaviour (Elkin & Handel, 1989; Harkness, 1980; Mead, 1975; Vygotsky, 1978).
Feeding

Micro cultural influences from families are reflected in how young children are provided with food. Patterns of feeding reflect the families’ micro cultural beliefs in terms of power and authority and means of children’s agency and/or parents’ propriety. Issues around feeding include who has control of the feeding process; the parent, the child or the interplay between both parties during the process (Brunson Phillips & Cooper, 1992; Gonzalez-Mena, 1997). The issues surrounding breast and bottle-feeding and the notion of routine feeding versus demand feeding have been the subjects of debate (Gonzalez-Mena, 1997; Poulton & Sexton, 1995; Small, 1998). Micro cultural support or dissonance is reflected in feeding routines. For example, new migrants may experience stress or anxiety around the need to obtain the foods and ingredients which are familiar to their macro culture but not readily available in mainstream Australia (Eliades & Suitor, 1994). In an unfamiliar or stressful environment feeding can become a source of anxiety and concern for both parent and child.

Sleep

Sleep is vital for the growth and development of young children. The process and patterns for putting young children to sleep vary dramatically between macro cultures (Caudill & Plath, 1966; LeVine, 1989; Trevathan & McKenna, 1994). Sleep routines involve issues of dependence; independence and interdependence. The rationale for choice is related to the cultural beliefs of the family (Abbott, 1992; Ben-Ari, 1996; Keefe, 1987; Rogoff, 1990). There can be
issues surrounding sleep time in the child care setting. Tiredness coupled with an
environment quite different to that of home, with different routines in
preparedness for sleep can bring about distress for children thereby disrupting
the process (Provence, Naylor, & Paterson, 1977).

The early childhood teacher
The global community has identified the importance of awareness and respect
for home micro and macro culture through educational institutions. The United
Nations Convention on the Rights of the Child (United Nations General
Assembly, 1989) includes the following articles:

Article 29 ... the education of the children shall be directed to ... the development
of respect for the child’s parents, his or her own cultural identity, language and
values, for the national values of the country in which the child is living, the
country from which he or she may originate, and for civilizations different from his
or her own.

Article 30. In those States in which ethnic, religious or linguistic minorities or
persons of indigenous origin exist, a child belonging to such a minority or who is
indigenous shall not be denied the right, in community with other members of his
or her group, to enjoy his or her own culture, to profess and practise his or her
own religion, or to use his or her own language.

Personal beliefs in regards to child rearing practices are strongly tied to individual
micro and macro cultural backgrounds. Early childhood teachers bring to the
setting their own micro and macro cultural beliefs and experiences (Chang &
Pulido, 1994; Neugebauer, 1992; Stremmel, 1997). Child care centre staff are
overwhelmingly from the dominant Anglo culture, with child care centres being
described as quite homogenous and strongly affiliated to OECD values (Ball &
Pence, 2000; Edwards, Gandini, & Giovaninni, 1996; Rosenthal, 2000). In
teacher training courses ‘culture’ is addressed as a topic (in some cases as

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elective) with the same status as ‘art’, ‘literacy’ or ‘special needs’; areas that students can choose to specialise in or not. The early childhood teacher has a prominent role as the source of dominant macro cultural experiences in the early childhood setting. It is not unusual for the teacher to believe that the manner in which she carries out particular child rearing practices is the correct and only way (Scott Brown, 1981). Therefore, unless a concentrated effort is made, there is a tendency for early childhood teachers to practice caregiving routines that reflect their own micro cultural backgrounds rather then those of the children in their care (Chang et al., 1996; Gonzalez-Mena, 1997; Lally, 1995; Small, 1998).

The very young child is consequently attempting to cope with or adapt to at least two and likely more types of care giving beliefs and practices. When the child comes from a family with macro and micro cultural ideas which differ from those of centre staff, these interactions may be in conflict with each other. The outcome of these inconsistencies could have a negative or confusing impact on the developing identity of very young children (Bhavnagri, 1986; Bhavnagri & Gonzalez-Mena, 1997; Lally, 1995; Mangione, 1995), particularly when young

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5 A review of four Australian Universities and informal interviews with lecturers for the Bachelor of Education (Early Childhood) courses revealed that culture was being studied as a separate entity with subjects such as Education, Culture and Practice, Families and Communities in a Culturally Diverse Society and Multicultural Perspectives in Early Childhood Education available as core and elective subjects. Subject outlines for Bachelor of Education (Early Childhood) courses for Macquarie University, Newcastle University, and University of Western Sydney. Information was cited as accurate for 23 May 2001. Further subject titles listed were: Teaching and Diversity, TESOL in Early Childhood Settings, Teaching Society and Culture, Teaching Asian Contemporary Issues and Values, Cultural Practice and the Arts.

6 The number of caregivers involved with the young child could be greater than two when factoring in the number of staff in the early childhood setting being responsible for the young child and the possibility of multiple care situations for example; extended family, a friend, another early childhood setting.
children do not have the meta-cognitive abilities to rationalise discontinuities between settings (van Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998). This has the potential to diminish the preservation of the macro and micro cultural heritage of the family (Gonzalez-Mena, 2001).

Placing early childhood teachers in early childhood settings with the same macro cultural background as the children has been recommended as a way to counter the affects listed above (Chang & Pulido, 1994; Lubeck, 1994). However, this does not take into account that two people with the same macro culture can have significantly different micro cultural child rearing practices (Ebbeck & Glover, 2000; Hopkins, 1989; Small, 1998). In Australia the migration rate has contributed to 47% of the population growth in recent years. Arrivals came from dozens of different nations (Australian Bureau of Statistics, 1999c). In any one child care centre, especially those in areas which attract new migrants, numerous macro cultures could be represented. It would be virtually impossible to reflect all home macro cultures within all settings.

Theoretical underpinnings
In Chapter 2 theoretical underpinnings and guiding forces are explained in detail. Here I provide an overview to serve as a site map of the thesis. The theoretical underpinnings for this thesis stem from two sources; 1) the ecological approach to human development; and 2) the theory of transmission of cultural capital. This
thesis is also guided by a factor which has recently informed the early childhood field; reconceptualising of early childhood education.

1) The ecology of human development
Bronfenbrenner (1979) recognised the importance of an ecology of interrelated systems upon human development and showed how all humans grow and develop within the influences of those around them. Very young children are dependent upon interactions with primary caregivers through routine experiences for their daily survival. This in turn influences their developing self-identity. The development of micro culture through the child rearing practices associated with sleep and feeding play an integral part in the development of sense of self and identify (Derman-Sparks & Anti Bias Curriculum Task Force, 1989; Lally, 1995; Van Ausdale & Feagin, 1996).

Bronfenbrenner showed that children’s influences reach far beyond the family, school and local community. Bronfenbrenner identified a series of four interacting forces; the microsystem, mesosystem, exosystem and macrosystem, these constitute the environment which impacts on all aspects of human development.

For the purpose of this thesis I have adapted Bronfenbrenner’s (1979) framework as a way to examine what influences very young children within his/her early childhood setting and to unpack the potential impact of micro and macro
cultural development within their environment. The model explores intricate relationships within and outside the early childhood setting.

Bronfenbrenner’s model is applied in the following manner: The microsystem is deemed to incorporate the young child in the family. This level includes relationships and events that occur in everyday life. The second level of influence is the mesosystem. This level involves the interconnections between and among microsystems; for example between the family and the child care centre; between the family and their place of worship; between and among the family, child care centre and speech therapist. The exosystem refers to the institutions, activities and practices which take place away from the young child and family but which nonetheless influence the other systems and vice versa. For example, activities in the mother’s workplace affect the child because the mother might bring stressful experiences from the workplace into the home. The outer layer (macrosystem) incorporates the values, customs, traditions and beliefs of the community and society (Bronfenbrenner, 1979, 1986).

I have adapted Bronfenbrenner’s ecological framework to create the Ecological Model of Influences Upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting. This model acknowledges that young children do not develop in isolation. Development is influenced by and within the family unit (microsystem), the early childhood setting (mesosystem), policies, legislation and structures (exosystem) and society (macrosystem). These systems interconnect
and interweave throughout the daily lives of very young children, impacting upon their development of micro and macro culture as follows:

*The microsystem or parental expectations*

This level of analyses describes parents as the main influencing agents in the lives of their young children. Parents and close family members pass on their micro and macro cultural heritage either deliberately or sublimely through the blatant and subtle messages given to the child with every interaction including care giving routines such as feeding and sleep (Hopkins, 1989; Thomas, 1986). Parents’ choice of child care setting for their child represents a value choice. Parents’ influence this setting through their interactions (McKim, 2000).

*The mesosystem or early childhood setting*

Components of the early childhood setting including staff attitudes and knowledge about the child's family practices are incorporated within the mesosystem. The consistency of the microsystem with the mesosystem reflects the reason why staff are deemed to be more effective when they are caring for children with similar backgrounds to their own (Chang et al., 1996; Gonzalez-Mena, 1997).

*The exosystem or policies and/or regulations*

The impact of policies and/or regulations can work to support or hinder the development of individual culture in the early childhood setting. Regulations can support needs through funding for additional child care staff with languages other
than English, or support home languages within the child care setting (Commonwealth Department of Health and Family Services, 1998). Policies and guidelines can reflect support for multicultural\(^7\) or assimilation practices.\(^8\)

*The macrosystem or societal attitudes, beliefs and values*

The early childhood setting is situated within and is part of the local community. The macrosystem may reflect levels of high migrant occupation and con-commitment tolerance for diverse values and beliefs in relation to child rearing practices or it can be a uni-macro culture placing value on conformity to the dominant Australian macro culture.

2) *The development of cultural capital*

The family is primarily influential in instilling micro and macro culture, values, perceptions, knowledge and language usage in young children through its socialisation mechanism. It is the family who provides the child with an understanding of what is required for a successful future and thus creates the criteria of failure or success which becomes part of the ‘cultural capital’ of the child (Bourdieu, 1973, 1986). Cultural capital refers to the knowledge and practices of the dominant culture which are associated with ‘success’ and ‘achievement’ (Bourdieu, 1973, 1986).

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\(^7\) Multicultural practices are defined as those activities which endeavour to incorporate the micro and macro culture of the young child within the setting and the approach to harmonising between cultures.

\(^8\) Assimilation practices are defined as those activities which support the dominant macro culture.
The education system in most nations is configured to accommodate those who possess cultural capital. Institutions such as schools reflect and promote areas of the dominant culture through the formal and informal structures, processes, power relations, curriculum and other measures. In this way, they reproduce social inequalities, serving as gatekeepers of the status quo by rewarding those with cultural capital and limiting access to success to those without. Bourdieu's analyses of the school system as a means to reinforce and reward dominant cultural capital may be applicable to young children and families who make use of early childhood institutions (Fleer, 2001).

3) Early childhood education as a community service

In the past decade, early childhood services have been reconceptualised as services which focus beyond substitute care for groups of children (Moss & Penn, 1996). Researchers have identified four evolving discourses of early childhood education. These are:

1) Child care as a program for working parents, a support to employment and as an economic commodity.

2) Early childhood education as compensatory support services for children with ‘additional needs’.

3) Early childhood education as a support to the school sector by enhancing the ‘readiness’ of children 3-5 years (Dahlberg, Moss, & Pence, 1999a; Hayden & Macdonald, 2000; Lero, 2000; Moss, 1997; Pence & Benner, 2000).
4) Early childhood education as a community program: The fourth discourse reconceptualises early childhood education as a community program, as a tool for linking with the family and broader community and is unique in that it acknowledges the role of the home environment within the early childhood setting and empowers both parents and the community to take an active part in the young child's experiences (Dahlberg et al., 1999a; Doherty-Derkowski, 1995; Hayden & Macdonald, 2000; Lero, 2000; McBride, 1999; Moss, 1997).

... the early childhood institution as a forum in civil society where children and adults meet and participate together in projects of cultural, social, political, and economic significance, and as such to be a community institution of social solidarity bearing cultural and symbolic significance (Dahlberg et al., 1999a:7).

Summary
This thesis is informed by the work of Bronfenbrenner and Bourdieu and new understanding about the reconceptualising movement in early childhood education. This thesis accepts the notion that the development of a micro and cultural identity in young children is influenced by significant others and by environments in which they interact. Early childhood settings in Australia may be the first and most pervasive vehicles which families come in contact with that systematically reflect the dominant culture. Reconceptualising early childhood education to meet the needs of changing social environments provides a fertile opportunity to explore the impact of cultural continuity between the home and early childhood setting.
The methodology
The methodology is described in detail in Chapter 3. This thesis applied a social constructivism approach to address the issue of micro and macro cultural continuity between home and early childhood setting for children aged 0-3 years in New South Wales. An emphasis was placed on families who do not reflect the dominant macro culture.

Sleep and feeding practices were identified as significant care giving practices to address in this study because they are imperative for basic survival of all children from any macro culture. It is the micro cultural practices carried out by parents which may differ.

The following research questions were addressed:

1. How do staff in child care centres communicate with families about sleeping and eating practices for young children?
2. How do staff in child care settings deal with individual differences in sleep and feeding patterns in children?
3. How do parents address the issue that child care centres may implement different practices around sleep and feeding with their young child?
4. What are the implications for inconsistency in these areas for the young child and family?
5. What strategies have been successful for dealing with these inconsistencies in home and centre practices?
6. How does policy support or constrain consistency in practices?

The research design
Social constructivism applied to this study enables the researcher to identify action and make meaning from parents’ and staff beliefs about continuity of practice between home and setting (Lincoln & Guba, 2000). Circumstances of the research were thus able to be described and interpreted as they were identified by parents and staff (Lincoln & Guba, 1985). This type of inquiry allowed for an understanding of the specific experiences of staff and parents about continuity of practices between the home and early childhood setting (Guba & Lincoln, 1994; Schwandt, 1994).

There were 3 Phases of data making in this study. Phase 1 was a pilot study in which findings from preliminary data analysis identified the need to redress the data making strategy for the larger study. Phase 2 involved a further two child care centres and determined the development of semi-structured questionnaires for Phase 3.

Methods of making data
Three methods employed for making data:

1) non-participant observations
2) semi-structured interviews and
3) semi-structured questionnaires.
Non participant observation and semi-structured interviews were carried out in Phase 1 and 2, whilst semi-structured questionnaires were carried out in Phase 3 of the research. These are described below.

1) Non participant observations

Non participant observations were carried out through the use of the Infant Toddler Environment Rating Scale (ITERS)\(^9\) (Harms, Clifford, & Cryer, 1990) in order to determine the level of quality in each participating child care centre in Phase 1 and 2. It was deemed important to ensure that centres included in the study reflected professional and community standards of quality care so that findings could be more generalisable. ITERS is a validated measure for early childhood settings in OECD nations to assess quality environments for young children (Beller, 1996; Burchinal et al., 1996; Howes et al., 1992; Petrogiannis & Melhuish, 1996; Scarr et al., 1994).

2) Semi-structured interviews

Pilot questions for staff and parents were selected and adapted from the Looking In Looking Out research project by Chang, Muckelroy & Pulido-Tobiasson

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\(^9\) While ITERS represents a particular cultural perspective, it has been internationally recognised as a valid measure of observed indicators which are associated with quality care within particular contexts (Beller, 1996; Burchinal, Nabors, Bryant, & Roberts, 1996; Howes, Phillips, & Whitebook, 1992; Petrogiannis & Melhuish, 1996; Scarr, Eisenberg, & Deater-Deckard, 1994). By measuring a number of variables through the use of this tool I was able to hope to exclude standards of service delivery as a potential confounding variable between participating centres. Since all participating centres scored in the good to excellent quality range, this became possible and I was able to rule out service delivery issues as a factor which influenced the findings in this study.
(1996)\textsuperscript{10} (appendix 1). The California Tomorrow research team from the \textit{Looking in Looking Out} project had piloted the interview schedule in child care centres with families from diverse backgrounds and were addressing issues of cultural diversity and childrearing practices in California similar to those issues addressed in this thesis.

The adapted semi-structured interviews were piloted in one child care centre in Western Sydney. Findings from this pilot study indicated a need to refocus the questions asked at interview. Questions chosen and adapted from the \textit{Looking in Looking Out} research project were deficient in that they did not include questions around communication and parent staff partnerships as a determinant of continuity of care. The pilot findings showed that the parent staff partnership is a powerful determinant of continuity of practice between home and early childhood setting. The \textit{Looking in Looking Out} research project interview schedule was revisited and adapted questions to reflect this component were used with parents and staff in the remaining two centres (appendix 2) (see Chapter 3, p. 95).

Three child care centres were involved in the first two data collection methods; Phase 1 and 2. The child care centres were situated in low income, high migrant communities in West and South West Sydney (the processes for

\textsuperscript{10} The \textit{Looking In Looking Out} research project was carried out in California over a 2.5 year period and explored the implications of diversity for early childhood education. It involved visits to 23 early childhood services and 10 family day care homes, incorporating a cross-section of racial compositions, auspices and geographical locations. The research team had developed a schedule of over 20 semi-structured interview questions for parents and 40 semi-structured interview questions for the early childhood staff.
selecting child care centres is outlined in Chapter 3). Each selected centre catered for children 0-3 years of age and was licensed according to the New South Wales Department of Community Services Centre Based and Mobile Child Care Services Regulations (No 2) 1996.

3) Semi-structured questionnaires

Following the intensive observation and semi-structured interviews in 3 child care centres, 3 new centres were selected to test validity of findings. These centres catered for children 0-3 years, and were located in the Greater West, South West and East of Sydney, representing a diverse range of macro cultures and socio economic status, differing from the three centres previously selected. All child care centres chosen were licensed according to the New South Wales Department of Community Services Centre Based and Mobile Child Care Services Regulations (No 2) 1996.

Data analysis

Data analysis was carried out during the three phases of the research. At the completion of Phase 1, preliminary data analysis identified the requirement to change the data making strategy via the semi-structured interview questions for Phase 2. Data analysis at the end of Phase 2 allowed for the development of semi-structured questionnaires which clarified and validated the preliminary findings from Phase 2.
The type of data collected were multifaceted and benefited from the characteristics of QSR N6 (QSR International Pty Ltd, 2002) a computer program designed to assist in qualitative research and analysis which has been described as purposeful and ordered in its handling of data (St John & Johnson, 2000). The type of data collected necessitated a program which supported rigor and validity through a strong audit trail detailing the coding task and the decision making processes for analysis (Kelle & Laurie, 1995). The data analysis required changes to coding to occur, the flexible nature of the program ensured the capacity for change within this phase (St John & Johnson, 2000).

Observations taken for ITERS were analysed as per the instructions provided with the rating scale (see Chapter 3, p. 84). Semi-structured interviews and semi-structured questionnaires were subjected to the same processes for data analysis.

The process of analysis began with transcripts being imported into QSR N6 in readiness for coding. Data were initially coded descriptively to ensure effective data management during analysis. Data were then subject to coding by themes which were further broken down into subcategories of themes.

Comparisons were made between parent and staff responses of these themes and categories and staff responses further explored to discover differences in
responses between staff with training and untrained staff. Findings were used to address the research questions.

The following methods used to ensure rigor and confirmability were maintained throughout the study:

1) Peer debriefing; findings at the completion of Phase 1 and 2 of the study were presented to practitioners and researcher at two different conferences.

2) Applicability; the use of child care centres which reflected centres throughout New South Wales in terms of differing cultural compositions of staff and parents and varying socio-economic status.

3) Maintaining an audit trail; through documentation of decisions and the assistance of QSR N6.

4) Coding reliability; to ensure consistency of coding definitions were recoded for each code.

**Moving beyond issues of continuity between home and child care setting**

This research has brought to light the need to look beyond the research questions which addressed issues of continuity of practice between home and early childhood setting (with particular reference to sleep and feeding). Findings identified the significance of the partnership between parents and the early childhood setting and the role of communication as an indicator of continuity of practice. Findings reflect the following factors:
These are described in detail in Chapter 4.

1. Parents’ who use child care centres value integration for their child into Australian society.

2. Staff practices are sometimes carried out in a furtive manner. This results in feelings of disempowerment for parents and jeopardises parent staff partnerships resulting in a Cycle of Mistrust (De Gioia).

3. The designation of a centre based Community Representative\(^\text{11}\) significantly assists the partnership building process for early childhood settings.

4. Some policies and regulations (such as the Australian Quality Improvement and Accreditation System and the New South Wales Centre Based and Mobile Child Care Services Regulation (No 2) 1996) may work counter to their own aims for parent/staff ‘partnerships’.

**Outline of the thesis**

Chapter 1 provides the rationale for and the overview of the thesis. This includes the researcher’s journey as a teacher trainer which inspired the need for this research along with a recognition of the changes to society which have led to increasing numbers of young children from diverse backgrounds utilising child care settings. The Chapter describes the form of the research and summarises the framework for analyses of current practices. The methodology and findings

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\(^{11}\) In New South Wales this is usually the role termed ‘untrained assistant’. The untrained assistant usually lives within the community and is often reflective of the macro culture of the community in which the child care centre is situated.
are briefly reviewed. This Chapter concludes with an outline of the Chapters in this thesis.

Chapter 2 reviews the literature dealing with the key concepts explored in this thesis. It describes studies exploring the evolving notion of culture, development of identity and the impact of the early childhood setting on the very young child. The literature on communication patterns and parent staff partnerships is reviewed, highlighting the benefits of working in partnership with parents. The ecological approach to human development and the concept of cultural capital are described. The reconceptualised role of the early childhood setting as a community program is also explored.

Chapter 3 describes the social constructivist approach to methodology used in this thesis. The process used for selecting child care centres for the study is described. This Chapter provides the justification for data making, including non-participant observation, semi-structured interviews and semi-structured questionnaires. Strategies employed to ensure rigor for each phase of data making are described. This Chapter describes how findings from the pilot study were used to adapt the focus of the research. This Chapter further describes the manner in which the data were coded and analysed and the justification for the use of qualitative data analysis software to assist with analysis. Limitations of the study are also discussed in this Chapter.
Chapter 4 presents the findings of the study. Despite the focus on cultural continuity between home and early childhood setting, findings showed that parents have conflicting goals around these issues. Parents tend to be much less concerned about the consistency with home practices than are staff. Many are making deliberate choices for discontinuity. These different perspectives between staff and families call into question policies and practices in child care settings. Implications for parent staff partnerships and for child-related outcomes are described.

Chapter 5 analyses findings according to the *Ecological Model of Influences upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting* (De Gioia) (described in Chapter 2, see p. 48). This Chapter also describes the *Cycle of Mistrust* (De Gioia) and makes recommendations for further study.

Chapter 6 summarises the study and identifies implications and recommendations for policy development and practice.
Chapter 2

LITERATURE REVIEW

Introduction
The previous chapter outlined the thesis and provided a rationale for the research. It overviewed all the chapters for the thesis. This chapter reviews the literature on culture, identity development and the significance of partnerships between the early childhood setting and parents for the benefit of very young children. This chapter describes the theoretical underpinnings and frameworks used to guide this thesis and provides the rationale for the research questions.

Towards an understanding of culture
The term ‘culture’ refers to the particular shared and learned behaviours exhibited by a group of people, incorporating their beliefs, values, attitudes, norms, technology and way of life (Crapo, 1995; Ogbu, 1998; Sculpin & DeCorse, 1992; Small, 1998; Thomas, 1998; Tylor, 1958). Culture involves interactions and the way people respond in situations (McLeod, 1987). It determines information that is important to the individual and what is disregarded (Hall, 1976). Human beings are entangled in their culture, whether they are consciously aware of it or not (Courtney, 1982). Culture guides their life and influences daily behaviours, shaping development and attitudes (Cosner & Larson, 1980; Geertz, 1973; Linton, 1940; Wilson, 1975) The development of culture in young children is influenced by the interconnectedness of the immediate and external environment (Bronfenbrenner, 1979, 1986).
Culture is fluid and can be affected by time and changes in society. Hopkins (1989) notes that culture can change and be influenced by the environment. Further, these changes can be affected by the integration of two or more cultures, through cohabitation, marriage or immigration to a new country (Hamner & Turner, 1990; Phinney, 1990). The implications of this are significant. Two people from the same cultural background can often function in very different ways (Dilworth-Anderson, Burton, & Turner, 1993; Small, 1998) Chang and Pulido (1994: 14) state,

Although people from the same cultural group tend to share a common set of beliefs and traditions, tremendous individual variation exists within any group because of differences in personal history and experience.

Human behaviour is determined by the cultural and social context in which it takes place (Harkness, 1980). Culture is important because it offers shared meaning between individuals (Courtney, 1982; McLeod, 1987) and furnishes a sense of belonging to the group (Locke, 1992; Vajda, 1996). Human nature is reliant on being part of a group, being accepted and valued. Therefore, belonging to a cultural group provides this security and ascertains the behaviour to be displayed by the individual (Hall, 1976).

Thomas (1986) has argued that culture is not innate. It is transmitted from one generation to the next through learned experiences. Parents' daily interactions with their young children are a direct result of what is dictated by their culture (Benedict, 1938; Farver et al., 2002; García Coll & Magnuson, 2000; Knight et
al., 1993). Child rearing practices thus, are a fundamental component of each individual's culture. Child rearing practices lay the foundations for perpetuation of family and group practices (Knight et al., 1993; Mead, 1975). The home and family, as the focal point of the infant's early experiences with their culture, set the patterns for future conduct as adults (Elkin & Handel, 1989; Mead, 1975). From the first day of life, infants are becoming familiar with and learning the manner in which these practices will be implemented with them. The ways infants are fed and put to sleep by adults not only provide the necessary requirements for survival, but the basis of early cultural learning experiences (Vygotsky, 1978).

The existence of culture for the individual occurs on two levels; the individual operates on an unconscious level, guided by cultural beliefs, norms and values. Daily behaviour occurs automatically without thought or reflection (Bandlamudi, 1994; Lotman, 1985). At this level daily care giving practices are carried out within the family with very young children. For the purpose of this thesis I am using the term micro culture to refer to these practices; for example, the manner in which a young child is fed represents a facet of micro culture. This might include feeding either by spoon, using fingers to eat or the parent breaking off small pieces of food and putting it into the child's mouth. There is a second level of culture for the individual, which incorporates a wider concept of culture. This is the ritualistic, symbolic behaviour that ties belonging to a cultural group with ethnic labelling (Barth, 1969; Thomas, 1986) for example: cultural celebrations.
such as, Chinese New Year and Ramadan. In this thesis I refer to this level as the *macro culture* of a family or group.

Diversity refers to the variations in the way that people interact with their environment (Villarruel, Imig, & Kostelnik, 1995). Race, gender, ethnicity, language, culture, ability, and age determine diversity between and amongst groups (Lippman, 1977). This study will focus upon micro culture or diverse habits and ways of being within family groupings. This includes investigations of differences in the ways in which individual families carry out the particular child rearing, specifically those around practices of sleep and feeding of very young children.

**Macro cultural diversity and the child care setting**

All child care settings are macro culturally diverse. Even when all children in the setting appear to belong to the same macro culture, diversity exists within their micro culture. Ideally staff address each child and family individually. A mother of a Chilean-Brazilian daughter highlights the importance of acknowledging diversity in the child care centre:

> There is cultural diversity at home and that is why I wanted Lara to grow up in an environment which reflects the diversity of the world ... a place where you can find children of different races and languages ... where Lara could feel free and proud of who she is (Chang, Muckleroy & Pulido-Tobiassen, 1996: 24).

Macro cultural diversity within early childhood settings in Australia reflects Australian society. The Australian Bureau of Statistics figures report 84,700 children aged three years and under utilise child care in Australia (Australian...
Bureau of Statistics, 1996). Within New South Wales (NSW) 55,200 children attend child care centres (Australian Bureau of Statistics, 1999c). Further, according to migration figures (Australian Bureau of Statistics, 1999a), 77,300 people arrived in Australia to settle permanently between 1997 and 1998 (p.3). Sydney is noted as one of the regions with the highest proportion of migrants from several ‘non-main English’ speaking countries (p. 37). 32.1% of Sydney residents were born overseas (1999: 36). The ABS also states that in 1996, 15,100 children in child care centres in Australia spoke languages other than English at home (1996: 15).

**The development of identity**

Identity refers to the individual’s sense of self in relation to how he/she fits into society (Erikson, 1950; Hoare, 1991). In the early years of life, young children are involved in the process of developing a sense of identity, their core sense of self (Lally, 1995). The family and community they live in play a major role in developing the self-perception of very young children (Bronfenbrenner, 1979; Carnegie Corporation of New York, 1994) and an important role in the development of identity (Erikson, 1968; Sullivan, 1953).

The essence of the development of the infant’s micro culture is important from early in life. Infants interact with the world around them. They actively devour the environment, exploring both people and objects around them (Berry Brazelton & Cramer, 1990; Bowlby, 1982; Greenspan, 1990; Mangione, 1995; Spritz, 1965;
Stern, 1985). From the environment infants learn about themselves and who they are. The essence of young children's identity is formed in the first two years of life (Mahler, Pine, & Berg, 1991; Rutter & Rutter, 1993). Young children develop their identity through bringing together the beliefs of adults around them.


The process of identifying with others is paramount to identity formation. (Tice, 1996:39). The importance of micro culture comes into play when considering identity formation. Young children are exposed daily to the intricacies of their micro culture through their family and to the macro culture of others, through to the wider community (Courtney, 1982). This includes the child care centre. Child rearing practices exist within macro cultures but micro cultural child rearing practices differ in the way they are applied, for example,

> The Japanese mother ... physically checks her sleeping baby by, for example, wiping sweat from his or her forehead or adjusting the covers. These practices sometimes awaken the sleeping baby and increase the unhappy vocalisations. [However, in contrast] The American mother ... visually checks her sleeping baby (Bhavnagri, 1986: 21).

Bowlby (1988) notes the importance of the first relationship, the attachment process, with a primary caregiver which provides the foundation for personality

\(^{12}\) 'Adult carers' is a term used to define parents, teachers or other significant adults who are primarily responsible for the daily care giving routines in a young child's life.
development. The acknowledgment of and respect for micro culture builds the basis of identity for young children.

Young children, while developing their own self-identity, are simultaneously coming to develop an awareness of differences in others. This developing awareness is based on their observation of the environment and the people within (Katz, 1982). Children by the age of two and a half years are starting to be aware of macro cultural identity; differences for example in characteristics determined by macro culture and gender differences (Derman-Sparks & Anti Bias Curriculum Task Force, 1989:24). This process of learning about macro culture within society is determined by the child's interactions with those around them (Van Ausdale & Feagin, 1996).

The development of macro cultural identity
Macro cultural identity is the self identification of an individual to a macro cultural group, including feelings of belonging, attitudes and involvement in the macro culture (Farver et al., 2002; Phinney, 1990). Parents are recognised as the primary socialising agent in the lives of young children which impacts on their macro cultural identity formation.13

Parents convey macro cultural identity through enculturation and macro cultural socialisation (Knight et al., 1993), parents circuitously reinforce and model macro

13 There appears to be little research conducted on children's macro cultural identity formation (Farver et al., 2002). However, many studies have been carried out with adolescents in relation to this topic.
cultural practices as well as directly teaching about norms, traditions, values and beliefs which form part of their macro culture (Farver et al., 2002). Therefore parent macro cultural identity is an important precursor to young children's macro cultural identity.

The act of incorporating dominant macro culture is referred to as 'acculturation'. Acculturation is "... the extent to which individuals have maintained their [macro] culture of origin or adapted to the larger society" (Phinney, 1996:921). The literature identifies four approaches to the process of acculturation. Individuals can:

1. Assimilate – immerse themselves fully in the dominant macro culture and discard their own macro culture.
2. Become marginalised – neither take on the dominant macro culture or their own macro culture.
3. Separate – immerse themselves fully in their own macro culture and reject the dominant macro culture.
4. Integrate – combine a home macro culture from a different ethnicity into the dominant macro culture. Here the individual determines appropriate characteristics to keep and those to adopt from the home and dominant macro culture (Berry et al., 1988; Berry et al., 1989; Farver et al., 2002; Phinney, Horenczyk, Liebkind, & Vedder, 2001).
Acculturation which is considered the most effective for successful individual sense of well being is integration (Berry, 1980; Berry et al., 1988; Berry, Kim, Minde, & Mok, 1987; Phinney et al., 2001). Individuals who integrate are able to function more effectively; show higher levels of mental and physical health; display a higher self esteem; and have less psychological problems (Liebkind, 2001). Studies have shown that parents’ level of acculturation impacts on family members (Barankin, Konstantareas, & deBosser, 1989; Koplow & Messinger, 1990). Thus young children’s adjustment to a different macro culture to that of the home depends to a great extent on parents’ comfort level with the new macro culture. Low self-concept and self-esteem in parents is transferred to children.

The theoretical underpinnings for this thesis
Three areas guide this study. Bronfenbrenner’s ecological model of human development stresses the importance of parental, community and societal influences on the development of young children (Bronfenbrenner, 1979, 1986). Bronfenbrenner’s emphasis on the importance of studying young children in their natural environment has been incorporated.

Bourdieu’s theory of cultural capital identifies institutions such as school as playing a major role in the reproduction of cultural division and the reinforcement of the value of dominant cultural capital (Bourdieu, 1973).
This thesis is also guided by the evolution of the early childhood sector. The development of a fourth discourse encompasses a holistic approach to early childhood development and redefines ‘quality’ service in the field of early childhood education to incorporate out of setting goals (Dahlberg, Moss, & Pence, 1999b; Hayden, 2000a; Lero, 2000; Moss, 1997; Pence & Benner, 2000). These three areas are described below.

1) The ecology of human development

Bronfenbrenner (1979) identified the significance of the interactions between differing aspects of society and their relationship with the development of the individual. He showed that individuals are influenced by four interconnecting ecosystems that he termed the microsystem, mesosystem, exosystem and macrosystem.

For the purpose of this thesis, Bronfenbrenner’s approach has been adapted to incorporate the influence of micro and macro culture on the young child in the early childhood setting. When examining micro culture in relation to young children, it is shown that the impact of placement in early childhood settings affects their individual development. Those around them influence infants from birth (Bowlby, 1988; Rutter & Rutter, 1993; Triandis, 1994). The family, as the primary socialising agent, instills their macro and micro cultural heritage (Whiting & Edwards, 1988). However, attendance at a child care setting is increasingly occurring from an early age. It is no longer unusual to find a child in full time care.
(Australian Institute of Family Studies, 2002; Wise & Sanson, 2000). The child care centre becomes a major socialising agent under these circumstances, as young as six weeks.

Outside influences also affect the development of the young child in the early childhood setting. I adapted Bronfenbrenner’s ecological framework and developed the *Ecological Model of Influences Upon Practising Micro and Macro-Cultural Diversity Within the Early Childhood Setting* (Figure 1, p. 51). This model has provided the framework for this study in assessing the early childhood setting and the impact of micro and macro cultural influences upon the young child. The levels of the framework are described below.

*The microsystem – Parental expectations*

Bronfenbrenner’s first level or microsystem identifies relationships and roles in the immediate environment, highlighting the reciprocity between relationships (1979). For the purpose of this thesis, the microsystem incorporates the young child within the family setting. The young child is born with characteristics that are genetically determined (Rutter & Rutter, 1993; Villarruel et al., 1995) along with a micro and macro cultural background that is inherited from the family. Further, each young child brings into the early childhood setting his or her own personal agenda for growth and development influenced by the family/parents, their micro/macro culture, interaction with the environment and other people. The microsystem recognises that parents have expectations for the young child within
the child care setting and their choice of early childhood setting represents their own values (McKim, 2000).

The mesosystem – Staff attitudes and awareness
The second level or mesosystem recognises connections between and among the child’s immediate settings. In my model the mesosystem refers to staff attitudes and awareness. The ability of staff to recognise and explore macro cultural diversity, the capacity to provide for children speaking languages other than English and gaining understanding of expectations of child rearing practices of differing micro cultures are included in this level of analysis (Mangione & Speth, 1998).

Within the mesosystem, the interactions of staff become the basis for assessing consistency of micro cultural practices. Staff imposing personal expectations upon young children can work for or against macro and micro cultural expectations (Thomas, 1998).
PLEASE NOTE

The greatest amount of care has been taken while scanning the following pages. The best possible results have been obtained.
Figure 1. Ecological Model of Influences upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting (De Gioia, 2002).

Microsystem
Parent expectations

Mesosystem
Staff attitudes and awareness

Exosystem
Supporting policies and/or regulations

 Macrosystem
Societal beliefs, attitudes and values

(Adapted from Bronfenbrenner, 1979; Hayden, 1996).
The exosystem – Supporting policies and/or regulations

The third level or exosystem includes social systems which affect the child's life but which represent places or incidents from which the child is absent. For example, activities within a parent's place of work affect the child, despite their lack of interaction. In my model I refer to government regulations, policies and legislation which will impact upon the availability and affordability of child care services and their ability to meet the macro cultural needs of the community in which they are situated.

The Australian Commonwealth Government has developed *Priority of Access Guidelines*\(^4\) which endeavour to ensure families with the greatest needs have a higher priority when looking for a child care centre (Commonwealth Department of Health and Family Services, 1998). The Guidelines are enforced through access to Child Care Assistance. The four categories for priority of access are:

1. Children of parents who are working, looking for employment, studying, training or on leave connected with employment;
2. Children with a disability, children with parents with an ongoing disability;
3. Children at risk of neglect or abuse;
4. Any children of families not identified above (Commonwealth Department of Health and Family Services, 1998:4.2). Further, priorities exist within each category, which increase the family's eligibility to access the service. For

\(^4\) Developed in 1989, the *Priority of Access Guidelines* sought to achieve the Commonwealth Government objective of targeting assistance to families with dependent children to facilitate workforce participation or work related commitment, for example study or training (Commonwealth Department of Health and Family Services, 1998).
example families with a non-English speaking background are given priority over English speaking families (Commonwealth Department of Health and Family Services, 1998:4.2.2).

The Commonwealth Government supplies funding for Supplementary Services (SUPS) through regional organisations on a needs based approach. Support is provided for short-term periods. Centres with young children from non-English speaking backgrounds are able to apply for this extra support (Commonwealth Department of Health and Family Services, 1998) in order to provide special services relating to language and macro culture for young children within the centre.

Another example of policies which affect macro culture is the Australian Quality Improvement and Accreditation System. The program sets standards and monitors indicators of quality child care for Commonwealth funded child care centres. The system is operated through self study, parent comments and validation by a trained external validator (National Childcare Accreditation Council, 1994).

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15 The Commonwealth Government introduced the Quality Improvement and Accreditation System in 1994. This System is designed to endorse and acknowledge a high standard of care in child care services. It contains 52 Principles and a self assessment tool. All licensed child care services in Australia need to complete the process and be approved in order to access Child Care Benefit payments for families (National Childcare Accreditation Council, 2002).
The system contains *Several Principles of Quality* which refer to parent involvement in the centre. The requirement for parent involvement operates on two levels. Firstly questionnaires need to be distributed to parents and secondly, parents can sit on the centre's Accreditation committee. *Quality Improvement And Accreditation System* Principles have been criticised for excluding macro cultural differences in parents' perceptions about involvement and participation (Ebbeck & Glover, 2000). There is an underlying assumption that all parents want to be involved in these kinds of activities.

**The macrosystem – Societal attitudes, beliefs and values**

The fourth level or macrosystem incorporate the values, beliefs and attitudes held by the wider social environment of the child and family (Bronfenbrenner, 1979; 1986). The community in which the child care centre is located is influenced by this wider environment and vice versa. For example, centres placed in areas with high migrant numbers face different issues than those in highly resourced, dominant Australian macro cultural areas. This has implications for service type and delivery in that area. Further, the composition of the macro cultures within the wider community and their expectations for young children within the early childhood setting can influence the centre's operation (Bourdieu, 1989a; Hayden & Macdonald, 2000).
2) Development of cultural capital

Bourdieu theorised the importance of 'capital' as a 'power' resource for individuals (Bourdieu, 1989b). He attached this notion to macro culture and the role that the school system plays in reinforcing and reproducing the culture of the dominant cultural group within society (1973). Success in the school environment is seen as a product of the type and amount of macro cultural capital transmitted through the family unit. This capital overshadows individual accomplishment (Bourdieu, 1986). Current early childhood institutions play the same role as the schools in Bourdieu's study (Fleer, 2000a). For the majority of families in Australia early childhood settings constitute the first institutions that children attend without their parents (Hayden & Macdonald, 2000).\textsuperscript{16} Attitudes and practices take place in early childhood institutions long before children attend public school systems.

Bourdieu identified macro cultural capital in three states:

1) Macro cultural capital as an embodied state

Macro cultural capital is amassed in the early years of life. It involves the family and other relevant individuals socialising the young child into the appropriate macro cultural characteristics (Bourdieu, 1989a). Bourdieu's notion of the school setting reinforcing and rewarding dominant macro cultural values is befitting to families and very young children who use early childhood institutions. The dominant macro culture is reflected throughout the curriculum and the

\textsuperscript{16} In Australia almost 70% of families with children under school age access early childhood services (Australian Bureau of Statistics, 1999b).
pedagogical practices associated with early childhood education; for example, it has been recognised that stages of child development are macro culturally contextual (Bhavnagri, 1986; Fleer, 2000b; Goldberg, 1977; Harkness, 1980; Lubeck, 1994; Okagaki & Diamond, 2003; Rogoff, 1990; Rosenthal, 1999). The notion of developmental ‘norms,’ used by early childhood teachers in OECD society to determine curriculum outputs and define appropriate stages through which young children are seen to travel, do not take into account development which is micro and macro culturally laden (Bredekamp & Copple, 1997).

The dominant macro culture is highlighted through the formal and informal structures and processes adopted in child care centres in Australia. Considered to be one of the best-regulated systems in the world, the Quality Improvement and Accreditation System defines standards for many practices, including working in partnerships with parents. In this case parent partnership, deemed to be a benchmark for high quality practice is a good example of dominant macro cultural norms. In many macro cultures represented by families in Australia, parents do not value involvement in the care and education of their children (Ebbeck & Glover, 2000).

2). Macro cultural capital in an objectified form

Books, artwork and scientific instruments that necessitate expert macro cultural aptitude to use (Bourdieu, 1989a) represent macro cultural capital in an objectified form. The early childhood institution reflects the dominant macro
culture through specific art and craft materials. For example, it is common in Australia to use food products for toys such as making playdough, pasting with rice or threading macaroni. This practice is anathema for some macro cultures; there is a tradition of food scarcity. Similarly in early childhood settings there may be picture books with men and women acting in ways that are deemed inappropriate or irreverent in some macro cultures.

3) Macro cultural capital in an institutionalised form

This refers to the educational credential system. Accessibility of higher education is widely viewed as an appropriation of societal status (Bourdieu, 1985). Parents ‘buy into’ higher education so their children can gain the rewards and ‘fit’ into the dominant culture later in life.

Early childhood teacher training courses have been recognised as homogenous and are strongly tied to OECD value systems in their teaching (Edwards et al., 1996; Rosenthal, 2000). Early childhood teacher training courses are presented as

... culturally neutral... [but are] grounded in the world views, beliefs and norms of those who conceptualise the curricula (Ball and Penteo, 2000:21).

In Australia, migrants have not traditionally accessed early childhood teacher training programs (Ebbeck & Glover, 2000; Greive & Maloney, 2000). In cases where migrants are admitted, these courses reflect the dominant culture and give little credence to alternate child development theories and practices (Ebbeck & Glover, 2000).
3) Early childhood education as an evolving concept

Early childhood education up to the year 2000 has been driven by four evolving discourses. The first discourse described child care as a program for working parents. The movement of large numbers of women into the work force started in the 1960's and coincided with the increased demand for child care settings. The second discourse focused on the importance of child care and education support services for children with 'additional' needs. This was spearheaded by Head Start in the United States of America and subsequent 'compensatory' programs for low-income families and children with additional needs. The third discourse of early childhood education moved towards more universality. Early childhood education was promoted for all children as a preparation for school readiness (Dahlberg et al., 1999a; Hayden, 2000a; Lero, 2000; Moss, 1997; Pence & Benner, 2000).

Since the 1990's early childhood education has evolved towards a fourth discourse (Dahlberg et al., 1999a, 1999b; Hayden, 2000b; Hayden & Macdonald, 2000; Lero, 2000). The fourth discourse broadens the goal of early childhood education from a child centred to a community centred approach. This broadened approach emphasises meeting the needs of the differing cultures within the early childhood centre, the family and the community (Hayden, 2000b; Hayden & Macdonald, 2000; McBride, 1999). Within this fourth discourse quality indicators are similarly broadened to include features which exist outside of setting walls. These include:
- Modeling respect for diverse cultures, religions and languages.
- Linking the early childhood service to other organisations, agencies and agents within the community.
- Emphasising two-way communication with parents and other stakeholders.
- Focusing on partnerships with parents which incorporate shared decision making.
- Providing services that are of ‘cultural, social and economic significance’ to the community over and above care and education of children (Dahlberg et al., 1999a; Doherty-Derkowski, 1995; Hayden & Macdonald, 2001; Hayden & Macdonald, 2000; Lero, 2000; McBride, 1999; Moss, 1995; Moss & Penn, 1996; Pence & Benner, 2000).

**Daily routines and rituals in the lives of very young children**

Daily routines and rituals are important components of overall family functioning. Daily routines are a factor of micro culture. Routines are defined as behaviours which are frequent in occurrence. They are given little thought in their execution and less thought after occurrence. Any observer external to the family unit will be able to identify routine practices in action (Fiese et al., 2002). Family rituals hold symbolic meaning and display commitment and belonging to a group. They generally involve emotions and transcend generations (Fiese et al., 2002).

Basic habits of very young children include sleeping and feeding. These components are found in every macro culture. They are the necessary routines
for the basic survival of young children (Small, 1998). Young children are
dependent upon adults meeting these needs. The manner in which feeding and
putting infants to sleep are performed are direct reflections of the adult's personal
experiences and will contribute to a developing sense of self micro and macro
cultural identity. A staff person describes her reflections,

Rose ... was teaching children the table manners grounded in her culture, [when
questioned] her response was one of surprise and interest. "I didn't realize I was
doing that. I was teaching children to eat the way I was taught" (Chang,

Micro culture is passed on through experiences. It becomes a part of the life of
the individual. Because of the influence from an early age, micro culture is
unconscious and results in the way practices are carried out with others. Feeding
and sleep are child-rearing practices that are common to all macro cultures. It is
the approach taken by the individual adult that differs (Small, 1998).

Sleep and very young children

Sleep accounts for a large part of the life of the infant. It is necessary for effective
functioning and biological growth and development. A large amount of time that
infants spend in child care centres is spent sleeping or preparing for sleep. While
patterns of sleep and processes for putting infants to sleep vary among
individuals (Caudill & Plath, 1966; LeVine, 1989; Trevathan & McKenna, 1994),
the timing of sleep and the vulnerability felt by the infant prior to going to sleep,
are consistent amongst all infants (Greenman & Stonehouse, 1997).
Sleep time in the child care centre can be categorised as a period in which young children have difficulty adjusting. Tiredness or over tiredness, coupled with an environment that is different to the home setting and patterns of going to sleep, which again can be different to home, often result in stress and anxiety for infants (Provence et al., 1977). Sleep patterns are one of the last practices to change in the new country for an immigrant family (Farooqui, Perry, & Beevers, 1991; Gantley, Davies, & Murcote, 1993).

Parents take on particular patterns with their infant when timing sleep. Gonzalez-Mena (1997: 37-38) refers to these contrasting patterns as ‘schedules’ and ‘natural rhythms’. Schedules refer to infants being placed in a routine of predictability whereby sleep times are consistent throughout the day, every day. Natural rhythms refer to taking cues from the infant on a daily basis and working with this. Therefore sleep times will be irregular and the infant will determine the length of the sleep on that particular day.

There are quite distinct methods for the process of putting infants to sleep. Parents may hold, rock or place their infant in a cot or crib and allow for a certain amount of fuss or crying until the infant falls asleep. Again this pattern is generally established in the home by the parents and becomes familiar to the young child as part of their routine.
The significance of co-sleeping is highlighted in some macro cultures (Morelli, Rogoff, Oppenheim, & Goldsmith, 1992). It has been linked to emotional and physical security for the infant and strengthens the sense of family belonging (Hale-Benson, 1986). Abbott (1990: 43) identified that it created a 'greater emotional interdependence with the family.' Co-sleeping involves the infant sleeping with the parent/s. and is practiced in many macro cultures (Rogoff, 1990). A study of 136 societies found that infants co-slept with their mothers in two thirds of the communities and in the remaining one third, the infant usually slept in the same room as the mother (Whiting, 1964). It has also been noted that other macro cultures sleep infants from birth in their own crib and in some instances, in another room (Ferber, 1985; Rogoff, 1990; Spock & Rothenberg, 1992). OECD middle-class macro cultures see sleeping alone as developing independence in young children (Ben-Ari, 1996:144), a direct contrast to the notion of interdependence identified with co-sleeping (Caudill & Weinstein, 1969; Keefe, 1987; Rogoff, 1990).

Parents determine what they feel is suitable for their child. These micro cultural practices directly influence the behavioural expectations of the parents (Abbott, 1992). There is no correct answer as to how children should be placed to sleep or where, however most adults believe their practices to be appropriate and best for the child (Hall, 1976).

... best friend was from India. After ... many months ... learning to trust each other, she finally got up the courage to ask me, "Why are you ... so cold to your children? I couldn't figure out what she was talking about and asked her to explain. "Oh," she said, her voice filled with sorrow, "you make them sleep all by
themselves in separate rooms! How can you do that to a tiny child?” (Chang et al., 1996:63).

Sleep practices have implications for the early childhood teacher in the child care setting. They must take into account the above outlined practices as part of sleeping, relative to the individual child. The process becomes complex in light of the number of children under three in care within many centres, many of which will be from differing macro cultural backgrounds.

**Feeding and very young children**

Studies show that the development of secure attachments, cognitive and linguistic competence are linked to quality feeding interactions (Barnard et al., 1989). Feeding young children is a routine event, however, the expectations in relation to the manner in which infants are fed and what they can eat, varies significantly between macro cultures. Meal times are particularly involved in the child care setting when taking into consideration the different ages and abilities of young children (Greenman & Stonehouse, 1997), combined with numbers of children from differing macro cultures.

From birth, parents determine the infant’s feeding regime, often with the advice and support from those around them such as pediatricians, relatives or self help books (Brunson Phillips & Cooper, 1992). The feeding process relies on input from both parent and child, making this a shared experience (Satter, 1992). There are two distinctive patterns that emerge particularly with bottle feeding or
breast feeding, which follows the infants’ cues and routine feeding at specified times (Gonzalez-Mena, 1997; Poulton & Sexton, 1995; Small, 1998). Positive attachment and self-regulation for the child have been linked with the ability of the parent to adjust to the needs of the infant’s feeding demand (Ainsworth & Bell, 1969).

During their first 3 years of life children are learning new skills and experiencing new tastes and textures when eating. Skills include movement to solids, learning to self-feed and the social aspects are also important. These refer to the relationship with the ‘feeder.’ Mealtime can promote the rules of the macro culture therefore developing shared meaning (Brunson Phillips & Cooper, 1992).

The expectations of how young children eat can vary between macro cultures. Utensils or fingers come under scrutiny from parents. The concept of encouraging independence versus interdependence comes into play. The point at which a young child is encouraged to self-feed as opposed to eating with help from an adult can differ significantly between families. Personal beliefs about how children eat do not necessarily reflect any one macro culture. Due to an individual's internalised micro cultural upbringing, what constitutes ‘correct’ is not necessarily reflected in the practices of others from the same macro cultural group (Gonzalez-Mena, 1997).
Child care centres operate from eight to twelve hours per day (New South Wales Department of Community Services, 1998) and can be responsible for providing breakfast, morning and afternoon tea and lunch. Staff have responsibility for the intake of food by young children over the day. The rapid growth and development of young children in relation to their needs for essential nutrients has been noted (Briley, Buller, Roberts-Gray, & Sparkman, 1989; Gelissen, Wall, Lilburne, & Truswell, 1992; Martin & Macoun, 1996; Nahikian-Nelms, Syler, & Mogharreban, 1994; New South Wales Department of Community Services, 1998). The New South Wales Department of Community Services (1998) regulations require that centres provide at least 50% of the Recommended Daily Intake of all nutrients for children whilst in the centre.

Feeding in the centre has significant effects for staff. When planning and preparing meals centre staff must consider the aforementioned dietary regulations whilst also being mindful of the differing macro and micro cultural expectations of families at mealtime (Rouse, 1996).

**Micro and macro culture and the early childhood setting**

Due to the increasing number of children from non-English speaking backgrounds, migrants from Asian and European regions of the world,

17 The licensee determines whether meals will be provided. Some child care centres provide all food and drinks for young children (employing a cook or using external catering services), whilst others may stipulate what parents are to provide for their children. It can be anything from a piece of fruit for morning/afternoon tea with other meals supplied, to all meals being supplied by the parents (New South Wales Department of Community Services, 1998).
(Australian Bureau of Statistics, 1996, 1999a) there are significant implications for the child care setting in Australia. Early childhood teachers are working with increasing numbers of young children from different macro cultural backgrounds (Villarruel et al., 1995). Their awareness of and sensitivity for families is paramount for the effective growth and development of young children (Lally, Torres, & Phelps, 1994).

Micro and macro culture exists for all individuals. Therefore it becomes fundamental that early childhood teachers reflect on their own personal history and experiences in order to determine their micro and macro cultural beliefs (Neugebauer, 1992; Stremmel, 1997). Through personal reflection, teachers can gain insight into why they carry out practices in certain ways and determine whether their way is appropriate for all the young children in their care.

Scott Brown (1981) states that micro culture is most successfully protected through child rearing practices. He believes that "... most individuals ... come to accept the way they raise their children is the only way or at least as the very best way" (p. 16). The early childhood teacher who follows different practices may be creating micro cultural conflict between the home and centre. By following through with practices that are acceptable to him or her, the teacher may be implementing practices unfamiliar which are at best, or worst unacceptable to some families.
While early childhood teachers can personally feel that they are providing macro culturally sensitive care and education to all children, the best intentions may be grossly misdirected. Although teachers feel they are providing what they consider 'best' for the child, this may be incompatible to the child’s macro culture.

[At the] University child care center...[the] caregiver often cared for babies of international students...[the caregiver was] responsible for an 18 month old Korean girl who always allowed the other toddlers to take her toys...Wanting the child to be able to stand up for herself...[the caregiver] worked to teach the girl to be more assertive. ...[When the] Parents came to visit the centre...watching their child exhibit this new behaviour, they exclaimed, "What will we do when we return to Korea? Such selfishness is unacceptable!" (Chang & Pulido, 1994:14).

This anecdote shows that the caregiver was promoting practices that she saw as positive and in the best interests of the child but these contrasted with the practices of the young child's macro culture.

Staff with different macro culture to the children can impact upon learning and development. Learning between different macro cultural groups can be influenced by three factors:

1) The way information is received and processed.

2) Interactional styles, the expected roles taken by adult and child within the learning environment.

3) Languages, particularly dialects in speech (Nieto, 1992).

When teachers come from the same macro cultural background as the children in the centre it is less likely that insensitive practices will occur (Lubeck, 1994). Bilingual workers have also been identified as a way to ensure support to parents and children from diverse backgrounds (Sims & Hutchins, 2001). However, this
focuses on macro cultural similarity and could lead to stereotyping. Beliefs and practices are not necessarily the same for people who share a macro cultural background (Ebbeck & Glover, 2000; Hopkins, 1989). Assumptions about macro culture produce hostile environments that can cause feelings of one’s macro culture being undervalued or not accepted (Scott Brown, 1981; York, 1991). The result for young children, families and early childhood teachers may be tension and discomfort.

When large mixes of macro cultures are incorporated into a centre, this can create dilemmas for early childhood teachers. Implementing practices from the most ‘popular’ or largest macro culture (supporting Bourdieu’s notion of dominant culture) can have detrimental effects on young children from less represented macro cultures. Again issues arise with development of personality and sense of self and identity (Bhavnagri & Gonzalez-Mena, 1997; Chang & Pulido, 1994; Harkness, 1980; Rodd, 1996). By yielding to the requirements of the main or dominant macro culture, ‘clashes’ may be inevitable. Conversely, it may cause the non-dominant macro culture to change their practices to fit in with the main macro culture. Feelings of inferiority and questioning of appropriateness of macro cultural practices start to develop (Jordan, Peel, & Peel, 1993).

**Programming and micro and macro culture**

Programs which run in child care centres can reflect macro cultural diversity, focus on the dominant macro culture (Rodd, 1996; York, 1991) or choose
programs from other countries which have displayed positive outcomes for their place of origin. Ebbeck & Glover have also noted the inclination of centres within Australia to adopt programs from other countries for incorporating into centre programming (2000). A specific example of this is the Reggio Emilia approach, which incorporates the children, families and community of Reggio Emilia, Italy (Gandini, 1993). The theoretical concepts underlying this approach are extremely effective for that community. The region affords support from all levels, families, community, government policy and legislation (New, 1997; Pence & Benner, 2000). Transposing the approach directly is not usually appropriate. Reggio Emilia in Australia may not have the consistent support of the outer levels of the ecological model (Hayden, 1996) to sustain this type of program effectively (Dahlberg et al., 1999a). Taking an approach and superimposing it over child care settings in Australia does not represent the macro culture of the community in which the centre is situated.

Research in four Head Start Programs in America identified the impact of macro culture upon program development and improvement in early childhood service delivery (Lubeck, Jessup, deVries, & Post, 2001). This study explored the view of context and it's meaning within each Head Start Program. Findings identified that the diversity of social practices are components of macro culture which is individual to each program and cannot be reproduced in different communities because macro culture is influenced by interactions and is contextually based (Lubeck & deVries, 2000; Lubeck et al., 2001).
The practices of the child care setting can covertly influence the macro and micro cultural background of young children. If the child care centre promotes working towards independence and autonomy for young children, as opposed to interdependence, this may work in opposition to what parents are trying to achieve with their children (Gonzalez-Mena, 1994; Rodd, 1996).

**Working in partnership with parents**

Working in partnership with parents is an identified quality indicator of early childhood programs (Hughes & Mac Naughton, 1999, 2000; Hughes & Mac Naughton, 2001; Koch & McDonough, 1999; National Childcare Accreditation Council, 1994; New South Wales Department of Community Services, 1998; Shimoni, 1991). This has been shown to have a positive impact on the care and education of young children (Owen, Ware, & Barfoot, 2000; Pelo & Davidson, 2003). Parents are the most reliable source of information in relation to young children. Language or communication differences, both verbal and non-verbal between parents and teachers can hinder partnership and impede the development of positive, trusting relations (Heath, 1983; McCormick, 1987).

Young children develop a secure sense of identity through consistent care practices. The partnership between parents and early childhood teachers is imperative for this consistency (McBride, 1999; Swick, 1994). Parents are the source of knowledge of their own macro and micro culture. They know the child
rearing practices that are familiar to their young children and those valued by their family (Benedict, 1938; Mead, 1975). When a child attends a centre from a very young age, early childhood teachers play a significant role in their lives. This means that two (or more, depending upon the number of early childhood teachers responsible for each individual child within the setting) different people who may be from diverse backgrounds could be spending almost equal amounts of time with the child. These two individuals may reflect very different child rearing beliefs and expectations (Hess, Price, Dickson, & Conroy, 1981; Katz, 1980; Kontos, 1987).

Working in partnership with parents involves moving the relationship beyond superficial interactions (Davies, 1997). Partnerships involve equal power base with both parties having input into decision making about what is best for the child (Coleman & Churchill, 1997; Hasseloff, 1990; Hughes & Mac Naughton, 2001). It has been noted that parent partnerships in child care centres can be tokenistic and hierarchical (Atkin, Bastiana, & Goode, 1988; Hughes & Mac Naughton, 2002; Newport, 1992), with parents deferring to the advice of the early childhood teacher. Conversely, effective partnerships between early childhood teachers and parents, involves communication about practices in both settings and result in “... more sensitive and supportive caregiver-child interactions in child care ...” (Owen et al., 2000:424). A partnership between parents and caregivers has twofold effects. Children will respond positively to teachers whom they see are developing a relationship with their parents. Parents tend to feel
reassured and less anxious when they observe caring interactions between teacher and their child (McBride, 1999; McKim, 2000; Sims & Hutchins, 2001).

A study of Indigenous preschool children and their families investigated perceptions of early childhood education as a lived experience for themselves and their child (Fleer, 2000b). Findings show that in order for Indigenous families to have a voice, outcomes need to be actively co-constructed between early childhood teachers and families (Fleer, 2000b; Fleer & Williams-Kennedy, 2002). This reinforces the importance of staff working in partnership with parents for successful outcomes for children.

Communication – parents and early childhood teachers

Open communication has been identified as an important method for ensuring positive relations between parents and early childhood teachers (Doherty-Derkowski, 1995; Hayden, De Gioia, Fraser, & Hadley, 2002; Hughes & Mac Naughton, 2001). This includes two-way dialogue, whereby both partners are equal in the giving and receiving of information. The outcome is shared meaning for both parties (Farver et al., 1995; Gudykunst, 1991; Hasseloff, 1990). Feelings of empowerment\(^{18}\) for parents increase the parent staff partnership. Communication is enhanced by obtaining information relative to child rearing practices (Pulido-Tobiassen & Gonzalez-Mena, 1999). This supports and

\(^{18}\) I am using the term empowerment to describe parents' understanding that they have specialist knowledge in relation to their children and that they feel comfortable to share this knowledge with staff on a continual basis due to the partnership which has been established over time (Shepard & Rose, 1995; Swick & Graves, 1993).
increases the communication between the parents and teachers by providing a sense of shared meaning.

There are many issues associated with micro and macro cultural sensitivity and child rearing practices. Micro or macro cultural conflict can occur when there are differing opinions between parents and early childhood educators relative to care giving practices. This anecdote shows the differing expectations of the parent and staff in the centre.

The mother of a ten month old baby complains to a caregiver that the baby is allowed to crawl all over the … room. She tells the caregiver that at home the baby stays in a playpen to keep safe and quiet. She adds that lately the baby has started complaining about being put in the playpen because she is getting used to roaming freely in child care. The mother does not like the situation. (Mangione, 1995: 31-32).

When staff and parents are coming from different macro cultures, a contrast in beliefs may result. Effective macro cultural continuity goes beyond the early childhood teacher believing that ‘their way is the right way,’ to developing mutual understanding between both parties (Gonzalez-Mena, 1997; Powell, 1989). Early childhood teachers can share with parents their experiences relative to their macro and micro cultural practices (Bredekamp, 2003; Coleman & Churchill, 1997).

Care giving practices carried out by parents cannot always be described. They are intrinsic aspects of the daily routine and by their nature are difficult to identify and discuss (Harkness, 1980). Observation and imitation have been
recommended as a method for parents to share practices with centre staff (Pulido-Tobiassen & Gonzalez-Mena, 1999).

**Micro or macro cultural conflict between parents and early childhood teachers**

Leister (1993) highlights the significance of avoiding assumptions about macro culture. This amounts to stereotyping and can cause hostility and bias. Individuals can operate within macro cultures in different ways. Open communication or developing partnerships with parents reduces the likelihood of practices being carried out with children which are inappropriate. (Chang & Pulido, 1994; Peel, 1995).

There are instances where conflict can occur between parents and early childhood teachers. These can be related to micro or macro cultural issues. Stereotyping and making assumptions about particular macro cultures can create conflict (Pelo & Davidson, 2003). It should not be assumed that because a family presents with a macro cultural background that they want the centre to practice that particular macro culture with the young child.

Effective communication can work towards decreasing differences in the understanding of particular care giving practices with young children and ensure outcomes for children are meaningful and co-constructed between parents and early childhood staff (Chang & Pulido, 1994; Derman-Sparks & Anti Bias Curriculum Task Force, 1989; Farver et al., 1995; Fleer, 2000b; Gonzalez-Mena,
1997). Banks (1988) has noted the need for teachers to identify with their own bias towards practices and attempt to dispel these when working with children. Information gathering about particular macro and micro cultural practices from parents and extended families is imperative to ensure correct practices are being carried out with young children (Derman-Sparks & Anti Bias Curriculum Task Force, 1989).

Continuity between home and centre

Children moving between the early childhood setting and the home environment are socialising between two differing settings with differing expectations. Continuity requires effective, open communication and partnerships between parents and staff (Powell, 1989). The extent to which continuity can occur in the setting requires further exploration.

Continuity is defined in terms of linkages and similarity between the home and early childhood setting (Powell, 1989). This incorporates an understanding of relationships between early childhood services and families and the extent to which child rearing goals and interactions are reflective of the home environment (Rosenthal, 2000). Parents and staff involved in these concepts which reflect a complete continuity is unlikely. Whilst children are capable of operating between two environments, the potential for adaptation is influenced by environments which offer consistency and predictability (Rosenthal, 2000:13). When the two environments offer contrasting differences in goals, understanding of
development and valuing of micro and macro culture, the result can be detrimental to the child’s ability to adapt to the environments (Farver et al., 1995; Powell, 1989; Rosenthal, 2000; Serpell, 1993).

Discontinuity between home and early childhood setting is influenced by the significantly different contextual settings of each environment. These differences are identified in roles for settings, expectations for children, behavioural expectations and routines (Katz, 1980). This is further supported by the notion that early childhood teachers see their role as quite distinct from that of a mother. Early childhood teachers have continually sought recognition for their role as a profession supported by their training and expertise based on theoretical knowledge of child development (Hayden, 1996; Katz, 1980; Rosenthal, 2000; Taylor, 2000). This role is significantly different to that of parent, which involves differing emotional needs of the child and draws upon personal micro and macro cultural experiences (Rosenthal & Zur, 1993).

Two significant Australian studies address issues of continuity between home and early childhood setting. Ebbeck and Glover (2000) explored continuity between home and early childhood setting. Their study investigated immigrant families’ expectations compared with early childhood teacher expectations of child care services in South Australia. They identified differences in expectations between parents and teachers in terms of parent involvement and maintenance of micro and macro culture in the centre and maintenance of home language. Findings identified differing levels of expectations for parent involvement and that
parents placed less value on home/centre consistency than teachers (Ebbeck, 2001; Ebbeck & Glover, 2000).

The Australian Institute of Family Studies explored the affect of continuity and discontinuity of practices between the home and early childhood setting on developmental outcomes for young children. Findings showed that influences on children were diverse; with discontinuity between home and early childhood setting having a negative impact on child development. This was particularly evident in behaviour, social, language and motor skills of the child (Wise, 2002, 2003; Wise & Sanson, 2000).

Summary
The necessity for the recognition of young children's individual micro culture cannot be understated. The essence of identity is formed in the first two years of life. It is at this time that individual micro culture and the macro culture of those around becomes important (Derman-Sparks & Anti Bias Curriculum Task Force, 1989; Katz, 1982). Failing to recognise micro and macro cultural differences in practices transmits to young children a sense of triviality about their personal background. This causes low self esteem and a lack of self respect, which can remain with the young child throughout their life (Cross, 1985).

The importance of supporting micro and macro cultural diversity in the early childhood setting has been determined (Coleman & Churchill, 1997; Hasseloff, 1985).
1990; Lubeck, 1994; Neugebauer, 1992; Pulido-Tobiassen & Gonzalez-Mena, 1999; Scott Brown, 1981; Stremmel, 1997; Villarruel et al., 1995). What has not been explored are parents’ beliefs and expectations about the role of the early childhood setting in terms of implementing macro and micro cultural practices for individual young children, particularly in relation to sleep and feeding. Further information is needed in relation to early childhood teachers’ perceptions of their role in disseminating and carrying through micro and macro cultural values and implementing these practices in the centre.

Sleep and feeding are important daily routines for young children. These are necessary for survival and create a sense of security and familiarity for young children (Bhavnagri, 1986; Martin & Macoun, 1996; Small, 1998). The manner in which these activities are carried out form part of the young child’s developing identity (Bronfenbrenner, 1979, 1986; Carnegie Corporation of New York, 1994; Rogoff, 1990).

Children move outside the family group at young ages. The ecological model provides a framework for understanding the influence of the settings outside the home (Bronfenbrenner, 1979; Hayden, 1996). In the new millennium child care centres are a significant part of most families’ ecology in OECD countries. The literature review identified the need to address the following research questions:

1. How do staff in child care centres communicate with families about sleeping and eating practices for young children?
2. How do staff in child care settings deal with individual differences in sleep and feeding patterns in children?

3. How do parents address the issue that child care centres may implement different practices around sleep and feeding with their young child?

4. What are the implications for inconsistency in these areas for the young child and family?

5. What strategies have been successful for dealing with these inconsistencies in home and centre practices?

6. How does policy support or constrain consistency in practices?

The following chapter will describe the methodology used to explore the extent to which practices in the home environment are reflected in early childhood settings in New South Wales. The framework for analysis is described. A description of the pilot study and the adaptation to the methodology based on those findings is also described.
Chapter 3

METHODOLOGY

Introduction
The previous chapter reviewed the literature. This literature described that micro and macro cultural practices in the immediate environment are linked to development on individualised micro culture in young children. It was shown that routines – such as sleep and ways of feeding provide security for young children and influence the child’s sense of identity. The literature supports the importance of parents and staff in child care centres working together to facilitate continuity of practice.

This chapter builds upon the literature review to describe the current study. There has been a substantial increase in the number of families with very young children accessing early childhood services in New South Wales, Australia. This constitutes a social change; the implications of which have been described by many researchers. Researchers have analysed the impact of out of home environments on various aspects of child development. However, very few studies to date have included in their analyses the implications for development of micro and macro cultural development in young children when they are cared for outside their home environment.

This chapter describes the research design and data collection methods used to address the major research question. A pilot study was implemented to test the
instruments. The findings from the pilot study are described. These prompted some changed directions for the larger study. Limitations to the study are also identified.

The literature highlighted gaps in our understanding of continuity of care and macro and micro cultural practices between home and the early childhood setting (with particular reference to sleep and feeding). This led to an identified gap in information about effects of early childhood education service practices on children and parents. The following questions were developed to address the gap in the current knowledge base.

1. How do staff in child care centres communicate with families about sleeping and eating practices for young children?
2. How do staff in child care settings deal with individual differences in sleep and feeding patterns in children?
3. How do parents address the issue that child care centres may implement different practices around sleep and feeding with their young child?
4. What are the implications for inconsistency in these areas for the young child and family?
5. What strategies have been successful for dealing with these inconsistencies in home and centre practices?
6. How does policy support or constrain consistency in practices?
The notion of dominant culture\textsuperscript{19} and the accumulation of cultural capital,\textsuperscript{20} as a component of identity (See Bourdieu, 1973; 1985; 1986; 1989a; 1989b) underpin the research methodology. In Chapter 2 the term culture was shown to include particular shared and learned behaviours exhibited by a group of people, incorporating their beliefs, values, attitudes, norms, technology and way of life (Ogbu, 1998; Small, 1998; Thomas, 1998; Tylor, 1958) (Crapo, 1995; Sculpin & DeCorse, 1992). Characteristics of culture include individual responses to situations (McLeod, 1987); awareness of personal culture (Courtney, 1982); and behaviours elicited as a result of micro and macro cultural heritage (Cosner & Larson, 1980; Geertz, 1983; Linton, 1940; Mead, 1975; Wilson, 1975).

**The research design**

This study uses a social constructivism approach to investigate the research questions. Information was obtained from the parents and staff in early childhood centres to determine what has meaning, what is real and what is deemed useful (Lincoln & Guba, 2000). Social constructivism applied to this phenomenon enables the researcher to make meaning and identify action or inaction from parent and staff perceptions of continuity of practice between home and setting.

The nature of social constructivism within this study allows for different perceptions of realities to be determined by parents and staff in response to

\textsuperscript{19} The term dominant culture refers to the main cultural group of a community or region and practices reflected by this group (Bourdieu, 1973).

\textsuperscript{20} Cultural capital refers to the comfort level and assimilation of the dominant culture which is associated with success and achievement (Bourdieu, 1973 & 1986).
situations of continuity or discontinuity occurring in the child care setting (Lincoln & Guba, 1985). What parents perceive as continuity may differ from staff perceptions. Staff may believe they are achieving consistency while parent perceptions are conflicting. They perceive only the differences in child care practices.

Social constructivism allows for the circumstances of the study to be described and interpreted rather than controlled for cause and effect (Lincoln & Guba, 1985). It is driven by lived experiences and defines patterns of experience. The aim of inquiry leads to an understanding of the specific experiences of continuity of practice for staff and parents which are shared throughout the research (Guba & Lincoln, 1994; Schwandt, 1994).

**Methods of making data**

Three methods were utilised in this research to make data throughout the three Phases. They are:

1. Non-participant observation (Phase 1 and 2)
2. Semi-structured interviews (Phase 1 and 2) and
3. Semi-structured questionnaires (Phase 3).

These methods are described below.
Non-participant observation

Non-participant observation involves the least amount of interaction between the observer and those being observed in order to gain a complete understanding of the behaviour relative to the research. The research aims to reduce the observer effect by remaining uninvolved and ‘part of the background’ throughout observation being unobtrusive with minimal attention being drawn to their position (Sanger, 1996). In this case a rating scale was used to position the researcher away from the situation being observed; the child care centre.

The Infant Toddler Environment Rating Scale

The Infant Toddler Environment Rating Scale (ITERS) was employed in each setting during Phase 1 and 2 of the study to ensure services which had been selected through snowball sampling met quality standards of care and thus represented community norms. ITERS measures universal standards of “good quality.” It has been developed specifically to measure programs for infants and toddlers 0-30 months of age in institutionalised group care (Harms et al., 1990).\(^{21}\)

ITERS is recognised and used worldwide and has been deemed a valid measure in the assessment of quality environments for young children (Beller, 1996; Burchinal et al., 1996; Howes et al., 1992; Petrogiannis & Melhuish, 1996; Scarr et al., 1994).

\(^{21}\) The categories for observation and measurement of quality identified by ITERS are; 1) furnishings and display for children; 2) personal care routines; 3) listening and talking; 4) learning activities; 5) interactions; 6) program structure and; 7) adult needs (Harms et al., 1990).
The data obtained from ITERS is recorded on the response sheet included with the instrument. Each item is noted on a 7-point scale. Descriptions are provided for 1=inadequate, 3=minimal, 5=good and 7=excellent. Scores of 1 to 3 imply that for this item the centre meets a basic level of quality. Scores of 5 to 7 imply that for this item the centre meets a level of high quality care (Harms et al., 1990:1). The developers of ITERS mandate that ratings are recorded on what is seen during the observation time frame and does not take into account any future actions identified by the centre (Harms et al., 1990:3). Upon completion of ITERS the teacher in the room observed should be given the opportunity to clarify practices which are not observed during the stipulated time frames. The instrument was used in the study as prescribed by the ITERS developers.

In addition to implementing the ITERS, observations were recorded of particular practices pertinent to sleep and feeding which were carried out by staff with the children in these centres. These included recordings of staff words to children at these times. Conversations between staff and parents in relation to sleep and feeding practices were also observed and recorded.

**Semi-structured interviews**

Interviews provide knowledge of perceptions which cannot be gained through observation (Rubin & Rubin, 1995). Semi-structured interviews involve a predetermined set of questions which are uniformly asked of all participants and allow for further probing and clarification of responses to occur (Gubrium &
Holstein, 2002). In this study parents and centre staff were interviewed in the same manner using identical semi-structured interview schedules. This interview schedule had been adapted from the Looking in Looking Out research project (Chang et al., 1996) (appendix 1). The content areas of the semi-structured interview questions included; 1) defining cultural diversity; 2) cultural diversity in the child care setting; 3) important child rearing practices; and 4) potential for continuity of practice between home and centre.

The original interview schedule was used in the initial pilot study. Preliminary data analysis brought to light the need to explore further the transmission of information between parents and staff, and issues relating to continuity of micro and macro cultural practices. The interview schedule was subsequently adapted. The adapted interview schedule was piloted with two parents with children under three years and with one early childhood teacher. The adapted interview schedule was then used in Phase 2 of the study (appendix 2).

Interview duration was approximately twenty to forty minutes per session. Due to the nature of this study and the diversity of backgrounds of participants, interpreters were offered to all participants who stated that they were from a non-English speaking background.\(^{22}\)

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\(^{22}\) 3 parents accepted this offer.
Informal conversation with parents and staff also provided a rich source of data outside the formal interview process. Parents and staff engaged with the researcher in conversation in the familiar, informal atmosphere of the early childhood setting about practices they noted between parents, staff and children. Notations were added to the interview data and included in data analysis.

The semi-structured questionnaire

Questionnaires imply confidentiality which could induce more truthful responses because the respondent can complete it in her/his own time and is not threatened or biased by the presence of an interviewer (Burns, 1994). They also enable the broadening of the demographics of the study. Due to the nature of the information being collected, the questionnaire for this research study consisted of open ended questions which enabled participants to respond in diverse ways (appendix 3) (Borg & Gall, 1989).

The semi-structured questionnaire was developed and implemented in the third phase of data making to clarify and validate the preliminary findings from Phase Two. Questions posed differed to the interview schedule and increased the data making process particularly in the area of communication processes between staff and parents pertaining to specific care giving practices.

Semi-structured questionnaires were posted to three child care centres in New South Wales that reflected different ethnic diversities to those from centres used
in Phase 1 and 3 (see forward, Phase 3, p.105). The Director passed questionnaires to all parents of children less than three years of age and to staff working with these children. The offer to translate questionnaires for parents or staff was not taken up by any of centres.

Data collection
Seeking ethics approval
Prior to commencement of this research, ethics approval was sought through the University of Western Sydney. Ethics approval ensured that the research being conducted was carried out with integrity, respectful to the participants, taking into account their rights and interests whilst minimizing the potential for harm. Justice for participants as part of the research was also considered (Commonwealth Government of Australia, 1999).

Data making phases
There were three main phases in the making of data. These phases have been provided in an overview format in Figure 2, Phases of Data Making, (p. 91) and are described in detail below.

Subject selection for observations, semi-structured interviews and semi-structured questionnaires
All child care centres in this study were located in New South Wales Australia; the researcher also deemed it necessary that they meet the following criteria:

1. They cater for children aged 0-3 years.
2. The New South Wales Department of Community Services licenses them.
3. They operate a minimum of 10 hours per day, 48 weeks per year.
4. They had participated in the Quality Improvement and Accreditation System and had received a rating of no less than two years.\(^{23}\)

Participants for Phases 1 and 2

1) The Child Care Centres.

Once the child care centres had been identified, an initial telephone call was made to the Centre Director. The purpose of the call was to outline the study and invite the centre to participate. This was followed up with a letter to the Director outlining the processes involved and gaining permission to speak with the parents and staff (appendix 4).

2) Staff

All staff were informed of the study through staff meetings at each centre, but only primary contact staff working with children under 3 years were invited to participate in the study (appendix 5). It was anticipated that staff would discuss the importance of the study with parents and be able to pass on concerns or questions that parents may have. (Parents might feel more comfortable to talk

\(^{23}\)The Quality Improvement and Accreditation System, monitored by the National Childcare Accreditation Council, is a mandatory system for all child care centres within Australia. It aims to ensure quality outcomes for children through a process of self study incorporating families, staff and management. The system allows for ongoing improvement and evaluation of services. Ratings are for 0-1 year, 2 years or 3 years. 2 year accreditation is deemed to be an acceptable standard of care (National Childcare Accreditation Council, 1994).
with staff initially as a rapport would already be established from previous communication). Staff were briefed for this potential role.

3) Parents

A letter was sent to parents of children from 0-3 years to invite their participation in the study (appendix 6). Letters were translated as required so that non-English speaking parents would not be excluded (appendix 7). The researcher was available in the centres for a 3 hour period one afternoon at children’s peak collection time to discuss the study, invite participation and answer any queries parents may have had about the research. Parents were asked to provide permission for the researcher to observe the environment in the room. Parents were also invited to be interviewed and offered interpreters for the interview.
Figure 2 Phases of Data Making

PHASE 1
Selection of centre A for pilot study
Carry out ITERS and semi-structured interviews with parents and staff
Preliminary Data analysis
Findings
Develop new semi-structured interview questions

PHASE 2
Centre B identification
Carry out ITERS and semi-structured interviews with parents and staff
Data entry and coding
Identification of centre C
Carry out ITERS and semi-structured interviews with parents and staff
Data entry and coding
Data analysis Phase 1 and 2
Develop semi-structured questionnaire

PHASE 3
Identification of centres D, E, F
Mail out semi-structured questionnaires for parents and staff
Return of semi-structured questionnaires
Final data analysis incorporating data from Phases 1, 2 and 3
Phase 1. Centre A, the Pilot Study

The pilot study was carried out to trial research methods adopted for the study including the use of non participant observations and semi-structured interviews for parents and staff.

Sample Selection

The pilot centre (Centre A) met the criteria for inclusion in the study. It caters for children 0-6 years, is licensed by the Department of Community services for 46 children per day, meets operational criteria and is located in the Greater West of Sydney. The centre is utilised by a high proportion of parents (60%) undertaking Technical and Further Education (TAFE) English courses, with English being their second language. A number of families from differing ethnic groups used the centre (Urdu, Arabic and Philippino).

The Director was known to the researcher and had expressed interest in involvement.24

24Whilst a social relationship could be conducive to bias, it was felt that familiarity was advantageous at the pilot stage because a) the Director was fully supportive of the study thereby able to emphasise the importance of the study to staff and parents; b) the researcher believed that staff and parents would feel more comfortable providing information as the researcher was known to the Director.
Participants

The pilot study included the cohort of four primary contact staff working with children under 3 years (See Table 1, below). Of the 20 parents with at least one child under 3 years of age, 8 agreed to be interviewed.\(^{25}\) In two interviews both the mother and father were present at the same time. In all other interviews only the mother was present. All primary contact staff identified Australia as their place of birth. None of the centre staff spoke languages other than English.

Table 1. Qualifications and Patterns of Work for Primary Contact Staff, Centre A.

<table>
<thead>
<tr>
<th></th>
<th>Bachelor of Education (Early Childhood)(^{26})</th>
<th>Associate Diploma in Social Science (Child Care)(^{27})</th>
<th>Untrained Assistant(^{28})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>Andrea*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part time</td>
<td></td>
<td>Judy*</td>
<td>Lila*</td>
</tr>
<tr>
<td>Permanent Casual</td>
<td></td>
<td></td>
<td>Lena*</td>
</tr>
</tbody>
</table>

* All names of staff and parents involved in the study have been changed to ensure confidentiality and anonymity.

\(^{25}\) The cohort of parents with children under 3 years utilising the centre N = 20. All gave permission for observations to take place in the room.

\(^{26}\) This refers to a three or four year qualification offered by Universities in New South Wales.

\(^{27}\) This refers to a two year qualification offered by technical and Further Education Colleges in New South Wales.

\(^{28}\) This refers to a position where qualifications are not deemed necessary; however experience in child care settings is highly desirable.
Data collection methods

The researcher commenced the pilot study by attending a parent evening\textsuperscript{29} to describe the research to parents and elicit involvement. Letters were handed to parents by the staff in the following week to further detail the study and ask for their involvement in interviews.

*Non-participant observation – Infant Toddler Environment Rating Scale*

The researcher spent three hours one afternoon in the week before commencing the study. This included the peak time when parents collect their children. The researcher discussed the study and invited parents to be interviewed. The researcher then spent 3 days in the classroom, at different times observing practices and rating items on the ITERS. Time was allocated as follows:

Day 1 – from centre opening; incorporating children arriving and the morning program (4 hours).

Day 2 - the middle of the day including rest time (3 hours).

Day 3 - the afternoon program to the close of the centre (3 hours).

*Interviews*

Interviews with staff and parents were carried out after observations were completed. All interviews took place at the centre in a disused staff room. Interviews took from twenty to forty minutes to complete and were audio taped.

\textsuperscript{29} The parent evening had been scheduled by the Director to meet a range of centre issues. The Director informed the researcher of this evening and the researcher asked for time to discuss her study with parents.
All participants were reminded of their right to confidentiality, ability to withdraw and anonymity at the commencement of the interview which had been outlined in their invitation to participate (see appendix 5 and 6). Although interpreters were offered to parents, all chose to have the interview take place in English.\(^{30}\)

**Findings from Phase 1 which identified the need for a change in the data making strategy for Phase 2**

Because findings from Phase 1 had a major influence on the direction for methodology for the rest of the study, I am describing findings from Phase 1 at this time. Preliminary data analysis was conducted with responses to interviews in Centre A (see forward, p.108 for data analysis procedures). Findings from this pilot brought to light the need for further investigation. Findings showed that the research needed to be more specifically focused on the parent staff partnership. Comments from staff and parents indicated that the parent staff partnership is a powerful determinant of continuity of practice between home and early childhood setting.

The necessity for strong parent staff partnerships through communication was highlighted at this centre, however, there were discrepancies identified between the type of information being passed between parents and staff.

... it depends on what the parents’ wishes are, first and foremost ...(Andrea, Director. 9 8 1/10-10)

\(^{30}\) Of the cohort of parents who agreed to be interviewed all but 1 were enrolled in English Language courses (N=7) and reported that they welcomed this as an opportunity to practice their English.
the only way we are aware of [micro cultural practices from home] is by actually speaking to the parents ... find out what is happening at home ...(Judy, Trained Staff Person. 9 8 1/11-11).

Staff understood and were aware of the benefits of speaking with parents on a daily basis to gain information about the young children in the centre. Some practices were misunderstood, for example, Andrea (Director) described her frustration in relation to attempts to encourage the home language within the centre:

The language, of course we try and do that with key words to try and settle them in. The books, having the books [story books from the centre] translated and also trying to encourage the parents to come and sing some songs in their home language and read some books in their home language as well ... it hasn’t been successful yet (9 8 2/28-31).

Ironically, parent statements about language reflected opposing goals. Parents were not interested in bringing home language into the setting, instead they emphasised the need for their children to learn English through the centre.

... they ask us, what does [it] mean in Arabic and we tell them we stick to English because we want him to speak English, not Arabic (9 8 /14-14) We live in this country, English is very important. Edwina (Mother) nods in agreement (Nate. Father. 9 8 1/35-35).

when she’s grown up, so that she understands [her macro culture], and then one thing I was avoiding to teach Minnie [daughter] my own language because I don’t want [her] to have confusion when she went to school, between English and my language, so I just, when we are at home, I usually speak to Minnie only English ... teach her when she’s grown up (Alison, Mother. 9 8 1/3-3)

None of the staff emphasised parents’ expressing the need to encourage English learning. The only mention in relation to this was from a staff person,

I think that a lot of parents tend to concentrate so much on fitting in that they don’t want them to speak their home language here, they rather they try and learn English as quickly as possible, for me it’s the home language first and the English will follow (Judy. Trained Staff Person. 9 8 2/15-16).
The disparity between staff expectations of parents and parent expectations of the service were highlighted by staff perceptions of the *Quality Improvement and Accreditation System*.

We ask all the time, particularly with Accreditation being so close [about micro and macro cultural practices in the home], but it’s like pulling teeth (Judy, Trained Staff Person. 9 8 2/27-27).

... it has been really difficult to get our parents to tell us what they are doing at home. We did have a meeting a couple of weeks ago [to set up a parent Accreditation Committee] where we had 8 parents come but none of these parents put forward anything that they were doing at home that they wanted us to continue doing here at the centre, so we are really at a bind with that at the moment because if parents aren’t willing to share then it is hard for us to do it (Lila, Trained Staff Person. 9 8 2/13-14).

This comment also stresses the feelings of frustration that staff have due to the lack of information they are receiving from parents.

In relation to consistency in practices from home to centre, parents were able to describe their expectations for their young children.

She is too young for prayer and stuff, she is only 3, and the clothing and stuff she is too young for that too (Keith, Father. 9 8 3/17-20).

Meanwhile, staff were trying to support the home macro culture for the young children in the centre and seemed unaware of the expectations of the parents,

... we encourage them to bring some of their things from home so they still have their culture ... here. Although we are still waiting for this to happen (Judy, Trained Staff person. 9 8 3/21-22).

There appears to be a *gap* between what parents expect from the centre and what the centre provides. Partnership between parents and staff is imperative for the development of security, sense of identity and transmission of micro and
macro cultural practices (Swick, 1994). It involves giving and receiving equally (Gudykunst, 1991; Hasseloff, 1990). Parents are omitting information that they feel strongly about when talking with staff; for example, their need to have their children learn English.

The findings from this pilot have led to a change in data making strategy for subsequent interviews with parents and staff. Preliminary findings show the focus on the process of communication between home and centre; parents and staff are the key to consistency of practice.

Phase 2. Centre B
Sample selection

In order to identify Centre B ‘snowball sampling’ was employed. This non random design involves the use of networks to purposively select the sample which was identified as the most optimal in terms of the macro cultural diversity of clients utilising the child care centre (Morse & Richards, 2002).

Community B was identified as a starting point for the ‘snowballing process’. 52.6% of the population of Community B was born overseas. Of those born overseas, the three main countries of birth were recorded as Vietnam: 13.8%, Italy: 2.9% and China 2.3% (excludes SAR's and Taiwan Province). 79.9% of the population of Community B spoke languages other than English in their home environment, with Vietnamese, Chinese languages and Spanish being recorded.
as the three most common languages (Australian Bureau of Statistics, 2002). Further, child care centres in Community B are identified by New South Wales Department of Community Services Children's Services Advisers be macro culturally diverse.  

The researcher identified a small number of stakeholders in the early childhood field who served in coordination, management and support services or as regulatory advisors to child care centres to commence ‘snowball sampling’. The Children’s Services Manager and the New South Wales Department of Community Services, Children’s Services Adviser were the first points of contact. The sample for choosing a model child care centre in Community B is identified in Figure 3 (p. 100).

Each person was asked each of the following three questions:

1. What do you think are factors that contribute to cultural sensitivity for infants?
2. Can you identify a centre that reflects these practices?
3. Could you name somebody else to provide information in relation to this topic?

It was anticipated that responses to question one would elicit their understanding of practices that support the individual micro culture of infants within the early

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31 Interviews with Inner West Children's Services Adviser (CA1 1-3), South West Sydney Children's Services Adviser (CA2 7-8), Nepean District Children's Services Adviser (CA3 10-12).
childhood setting. Question 2 would then identify a centre carrying out their stated practices. The centre that was named the greatest amount of times would be invited to participate in the study.

![Flowchart](image)

**Figure 3. Snowball Sampling for Identifying Centre B**

Department of Community Services  
Children’s Services Adviser  
Children’s Resource Centre  
Children’s Resource Centre (Colleague)  
Family Day Care Association  
Child Care Branch Head, Council

(Arrows indicate the next contact spoken to as a result of recommendation).

Conversations with the people listed in Figure 3 elicited responses that identified factors contributing to cultural sensitivity. One comment made was,

[The practice involves] communication with family and staff, sitting down and talking and it helps if at least one of the staff speaks the same language ...(S 1-2).
The importance of staff with the same language and macro cultural background as the families in the child care centre was reiterated by another contact in the snowballing process,

...[the] majority of families are NESB [Non-English Speaking Background] in every child care setting in Fairfield. There is at least one NESB staff in each centre reflecting the culture of families therefore sensitivity of culture is appreciated (S 23-25).

Sharing language and macro cultural backgrounds was stated as necessary by a third contact in the process,

... staff are also living the same experiences as children from NESB (S 18-19).

The child care centre identified as Centre B fulfilled the criteria. All but one primary contact staff from Centre B had a non-English speaking background. The New South Wales Department of Community Services licensed Centre B. It catered for thirty five children daily with fifteen children per day less than 3 years of age. The centre was highly reflective of the macro cultural community in which it was situated. The majority of children were from non-English speaking backgrounds and represented a number of different ethnic groups. Approximately 45% of the children under 3 years utilising the centre were from a Vietnamese background, 35% from a Chinese background with the remaining children under 3 utilising the centre representing Laotian, Samoan, Arabic and Cambodian ethnic groups.
Participants

The complete cohort of three primary contact staff working with children under 3 years agreed to participate in the research (see Table 2, below). Eight parents with at least one child under 3 years of age agreed to be interviewed, with two withdrawing prior to interview. The total number of parents to be interviewed therefore was six.\textsuperscript{32} One interview involved an older brother (19 years). Upon asking John why his mother had asked for his involvement he replied,

... his mother thought that he would be able to provide better answers because he grew up in Australia and had better English (John Memo 1-6).

Two of the primary contact staff identified places other than Australia as their birthplace: Vietnam and China. Both were able to speak three languages other than English: Cantonese, Mandarin and Vietnamese. The majority of non-English speaking families utilising the centre spoke those languages.

Table 2. Qualifications and Patterns of Work for Primary Contact Staff, Centre B.

<table>
<thead>
<tr>
<th></th>
<th>Diploma of Teaching (Early Childhood)</th>
<th>Associate Diploma in Social Science (Child Care)</th>
<th>Untrained Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td>Bess*</td>
<td></td>
<td>Fran and Kath*</td>
</tr>
<tr>
<td>Part time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* All names of staff and parents involved in the study have been changed to ensure confidentiality and anonymity.

Data collection methods

The researcher carried out the same techniques as mentioned in Phase 1 to invite parents and staff to participate. Non-participant observation, the \textit{Infant}

\textsuperscript{32} The cohort of parents with children under 3 years utilising the centre N = 15. All gave permission for observations to take place in the room.
Toddler Environment Rating Scale was also completed in the same time frames as addressed in Phase 1.

Interviews

Interviews were held with staff and parents in the staff room at the child care centre. At this centre 3 of the 6 parents asked to have an interpreter present for the interview and the researcher arranged for this. A Cantonese interpreter was present at these interviews. Interviews during this Phase averaged from twenty to thirty minutes and were audio taped. As stated in Phase 1, all participants were reminded of their right to confidentiality, ability to withdraw and anonymity at the commencement of the interview which had been outlined in their invitation to participate.

Phase 2. Centre C.

Sample selection

The third centre was selected on the basis that it held differing characteristics to Centre A, B and was sought so that data would reflect a variety of service types and characteristics. Centre C met the study participant criteria and had the following centre characteristics:

1. The centre contained a mix of children from a variety of macro cultural backgrounds.

2. The staff did not have languages other then English that were entirely representational of the families utilising the centre.
Although ideal, it is unrealistic to expect that all centres will be able to provide staff that has languages other than English which reflect all the families in the centre. Thus this centre was deemed to be reflective of a proportion of child care centres in New South Wales.

Centre C was located in the Inner West of Sydney. The New South Wales Department of Community Services licensed the centre. It was attached to a 3-5 year old unit, however operated quite separately catering for 12 children less than 3 years daily. Children came from a variety of macro cultural backgrounds, Arabic, Greek, Asian, Spanish and Australian. English was predominately used by the families and approximately 95% of the families were first and second generation Australian.

Participants

The two primary contact staff working with children under 3 years agreed to participate in the research (see Table 3, p. 105). Four parents with at least one child under 3 years of age, agreed to be interviewed.\(^{33}\)

The two primary contact staff identified Australia as their birthplace with Greek as their home language.

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\(^{33}\) The cohort of parents with children under 3 years utilising the centre N = 12. All gave permission except 2 for observations to take place in the room. These children were not recorded in any observations during ITERS.
Table 3. Qualifications and Patterns of Work for Primary Contact Staff, Centre C.

<table>
<thead>
<tr>
<th></th>
<th>Diploma of Teaching (Early Childhood)</th>
<th>Associate Diploma in Social Science (Child Care)</th>
<th>Untrained Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td></td>
<td>Margaret*</td>
<td>Jane*</td>
</tr>
<tr>
<td>Part time</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All names of staff and parents involved in the study have been changed to ensure confidentiality and anonymity.

Data collection methods

ITERS and semi-structured interviews were completed in identical fashion for all centres in Phases 1 and 2. Interviews were held in the centre staff room and procedures were followed as for Centre B. Neither staff nor parents requested an interpreter for the interviews at this centre.

Phase 3. Semi-structured questionnaires for parents and staff.
Sample selection

Semi-structured questionnaires were sent to three additional centres in New South Wales. Each centre was required to meet the criteria stipulated for Phase 1 and 2 (see p. 88) and were selected due to the ethnicity or variety of ethnicities within the community they serviced; the diversity of staff in the centre; that the location of the community differed from those from which centres in Phases 1 and 2 had been accessed; and a mix of auspicing agencies was included. The justification for their selection is described below.

Centre D

Centre D was located in the Greater West of Sydney. According to the Ethnic Affairs Commission of New South Wales (1998), the three main birthplaces of
overseas born residents are from the United Kingdom, New Zealand and the Philippines. This is reflective of a different composition to Phase 1 and 2.

The Children's Services Advisor for the Community D district was approached to identify a centre she believed would suit the criterion. Centre D agreed to be involved in the study. They represented the community in which they were situated, staff were mainly from an Anglo background and the centre was auspiced by a private owner.

**Centre E**
Centre E was located in the Eastern Suburbs of Sydney. Community E consists of a predominantly Anglo community (Ethnic Affairs Commission of New South Wales, 1998). Centre E was representative of the community. The represented community was distinctly different to all other centres involved in the research. Centre staff were also mainly from an Anglo background.

Centre E fulfilled all the selection criteria. The Director was a professional associate of the researcher and had shown interest in the study; she therefore agreed to be involved in this phase.

**Centre F**
Centre F was situated in the South West of Sydney and has a population which consists of 58.9% of overseas born residents. The three main birthplaces have been identified as China, Vietnam and Other Oceania regions (Ethnic Affairs...
Commission of New South Wales, 1998). They were auspiced by local council, catered to the diverse community in which they were situated and had staff who reflected the ethnic groups in the community.

Data collection methods

The Directors of the three child care centres were contacted by telephone by the researcher. The aims of the study were explained and the Directors invited to participate in the study. When centre Directors agreed to be involved the researcher sent them a package containing a covering letter which outlined the processes involved for Phase 3 of the study; semi structured questionnaires for parents of children under 3 years of age and questionnaires for staff working with these children (appendix 3 and 4). An explanatory letter was attached to each parent and staff questionnaire explaining the research and how responses would be used (appendix 9 and 10). The voluntary nature of their participation was highlighted and participants were assured there would not be any repercussion if they chose not to be involved. Participants were assured anonymity and confidentiality and this was reinforced with the accompaniment of an envelope to return their responses.

The researcher offered to have letters and questionnaires translated but none of the Directors deemed it necessary.
A follow up telephone call was made to each Director one week later. The Directors had agreed to collect all responses in a large envelope which was provided by the researcher. These were posted back to the researcher two weeks after the telephone call. The overall response rate was 60% for staff and 25% for parents.

Data analysis
Data analysis was conducted throughout the three phases of the research. Preliminary data analysis at the completion of Phase 1 identified the necessity for a change in the data making strategy for Phase 2. Data analysis at the completion of Phase 2 of the research enabled the development of semi-structured questionnaires in order to clarify and validate the preliminary findings from Phase 2.

Data collected from semi-structured interviews and questionnaires were analysed with the assistance of QSR N6 (QSR International Pty Ltd, 2002) a computer program designed to assist in qualitative research and analysis. Debate has been rife about the advantages and disadvantages of using qualitative data analysis software (Hesse-Biber, 1995; Kelle & Laurie, 1995; Lee & Fielding, 1995; St John & Johnson, 2000; Tak, Nield, & Becker, 1999). Some analysts feel that use of qualitative data analysis software distances the researcher from the data and constrains data analysis. The researcher, however, chose to use N6 based on the following reasons:
1. The program is purposeful and ordered in its handling of data (St John & Johnson, 2000). N6 replaces manual tasks associated with qualitative research. It allows for text boundaries to be established and provides a swift alternative for coding and retrieving data, in a systematic manner.

2. The program supports rigor and validity through a strong audit trail detailing the coding task and the decision making processes for analysis (Kelle & Laurie, 1995).

3. The program is flexible. Coding categories can be easily manipulated with scope for changes in concepts and in the sequence of data analyses (St John & Johnson, 2000).

**Non participant observations**

Data collected via ITERS was recorded according to the ITERS (see p. 84) and scores graphed to show ratings.

Incidental observations which were recorded of particular practices were included in transcripts of semi-structured interviews and subject to the same process of analysis.
Semi-structured interviews

Semi-structured interviews with parents and staff from the child care centres were transcribed (see appendix 13) and entered into QSR N6.\textsuperscript{34} In order to establish a data management process, data were initially descriptively coded into base line data nodes, with the main nodes listed as; gender (111)\textsuperscript{35} relationship (112) and location (113).\textsuperscript{36}

Data for semi-structured interviews were then subject to coding by themes. Participant’s transcripts were analysed to determine their experience in relation to continuity of practice. Six main themes to which data were coded, emerged; impacts; attitudes to practices; people; responses/attitudes; and communication. Data that did not fit into these codes were assigned to free nodes and were reassessed throughout the data analysis process to identify their place within the subcategories. For example, English language acquisition arose from the data as a theme during Phase 1 which was consistent with parents’ responses. This was not an area which the research was addressing, therefore it was coded as a free node, however with further analysis during Phase 2 it came to light that this was...

\textsuperscript{34} QSR N6 uses the following terms (Richards, 2002):
Nodes – nodes store the index categories constructed by the researcher. Data is coded at the node which stores the reference to the text. Nodes can be stored as free nodes; whereby they are stored independently until moved into the tree node (some free node remain as such, not really belonging to the main data analyses). Tree nodes are the nodes which become the organised categories; they are arranged into a hierarchical structure.
Document –each individual transcribed interview or questionnaire which is imported into N6.

\textsuperscript{35} The numbering in parenthesis is referred to as the node address.

\textsuperscript{36} A visual representation of the node tree and definitions for each node is located in Appendix 11 and 12.
a theme which needed to be addressed as a significant issue for parents and was recoded as an *attitude to practices associated with English language*.

Data coded at these themes were further examined for the potential to recode into subcategories. With the assistance of QSR N6, data was retrieved in the main theme and these were reconceptualised to develop subcategories. For example, *attitudes or responses* to inconsistencies in practices for parents and staff were broken down to identify *positive* and *negative responses* and *challenges* of addressing inconsistencies in practices.

Comparisons were made between parent and staff responses. Staff responses were further explored through levels of training of staff to determine differences in perceptions relative to the research questions posed.

Data analysis at the completion of Phase 2 again highlighted the issue of communication patterns between parents and staff and generated the theme for the semi-structured questionnaire which would validate these findings and enable perception to be heard from child care centres catering to different macro cultures and socio-economic status to those in Phase 1 and 2.

**Semi-structured questionnaires**

Data from the semi-structured questionnaires were transcribed (see appendix 13) and entered into QSR N6. Data were initially descriptively coded in order to
maintain the data management process established with the analysis of semi-structured interviews. Data were then coded by question number to allow for comparison of responses across sites and amongst parents and staff.\textsuperscript{37} Data from semi-structured questionnaires were then subject to the same treatment as the semi-structured interviews.

**Assessing rigor**
The following methods were adopted to ensure rigor throughout the research (Lincoln & Guba, 1985; Morse & Richards, 2002); 1) peer debriefing; 2) applicability; 3) maintaining an audit trail; and 4) coding reliability. These are addressed in more detail below.

1. Peer debriefing: The process of peer debriefing occurred at two stages throughout the research. The researcher presented the findings from Phase 1 of the data collection at the \textit{Crèche & Kindergarten Association of Queensland Conference}. Brisbane, July 21-23, 2000. A group of twenty practitioners and researchers were asked to comment on specific findings and give feedback for further investigation.

2. Preliminary findings of Phase 2 were presented at the \textit{Australian Early Childhood Association International Conference}, Sydney, July 18-21, 2001. Here a diverse group of thirty early childhood specialists, practitioners and researchers from around Australia and abroad were

\textsuperscript{37} This process was not carried out for semi-structured interviews because the nature of the interview did not provide for clear-cut responses which could be effectively compared.
asked to comment on the findings. Participants identified centres where the composition of ethnicity of staff and families was quite different to those centres in the study. This gave rise to questions about how staff functioning is affected by parent staff dynamics in theses situations. Comments elicited gave rise to the exploration of different characteristics for Centres D, E, and F.

3. Applicability: This study included child care centres which were representative of early childhood settings in New South Wales and possibly Australia. The method of centre selection implies that findings could be generalised to centres which cater to children less than 3 years from families with non-English speaking backgrounds\(^{38}\).

4. Maintaining an audit trail: Documentation of decisions pertaining to the data was recorded by the researcher in a journal throughout the research period and was evident through documentation using QSR N6 qualitative data analysis software (QSR International Pty Ltd, 2002; St John & Johnson, 2000).

5. Coding reliability: Coding reliability was maintained through the development of definitions for each node to ensure consistency of coding (see list of definitions, appendix 12).

\(^{38}\) The findings apply to New South Wales, Australia but there is little reason to believe that significant differences would be found in any area with a regulated child care system and trained staff. The findings may not apply to areas where staff are inadequately trained and quality of care is questionable.
Limitations to the study
The following limitations to this research have been identified: 1) researcher bias and 2) sample limitations. These are explored further below.

Whilst all care was taken to ensure objectivity, researcher bias has been noted as a component of this type of research (Kvale, 1989; Lincoln & Guba, 1985; Silverman, 1997). Therefore, measures were taken to reduce this likelihood 1) peer debriefing; 2) applicability; 3) maintaining an audit trail; and 4) coding reliability. These were described in the previous section.

Some parents with a home language other than English chose to have semi-structured interviews conducted in English, commenting that it was a good way to practice their English skills.\(^39\) This may have reduced the depth in which they responded to questions. Whilst an interpreter was offered it was the right of the parents to choose how they wanted the interview conducted with the least amount of discomfort. Every effort was made by the researcher to ensure the responses they made were clarified and repeated back to the parent to ensure they were comfortable with their reply.

Some centre Directors identified parents with home languages other than English utilising their services but did not believe that there was a need for translated information to be available. It is possible that there were parents who did not\(^39\)Whilst there was a large spectrum of English language skills, it was noted that all non-English speaking parents were able to respond to the question or they asked the researcher to clarify the question posed.
receive information about the study but may have agreed to participate if the literature was made available in their home language.

This chapter describes reasons for using a qualitative approach to the investigation of the research questions. The chapter describes the data collection methods employed and justifies the use of qualitative analysis data software for as a tool for data analysis. The outcomes from the pilot study are described and the changes to methodology which resulted. The process of data analysis is also described in this chapter, identifying the stages of data analysis throughout Phase 1 and 2. The limitations of the study have also been described.

Chapter Four presents the findings; describing the themes and patterns which emerged from the analysis of data. The findings revealed how parents and staff understand and value the transmission of micro and macro culture to between the home and early childhood setting.
Chapter 4

FINDINGS

Introduction
The previous chapter discussed data collection methods for this study. The use of a social constructivism qualitative approach to methodology was explained. Six research questions were identified. The pilot study which was used to validate instruments was described. Findings from the pilot study resulted in some adaptations to the data making strategy for the larger study. These changes were described. The process for data analyses was described and the rationale for using QSR N6 to aid data analyses was given.

This chapter answers the research questions posed in the previous chapter. It describes the analysis of data from all three phases of the data collection process involving the Infant/Toddler Environment Rating Scale for Centres A, B and C; semi-structured interviews with parents and staff from these centres; and follow up semi-structured questionnaires with Centres D, E and F.

Analysis of data: Assessing the quality of care using ITERS
Centres A, B, and C were assessed for quality service delivery using the Infant/Toddler Environment Rating Scale (ITERS). Overall, Centre A, B and C reflect "good quality" as described by the ITERS (Harms et al., 1990). Over fifty percent of the scores for all items were rated at six or seven, good to excellent quality.
Some examples and anomalies to these high ratings are described below. The findings from use of the ITERS revealed that the three centres chosen meet validated standards of good quality for OECD child care centres (Beller, 1996; Burchinal et al., 1996; Harms et al., 1990; Howes et al., 1992; Petrogiannis & Melhuish, 1996; Scarr et al., 1994). Therefore, it was deemed appropriate to include these centres in the study. Findings are described below.

Centre A

Quality indicators for the centre environment were assessed over a three-day period as described in Chapter Three using the ITERS. The graph displayed on p. 119 shows total scores for each item.

The average item score was 5.3 (good to excellent quality). Sixty one percent of the items (35) scored 6 or 7 highlighting that the centre met the criteria of “good to excellent quality” (Harms et al., 1990). The lowest score recorded was 2 (inadequate to minimal quality) for Schedule of Daily Activities. This low score was mainly due to non-posting of daily schedule for children. This could be an anomaly for this centre. The Director explained that because the schedule for this centre had recently been reworked it was not displayed on the noticeboard during the observation time.

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40 The researcher did have difficulty with awarding high scores when measuring cultural awareness in centres. ITERS sought tokenistic representations of cultural awareness, incorporating props used in the environment (for example, dolls of different races, books displaying non-sexist pictures, and emphasis on foods served, and holidays and customs celebrated) rather than addressing individual macro or micro-cultural practices provided by families in the centre.
Of particular interest were the following items:

1. The score for naptime was recorded as 4 (minimal to good quality) on the ITERS. The reasons for this low score were that children's beds were not placed in the same position on a daily basis and because there were no provisions for toddlers to start their nap early if desired.

2. The score for cultural awareness was recorded as 4 (minimal to good quality) on the ITERS. Although staff in Centre A were attempting to reflect the macro culture of the children in the centre specifically through language experiences, as described by the Director,

   Having the books translated [by the parents]." (Andrea, Director. 28-28).

A wide variety of experiences, equipment or displays which reflected the macro cultural heritage of the children in the centre was not apparent. Lila, one of the trained staff, described the macro cultural awareness in the centre as follows,

   [There are] not a lot [of macro cultural experiences]. We are trying to encourage the parents to come and share those things [micro/macro cultural practices] from home. So far we haven't had a lot of luck. (4-5) ... We really don't have a lot of resources. Some things were brought in from home, the odd thing we have been able to purchase but apart from encouraging the parents and having a wide range of children [I would say that] we don't have a culturally diverse program (5-7).

3. The score for meals/ snacks was recorded at 6 (good to excellent quality) on the ITERS. This centre has a policy which stipulates that parents provide all meals for children daily at the centre. Meals are heated by staff and placed in bowls or on plates as appropriate. Parents thus are able to provide meals which are macro culturally appropriate for their children. Staff attempt to balance...
Graph 1. ITERS Quality Assessment of Centre A

ITERS Items for Quality Assessment

- Program Structure
- Interaction
- Adult Needs
- Personal Care Routines
- Learning Activities
- Furnishings and Display for Children
- Listening and Talking

Beyond Cultural Diversity: Exploring Micro and Macro Culture in the Early Childhood Setting
mealtimes with experiences which supported the macro cultural backgrounds of children in the centre. For example, a child who was using chopsticks at home was encouraged to use chopsticks in the centre.

Centre B
The graph on p. 122 shows the total scores for each item which assessed quality indicators for the centre environment. The average score was 6.7 with 74% of the items receiving an individual score of 7 (excellent quality) (Harms et al., 1990). Attention is drawn to the following items:

1. The score recorded for meals and snacks was 7 (excellent quality). This is based on the following observations. The child care centre provides meals. The weekly menu is displayed for parents to view. Meals reflect a large mix of macro cultures from spaghetti bolognese to Asian noodle dishes. Staff use candles on tables to create an intimate, quiet atmosphere. Children are encouraged to serve themselves and control the amount they eat – a little bit or a lot, wherever appropriate.

2. Nap time received an ITERS score of 7 (excellent quality). Children were placed in the same position daily. Their individual needs were attended to in terms of amount of sleep required. Those who required a longer sleep period were placed in cots or beds first, while children who did not require the same amount of sleep were able to play quietly prior to being put into a cot or bed. Staff
were available to sit with children to ease their transition to sleep and back into
their waking period.

3. The item cultural awareness received an ITERS score of 6. The child care
centre did not display a large range of non-sexist pictures as required by ITERS
for the top score. However, the centre showed a strong commitment to reflecting
the diversity of families which existed in the centre. The child care centre catered
for a large number of families from different macro cultures. Close to 80% of
families at the centre with children under three years were born in China or
Vietnam. The centre displayed a commitment to multicultural education as
identified by ITERS. This was reflected in the equipment and resources used by
staff with the children, such as dolls depicting different races, books in a variety
of languages and a large range of music reflecting different macro cultures. Staff
acknowledge and celebrate customs and traditions reflecting the macro culture of
those, at the centre,

"We'll [celebrate] the moon festival and the lantern festival and Chinese New Year
(Bess, 14-16)."
Graph 3. ITERS Quality Assessment of Centre C

Centre C

The graph on p. 123 shows the total scores for each item for the centre environment quality assessment as per ITERS (Harms et al., 1990). The average score equals 6.2 and 60% of the items receiving an individual score of 7 (excellent quality). The following items were highlighted of particular significance.

1. Nap time scored a rating of 7 implying excellent quality. Staff were consistent in their placement of children and available to comfort children at rest time. Soft music was played for children to fall asleep listening to. Staff provided a range of quite activities for children who did not need as much sleep as others.

2. Meal times scored a rating of 6. Children were encouraged to eat in small groups. Menus catered to a variety of different tastes throughout the week. Staff sat with children and the atmosphere was calm and inviting. Centre C did not score 7 in this area because comments from one staff member did not reflect a cooperative approach between parents and staff, but showed staff making decisions about children's developmental stages without prior discussions with parents. Margaret described this incident,

   ... Babies, they're starting to hold the bottle and then later on we encourage them to hold it with their hand and then usually the parents say, "Oh she's still drinking from the bottle" and we say, "Oh she can drink with a cup now ..." (Margaret, Trained staff member. 4 6/14-14).

3. The centre received a score of 4 in regards to the item cultural awareness, which is deemed minimal by Harms, Cryer & Clifford (1990). The centre did not have displays of children or families from different cultures or people in non-sexist roles. Equipment did not reflect ITERS components for display of
multiculturalism within the centre. Books were not in a variety of languages, dolls were ‘white’ and pictures displayed in the environment did not reflect a variety of macro cultures, ages, genders and abilities.

**Analysis of data: semi-structured interviews and semi structured questionnaires**

Semi structured interviews were conducted with parents and staff in Centres A, B and C. Data was audio taped, transcribed (see appendix 13) and then entered into QSR N6. Semi structured questionnaires were conducted in Centres D, E and F. Responses to each question on the semi-structured questionnaires were individually coded and entered into QSR N6. Data were analysed at each phase throughout the study. Preliminary findings from Phase 1 determined the need to change interview questions for Phase 2. Preliminary findings from Phase 1 and 2 guided the questions posed in the questionnaire for Phase 3.

Data were coded under the following *top-level tree nodes*: base data, impacts, attitudes to practices, issues, people, responses, communication and questionnaires. Results to the research questions were also recorded as a top-level tree node (see appendix 12 for list of definitions of top-level tree nodes and their children. See appendix 11 for the QSR N6 *Node Tree Display*). Findings are described according to the research questions identified below.

1. How do staff in child care centres communicate with families about sleeping and eating practices for young children?
2. How do staff in child care settings deal with individual differences in sleep and feeding patterns in children?

3. How do parents address the issue that child care centres may implement different practices around sleep and feeding with their young child?

4. What are the implications for inconsistency in these areas for the young child and family?

5. What strategies have been successful for dealing with these inconsistencies in home and centre practices?

6. How does policy support or constrain consistency in practices?

1) How do staff and families in child care centres communicate about sleeping and eating practices for young children?

Communication between parents and staff is dependent upon the perceived purposes for communication. Data analysis of communication channels between parents and staff revealed three nodes,

i. oral communication

ii. written communication; a) the enrolment form and b) post enrolment written information (for example the noticeboard, newsletters); and

iii. translation/interpreting.

Table 4 (p. 127) shows the relationship between the numbers of documents coded at each type of channel of communication for parents/guardian and staff.

The analysis of each node is described below.
Table 4. The Relationship Between the Number of Documents Coded at Each Type of Channel of Communication for Parents/Guardian and Staff.

<table>
<thead>
<tr>
<th>Channel of communication</th>
<th>Number of Documents coded. Parent/ Guardian</th>
<th>Number of Documents coded. Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Written communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) enrolment form</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td>b) post enrolment written</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>information</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Translation/ interpreting</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

i) Oral communication

Oral communication refers to verbal information sharing between parents and staff about a child. Thirty-six of the forty-eight documents recorded a coding to the node oral communication. The majority of staff and parents acknowledged the importance of daily oral exchanges of information about the child’s day at the centre or about home routines which need to be shared with centre staff. Comments elicited from parents tended to relate to receiving information from staff.

... When I just come in they tell me about what Jaye did ... (Alice, Mother, 7 1 2/22-22).

... Main thing is they [staff] can talk to the parent about how their kid develops in the child care, ... well I can't expect [this] every day but at least once a week or something they can talk to the parents about how your kid behaves this week or about anything new he or she learned in the child care (Maggie, Mother, 7 1 2/18-18).

Parents also noted oral exchange as a means for providing information pertaining to child rearing practices. The interpreter explained how Wesley’s father noted a situation relating to his child’s eating habits in the centre.
His son doesn't like to swallow things... His wife told the staff this and they try to make his food softer so he can eat it (Dan, Father, through the interpreter, 7 1 2/2-2).

Hetti described oral instructions she had provided staff with in relation to her daughter.

I told the staff to wrap her [for sleep]...(Hetti, Mother, 7 1 2/1-2).

Comments from staff regarding daily communication tended to relate to two issues; 1) the importance of acknowledging parents and 2) the importance of providing information to parents.

[It is important to] Communicate to the parents; tell them how their children's day is and things like that (Jane, Untrained Staff Person, 7 1 2/ 20-20).

[Important for] carers talking to parents [about their child's day] (Adelaide, Staff Person, 7 1 2/1-2).

Greet the parent on arrival and ask how the child's morning has been, make the effort to speak to all parents (Felicity, Staff Person, 7 1 2/ 2-2).

Seeking information about routine child rearing practices through the use of oral communication was also mentioned. Bess, (Director) stated,

We ask for the foods, and any special occasions or events that they celebrate or they don't celebrate, and then basically what we do is the primary care giver will follow up as well with the family, and ask them things along the way and we find out, in special events that'll be going by, somebody might mention something and so we sort of pick into those cues ... (Bess, Director, 7 1 2/ 2-3).

Jane [referring to staff person who also worked with the children] and I sort of ask them, like you know, do you do this?” (Margaret, Trained Staff Person, 7 1 2/ 9-10).

Staff used oral communication to solve issues which arose with children or parents.

So that was an issue we had to discuss with the parents and just come to a compromise, it wasn't really an issue actually because when we spoke to the parents they were ... okay ... (Andrea, Director, 7 1 2/20-20).
Bess also identified the importance of seeking information orally from parents in order to reduce possible stresses for children in the centre.

... if you don't get that [verbal] feedback it can take a couple of months for a settle in process rather than a couple of weeks ... (Bess, Director, 7 1 2/5-5).

ii) Written communication

a) The enrolment form

All centres make use of an enrolment form. This is the first source of information for staff about children new to the centre. The enrolment form was identified as the vehicle for initial sharing of information about child related practices from home.

... on the first time [I came to the centre], I just filled out a form ... it asked me question[s] and I filled it out there... (Alice, Parent. 7 1 1 1/1-4).

In terms of the enrolment form there was some staff asking questions about what foods they normally eat at home, what time they sleep, what language they speak at home, that was mainly about it [They also asked if there] was any religious things that my sister can or can't do (John, Older Brother. 7 1 1/1-1).

We just fill in the form and we just say our background is Chinese and I just say if possible my kid learn a bit of that background too (Maggie, Mother, 7 1 1 1/2-2).

They gave us a [form] when I first brought my girls to the centre asking quite a lot of information about what religion we come from, what type of food we eat what type of clothes we wear. That's their concern, and [so] they're asking us just to fill in the details (Farley, Mother, 9 12/12-13).

Staff cited the importance of the enrolment form as a means to receive information from parents. This includes information about factors which related to child rearing practices, the child’s well being and other factors about the child which parents feel are important for staff to know.
Food and dietary restrictions... [it is] really, really important that we listen to that here, we have a suggestion section in the enrolment section for any idea or suggestions that they would like us to implement (Andrea, Director, 7 1 1 1/24-24).

Basically [we get information] through the enrolment form. We've got a section there asking about what sort of child rearing habits do you have that are particular to your culture, or particular to your child, not just because of the culture, but it might be a certain thing that they do in their homes (Bess, Director, 7 1 1 1/1-1).

We are aware of [information about children's child rearing practices] by the enrolment forms and from what they [parents] say to us (Lena, Untrained Staff Person, 7 1 1 1/10-10).

b) Post enrolment written information

Post enrolment written information took the form of individual or group information dissemination in the form of newsletters, individual communication books, information on notice boards and personal notes to or from staff as identified by participants. These vehicles were identified as an important method for sharing information between parents and staff. However, this form of communication tends to be one sided; from staff to parents and not vise versa. 35% of the recorded responses were from staff reflecting the value of written information as a source of communicating with parents.

Parents placed greater significance than staff on written communication (65%) acknowledging the value of written communication from staff that were directly responsible for the daily care and education of their children in the transmittance of information.

However, only one respondent referred to the importance of staff receiving written information from parents on a regular or ongoing basis.
I like to write information of my child's activities at home to give them [staff] a conversation point. (Pam, Parent, 9 12/2-2).

Parents, especially in terms of daily care giving practices, valued the daily recording of information by staff about the child.

The most important thing is communication, ... that's good how the teachers are taking down notes so I can just take her home and concentrate on what she was doing that day, like if she wasn't eating then I'll give her more food, or water if she was missing out (Peter, father. Centre B. 9 12/15-15).

I always read information provided and newsletters. I read the communication booklet. Most importantly I read my child's daily folder – the pattern followed for the day [what my child] ate, [when my child] slept, etc (Viv, Parent, 9 12/4-7).

Staff used written communication from parents to gain insights into particular practices which could be incorporated into the centre. This tended to be gathered only at orientation or when the child commenced at the centre.

Initially the first point of contact is when they do orientation [at enrolment] and they are talking about the philosophy which is done in conjunction with the parents (9 12/4-4) ... In that [the enrolment form] it mentions culture diversity, different cultures and trying to incorporate where appropriate into the centre (Angela, Director, 9 12 6-6).

Staff respondents also saw written communication as an effective means of information dissemination to all parents for example, through the newsletter or notice board or to record information pertinent to daily child rearing practices.

Each room has its own communication chart for recording [what happened in the day] (Felicity, Staff Person, 9 12/ 2-2).

Staff noted the value of providing daily measures to parents in written form.

We've got daily communication books. We write down if they sleep, if they eat, what they do today, what they do at group time, how they are feeling and basically anything else. [For example, if the] ...child had a runny nose or a very runny poo or something like that. So they're a great way of communicating. Also, newsletters and big posters on the front door (Margaret, Trained Staff Person, 9 12/ 54-56).
iii) Translation/ Interpreting

Translating/ interpreting refers to having information available to parents whether through written or oral means in a language other than English. A staff person, family member (including older children) or external service can carry out the role of interpreter or translator. The use of interpreting and/ or translating information was recognised as having a twofold purpose. It allows for, 1) information flow for/from staff or parents and 2) information flow for/ from children.

Whilst interpreting and translating were valued, the ability to organise translation/ interpretations for the families who used the child care centres was not consistent.

Bess, (Director) noted the difficulty of not speaking the same language as parents and acknowledged the value of having staff to support the languages families' use.

I don't have the language to communicate first hand, and so going through the translator [service], I think it loses something, whereas when you've got the two [staff] when they can talk and then the information can be fed back to me, then I feel sometimes that's a lot more comfortable for the families (Bess, Director, 7 1 3/9-9).

[Parents] like the staff to speak their languages so that they know what their child has been doing through the day (Bess, Director, 7 1 4/9-9).

Kath (untrained staff person), described her dual role for parents as both the untrained assistant in the room with the children and interpreter, due to her ability to speak with parents in a language other than English.

Sometimes the parents don't speak English; sometimes they're not confident to talk to the teacher because [the] teacher has high standing [due to her role in the

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*Beyond Cultural Diversity: Exploring Micro and Macro Culture in the Early Childhood Setting.*
community] and all the information [and knowledge] about [the] education [of the children]. ... Sometimes we talk [about the child's development or the program in] the home language so that they can feel more confident to interact with the teacher (Kath, Untrained Staff Person, 7 1 3/16-16).

... the other staff can't speak the language ... [when the staff] come and ask my help, as interpreter or [to translate written information to send home to parents]. then I'm very happy to do that, to help the staff member... (Fran, Untrained Staff Person, 7 1 3/23-23).

One centre which did not have staff to fulfill this role sought an alternative method to give information to parents. Judy stated,

... [we] ask for them [parent] to bring in someone to interpret (Judy, Trained Staff Person, 7 1 3/9-9).

Only one parent of the entire cohort of parents stated a preference for the staff to speak her home language. She identified that this was important so that she could access information about the child's experiences in the centre. Through the interpreter, Teresa stated,

She prefer for staff to speak to her in Cantonese so she can understand what is happening in the centre with her child (Theresa, Mother, through the interpreter, 7 1 3/5-5).

Staff recognised the need for children from non-English speaking backgrounds to have language processes in the centre so that staff were able to understand and meet their need on a daily basis. This was a pertinent issue particularly for Centre A because the total cohort of staff in this centre spoke English only, while 60% of families stated that their home language was other than English. The two strategies staff identified as effective were 1) the use of key words and phrases for communication which were provided by parents and 2) encouraging older children to translate for other children and the parents. Staff stated,
The language of course we try and do that with keywords from the parents that we can use to try and settle them in. (Andrea, Director, 7 1 3/ 30-30).

... well we pick up a few words just to talk to the kids, like Daniel, just sit down, and the basic words we try and learn them too, so they can understand, because some kids come here and they don't know any English and so we have to learn a few words just to help them get settled (Jane, Untrained Staff Person, 7 1 3/ 11-11).

It is really valuable that we have a number of children from the same culture and we encourage them to talk to each other (Lila, Trained Staff Person, 7 1 3/9-9).

We had a new child start at the centre in the under 3 room and he only spoke Urdu. I asked one of the 4 year olds to speak to him and offer words of comfort ... (Andrea, Director, 7 1 3/36-36).

We need to be making sure that they come and they are new that we help them learn key words ... if the parents [can't speak English] asking for them to bring in someone to interpret (Judy, Trained Staff Person, 7 1 3/8-9).

**Summary of how staff and families in child care centres communicate about sleeping and eating practices for young children**

The three key processes adopted by child care centre staff and families to facilitate communication around sleeping and eating processes for young children are; i) oral communication;

   ii) written communication;

      a) through information provided on the enrolment form;

      b) post enrolment written information;

   iii) translation and interpreting.

Oral communication enabled the daily exchange of information pertinent to care giving and general developmental patterns. Staff were able to address issues immediately therefore decreasing possible stress for the child in the centre. The issue of non-English speaking parents becomes a concern in this light. Oral

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*Beyond Cultural Diversity: Exploring Micro and Macro Culture in the Early Childhood Setting.*
communication was noted by staff as the most effective form of communication for gathering information from parents.

Written communication through the enrolment form was utilised by staff and parents as a starting point for information sharing about the child when he/she first starts at the centre. The enrolment form tends to seek generic information such as parent contact details, date of birth and immunisation and specific information such as dietary needs of children (incorporating) religious beliefs and other macro cultural information about the child. The enrolment form was addressed and viewed as necessary for gaining initial insight into child rearing practices.

Further to the use of the enrolment form was the use of post enrolment written communication. Written information throughout the year, including newsletters, individual communication books, information on notice boards and personal notes to or from staff, was perceived as being a process in which staff were able to disseminate information to all parents. Parents acknowledged this as an effective tool for receiving information from staff. There was little mention as to the use of parents providing ongoing written information to staff with only one parent seeing the value in this process as a conversation prompt with the staff about the child.
The study identified the need to translate or interpret information. Parents valued the ability of staff to speak their home language so that they were able to receive information about their children in the child care centre. Centres where staff languages reflected the backgrounds of families utilising the service reported being able to address issues relative to care giving practices as they arose.

2) How do staff in child care settings deal with individual differences in sleep and feeding patterns?

Staff noted difficulties in obtaining information from parents in relation to sleep and eating habits.

... It has been really difficult to get our parents to tell us what they are doing at home. We did have a meeting a couple of weeks ago where we had eight parents come but none of these parents put forward anything that they were doing at home that they wanted us to continue doing here at the centre, so we are really at a bind with that at the moment because if parents aren't willing to share then it is hard for us to do it (Lila, Trained Staff Person. 9 13/13-15)

Bess, (Director), described how settling a child into the centre could be aided with information from parents about their sleep practices.

The same as sleeping, you can really put a child into a state of distress and yourself, making it so hard, when a child might actually go to sleep being rocked in the arms, as opposed to patted on the back, might be rubbed or they might have a special toy or something, and if you don't get that feedback it can take a couple of months for a settle in process rather than a couple of weeks. And alleviating that stress between the staff and that child as well (9 14/5-5).

The value of staff sharing the same macro culture as the children in the centre was reported as being important.

For example, now that I've got I work with [names of staff in the room] I found they're telling me about what South East Asian cultures do, [they eat whilst] running around with the kids and feeding them that way and so they've been really conditioned to their home environment of walking around ... Sitting down is a really big change for them ... (Bess, Director, 9 14/4-4).
When staff were provided with information pertaining to sleep and feeding patterns, they described how they attempted to meet parents' requests. Fran described an incident involving daily communication with a parent about a sleeping issue and how the staff person resolved it by meeting the parent and child's need.

... sometimes ... mum wanted her to sleep and but she doesn't want to sleep every day and then I talked to her mum and she said it's better if you give her sleep but if she doesn't want then maybe mummy says it's alright for her to play or have a quiet time... (Fran, 9 14/17-18).

In this study, many of the classified untrained\(^{41}\) staff appeared able to empathise with parents needs. Often the untrained staff person is from the local community and or from the same macro cultural background of many families who utilise the centre. Jane (untrained staff person) described parent requests in relation to settling children for sleep.

... for example David: he always had to be wrapped up because that's the way they used to do it at home, so we used to wrap him up at the same so he could go to sleep, and like Leslie she's got a red dog, and so she'd have her red dog and if she got upset we'd give her that. Andre he had a security blanket, so we just used to give him his security blanket so it would make him feel more at home (Jane, Untrained Staff Person, 9 14/ 4-5).

Jane also described the importance of communication to ascertain how to address issues which arose from different home and centre eating practices.

They [parents] talk to us, and they tell us you know if our child's not eating it's because they're used to eating [different] sort of food, ... so we do whatever they ask us to (Jane, Untrained Staff Person. 9 13/3-3).

\(^{41}\) Untrained staff is a term from the *Centre based and mobile child care services regulations (No 2) 1996. Under the Children's (Care and Protection) Act 1987* to define a person working in early childhood services in New South Wales who does not have any formal early childhood education (teaching) qualifications.
Lena acknowledged the importance of respecting parent requests relative to individual differences in patterns.

I think that they are all important to be brought from home to here. If that is what they are used to at home, then if the parents have said "Please don't do this ..." then I think we should do it that way ... Things that are important to them at home should be important to us as well (Lena, Centre A. 9 13/8-11).

Fran (untrained staff person) described a conversation with a father in relation to his son’s poor eating habits in the centre. Fran suggested,

Because at home he gets Asian food every day and so I just like tell his daddy maybe try to bring his own lunch and then we warm up for him ... at lunch time ...

(Fran, Untrained Staff Person, 9 14/7-7).

Findings showed that all staff recognised the need to negotiate practices associated with sleep and eating which did not fit into centre routines. Some practices however were adapted to meet centre needs and reflected the needs of staff in situations which were not carried out in consultation with parents.

Andrea (Director) also highlighted negotiation as a strategy when home practices could not be carried out in the centre.

So in relation to any of their practices, beliefs and values, so if it doesn't conflict with our philosophy then we more than happily do that [follow up the request] (Andrea, Director, 9 13/8-8).

There were instances where staff described how they had adapted the child's sleep and eating practices without parent consultation.

... John used to be wrapped up and you know how big he is, like 7 months, 8 months and she'd still want us to wrap him and we said oh look, we're not doing that any more because he's big enough and he can sleep fine without being wrapped up (Margaret, Trained Staff Person, 9 13/12-12).
... a lot of the cultural practices like the running around and feeding them. We can't do that (Bess, Director, 9 14/29-29).

Some adaptation of practices to meet centre needs or routines were influenced by staff macro culture. Andrea highlighted her discomfort at having to explain differences between eating styles.

... they don't use cutlery at home which is a little bit difficult in terms of teaching them, explaining to the other kids why they don't use cutlery and they are allowed to use their hands (Andrea, Director, 9 14/29-29).

... we do quite a bit of what the parents ask, but what we'll do is we try and reach a solution that we're both happy with. Sometimes we need some negotiation, [for example] "I understand this is what you want, this is what we can do, do you think that you'd be happy with that?" A lot of families are... (Bess, Director, 9 14/42-42).

She didn't really say its part of her culture, but I don't know, I just assumed maybe, because she still was breast-feeding him and everything. We did that [blend his food] at the beginning and then, have a little bit of banana without blending it and then have a little bit of lunch, and he was fine with food without being blended and we told her and she was fine about it (Margaret, Trained Staff Person, 9 13/33-35).

One of the staff from the same macro culture as the majority of children in the centre explained that children were not used to sitting down at the table for a meal, but rather parents or care givers would follow them around and give them small pieces of food to eat. Bess' reaction to this reflected her personal macro culture and the ability of three staff to meet this particular need for at least twelve children from the same macro culture per day.

... in my culture it's just an expected thing. And I just think it's a sort of, the appropriate social skills of sitting down and all of that, whereas if people didn't tell me, if I didn't have Fran to explain that to me, I'd wonder why he kept getting up (Bess, Director, 9 14/4- 4).
Summary of how staff in child care settings deal with individual differences in sleep and feeding patterns

The existence of micro cultural practices associated with sleep and feeding patterns were recognised by all staff in the study. Untrained staff were more likely to be sensitive to parent needs for their child and how they could be addressed. Staff described processes for dealing with micro cultural differences and acknowledged the difficulties associated with information received, and or with information not forthcoming from parents. Staff described their desire to meet parent requests whenever possible and offered negotiation as an effective strategy when the centre could not reflect the home environment.

Staff in the child care settings have identified areas which they are able to address individual differences in sleep and feeding practices. Where specific care giving practices are tangible, staff are generally able and willing to meet parent requests for the child. Staff feel hindered by parents not giving information. Staff do adapt home practices and tell parents afterwards when they feel children can benefit (become more independent). These practices are furtive and may serve to affect parents negatively. Staff attempted negotiation with parents or resorted to fitting the child’s practices into the centre’s routine without parent consultation when specific inconsistencies between home and centre arose.
3) How do parents address the issue that child care centres may implement different practices around sleep and feeding with their young child?

Parent responses highlighted practices associated with sleep and feeding which staff were able to carry out in the centre. Dan stated through the interpreter,

His son doesn't like to swallow things, that's why he like[s] consommé or very watery rice, like this type of food. He doesn't like rocky food. His wife told the staff this and they try to make his food softer so he can eat it (Dan, Father, through an interpreter 9 14/ 2-2).

Other responses from parents also acknowledged practices which staff could easily attend to.

Okay, the sleep, she goes to sleep with her red dog and she's got a blanket that she gets wrapped in and I told the staff to wrap her, give her red dog and say, “sleep well, see you soon,” and leave her. So try and not to pat her if they can avoid it and not to keep going in, because we were trying to do controlled crying with her (Hetti, Mother, 9 14/ 1-2).

The way she likes to go to bed, she's got this blanket with the edge that is like a silky ribbon, so she likes to touch that and they said bring hers in and without knowing that they had exactly the same blanket that they were using for her, so that was fine (Muriel, Mother, 9 14/10-10).

We have to restrict them in some certain foods [for religious purposes], but that's all (Keith, Father, 6-6).

Parent responses indicated that practices in the child care setting which differed to the home environment were acceptable. This included feeding and sleeping practices and others. Parents stated that they wanted centre staff to implement practices which reflect Australian macro culture. Parent perceptions of this issue were coded at; limitations on staff; adapting to Australian macro culture; and English language acquisition. These nodes are described in more detail below.
1) Limitations on staff

Most parents believed that staff did not have the ability to replicate home practices in the centre. A typical comment was,

The teachers don't know what's going on at home. They could be told something completely different to what is actually happening, and I suppose they can't really follow through with anything, where it concerns home (Samantha, Mother, 9 15/21-22).

Parents were aware that the number and diversity of children were determinants for home practices not being replicated in the centre.

I did notice before when they had two extra staff, ... you could see that they would be able to give a bit more individual attention to kids. (Hetti, Mother, 9 15/23-23).

You can't follow individuals, and I'd say one child care worker would have to look after quite a few kids, I mean can't give particular attention to one kid only. (Maggie, Mother, 9 15/115-115).

I think it is hard, but I mean each individual has got their own ways [of carrying out practices in the home environment] and by [staff] being able to bring it all together for the child, to understand what they [parents] want [from the home environment] that you're trying to provide, ... Yeah, I think that's difficult (Muriel, Mother, 9 15/13-13).

I think the food is really difficult because there's so many children. They can't just do individual meals sort of thing (Samantha, Mother, 9 15/24-24).

2) Adapting to Australian macro culture

A surprising finding of this study was that parent expectations for home-centre consistency were not the same as those of child care centre staff. When parents described their role for the child care centre, this involved assistance with integration of their children with the dominant macro culture. Australian macro

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42 Integration implies combining home macro culture with the dominant culture, as opposed to assimilation which refers to individuals taking on the dominant culture and discarding their own macro culture. I use integration in this instance because parents' believed the home environment was the ideal place for maintenance of home macro culture. They did not describe practices associated with shedding their macro culture entirely to take on the dominant culture.
cultural practices were seen to be different to those being implemented at home but were nonetheless valued by parents. Parents’ perceived that exposure was necessary for successful functioning in Australian society. This was further justified and supported by the need parents expressed for children to speak English (described in more detail in the section entitled, English language acquisition. See p.144).

Parents tended to report that the centre was providing a vehicle for becoming familiar with Australian macro culture and that they were not seeking a replication of home micro and macro culture practices.

... so far, they [centre staff] are really good actually, because... my opinion is that I don't like them [staff] to teach Minnie [daughter] my own culture ... (Alison, Mother, 9 15/3-3).

Parents saw the child care centre as an entry point for the child to integrate with the wider community. For example,

This is her first exposure to some social world and before we were just at home and she just went with me to market, look around, come back. But here she's practically dealing with those people, with the kids and their culture, but I don't think it's affecting her in any way, in any negative way. Well actually this is very much a multicultural society. Australia does have its own culture which should have a priority over others. It is the way people here want things to be (Farley, Mother, 9 15/10-11).

I don't really expect everyone to follow the Chinese culture that we want them to follow because [we are] here is Australia. I still prefer they learn ... the Australian culture and Australian things too. It is like important for them when they go school or they go out in society, they have to know Aussie, ... I'm just saying that for me it's more important to learn Australian culture too (Maggie, Mother, 9 15/13-17).

Probably in this day and age, especially in Australia, it's good to try not to focus too much on the child from the Asian culture or the other culture and try to adapt to the new way of life in Australia which is very different. I think that is what the parents want, because at home children usually get taught to do things the way
their parents did it in that different country and it wouldn't work in Australia and it wouldn't work here in Sydney (John, Sibling, 9 15/13-13). 43

Ironically, staff were striving for replication in practices in a variety of ways. Staff thus tried to find out about home practices and showed signs of frustration when this was not forthcoming.

They don't tend to tell us or give us any suggestions about how they do it at home even if we do ask them. (Andrea, Director, 9 13/ 28-28).

... we are trying to encourage the parents to come and share those things [micro or macro cultural practices], so far we haven't had a lot of luck. Recently I have given some of them [parents] books, children’s story books to read, to tape first and to write out the words in their home languages for us to type out and put into the books … (Lila, Trained Staff Person, 9 13 1/4-5).

With some of the children, we encourage them to bring some of their things from home so they still have their cultural things here although we are still waiting for this to happen (Judy, Trained Staff Person, 9 13/21-22).

3) English language acquisition

Parent expectations also differed from staff expectations in relation English language acquisition. Parents described the need for their children to learn English which they perceived was a significant factor of Australian macro culture. Staff highlighted the necessity for maintaining home language and the use of keywords to settle children into the centre in an attempt to reflect home practices.

One parent noted her hesitation in speaking her home language to her child for fear of confusion with learning English.

43 This interview involved the older sibling (John, 19 years old) of the child at the centre. The mother had sent John for the interview. The Director was quite surprised by this response because she could see no reason why the mother would not be able to answer any of the questions. When John arrived, I asked him informally why he had been sent in place of one of his parents. John said that his mother thought that he would be able to provide better answers because he grew up in Australia and had better English (John Memo 3 1 3/1-6).
I was avoiding to teach [child] my own language because I don't want ... [her] to have confusion when she went to school, between English and my language ... my husband doesn't want [me to teach her my language] not really, but ... he wants to teach her when she's grown up (Alison, Mother, 9 16/ 3-3).

Parents also described the need for their children to learn English at the centre.

She thinks she can teach her son Chinese and she would prefer her son to learn English in the centre (Theresa, Mother, through an interpreter. 9 16/10-10).

Language wasn't that much of a big deal because we thought it would be better if she was at the child care centre it would probably be better for her if she could speak more English rather then if the people spoke to her in our language or a number of Chinese languages (John, Father, 9 16/3-3).

... and in child care we ask her to speak English all the time, ... because she can learn our language from home but it's very hard for her right now to speak English because she doesn't speak [it] at all (Keith, Father, 9 16/15-16).

... well in terms of language, I always thinking English is more important for the kids because I mean you live in Australia, everything you do is in English. (Maggie, Mother, 9 16/6-6).

... they [staff] ask us, what does mean in Arabic and we tell them we stick to English because we want him to speak English, not Arabic (Nate, Father, 9 16/14-14).

Staff conversely spoke of the need to maintain home language in the child care centre.

... especially with the younger ones so they don't forget their home language because I think that it is very important that because the English will come but the home language is what they forget really easily (Judy, Trained Staff Person. 9 16/3-3).

Like it's really bizarre, because the way that they say it is that they come here to learn English. They like the staff to speak their languages so that they know what their child has been doing through the day. ... We've got people saying that we don't want our home language always spoken, we want English, we want our children to learn English (Bess, Director, 9 16/12-14).

I think that a lot of parents tend to concentrate so much on fitting in that they don't want them to speak their home language here, they rather they try and learn English as quickly as possible (Judy, Trained Staff Person, 9 16/17-17).
Summary of how parents address the issue that child care centres implement different practices around sleep and feeding with their young child

Parent respondents have no difficulty describing individual micro cultural practices associated with sleep and feeding practices. They described their expectations for staff which were concrete and attainable in terms of sleep and eating practices; for example, providing a security toy at rest time and serving food which is ground finely. However, parents did not believe that all practices from the home environment could or should be carried out by staff. They believed could not replicate home practices for all children. They cited staff child ratios as the reason for this, citing that it would not be possible for the number of staff per child to meet all the needs of individual children.

Parents actually wanted the child care centre to implement some practices which were different to those experienced in the home environment. Particular mention was made in regards to language acquisition. Parents described the importance of the centres fulfilling this role because; 1) they were unable to provide for these in the home environment; and 2) parents perceived these differences were an important component of integrating the child into the wider context of Australian society.

4) What are the implications for inconsistencies in these areas for the young child and family?

The implications of inconsistencies in practices between home and centre were dependent upon the context of each situation and on the amount of negotiation
which took place. Implications were coded to two nodes; 1) positive implications; and 2) negative implications. These nodes are described in detail below.

1. Positive implications

The node positive implications showed outcomes to inconsistencies in practices which were positive for parents and children. Attempts to replicate home practices in the centre were identified through communication between staff and parents. Both staff and parents acknowledged that it was not always possible to be consistent in carrying out practices from the home in the centre. When these inconsistencies were discussed there tended to be positive outcomes for all.

The difference is fine. It is only because I prefer her to have a nap after lunch so sometimes ... I say just try your best to let her sleep. That's the only difference to it (Alice Mother, 9 17/6-6).

Inconsistencies actually became the catalyst for enhanced communication, particularly between untrained staff and parents. This resulted in positive outcomes.

They talk to us, and they tell us ... so we understand them and do whatever they ask us to (Jane, Untrained Staff Person, 9 17/ 3-3).

... Wesley, he came from China and when he started he didn't eat his lunch and then I talked to his dad and his dad said because he not get used to the Australian food. ... at home he gets Asian food every day and so I just like tell his daddy maybe try to bring his own lunch and then we warm up for him and then at lunch time, (Fran, Untrained Staff Person, 9 17/6-7).

... Jaye is in my group and at some times her mum wanted her to sleep and but she doesn't want to sleep every day and then I talked to her mum and she said it's better if you give her sleep but if she doesn't want then maybe mummy says it's alright for her to play or have a quiet time, so, that's why sometimes I ask Jaye you want to sleep and she says no I want to play now, so I try to do what she wants. Because I need to communicate with the parents ... then I talk to her mum and get her mum's idea and get how she wants me to deal with her child. So that's what I do (Fran, Untrained Staff Person, 9 17/17-18).
His son doesn't like to swallow things, that's why he like consommé or very watery rice, like this type of food. He doesn't like rocky food. His wife told the staff this and they try to make his food softer so he can eat it (Dan, Father, through an interpreter. 9 17/2-2).

2. Negative implications

Negative implications were identified as an act of disempowerment.44 Disempowerment was noted to affect families and young children when inconsistency in practices between the home and centre was carried out by staff without prior discussion with parents.

Staff described incidents whereby children suffered disempowerment as a direct result of inconsistency of practices. Andrea (Director) conveyed the following example which highlights the child's disempowerment of language usage.

We had a new child start at the centres in the under 3 room and he only spoke Urdu. I asked one of the 4 year olds to speak to him and offer words of comfort. He replies "I can't I only speak English" I knew quite well that he could speak Urdu; I had heard him with other children. When I asked him about this he told me that his Dad had said that he was only to speak English outside the home. The Dad has never mentioned this to us before and brushed off the conversation when I tried to approach him about it (9 17/36-36).

A staff person described an incident where they had made a decision about moving children from drinking with a bottle to using a cup,

Babies, they're starting to hold the bottle and then later on we encourage them to hold it with their hand and then usually the parents say oh she's still drinking from the bottle and we say oh she can drink with a cup now, or she can drink without a lid now ... (Maggie 9 17 13-14)

44 This term refers to a parents' loss of control, unwillingness or discomfort in sharing information knowledge about their child when staff care giving practices are furtive.
One parent described feelings related to disempowerment which highlighted practices carried out by staff (described above) in opposition to practices they had requested of staff.

... she [daughter] just started off taking the bottle, because she was used to taking a bottle to go to sleep, but now that she's got older we're just dropping those things bit by bit [I spoke to staff when I picked her up] ask[ed] them about her when I came, you know, did she have her bottle and they'd say no, she was too tired, she just slept ... so I would ask about it daily to see how she's going ... (Muriel. Mother, 9 17/11-11).

Summary of the implications for inconsistencies in these areas for the young child and family

The manner in which inconsistencies between home and centre practices were addressed resulted in either positive or negative (disempowering) outcomes for children, families and staff. When staff commented or negotiated practices with parents, outcomes resulted in increased communication between parents and staff. This was identified as a strategy particularly chosen by untrained staff. When staff implemented practices without parent consultation, or ‘hid’ the new practice, the outcome for parents was disempowering. They adapted their practices to those used in the centre.

5) What strategies have been successful for dealing with these inconsistencies in home and centre practices?

Both parents and staff identified communication as the most effective measure for coping with inconsistencies. Effective communication has emerged as a consistent theme from the data in relation to all the research questions.
Successful communication was described as parents and staff talking together in order for decisions to be made about individual children and centre programming.

One parent stated,

What I wanted them to do was to come and speak to me so that we could talk about it together and then decide what was best for Olivia so that I could follow through with it at home as well (Hetti, Mother, 9 18/35-35).

Both parents and staff valued developing relationships which move beyond discussing daily routine practices. Respondents wanted to develop trust relationships which incorporate the exchange of valuable information about home practices and centre processes.

Letting them "in" on the family - getting them to know us (Kate, Parent, 9 18/2-2).

This [communication] also helps child to adjust easier because [there] is [a] good relationship between carers and parents (Olin, Parent. 9 18/15-15).

A staff person summed up the research as follows,

[We need to] build up friend [ships/] relationship with parents so it's made relaxed and ease in exchange information between us (Xanthe, Staff Person, 9 18/4-4).

Translation and interpretation of information enhances successful communication. Both staff and parents recognised the benefits of some staff being able to speak home languages. This was deemed to facilitate the development of a relationship which could not be sustained through the use of interpreter or translation service.

... it's hard because I don't have the language to communicate first hand ... going through the translator [service], I think it loses something, whereas when you've got the two [staff] they can talk and then the information can be fed back to me ... I feel sometimes that's a lot more comfortable for the families (Bess, Director, 9 18/9-9).
The role of staff to interpret information was also identified as a necessity for parents.

... she spoke to the staff in her language. She prefer for staff to speak to her in Cantonese so she can understand what is happening in the centre with her child (Theresa, Mother, 9 18/4-4).

They talk to me directly in my language. That’s why it is good they talk my language so I know what is going on not so Wesley can learn it [home language] here (Dan, Father, through an interpreter, 9 18/ 6-6).

Summary of strategies which have been successful for dealing with these inconsistencies in home and centre practices

Effective communication was identified as successful for dealing with inconsistencies in home and centre practices. Both parents and staff emphasised the importance of effective communication as the key to developing relationships. The opportunity to talk and discuss issues was regarded as highly significant. Staff taking on the role of interpreter was deemed a valuable asset to the service in the development and maintenance of successful relationships between home and centre.

6) How does policy support or constrain consistency in practices?

Some well-meaning practices actually constrain the practices they were designed to enhance. The Centre Based and Mobile Child Care Services Regulations (No 2) 1996 (New South Wales Department of Community Services; 1998) and the Quality Improvement and Accreditation System (National Childcare Accreditation Council; 2001) are quite prescriptive in the requirements for developing parent staff partnerships and parents’ role within the child care centre.
However, the practices which these policies seem to demand are not always effective.

We are always asking about what they do at home, [as called for by the Quality Improvement and Accreditation System]; it's like pulling teeth! (Judy, Trained Staff Person, 9/13/27-27).

So it’s really difficult because you’re getting that conflict where accreditation, programming, planning and all of that is saying to you, hey you need to incorporate all cultures and especially the ones in the service and be really reflective and aware of the cultures, and yet when you’re meeting that criteria, then you think well the parents are coming from a different angle saying they don’t really want that, and so you think well where do you find the median between the whole lot (Bess, Director. Centre B. 9/17/16-16).

But I also think that a lot of the time we are trying to incorporate things [from accreditation and regulations] that parents don’t actually want or think that are an expectation of the centre and by doing so it is making the children stand out more than fit in more (Andrea. Director 9/17/11-13)

Summary of how policy supports or constrains consistency in practices

Staff noted the implications of dealing with differences due to the impact of the policies and regulations on service delivery. The *Centre Based and Mobile Child Care Services Regulations (No 2) 1996* (New South Wales Department of Community Services; 1998) and the *Quality Improvement and Accreditation System* (National Childcare Accreditation Council; 2001) imply that staff should adapt centre routines to reflect home practices where possible.

Staff acknowledged that regulatory bodies mire them and the requirements posed by policies and regulations. They identified that rules constrain practices and whilst attempting to reflect home practices, believe that some home practices cannot work in a group setting.
This Chapter described the use of the centres in the study by adopting ITERS a validated tool to measure quality care giving practices. The findings from respondents (staff and parents) were presented. Analyses of findings provided four considerations. These are:

1. Parents’ who use child care centres value integration for their child into Australian society.

2. Staff practices are sometimes carried out in a furtive manner. This results in feelings of disempowerment for parents and jeopardises parent staff partnerships resulting in a Cycle of Mistrust (De Gioia).

3. The designation of a centre based Community Representative significantly assists the partnership building process for early childhood settings.

4. Some policies and regulations (such as the Australian Quality Improvement and Accreditation System and the New South Wales Centre Based and Mobile Child Care Services Regulation (No 2) 1996) may work counter to their own aims for parent staff ‘partnerships’.

Chapter 5 discusses implications of the findings, compares these to current literature and situates the findings within The Ecological Model of Influences upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting (De Gioia, 2003).
Chapter 5

DISCUSSION

Introduction
The previous chapter described the findings from the three phases of data collection; 1) the Infant Toddlers Environment Rating Scale; 2) interviews with parents and staff; and 3) follow up questionnaires.

This chapter discusses the findings from the previous chapter and analyses them according to the Ecological Model of Influences upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting (De Gioia) (described in Chapter 2, see p. 48). Recommendations for further study are also provided.

The original focus for this research was to address how micro and macro cultural practices (with particular emphasis on sleeping and feeding) from the home environment are reflected and or dealt with through practices in early childhood settings that cater for children 0 - 3 years in light of research which describes the importance of continuity between home and setting. Findings from this study however, identified issues which move beyond the original question. The analysis of findings identified the following:

1. Parents’ who use child care centres value integration for their child into Australian society.
2. Staff practices are sometimes carried out in a furtive manner. This results in feelings of disempowerment for parents and jeopardises parent staff partnerships resulting in a *Cycle of Mistrust* (De Gioia).

3. The designation of a centre based *Community Representative* significantly assists the partnership building process for early childhood settings.

4. Some policies and regulations (such as the Australian *Quality Improvement and Accreditation System* and the New South Wales *Centre Based and Mobile Child Care Services Regulation (No 2) 1996*) may work counter to their own aims for parent staff ‘partnerships’.

**The microsystem: Parent expectations**

The microsystem or core of the *Ecological Model of Influences upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting* incorporates parental expectations and goals for their child. These expectations determine choice of setting for the child. Findings showed that the role of the early childhood setting reflects mainstream⁴⁵ Australian society as an expectation parent’s hold in regards to choice of service. The perception of the macro cultural practices carried out in child care centres are a significant reason for service choice by parents. Parent statements described the need for their child to function effectively in Australian society and that their perception of child care centres as vehicles for integrating their child into mainstream Australian society.

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⁴⁵ The term mainstream is used to define what is deemed to be prevalent attitudes, values or practices associated with the dominant Anglo macro culture in Australia.
Numerous research studies identified factors for choice of child care. These include cost, location, availability of places, hours of operation and quality indicators (Choice, 1994; Johansen, Leibowitz, & Waite, 1996; Zinzeleta & Little, 1997). Quality indicators are reported as a focus on relationships and interactions (between parents and staff; staff and children and between the staff team), the type of programming for children, the ability to foster children’s development; the health and safety of the environment; and effective service management (Adams, 1996; Bredekamp & Copple, 1997; Campos & Rosenberg, 1995; Doherty-Derkowski, 1995; Elicker & Fortner-Wood, 1995; Endsley, Minish, & Zhou, 1993; Goelman & Pence, 1988; Grey, 1999; National Childcare Accreditation Council, 2001b; Ooms & Herendeen, 1989; Wise, 2002; Zigler & Gilman, 1998).

Very few Australian studies which focus on parental choice have identified the role of child care services in providing an integration process for very young children. A notable exception is the research carried out by Ebbeck (2001). This study investigated the beliefs held by immigrant families to Australia from five Asian countries and showed that immigrant parents did not value the continuance of culture in the early childhood setting to the extent perceived by staff (Ebbeck & Glover, 2000).

Research carried out by Wise & Sanson (2000) compared Anglo-Australian families with families from Somali and Vietnam in terms of perceptions' of home-child care cultural continuity. Preliminary findings from this research imply that
parents who choose family day care placed considerably more value on practices associated with the child’s home micro and macro culture than parents who had chosen to access child care services (Wise, 2002).

**Partnership with parents**

Working in partnership with parents incorporates attempting to understand and meet parent expectations in relation to children’s needs and through service delivery (Greenman, 1998; Hayden, De Gioia, & Hadley, 2003; Liu & Yeung, 2000; Wise, 2002). The current study shows that parents have a desire for child care services to reflect mainstream Australian society. Parents did not value meticulous attention to home practices. Staff were shown to be unaware of this parental expectation despite some obvious cues from parents. These cues were reflected in comments made by staff which included:

- Parents discouraging children from speaking their home language in the centre (Andrea, Director, 9 13/36-36).
- Parents not becoming involved in recording a story in their own language (Lila, Trained Staff Person, 9 13 1/4-5).

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46 Family day care involves registered carers who provide care for other people’s children aged from 6 weeks to 12 years in their own homes. Carers operate under the *New South Wales Family Day Care and Home Based Child Care Services Regulation 1996, Children (Care and Protection) Act 1997.*

47 Interestingly, this notion of family day care as a supportive environment for continuity of (home and early childhood service) practices was also identified by a stakeholder in the snowballing process for Centre B identification (p. 101). She stated, "Vietnamese mothers with children under 3 in this area tend to use family day carers with the same ethnicity. They feel more comfortable that the language use and type of care provided for their children is like they would do. For example, if a child gets a runny nose they can use folk medicine for healing or can take [the child] to an appropriate Vietnamese Doctor." (S 45-48).
Parents not talking with staff about home practices in relation to feeding and sleep or sharing micro or macro cultural practices with the service (Judy, Trained Staff Person, 6 1/21-22 and 9 13/27-27; Lila, Trained Staff Person, 6 1/5-5; Andrea, Director, 6 1/ 28-28; Bess, Director, 9 14/5-5).

Staff were frustrated by the lack of parent response to their attempts to promote involvement. They perceived this as disinterest by the parents. This misunderstanding by staff resulted in an unbalancing of the partnership between parents and staff and the possibility of con-commitment anxiety and insecurity in the child (Hayden et al., 2002; McBride, 1999; McKim, 2000; Sims & Hutchins, 2001). See Figure 4, The Cycle of Misunderstanding (p. 160).

Determining levels of acculturation through child care service choices

Child care services as integration vehicles reflects Bourdieu’s theory of cultural capital (Bourdieu, 1973, 1985, 1986, 1989b). Parents deliberately chose a service which does not reflect their own macro and micro culture because they believe their child will benefit from learning traits of the dominant macro culture of society.

Parents may feel less inclined of the need to australianise their children if Australia was truly committed to multiculturalism. Whilst Australia identifies as a nation which supports multiculturalism (Advisory Council on Multicultural Affairs, 1998), tokenistic multiculturalism is prevalent. An increase in mobilisation against
macro cultural groups has come to light recently in what has been termed the 
*Hanson Syndrome.* The current practice of mandatory detention for refugees; 
including children, similarly reflects a backlash against the Australian notion of 
multiculturalism (Department of Immigration & Multicultural & Indigenous Affairs, 

Parent choice of child care service and comments elicited from them 
 demonstrated an *integrative* approach with their macro and micro culture (Berry 
 et al., 1988; Berry et al., 1989; Farver et al., 2002; Phinney et al., 2001). Parents 
 want the child care centre to act as a facilitator for English language development 
 and to expose their child to ‘Australian’ macro cultural practices.

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48 Pauline Hanson was an Independent Member of Federal Parliament, who in her maiden 
speech talked of eradicating multiculturalism in Australia and enforcing a policy of assimilation by 
reducing migrant intake and other measures (Farr, 1996; Hanson, 1996; The Economist (US), 1998).

49 The term integrative is used to describe the process of combining a home micro and macro 
culture from a differing ethnicity into Australian micro and macro culture. The family determines 
appropriate characteristics to keep and those to adopt from the Australian micro and macro 
culture (Berry et al., 1988; Berry et al., 1989). This was explained further in Chapter 2, p. 43.
Home language

The maintenance of home language is widely researched and is a common goal for the early childhood field. Respecting the home language and continuing its development is seen as crucial not only for communication between the child,
parents and extended family, but in order to show respect and value towards the home language. Staff in early childhood settings see their attempts to reflect the child’s macro culture as a way of fostering identity and self esteem in children. Further, it is widely understood that development of a second language is assisted by the maintenance of the home language (Arthur, 1996; Baker, 1996; Clarke, 1992; Cummins, 1993; Derman-Sparks & Anti Bias Curriculum Task Force, 1989; Eckermann, 1994; Garcia & McLaughlin, 1995; Lightbown & Spada, 1993; Makin et al., 1995; Pulido-Tobiassen & Gonzalez-Mena, 1999; Wong Filmore, 1991). In this study the majority of staff reported that they value the maintenance of home language and are willing to minimise the learning of English as a centre goal of their program.

In contrast parents are shown to be far less concerned about maintaining home language. English language learning was a particularly strong desire of parents for their child, even though this issue was seldom, if ever made explicit to staff.\(^5\) English language was seen as important by parents for successful community functioning. Parents associated their child’s English skills with their ability to act as interpreters for them to increase their sense of integration into the community and to succeed at school.

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\(^5\) Further, this was not an area that I had chosen to explore. English language learning was a theme which came through from parents without any prompting as a significant role for the early childhood setting.
Parents however, do value staff in the centre who speak their home language. This was seen to increase access to information about their child’s progress and development. It was not seen to be important for staff to use home languages to communicate with the children.

Exposure to ‘Australian’ macro cultural practices through the early childhood setting was seen to be an entry point to the wider community. Parents described their desire for their child develop an understanding and acceptance for differences within Australian society (Derman-Sparks & Anti Bias Curriculum Task Force, 1989; Rodd, 1996; York, 1991). This finding was made explicit in one interview with an older sibling (sent to the interview by the mother). The teenager described growing up within the two macro cultures in Australia. He emphasised the importance for him of being able to integrate into Australian macro culture as early as possible. He believed that reliance on the macro culture from home countries was penalising for the child. Again, this is a society level issue.

Parents saw themselves as experts in their own macro and micro cultures and did not need these emphasised outside the home. These findings support the notion that children are less stressed when parents are able to function effectively between the two or more macro cultures which make up their environment (Berry, 1980; Berry et al., 1989; Bourdieu, 1989b; Phinney et al., 2001; Sam & Berry 1995).
Whilst findings from this study do not show support for the need for a strong focus by the early childhood setting on continuity with home micro and macro culture, there is no doubt (as research has shown) that parent partnerships, trust and honesty are important components which impact on the well being of children and families using early childhood settings. The findings from the study do not aim to promote disregard for home micro and macro cultural practices. Rather, the research emphasises respect for the values and expectations of parents and the need for greater dialogue and attempts to be integrative of all macro cultures according to the capacity of each situation. Token macro or micro practices do not achieve anyone's goals.

**Summary of the impact of influences upon practising micro and macro cultural diversity within the microsystem**

Parents in this study select centres which reflect mainstream Australian society for their children. Continuity of practices between home and centre were shown to be less important to the parent than was the use of child care centres as an entry point into the wider community.

Parents also perceived the need to learn English in the centre was more beneficial to their child then the maintenance of home language in the child care centre. This was not a skill they were able to develop in their child. These notions were shown to be in direct contrast to practices staff in child care settings were attempting to maintain. Staff were not generally aware of these parental values.
Parents did not communicate these expectations openly with staff but rather used subtle cues to communicate their expectations.

There is a need to further investigate parent desires in relation to service delivery for young children from diverse backgrounds. Research is also called for to identify the extent to which Australian society tolerates diversity and how institutions reflect tolerance levels. Research into English language acquisition in very young children is also called on to assess implications for discontinuity in these areas between home and early childhood setting.

The mesosystem: Staff attitudes and knowledge

In the *Ecological Model of Influences upon Practising Micro and Macro cultural Diversity within the Early Childhood Setting* the mesosystem incorporates staff attitudes and awareness. At this level, findings illustrate the importance of the role of the untrained staff person\(^\text{51}\) in child care centres for building and maintaining partnerships between parents and staff in the child care setting. Further, findings demonstrate that staff contributing to care giving practices which are furtive can cause disempowerment of parents.

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\(^{51}\) The untrained staff person is a role defined within the staff requirements by the New South Wales Department of Community Services (New South Wales Department of Community Services, 1998). The untrained assistant (as previously described) usually lives within the community and is often reflective of the macro cultures of the community in which the child care centre is situated. In order to consider the full potential of this role I suggest a relabelling of the role to that of Community Representative. The Community Representative is a role which transcends New South Wales and has implications for the formal early childhood sector globally.
Communication between parents and the Community Representative

Communication between staff and parents was an important factor for sharing information pertaining to sleep and eating practices for young children. Oral communication in particular was identified as the most powerful method for soliciting information from, and giving information to, parents. Findings in this study showed that the Community Representative plays a significant role in developing partnerships with parents, particularly when parents and staff share the same macro culture.

Community Representatives with the same macro culture as parents were able to speak to the parents about their child in a common language. Considering that oral communication was the most valued form of information transference, this enabled issues to be addressed as they arose and continual feedback about a child's day to be passed between parent and staff. This is ideal for the development and continuance of parent staff partnerships (Hughes & Mac Naughton, 2001; McBride, 1999; National Association for the Education of Young Children, 1998; Owen et al., 2000)

Whilst the concept of having staff with the same language as parents who use the child care centre is widely recognised and supported in the literature (Baker, 1996; Chang et al., 1996; Clarke, 1992; Creaser & Dau, 1996; Derman-Sparks & Anti Bias Curriculum Task Force, 1989; Gonzalez-Mena, 1997; Gonzalez-Mena, 2001; Greive & Maloney, 2000; Hayden et al., 2003; Hopson, 1990; Jordan et al., 2000; 2003)
1993; Jordan et al., 1998; Lubeck, 1994; Pulido-Tobiasen & Gonzalez-Mena, 1999; Sims & Hutchins, 1999; York, 1991) the emphasis of the role of the Community Representative is not. This role moves beyond employing early childhood staff with the same macro culture as the children. The Community Representative is likely to come from a background which is not that of the dominant culture. For this reason the Representative may be able to express empathy and understanding for others with diverse backgrounds. The Representative is also not likely to be a teacher (professional). Some parents will find it less threatening to interact and liaise with centre staff through a non-professional. The Representative is seen as someone who can develop sustainable parent staff partnerships which transcend macro cultural and other differences. This notion is explored further below.

Valuing the macro culture of the Community Representative

This research showed that the Community Representative who shared the same macro culture as the parents had strengths in two areas; 1) direct responsiveness to parent needs for their children; and 2) an empathy for macro cultural differences which impact on the parent’s perceptions of the early childhood setting. The Community Representative who shared the macro culture of the parents was able to be supportive of parents which in turn impacted positively on the parent staff partnership.
Direct responsiveness to parent needs for their child

It is important to acknowledge that training and qualifications for staff in early childhood services is significantly linked to quality outcomes for children (Galinsky, Howes, & Kontos, 1995; Howes et al., 1992; Howes, Smith, & Galinsky, 1995; National Institute of Child Health and Development Early Child Care Research Network, 1996, 2000, 2002; Phillips, Mekos, Scarr, McCartney, & Abbott-Shinn, 2001). However Community Representatives in this study often showed a greater responsiveness to parent needs. They were able to explain scenarios whereby parents had an issue or a micro cultural practice associated with sleep or feeding and addressed the issue succinctly and efficiently for the parent. The issues were not of a complex nature. Nonetheless, the trained staff in this study did not provide scenarios which reflected their responsiveness in situations. It may be that trained staff are theoretically blinded. That is, their training; awareness and practice of regulations and policies; and their perspective of the child care setting as a whole rather than on components of care make it difficult for them to respond to individual parents. Blindness could serve to distance the trained staff person from seeing a situation for what it is. Being theoretically blinded may predispose the trained staff person to lose sight of the pragmatics of a situation. Identifying the responsiveness of the Community Representative in the early childhood setting does not diminish the role of the trained staff in the service but rather identifies that centres should provide a mix of staff qualifications, training and experiences with a mix of macro cultures reflective of the children in the setting.

167
Community Representatives are more likely to rely on their micro and macro cultural experiences when responding to a situation. Their personal experiences will guide their decisions (Cosner & Larson, 1980; Courtney, 1982; Geertz, 1973; Geertz, 1983; Linton, 1940; Wilson, 1975). Trained staff are also reliant on their macro and micro cultural background which guides all decisions, but they are also more likely to make decisions based on their training which can be "... cultural constructions grounded in the world views, beliefs and norms of those who conceptualise the curricula." (Ball & Pence, 2000:21). This predisposition could impede the decision making process.

**Understanding macro cultural differences which impact upon the parent's perceptions of the early childhood setting**

It is not unusual for parents from different macro cultures to hold differing expectations and beliefs from those of trained staff. In Australia early childhood services are driven by a philosophical belief that parents and staff work together for the benefits of the children in all areas of their development. Regulations and government policies support this philosophy (National Childcare Accreditation Council, 2001b; New South Wales Department of Community Services, 1998). However, some macro cultures incorporate concepts which do not support the notion of partnership. For some macro cultures the trained staff person is held in very high esteem. Parents expect to defer to them to make decisions regarding what is best for the child. In this case the parent is to follow recommendations of
the trained staff person, even when advice and practice conflict with home beliefs (Ebbeck, 2001; Lee, 1995).

The Community Representative can act as a ‘sounding board’ for parents to explore issues. In this study parents often lacked the confidence to approach the trained staff person directly. Having the Community Representative as part of the child care centre team served as an entry point for discussing issues prior to approaching the teacher. This alleviated stress and allowed parents to consolidate their thoughts and information needs.

Community Representatives can be para-professionals, volunteers, parent users or others who represent the client population of the centre. It is important that they are seen as a parent and not as professional.⁵²

Parents who feel they are being listened to and are having their needs respected are more likely to feel empowered in their role within the child care setting (Chang & Pulido, 1994; Coleman & Churchill, 1997; Davies, 1997; Hasseloff, 1990; Hughes & Mac Naughton, 2001; Swick, 1994). The Community Representative, as liaison between parents and professionals will enhance communication lines, increase parent self-confidence and build up the parent staff partnership in the long term.

⁵² This does not mean that Community Representatives would not benefit from training. Workshops, group meetings and other supports could be provided to enhance effectiveness and networking for Community Representatives.
Support ... was judged as most helpful and beneficial when the practitioners were identified as members of the family's informal social support network (Dunst, 2000:96).

Discontinuity or disempowerment? Understanding the difference

Findings from this study highlighted a marked difference in parent responses to discontinuity which they were aware of and discontinuity which was a result of furtive actions. Practices carried out by staff which were furtive tended to create feelings of disempowerment and have implications for the development and preservation of parent staff partnerships.

On the other hand, parents were not particularly uncomfortable when staff did not carry out home practices in the centre (particularly pertaining to sleep and feeding). Parents reported that due to the numbers of children in group situations it did not seem plausible that staff reflect every child's home practices. Some parents had also adopted subtle processes for ensuring that home practices were not carried out in the centre (these were described previously, p. 157).

Parents did want some particular practices to be carried out by staff in early childhood centres. These requests generally involved an immediate action or practice with the child; for instance, giving a child a toy from home for sleep time;

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53 New South Wales Department of Community Services regulations state that child staff ratios in child care centres must be maintained at a minimum level of 1:4 for children under 2; 1:8 for children 2-3 years and 1:10 for children 3-5 years.

placing a child in a certain position to sleep; and/or feeding a child food which had been blended to a particular consistency.

Parents showed signs of disempowerment when the continuity of practice they had chosen to share with staff was not carried out or was varied without parent input or knowledge. Parent choice of continuity or discontinuity determined the disempowerment associated with the action.

Staff were unaware of the effect that discontinuity of practice was having for the parent. Staff actions of this kind were likely to create a situation where parents would not feel confident to discuss home practices if they perceived that those they did share were being disregarded. In these cases, parent staff partnerships were jeopardised (Chang & Pulido, 1994; Coleman & Churchill, 1997; Davies, 1997; Hasseloff, 1990; Hughes & Mac Naughton, 2001; Swick, 1994).

Summary of the impact of influences upon practising micro and macro cultural diversity within the mesosystem

The redefined role of the Community Representative, their attitudes and awareness dominate findings in this sphere. Theoretical blindness, a term associated with trained staff could impede decision-making processes. The Community Representative is more likely to review and respond to situations based on their micro and macro cultural beliefs. A shared sense of language and understanding of macro culture can aid the development and continuance of
parent staff partnerships. When parents are aware of discontinuity of practices, partnerships are empowering. Disempowerment occurs for parents when staff care giving practices (pertaining to sleep and feeding) are furtive.

Findings from this study call for the potential to strengthen the role of the Community Representative within early childhood settings. Further research is needed to explore partnerships which exist between parents and the Community Representative and the potential to utilise the role to serve parents from non-dominant macro cultural backgrounds within early childhood settings.

The exosystem: Supporting policies and/or regulations
The exosystem incorporates policies and regulations. In this research, government regulations and policies have been shown to impact (sometimes negatively) upon the ability of child care services to meet the macro cultural needs of families in the community in which the centre is situated.

Valuing consistency of practices between the home and early childhood setting; the impact of policies and regulations
Policies and regulations generally reflect and reproduce the dominant macro culture within society (Bourdieu, 1973, 1986). The New South Wales Centre Based and Mobile Child Care Services Regulations (New South Wales Department of Community Services, 1998) and the Quality Improvement and Accreditation System (National Childcare Accreditation Council, 1994, 2001a)
provide the guidelines for service delivery of licensed early childhood settings in New South Wales.

Both the state level regulation and the national level accreditation system include policies which address parent staff relationships including the need for parental input into centre functioning.

_The Australian Quality Improvement and Accreditation System (QI&AS)_

In 1994 the Commonwealth of Australia enacted a nation wide, government run accreditation system for child care centres. All centres that wish to receive government subsidies must partake of the system. The _Australian Quality Improvement and Accreditation System_ incorporates 52 Principles for accreditation within four major areas. A number of these principles include requirements for parental input into the program development and delivery. Part Aii) is considered very innovative. It contains four principles which focus on _interactions between parents and staff_.

However some of the principles could become tokenistic. In some cases if one parent is included in one activity the 'parent participation' clause could be met.

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54 These Principles are: _There is verbal and written communication with all families about the centre._
_There is active exchange of information between parents and staff._
_There is an orientation process for new children and parents._
_Parents and other family members are encouraged to be involved in the program_ (National Childcare Accreditation Council, 1994:30-36).
Other processes in this system are highly prescriptive. Parents are required to be involved in the Accreditation self study process in two distinct ways; 1) join the Accreditation Committee to guide the process with staff and 2) parents are required to complete a standardised questionnaire (supplied by the National Childcare Accreditation Council). This does not leave room for non-literate or non-English speaking parents to contribute in other ways to information gathering.

Further, it was shown in this study that some policies actually promote conflicting practices to those desired by parents. For example Principle 30: The program fosters language development. One of the quality indicators states:

Staff communicate regularly with non-English speaking children, modelling significant words and phrases. They make an effort to let children hear their home language, perhaps in taped songs (National Childcare Accreditation Council, 1994:79).

This Principle was shown to encourage staff to seek information from parents about their specific macro culture and home practices. This study has shown that gathering information about the expectations of parents, rather than their home habits, is more valued by parents and more in keeping with consistency of care. An example from this study was the attempt by staff in one child care centre to have parents tape storybooks in their home languages. Few parents followed through with the request. It turned out that parents were not interested in having their child hear the translation of the storybook. Staff however, were convinced that their attempts to translate books reflected the documented policies for quality care. In other cases staff were aware of conflicts between policy and preferred
practice and expressed frustration in having to work within requirements which do not reflect parent expectations.

**Recent policy developments**

Very recently, in response to widespread public consultations, the *Quality Improvement and Accreditation System* has been redeveloped. The new system collapses some areas and identifies 35 Principles within 10 quality areas. (This document contains a section *Partnerships with Families*.) Here the recommended practice is far less prescriptive than in the original document. The new system allows for strategies and issues which are identified in this study to be reflected both in practice and in policy.

Families can provide suggestions and support to the centre for making improvements to practices and policies ... some centres may choose to design their own surveys ... this is at the centre’s discretion ... (National Childcare Accreditation Council, 2003).

Staff should understand that there are different ways in which families can be involved in the centre and that their level of participation may vary over time (National Childcare Accreditation Council, 2001a).

There are some encouraging adjustments in the new *Quality Improvement and Accreditation System*. These include strategies which reflect respect for diverse macro cultural practices and more flexible implementation processes.

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55 Principles for partnerships with families in the latest system are: *Staff and families use effective spoken and written communication to exchange information about individual children and the centre.*

*Family members are encouraged to participate in the centre’s planning, program and operation. The centre has an orientation process for all new children and their families* (National Childcare Accreditation Council, 2000a: 30-38).
However, the new system continues to place an emphasis on a particular approach to continuity of practices between the home and early childhood setting with emphasis on outcomes for children.

Respect for children is in procedures that promote continuity of care (National Childcare Accreditation Council, 2001a: 16).

When they have continuity in the care received at home and in the centre, children can develop security and learn to trust...Staff need to be aware of family lifestyles and child-rearing practices and their impact on children (National Childcare Accreditation Council, 2001a: 30).

Whilst the principles of staff working in partnership with parents have moved forward, there needs to be a stronger connection between outcomes for children and parent expectations expressed through parent partnerships. Parents in this study have identified thorough reasons for not subscribing to continuity that staff perceive as important.

There needs to be stronger recognition in the principles of incorporating parent expectations into service delivery. This determines real partnerships between parents and staff. This partnership will determine aspects of continuity of care pertinent to each setting. Children can adapt if there is consistency in each setting (Rosenthal, 1999, 2000). The continuity which comes from shared communication between staff and families may have more positive effects on young children than attempts to reproduce home practices. An example of the Principle which could be incorporated into Quality Area 3: Partnerships with families is:

*Staff and parents work together to identify parent expectations for continuity or discontinuity of home practices in the centre.*

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*Beyond Cultural Diversity: Exploring Micro and Macro Culture in the Early Childhood Setting.*
Summary of the impact of influences upon practising micro and macro cultural diversity within the exosystem

Policies and regulations can impact upon practices associated with continuity of care and parent staff partnerships within the early childhood setting. In this study staff attempting to meet requirements as set out by these policies has affected service delivery. Staff are attempting to address requirements rather than seeking out the underlying messages parents are delivering.

Consistency with home practice as a goal inspired by government policies and regulation is not highly valued by parents. In this way policies and regulations work against their stated aim of parent participation. Policies and regulations could be more responsive to parental desires if they focused on communication patterns. It is imperative to research further into the areas of these policies and regulations and redefine the expectations on early childhood services in relation to the communication and partnership building with parents.

Recommendations for further study

This study brought to light the need for further study in the following areas:

1. *Tolerance for diversity*: Further study is needed to determine the extent to which Australian society tolerates diversity and more pointedly, how institutions reflect this (low level of) tolerance. Recent developments such as the rise of One Nation political party (based on an anti-immigration stance) use of detention centres for incoming refugees, media sensationalism around crimes and dangers from migrant Australians and
the collaboration of the federal government with the 'war on terrorism', point to decreased tolerance for diversity within Australian society. These macrosystem issues may be having direct effects on practices in early childhood settings. There is a critical need to research this area.

2. Language acquisition in early years: While there are many research studies about the acquisition of second languages, there is a gap in the research about second language acquisition for very young children who attend institutionalised child care in Australia. There is an urgent need to research this area and to identify the impact of language discontinuity in home and early childhood setting for children below the age of 3 years.

3. Use of Community Representatives as part of early childhood service delivery: This study provides base line information about the benefits of a Community Representative in child care settings. Further research is needed to identify components of this role including the most effective use of Community Representatives and the most effective strategies for recruitment, training, retention, remuneration and other facets of the position.

4. Redefining the role of the untrained assistant in New South Wales: Further research is called for to explore the potential of the role of the untrained staff person as a support for parents from macro cultures not representative of mainstream Australia. An analysis of what parents value about this role could have implications for services globally.
5. **Rethinking policies and regulations which support service delivery:**

Research is needed into requirements and expectations set for parents in current policies and regulations. An analysis of parent expectations for service delivery compared to actual policies and regulation could refocus their future development.

6. **Power as a micro cultural construct in continuity between home and early childhood setting:** The findings from this study have implied that a skewed power relationship may exist between families and staff in early childhood settings. Families from non-dominant macro cultures appear to have less influence on early childhood service delivery than do those from the dominant macro culture. An analysis of power, discourses and relationships within early childhood settings is needed. These analyses may uncover issues relating to integration and inclusiveness for non-dominant families and children.

7. **Moving beyond an ecological approach to a socio-cultural approach:** The use of the ecological framework in this study was shown to be limiting in the area of cultural influences upon family functioning within early childhood settings. A more appropriate framework could be that offered by Rogoff who has identified limitations with Bronfenbrenner's (1979, 1986) framework. Rogoff states that the nested systems are purported by

... cultural and person processes [which] create each other ... nested circle diagrams constrain our concepts by separating person and culture into stand alone entities, with culture influencing the person (Rogoff, 2003:49).

Instead she advocates that analyses of cultural influences on development and family harmony need to be measured through the application of socio-
cultural lens. This is an appropriate tool for future analyses of the effects
cultural dimensions within early childhood settings (Rogoff, 2003).

8. Identification of global implications: Further research is needed in OECD
countries to identify the global implications of this study. While this study
was situated in a specific state of Australia, the global implications are
clear; for example, the way in which all institutions which cater to families
with young children foster or reflect dominant macro cultural attitudes
towards inclusion. A replication of this study in the OECD countries would
identify how these countries address issues of diversity and how micro
culture is reflected in institutions.

This chapter discussed and analysed the findings from this study according to
The Ecological Model of Influences upon Practising Micro and Macro Cultural
Diversity within the Early Childhood Setting (De Gioia) (described in Chapter 2,
see p. 48). It described the Cycle of Misunderstanding (De Gioia).
Recommendations for further study were also described.

The next chapter overviews the study and draws together the conclusions of the
research. It identifies implications and recommendations for policy development
and practice.
Chapter 6

CONCLUSION

This chapter provides an overview of the thesis and identifies recommendations for policy development and practice.

Macro and micro culture and the implications for the young child

The term culture has been widely defined to include the attitudes, beliefs, values, traditions and learned behaviours shared by a group of people (Crapo, 1995; Ogbu, 1998; Sculpin & DeCorse, 1992; Small, 1998; Thomas, 1998; Tylor, 1958). Culture influences interactions between groups and between individuals within groups. Culture determines information which is deemed important to individuals (Hall, 1976; McLeod, 1987). Changes in time, society and exposure to other cultures impact on the development of individual’s sense of identity (Hamner & Turner, 1990; Hopkins, 1989; Phinney, 1990). A significant mode of transmission of culture is through child rearing practices (Benedict, 1938; Elkin & Handel, 1989; Farver et al., 2002; García Coll & Magnuson, 2000; Knight et al., 1993; Mead, 1975). Continuity of cultural practice is important for the development of self and cultural heritage (Brim & Kagan, 1980; Mahler et al., 1991; Rutter & Rutter, 1993).

For the purpose of this thesis the notion of culture is seen to incorporate two levels. Micro culture refers to unconscious practices which guide adult/child interactions. These are idiosyncratic to families or individuals and are often
passed on from generation to generation through caregiving practices and other aspects of ‘family’ culture (Bandlamudi, 1994; Lotman, 1985). Macro culture refers to ritualistic, symbolic behaviour which exists at the group level. Ethnicity, nationality and even gender are associated with macro culture of individuals and groups (Barth, 1969; Thomas, 1986).

The growing diversity within Australia is reflected in early childhood services, now serving 70% of the population (Australian Bureau of Statistics, 1999b). This has implications for parents, staff and children regarding approaches to micro and macro culture in the early childhood setting. The essence of micro and macro culture enables staff to realise that parents have group tendencies and individual idiosyncrasies in their child rearing practices.

**Influences on the development of micro and macro culture**

Children tend to develop micro and macro culture through context and situations. This takes place during the formative years. Bronfenbrenner’s ecological model of interrelated systems serves as the framework for the conceptualisation of the *Ecological Model of Influences Upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting* (Bronfenbrenner, 1979, 1986). The development of micro and macro culture is influenced by and within the family unit (microsystem), the early childhood setting (mesosystem), policies, legislation and structures (exosystem) and society (macrosystem). These systems interconnect and interweave throughout the daily lives of the young child.
Cultural capital and the young child

Cultural capital refers to the knowledge and practices of the dominant culture which are associated with 'success' and 'achievement' (Bourdieu, 1973, 1986). The family, as the primary socialisation unit, imparts their understanding and expectations on the child as to what they perceive as necessary for a successful future. This sets the criteria of success or failure which becomes part of the 'cultural capital' of the child (Bourdieu, 1973, 1986).

In most countries, the education system is arranged to assist those who hold cultural capital. Institutions such as schools reflect and promote areas of the dominant culture through the formal and informal structures. These institutions replicate the dominant culture and reward those who possess the cultural capital. This analysis can be applied to families who make use of early childhood institutions (Fleer, 2001).

The impact of the reconceptualised early childhood field

In the past decade, early childhood services have been reconceptualised as services which focus beyond substitute care for young children (Moss & Penn, 1996). Early childhood education has become a community program which links the family and the community. There is acknowledgement of the role of the home setting and recognition of its importance to the child in the early childhood setting. Parents and the community are viewed as an integral part in the young child's experiences and are empowered to be involved (Dahlberg et al., 1999a;

The importance of continuity of practice between home and early childhood setting
Changing family structures, women's increased participation in the workforce, high rates of divorce and single parenthood have resulted in unprecedented use of out of home care for children under three years of age (Australian Bureau of Statistics, 1998; Brennan, 1994; Gammage, 1999; Hayden, 1996; Wearing, 1984; Wise & Sanson, 2000).

The number of hours which very young children spend outside of the home or family unit means that the family may not be the only or even the primary agent for transference of micro and macro culture. Staff in early childhood settings may spend more hours in daily child rearing practices than family members (Chang et al., 1996; Small, 1998).

Continuity of care for young children refers to similarities and linkages between the home and early childhood setting. Continuity is dependent upon effective communication channels which contribute to a sense of partnership between parents and early childhood staff (Powell, 1989).

Continuity is enhanced when there is consistency between the expectations for the care of the child and when interactions outside of the home are reflective of
the home environment (Rosenthal, 2000). Whilst exposure to more than one environment is not necessarily harmful for young children, when differences in understandings of child development, in expectations for the child and in the value placed upon micro and macro cultural practices are profound, the child can suffer from confusion, stress, lack of attachment and other harmful developments (Farver et al., 1995; Powell, 1989; Rosenthal, 2000; Serpell, 1993).

The impact of out of home environments on various aspects of child development has been well researched over several decades. However, few studies to date have incorporated analyses of the micro and macro cultural development in very young children, including the implications of non-continuity of care on cultural identity.

There have been exceptions. A study by Ebbeck and Glover revealed findings which indicated that, while differences amongst groups prevailed, in general, immigrant parents did not place as much value on home centre consistency as did staff in child care centres (Ebbeck, 2001; Ebbeck & Glover, 2000). Ebbeck and Glover focused their study on the preschool aged child.

Further research which supported this study by Lubeck, Jessup, deVries, & Post concluded that culture is influenced by interactions and is contextually based; therefore not conducive to mandated policies because they do not take into account social practices and interactions which underlie cultural activities.
(Lubeck et al., 2001). Research by Fleer identified how socio cultural theory must be applied in a redefinition of common early childhood service norms thereby inviting early childhood teachers to question the habitus of the setting and develop meaningful partnerships with families (Fleer, 2000b, 2001; Fleer & Williams-Kennedy, 2002).

These findings have provided groundwork for the investigation of continuity of micro and macro practices (associated with sleep and feeding) for young children between home and early childhood setting. This thesis will make a significant contribution to the knowledge base in this area by building on the limited number of studies which have provided qualitative data and parent perceptions of continuity of practice between home and early childhood setting. This thesis is unique in that it focuses on parent expectations for their 0-3 year old in the early childhood setting.

**Methodology**

This study used an ecological framework and the theory of cultural capital to investigate the issues of consistency of care and development of micro and macro culture in child care centres in one state of Australia. A social constructivism approach was employed which enabled the researcher to make meaning from parent and staff perceptions associated with continuity of practice between home and setting. This investigation involved six child care centres from
diverse parts of New South Wales, Australia. This study unfolded in 3 Phases (see Figure 2, p.91) and employed three methods of making data:

1. Non-participant observation (Phase 1 and 2)

The Infant Toddler Environment Rating Scale (ITERS) was employed to ensure services which had been selected met quality standards of care and therefore represented the norms of the community. ITERS measures universal standards of “good quality.” It has been developed specifically to measure programs for infants and toddlers 0-30 months of age in institutionalised group care (Harms et al., 1990).

2. Semi-structured interviews (Phase 1 and 2)

There were two sets of semi-structured interview questions for parents and staff developed for this study. The original interview schedule was used in the initial pilot study. Preliminary data analysis identified the need to explore further the transmission of information between parents and staff, and issues relating to continuity of micro and macro cultural practices. The interview schedule was subsequently adapted.

3. Semi-structured questionnaires (Phase 3).

The semi-structured questionnaire was developed and implemented in the third phase of data making to clarify and validate the preliminary findings from Phase 2. Questions differed to the semi-structured interview schedule particularly
addressed areas of communication processes between staff and parents pertaining to specific care giving practices.

Data was coded and analysed with the assistance of qualitative data analysis software to elicit themes and categories (QSR N6). To ensure rigor throughout the research, strategies of peer debriefing, applicability, maintenance of an audit trail and coding reliability were employed.

**Key findings**
Findings showed the importance of parent staff partnerships in addressing continuity of care. Similar to findings from Ebbeck and Glover, it was revealed that parents who use child care centres are not overly concerned about consistency of care. In fact parents many actively choose a setting where they perceived that their child would be exposed to non-homelike experiences and this would be oriented to the dominant Australian macro culture. Other key findings refer to:

1. Parents value integration for their child into Australian society.
2. Staff practices followed out in a furtive manner can be disempowering.
3. The role of Community Representative can build and sustain parent staff partnerships.
4. Policies and regulations can work counter to their aims for parent staff partnerships.
Parents value integration for their child into Australian society

An important finding from this study identifies that some parents do not value or place high priority on attention to home practices. Some parents choose child care centres because of their potential to reflect mainstream Australian society because parents believe they are able to maintain their own micro and macro culture in the home environment. This demonstrates an integrative approach with their macro and micro culture (Berry et al., 1988; Berry et al., 1989; Farver et al., 2002; Phinney et al., 2001).

Whilst learning English versus maintaining home languages was not a theme being followed in this research, it became clear that parents felt strongly about the child care centres' role in teaching the English language. Here too, the early childhood setting was viewed as an entry point into the wider community and able to provide the skills for the child which parents did not feel they were capable of. Parents perceived themselves as experts in their own macro and micro cultures (including the maintenance of home language) and did not feel these practices needed to be emphasised outside the home. English skills were associated with a child's ability to act as interpreters for parents, to increase the child's integration into the community and for success in later schooling.

Research revealed the need for greater communication and partnership building which attempts to be integrative of all micro and macro cultures according to the ability and need of each situation.
Staff practices carried out in a furtive manner can be disempowering for parents

Staff were shown to carry out practices without disclosing this to parents. Parents showed different responses to setting practices which they were aware of and those which were a result of furtive actions. Furtive practices tended to create feelings of disempowerment for parents.

Parent expectations of practices from the home environment to be carried out in the centre related to specific tangible practices such as giving a child a certain toy at rest time. Parents also believed that the numbers of children in group situations was not conducive to reflecting every child’s home practices.

When staff did not carry out or altered the practice without parent knowledge caused disempowerment in parents. When they chose the discontinuity of practice between home and centre they did not feel disempowered. For example, some parents had also adopted subtle processes for ensuring that home practices were *not* carried out in the centre; a father not allowing his son to speak his home language in the centre. Parental awareness of discontinuity of practices enables partnerships to be empowering.

The role of Community Representative can build and sustain parent staff partnerships

This study uncovered a critical role which has not been formalised in early childhood settings in Australia. This is the Community Representative. This role
offers an opportunity to develop and sustain parent staff partnerships with the potential to transcend macro cultures.

Community Representatives in this study identified two key strengths of their role; direct responsiveness to parent needs for their children; and empathy for macro cultural differences which impact on the parent's perceptions of the early childhood setting.

It is not unusual for parents from different macro cultures to hold the teacher in very high esteem, deferring to their judgment without question. This limits two way communication and openness about perceived problems and issues. The Community Representative role provides an opportunity to discuss concerns in a non-intimidating manner. The Community Representative can mediate with parents and teachers and assist in articulating issues and 'translating' information for families. Community Representatives can be para-professionals, volunteers, parent clients or others who represent the client population of the centre. It is important that they are not seen as professionals - but this does not mean that Community Representatives do not benefit from training.

**Policies and regulations can work counter to their aims for parent staff partnerships**

The goal of continuity of practice between parents and the early childhood setting has been included in the Australian *Quality Improvement and Accreditation System* (National Childcare Accreditation Council, 1994, 2001a). However, this
study has shown that the goal of continuity is not particularly valued by parents utilising early childhood services.

Instead, parents hold significantly different goals for their child in the centre as opposed to the home environment. In this study it was shown that these goals often include integration processes. Parents choose institutionalised child care because they perceive that it provides cultural capital and/or an entry point into Australian society which they themselves feel they are unable to provide. The approach to continuity of care which is implied in policy documents may not reflect the needs and expectation of many families - especially those with non-English speaking backgrounds.

Another significant finding is that some policies and regulations whose goals are well intended, actually are working in opposition to their own aims. This was shown to be true in the area of parent participation in child care settings. The previous Australian Quality Improvement and Accreditation System which was in operation at the data making phase of this research stated in Principle 2: Staff treat all children equally and try to accommodate their individual needs: they respect diversity of background.

A program with a multicultural perspective is one which recognises the importance of similarities as well as differences in various cultures which incorporates the cultural and linguistic backgrounds of families, staff and the community, and which includes experiences and materials ...(National Childcare Accreditation Council, 1994).
However it was shown that when staff members attempted to comply with this principle they actually prevented parents from providing input about their own notions for the incorporation of home language and experiences into the setting. This focus of compliance to the principle, sought to disempower parents from partnership building to provide meaningful experiences for the child.

**Recommendations for policy development**

This thesis has brought to light the need to redress policy development at two levels:

1) The service delivery (mesosystem) level.

2) The policy (exosystem) level.

1. The service delivery level:

It was shown that the use of a Community Representative was highly effective in improving communication patterns and partnerships between staff and families. The Representative serves as a mediator between parents and setting and can also facilitate communication between parents, thus mobilising individuals when action is needed to change or enhance service delivery and setting based practices.

2) Policy level:

Legislations and guidelines need to take into account the individual needs and expectations of parents. It is encouraging to note that since the research for this thesis took place, the Australian *National Childcare Accreditation Council* have
redeveloped a number of the principles and processes. This redevelopment is
definitely moving in the direction of increased sensitivity to micro and macro
cultural practices of parents. The new guidelines no longer identify surveys as
the only means for collecting information from parents. Instead new guidelines
imply that information can be collected in any number of ways in order to account
for diversity in the parent population.

... some centres may choose to design their own surveys ... this is at the
centre's discretion ... (National Childcare Accreditation Council, 2003b).

The revised Australian Quality Improvement and Accreditation System
emphasises "continuity" in the context of outcomes for children.

Respect for children is in procedures that promote continuity of care (National

When they have continuity in the care received at home and in the centre,
children can develop security and learn to trust...Staff need to be aware of family
lifestyles and child-rearing practices and their impact on children (National
Childcare Accreditation Council, 2001a: 30).

Whilst the principles of staff working in partnership with parents have moved
forward, there needs to be a stronger connection between outcomes for children
and parent expectations expressed through parent partnerships. The goal for
staff/home relations needs to be articulated in terms of partnerships with the
focus upon communication of expectations by both groups. Parents have sound
reasons for not wanting the kind of continuation that staff perceive as important.
Principles need to incorporate the notion that discussing and where possible
incorporating parental expectations into service delivery represent real
partnerships. The affiliation between staff and parents will become the important
aspect of continuity of care over and above sleeping and feeding practices which,
in general, children can adapt to if there is consistency in each setting. The continuity which comes from shared communication between staff and families may have more positive effects on young children than attempts to replicate (often tokenistic) home practices. An example of the Principle which could be incorporated into Quality Area 3: Partnerships with families is:

*Staff and parents work together to identify parent expectations for continuity or discontinuity of home practices in the centre.*

**Further research**

If we as a society are committed to supporting families during the early childrearing years, then we need to make a commitment to research in the following areas:

1. *Tolerance for diversity:* Further study is needed to determine the extent to which Australian society tolerates diversity and more pointedly, how institutions reflect this (low level of) tolerance. Recent developments such as the rise of One Nation political party (based on an anti-immigration stance) use of detention centres for incoming refugees, media sensationalism around crimes and dangers from migrant Australians and the collaboration of the federal government with the ‘war on terrorism’, point to decreased tolerance for diversity within Australian society. These macrosystem issues may be having direct effects on practices in early childhood settings. There is a critical need to research this area.
2. *Language acquisition in early years:* While there are many research studies about the acquisition of second languages, there is a gap in the research about second language acquisition for very young children who attend institutionalised child care in Australia. There is an urgent need to research this area and to identify the impact of language discontinuity in home and early childhood setting for children below the age of 3 years.

3. *Use of Community Representatives as part of early childhood service delivery:* This study provides base line information about the benefits of a Community Representative in child care settings. Further research is needed to identify components of this role including the most effective use of Community Representatives and the most effective strategies for recruitment, training, retention, remuneration and other facets of the position.

4. *Redefining the role of the untrained assistant in New South Wales:* Further research is called for to explore the potential of the role of the untrained staff person as a support for parents from macro cultures not representative of mainstream Australia. An analysis of what parents value about this role could have implications for services globally.

5. *Rethinking policies and regulations which support service delivery.* Research is needed into requirements and expectations set for parents in current policies and regulations. An analysis of parent expectations for service delivery compared to actual policies and regulation could refocus their future development.
6. *Power as a micro cultural construct in continuity between home and early childhood setting:* The findings from this study have implied that a skewed power relationship may exist between families and staff in early childhood settings. Families from non-dominant macro cultures appear to have less influence on early childhood service delivery than do those from the dominant macro culture. An analysis of power, discourses and relationships within early childhood settings is needed. These analyses may uncover issues relating to integration and inclusiveness for non-dominant families and children.

7. *Moving beyond an ecological approach to a socio-cultural approach:* The use of the ecological framework in this study was shown to be limiting in the area of cultural influences upon family functioning within early childhood settings. A more appropriate framework could be that offered by Rogoff who has identified limitations with Bronfenbrenner’s (1979, 1986) framework. Rogoff states that the nested systems are purported by

... cultural and person processes [which] create each other ... nested circle diagrams constrain our concepts by separating person and culture into stand alone entities, with culture influencing the person (Rogoff, 2003).

Instead she advocates that analyses of cultural influences on development and family harmony need to be measured through the application of socio-cultural lens. This is an appropriate tool for future analyses of the effects cultural dimensions within early childhood settings (Rogoff, 2003).

8. *Identification of global implications:* Further research is needed in OECD countries to identify the global implications of this study. While this study was situated in a specific state of Australia, the global implications are
clear; for example, the way in which all institutions which cater to families with young children foster or reflect dominant macro cultural attitudes towards inclusion. A replication of this study in the OECD countries would identify how these countries address issues of diversity and how micro culture is reflected in institutions.

A new understanding of continuity of care
This thesis provides the field of early childhood education with new information about expectations of parent service users, notions of partnership and policy implementation issues. However the most significant outcome of this research is the description of the positive effects which will arise from a different understanding of what constitutes continuity between home and setting.

Continuity assists with the child’s adaptation into the early childhood setting whilst discontinuity can create discomfort, stress anxiety and even long-term attachment problems for the child. In reality child care settings can offer a number of practices which are similar to those found in the child’s home, but they will never be able to replicate the environment of each home setting. When practices are consistent in the out of home setting, children seem able to adapt to these practices (Rosenthal, 1999). Discontinuity may be more closely associated with stress levels of parents than with some changes to the sleep, eating and other practices carried out with children within child care settings.
Parent expectations about the need for continuity of practices are influenced by the parent staff partnership. To address continuity of practice, staff in the early childhood settings must build meaningful partnerships with families and especially must ensure communication about expectations of practice between home and setting. Continuity which incorporates communication between staff and parents is shown to be more effective in providing stress free environments for children than is the attempted adaptation of home based micro and macro cultural practices within child care settings.
APPENDICES

Appendix 1. Pilot study interview questions for parents and staff

1) How do you define cultural diversity?

2) How do you see cultural diversity reflected in this child care centre?

3) What do you believe is the centre’s role in developing a child’s sense of individual culture?

4) Are there particular cultural practices from home which are important to be carried out in the centre? If yes, how are staff made aware of this? (How do you provide staff with this information?)

5) Do you see any problems/difficulties with attempting cultural practices in the child care setting? How do you think this could be overcome?
Appendix 2. Adapted interview questions for parents and staff

Semi-structured interview questions for staff

Staff working with young children under 3 years were asked:

1) How do parents give you information about particular caregiving routines that occur with their young children, such as sleeping, eating and interactions?

2) For example, when a child is put to sleep in a particular way at home, how did you find out about this?

3) Do you think that sometimes you do not follow the home practices concerning young children?

4) How important or realistic is it to follow the home practices in relation to sleeping, feeding and interacting with young children?

5) Is this an issue for you?

6) Are you able to carry out a range of different practices for young children in terms of feeding, sleep routines, and interactions?

7) What realistic advice do you have for early childhood professionals about facilitating communication and collaboration between parents and staff?
Semi-structured interview questions for parents

Parents with children under 3 years who agreed to be interviewed were asked the following questions:

1) How and what type of information did you give staff about routine practices such as feeding your child, putting them to sleep and interacting with your child?

2) For example, when your child has a particular way of being put to sleep at home how did you share this information with staff?

3) Do you think that sometimes the centre staff do not follow practices you use at home?

4) Do you think that it is important or realistic for the centre staff to follow practices similar to those you follow at home in relation to sleeping, feeding and interacting with your child/ren?

5) Is this an issue for you?

6) Do you think staff are able to carry out a range of different practices for young children in terms of feeding, sleep routines, and interactions?

7) What realistic advice do you have for early childhood professionals about facilitating communication and collaboration between parents and staff?
Appendix 3. Semi-structured questionnaires

Semi-structured questionnaires for parents

Dear Parent,

My name is Katey De Gioia and I am completing a PhD the University of Western Sydney*. I am looking at parent and staff communication patterns in child care centres and would really appreciate your assistance with my research. If your child is aged from 0-3 years, could you please take a few minutes to complete this survey and place it in the attached envelope to ensure confidentiality and then place it in the large envelope marked ‘Communication Patterns’.

Completion of all or any part of the survey is voluntary. All answers are confidential. When reporting, no response will be associated with any individual or centre.

Please answer the following questions:

1) On the scale of 1-7 how would you rate the communication patterns at this centre?
   a) Giving information to staff:
      1  2  3  4  5  6  7
      poor average excellent

   b) Getting information from staff:
      1  2  3  4  5  6  7
      poor average excellent

2) What do I do well in terms of communicating with staff?

3) What do I do well in terms of getting information from staff?

4) What have I done or could I do to improve my communication with staff who look after my child?

5) What could I suggest staff do to improve their communication with me?

6) Do I feel staff who work with my child are all equally accessible to me?
   Yes ☐  No ☐
   Why/ Why not?

PLEASE TURN OVER
7). Do I have an example of a time when communication with a staff person had a positive effect on my child? What was the outcome?
Example:

Outcome:

8) Do I have an example where time or other constraints stopped me from communicating with a staff person about a particular issue with my child? What was the outcome?
Example:

Outcome:

9) How do I give information to staff about my child's personal habits/home routine?

10) Are there things about my child that it would be useful for staff to know and that they don't already know?
Yes ☐ No ☐
What kinds of information do you think should be shared?
Information about (please tick):
☐ Sleep
☐ Eating
☐ Other

What would make it easier to share this information with staff?

11) Do you have any other comments or suggestions about communicating with staff that would help me with my research?

Thank you for your time.

* This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Semi-structured questionnaires for parents

Dear Staff,

My name is Katey De Gioia and I am completing a PhD the University of Western Sydney*. I am looking at parent and staff communication patterns in child care centres and would really appreciate your assistance with my research. If you work in the room with children aged from 0-3 years, could you please take a few minutes to complete this survey and place it in the attached envelope to ensure confidentiality and then place it in the large envelope marked 'Communication Patterns'.

Completion of all or any part of the survey is voluntary. All answers are confidential. When reporting, no response will be associated with any individual or centre.

Please answer the following questions:

1) On the scale of 1-7 how would you rate the communication patterns at this centre
   a) Giving information to parents:
      1  2  3  4  5  6  7 poor average excellent
   b) Getting information from parents:
      1  2  3  4  5  6  7 poor average excellent

2) What do we do well in terms of communicating with parents?

3) What do we do well in terms of getting information from parents?

4) What have I done or could I do to improve my communication with parents who use the centre?

5) What could I suggest parents do to improve their communication with me?

6) Do I feel I am equally accessible to all parents?
   Yes ☐ No ☐
   Why/ Why not?

PLEASE TURN OVER
7) Do I have an example of a time when communication with a parent had a positive effect on a child in my care? What was the outcome?
Example:

Outcome:

8) Do I have an example where time or other constraints stopped me from communicating with a parent about a particular issue with their child? What was the outcome?
Example:

Outcome:

9) How do I learn about a child's personal habits/home routine?

10) Are there things about the children in my care that it would be useful to know about and that I don't already know?
Yes ☐ No ☐
What kinds of information do you think should be shared?
Information about (please tick):
☐ Sleep
☐ Eating
☐ Other

What would make it easier to encourage parents to share this information with staff?

11) Do you have any other comments or suggestions about communicating with parents that would help me with my research?

THANK YOU FOR YOUR TIME.

* This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 4. Letter of invitation for Director inviting participation in the study

Dear Director,
Further to our recent telephone conversation, I would like to provide you with more information about the study to seek your permission to approach staff and parents to invite them to be involved.

This study is looking at cultural diversity within the long day care setting. It is titled "Supporting Infants in Child Care in a Culturally Diverse Society" It is part of my Masters (Honours) thesis. Centre involvement would occur in the following phases:
1] Inviting parents and staff to be involved. Parents of and staff working with children under 3 years of age will be invited to participate in this study. In order to ensure that a clear understanding of my role and the information I would be requiring is gained, I would like to speak with staff at a staff meeting. I would also like to make myself available to parents at a time that is suitable to the centre and parents (for example arrival and departure times). This would be indicated on the letter sent home to parents.
2] Observations. I would then like to observe staff and children interacting throughout the day, over a 3 day period. The environment would be the focus of observations.
3] Interviews. I would then interview staff and parents who have agreed to participate in an interview. This would take approximately 20-30 minutes at a time that is suitable to all involved.
4] Parent observations. I will be inviting parents to be involved in observations in their home. I will be observing how parents feed their child, spend time with the child and put him/her to sleep. This would take no longer than 3 hours and be arranged for a time that is suitable to them. At this time, I will also be asking them to record the manner in which they complete these routines in a journal for 3 days.
5] Meeting. Finally, parents and staff involved in the study would be invited to a meeting to discuss and clarify findings.

All information obtained will remain confidential, and there will be no recognition of children, staff or parents from the observations or interviews. All volunteers in the study will be free to withdraw at any time. This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

207
It is endeavoured that this study will be of benefit to the centre, staff and children. An overview of findings will be available on completion. If you have any further questions, please do not hesitate to contact me on 9557 1418 or 0414 982014.

Thank you for your time,

Katey De Gioia
Masters (Honours) Student
University of Western Sydney, Nepean

Dr Jacqueline Hayden
Supervisor of Project
School of Learning, Development and Early Education
University of Western Sydney, Nepean.
(02) 47 360 782
Consent form for "Supporting Infants in Child Care in a Culturally Diverse Society" study.

I understand the nature of this study and agree that you are able to approach parents and staff to invite them to be involved.

Signature ________________________________
Appendix 5. Letter of invitation for staff inviting participation in the study

Dear Staff,
I would like to invite you to participate in a study, which is part of my Masters (Honours) thesis "Supporting Infants in Child Care in a Culturally Diverse Society." The study is investigating the experiences of young children from diverse cultural backgrounds.

In order to identify how you deal with children who come from different backgrounds in the centre, I would like to ask for permission to observe children (from 6 weeks to 3 years) and staff in the child care centre, over a 3 day period.

All observations will remain confidential, and there will be no identification of children, staff or parents from the observations.

I would also like to invite you to participate in a short interview. Again, the information is confidential and you are free to withdraw at any time. The interview will take 20 -30 minutes and will be held at the centre, at a time that is suitable to you.

If you are willing to be involved, please complete the form below and return it to me.

This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you have any questions, please do not hesitate to contact me on 9557 1418, or you can speak to my University Supervisor, her details are listed below.

Thank you for your time,
Katey De Gioia
Masters (Honours) Student
University of Western Sydney, Nepean

Dr Jacqueline Hayden
Supervisor of Project
School of Learning, Development and Early Education
University of Western Sydney, Nepean
(02) 47 360782
Consent form for "Supporting Infants in Child Care in a Culturally Diverse Society" study.

I understand the nature of this study and agree to participate in the study.

Signature____________________________
Appendix 6. Letter of invitation for parents inviting participation in the study

Dear Parents,
I would like to invite you to participate in a study, which is part of my Masters (Honours) thesis “Supporting Infants in Child Care in a Culturally Diverse Society.” The study is investigating children in child care centres from different cultural backgrounds and how staff and parents can work together to ensure that the individual needs of your child are being met.

I would like to ask for your permission to observe the staff and children interacting throughout the day, over 3 days. I will be observing the environment in the centre.

All observations will remain confidential, and there will be no recognition of children, staff or parents from the observations.

I would also like to invite you to be interviewed, to find out your opinions. Again, the information would be confidential and you are able to withdraw at any time. The interview would be about 20-30 minutes long and will be held at the centre.

If you need an interpreter for the interview, I will also make one available for you. Please complete the section below if you would like to participate.

This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.

If you have any questions, please do not hesitate to contact me on 9557 1418. I will also be available at the centre at the following times (to be filled in after discussion with Director) or you can speak to my University Supervisor, her details are listed below.

Thank you for your time,

Katey De Gioia  
Masters (Honours) Student  
University of Western Sydney, Nepean

Dr Jacqueline Hayden  
Supervisor of Project  
School of Learning, Development and Early Education  
University of Western Sydney, Nepean  
(02) 47 360782
Consent form for “Supporting Infants in Child Care in a Culturally Diverse Society” study.

I understand the nature of this observation and agree that observation can take place.
Child's Name ____________________________
Signature ______________________________

I would like to be involved in an interview. The interview could take place in English ☐ or another language ☐
(please specify) __________________________

Signature ______________________________
Appendix 7. Translated letter for parents inviting participation in the study

Vietnamese

Kính gửi quý phụ huynh

Tôi viết thư này mong muốn một quý phụ huynh tham gia chuyến đi nghiên cứu của tôi chọn trong khóa cao học của tôi tại trường Đại học Western Sydney. Tôi đã từng là cố giáo dạy trẻ vấn lông và cũng từng là Giám đốc và tôi mong rằng với đề án nghiên cứu này, nó có thể mang nhiều hưởng ích đến với Trung tâm giáo trẻ cũng như hỗ trợ cho phụ huynh con em chúng ta và nhân viên.

Đó cũng như mong tên “Hỏi trẻ con trong vấn đề chăm sóc trẻ trong một xã hội đa văn hóa” với mục đích tìm hiểu công việc của nhân viên giáo trẻ thế nào khi chăm lo cho con em chúng ta. Tôi cũng rất vọng khai thác những cách thức giáo dục phụ huynh và nhân viên trong tâm, nhất là các phụ huynh Việt Nam.

Có ba cách quý phụ huynh có thể tham gia như:

1. Quy phụ huynh có thể tham gia bằng cách cho phép tôi quan sát ở trung tâm qu tại vị. Tôi sẽ có mặt ở trung tâm để quan sát trong vòng ba hôm. Tôi sẽ chú ý đến sự truyền thông giữa nhân viên và phụ huynh, cũng như giữa sự quan lợi giữa nhân viên giữ trẻ và trẻ con tại trung tâm.

Mỗi điều này đều được được giữ kín và không có bất cứ một tên riêng của cá nhân nào, nhân viên, phụ huynh và trẻ con được đặc biệt trong những bài cáo hoặc sách về đắc kết thúc đến học tập này.

và/hoặc là

2. Quy phụ huynh có thể tham gia bằng cách viết nhật ký và gửi lại cho tôi vào cuối chương trình. Trong nhật ký, quý vị sẽ ghi lại những sự ngợi của mình về phương pháp chăm sóc trẻ, qua lại ý kiến giữa bản thân và trung tâm giữ trẻ. Tôi sẽ cùng cấp cho quý vị nhật ký và một số câu hỏi ý nghĩa để giúp phụ huynh ghi lại suy nghĩ của mình và tất nhiên như đã nói ở trên hoàn toàn bí mật tuyệt đối và cá nhân đều được bảo mật. Không ai khác ngoài tôi có thể đọc được nhật ký này của quý vị.

và/hoặc là

3. Quy phụ huynh có thể tham gia bằng cách cho phép tôi được phỏng vấn quý vị. Cuối nói chuyện của chúng ta sẽ không kéo dài nữa tiếng, từ 20 đến 30 phút, lực nào và nói nada thuận lợi nhất cho quý vị. Cuối phỏng vấn sẽ xoay quanh vấn đề qua lại và trao đổi giữa phụ huynh và trung tâm giữ trẻ, bao gồm cả những của quý vị về nổi mình đang gửi con, nếu cần có praktic điTôi có thể sắp xếp cho quý vị.

214

Tôi sẽ rất cảm kích nếu quý phụ huynh có thể tham gia qua một hoặc tất cả các phương pháp trên. Mọi người tham gia đều nhận được bản tóm tắt kết luận của đề cương học tập này.

Xin quý vị vui lòng di炆 đơn đăng ký tham gia và báo vào họp thứ tại nơi quý vị gửi con để tôi nhận được sự đồng ý tham gia của quý vị.

MỘT ĐIỀU KHÁ QUAN TRỌNG LÀ TÔI CÂN NHẬN ĐƯỢC GIẤY ĐỒNG Y QUY VỊ ĐỂ LÀI HỘP THU TRƯỚC NG Ay.....

Nếu có bất cứ câu hỏi gì, xin đừng ngần ngại gọi ngay cho tôi qua số: 9557 1418. Tôi cũng có thể trực tiếp trả lời những câu hỏi của quý vị khi tôi đến trung tâm giữ trẻ ngày .......... ...... lúc.......

Quy vị có thể liên hệ và nói chuyện với cấp trên của tôi ở trường Đại học Western Sydney về đề cương học tập của tôi và mục đích của đề cương. Chi tiết và nơi liên hệ với Dr. Hayden được ghi dưới đây.

Xin chân thành cảm ơn quý vị phụ huynh tham gia vào nghiên cứu của tôi, mặc dù đã đồng ý tham gia nhưng xin quý vị lưu ý quý vị có quyền rút lui hoặc thay đổi bất cứ lúc nào.

Kính chào

Kate De Gicia
Sinh viên cao học- Đại học Western Sydney.

Supervisor of Project
Dr. Jacqueline Hayden
School of Learning Development
University of Western Sydney
(02) 47 360 782
GIÁY ĐỒNG Y THAM GIA VÀO NGHIỆN CỦ
HỖ TRỢ TRẺ CON TRONG VĂN ĐỂ CHĂM SÓC TRẺ
TRONG MỘT XÃ HỘI ĐA VĂN HÒA

1. Tôi đồng ý cho phép sinh viên quan sát tại trung tâm tôi gửi con.
   Tên đứa trẻ:........
   Chữ ký của phụ huynh:...........................
   Tên họ của phụ huynh:...........................

2. Tôi đồng ý giữ lại nhật ký ghi nhận những trao đổi giữa bản thân và trung tâm trong khoảng thời gian ba tuần. Nhật ký này được báo cáo.
   Chữ ký của phụ huynh:...........................
   Ngày thuần tiện nhất của tôi là:
   Thứ hai ☐  Thứ ba ☐  Thứ tư ☐
   Thứ năm ☐  Thứ sáu ☐
   (Xin đánh dấu bao nhiêu tùy ý)
   Vào lúc:............................giờ
   Có thể liên lạc với tôi: (tên)..........................
   Số điện thoại:.................................

XIN VUI LÒNG GỬI GIẤY NAY TẠI THÙNG THỪ TRƯỞC

.............
親愛的家長：

這份是邀請您參與我在西雪梨大學博士課程中的一項研究計劃。我曾經任教於幼兒中心，並且是幼兒中心的負責人。我希望我的研究能對家長、兒童及幼兒教師作出貢獻。我的研究題目是：在多元文化社區中，幼兒服務可提供給幼兒的支持。這項研究是為了協助幼兒工作者如何照顧孩子。我所關注的是家長與幼兒工作者之間的溝通及互動的影響，尤其在文化背景有差異的情形下。

我希望你能在我以下三種途徑中的任何一種或全部中參與我的研究計劃。

1. 你可以參與並允許我觀察你在幼兒中心內的孩子。這個觀察期為三日，在這期間我將會與幼兒中心的孩子、教師及孩子溝通。“所有的觀察是絕對保密的”不會列出孩子、家長及教師的姓名，或在我以後的研究工作中被刊登。

2. 你也可以參與這項研究計劃，在徵得你同意的情況下，並在完成這研究工作後，將回信給我。這份文件將會記錄你對幼兒中心所使用之溝通方法的看法，我會提出問題以幫助你反映你的觀點。而我會是唯一閱讀這些文件之人，一切文件將會保密，我不会在我以後的研究中被刊登。

3. 你也可以參與在於接獲一個保密的面談，面談需時20至30分鐘，時間和地點將由你自行決定。這面談將會反映你的觀點和意見關於家長與教師之間溝通的模式（如果你需要翻譯人員我也可以幫你安排）。

無論你能夠參與及全部我亦會十分感激。

所有參與者將會收這項研究的結果。

請你把附錄的表格填妥並交回你孩子所就讀的中心所僱僱的辦內。
再者，如有任何问题，请不用迟疑便与我联络，我的联络电话是 95571418。同时地，我也能够在我探访中心的期间解答任何疑问。我将会安排________在以下时间________探访。如你对我在西雪莉大学中的研究有任何疑问，请与幼院中心负责人查询。

在此多谢你的参与。再者，你有权在任何时候改变主意，或退出这项研究计划。

吉诗德芝亚
(Kay De Gioia)
博士研究生
西雪莉大学

研究计划统筹
赖球莲希顿博士
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(02) 47350782
“在多元文化社会里，幼儿服务可提供给幼儿的支持”
(研究计划草案文)

1. 我同意我的孩子在中心内被观察。
   孩子姓名：__________________
   家长签名：__________________
   家长姓名：__________________

2. 我同意，我与中心之间的沟通被记录，但将会保密。
   家长签名：__________________

3. 我希望参与为期 20 至 30 分钟的面谈，这面谈将会採用
   英语：□ 或其他语言：□ 请注明哪一种语言：____

   我希望能在我中心内进行面谈或在________进行。
   签署：__________________

   面谈时间：
   星期一□ 星期二□ 星期三□ 星期四□ 星期五□
   请把√号放在一个或多个方格内。
   时间：________

   你的联络电话：________

   请于表格内填写各项资料并签于________前交回。
Appendix 8. Letter of invitation for Director inviting participation in the semi-structured questionnaires

Dear Director,
Thank you for taking the time to help me with my studies. My name is Katey De Gioia and I am completing my PhD through the University of Western Sydney*. I am interested in finding out about patterns of communication between staff and parents of children 0-3 years.

There are questionnaires enclosed for both staff and parents to complete. Could you please invite staff working with children 0-3 years to complete a questionnaire (these are colour coded blue), and leave questionnaires for parents (colour coded green) in a prominent place. Could you also encourage staff to invite parents to take a few minutes to complete the questionnaire. If you would like translations into languages other than English, I would also be happy to organise this for you.

On completion of this questionnaire, data will be collated and a copy of findings will be sent for your information. All answers obtained are confidential and no response will be associated with any individual or centre. Hopefully this will be useful in providing you with some new ideas for working in partnership with parents.

Once again, thank you for your time. If you have any further questions about the study you can contact me on 02 9557 1418 or 0410 628 653. My email address is k.dgioia@uws.edu.au.

Yours sincerely,

Katey De Gioia

* This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 9. Letter of invitation for parents inviting participation in the semi-structured questionnaires

Dear Parent,

My name is Katey De Gioia and I am completing a PhD at the University of Western Sydney*. I am looking at parent and staff communication patterns in child care centres and would really appreciate your assistance with my research. If your child is aged 0-3 years, could you please take a few minutes to complete this questionnaire and place it in the attached envelope to ensure confidentiality and then place it in the large envelope marked 'Communication Patterns'.

On completion of this questionnaire, data will be collated and a copy of findings will be sent for your information. All answers obtained are confidential and no response will be associated with any individual or centre. Hopefully this will be useful in providing you with some new ideas for working in partnership with staff.

Once again, thank you for your time. If you have any further questions about the study you can contact me on 02 9557 1418 or 0410 628 653. My email address is k.dgioia@uws.edu.au.

Yours sincerely,

Katey De Gioia

* This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Office (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 10. Letter of invitation for staff inviting participation in the semi-structured questionnaires

Dear Staff,

My name is Katey De Gioia and I am completing a PhD the University of Western Sydney*. I am looking at parent and staff communication patterns in child care centres and would really appreciate your assistance with my research. If your child is aged 0-3 years, could you please take a few minutes to complete this questionnaire and place it in the attached envelope to ensure confidentiality and then place it in the large envelope marked ‘Communication Patterns’.

On completion of this questionnaire, data will be collated and a copy of findings will be sent for your information. All answers obtained are confidential and no response will be associated with any individual or centre. Hopefully this will be useful in providing you with some new ideas for working in partnership with parents.

Once again, thank you for your time. If you have any further questions about the study you can contact me on 02 9557 1418 or 0410 628 653. My email address is k.dgioia@uws.edu.au.

Yours sincerely,

Katey De Gioia

* This study has been approved by the University of Western Sydney Nepean Human Ethics Review 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 Offices (tel: 02 47 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 11. Visual interpretation of node tree
Appendix 12. Nodes and descriptions

QSR N6 Student version, revision 6.0.
Licensee: Katey De Giola.
REPORT ON NODES FROM Tree Nodes
Depth: ALL
Restriction on coding data: NONE

(1) /base data
*** Description:
Cut from node (1 1).

(1 1) /base data/gender of interviewee
*** No Description

(1 1 1) /base data/gender of interviewee/male
*** No Description

(1 1 2) /base data/gender of interviewee/female
*** No Description

(1 2) /base data/relationship
*** No Description

(1 2 1) /base data/relationship/staff
*** No Description

(1 2 1 1) /base data/relationship/staff/trained
*** Description:
Staff with formal qualifications of 2 years or more

(1 2 1 2) /base data/relationship/staff/untrained
*** Description:
Staff with no formal training

(1 2 2) /base data/relationship/guardian
*** No Description

(1 2 2 1) /base data/relationship/guardian/mother
*** No Description

(1 2 2 2) /base data/relationship/guardian/father
*** No Description

(1 2 2 3) /base data/relationship/guardian/other
*** Description:
Any other person who shares a close relationship with the child ie; grandparent, older sibling

(1 3) /base data/location
*** No Description

(1 3 1) /base data/location/Centre A
*** Description:
Mt Druitt

(1 3 2) /base data/location/Centre B
*** Description:
Canley Vale

(1 3 3) /base data/location/Centre C
*** Description:
Stanmore

(1 3 4) /base data/location/Centre D
*** Description:
Campbeltown

(1 3 5) /base data/location/Centre E
*** Description:
Coogee
(136) /base data/location/Centre F
*** Description:
Lakemba

(2) /impacts
*** Description:
what parents and staff believe influences whether home practices are carried out in the centre

(2.1) /impacts/facilitate
*** Description:
what parents or staff perceive increases or aids the potential to carry out home practices in the centre

(2.2) /impacts/constraints
*** Description:
what parents or staff perceive decreases the likelihood of carrying out home practices in the centre

(3) /attitudes to practices
*** No Description

(3.1) /attitudes to practices/practices associated with
*** Description:
What types of cultural practices parents and staff acknowledge

(3.1.1) /attitudes to practices/practices associated with/sleep
*** No Description

(3.1.2) /attitudes to practices/practices associated with/eating
*** No Description

(3.1.3) /attitudes to practices/practices associated with/language
*** Description:
Learning English as a second language

(3.1.4) /attitudes to practices/practices associated with/other
*** Description:
any other child rearing practices mentioned by parents or staff

(4) /issues
*** Description:
Issues associated with continuity of practices

(4.2) /issues/limitations on staff
*** Description:
Ability of staff to carry out parents’ request

(4.3) /issues/adapting to Australia
*** Description:
wanting to carry out “Australian” practices

(4.4) /issues/centre role
*** Description:
what the centre exposes children to

(4.5) /issues/setting routines
*** Description:
How individual routine practices are determined

(4.6) /issues/time
*** Description:
Issues associated with time and continuity of practice

(5) /people
*** Description:
how cultural practices are addressed by different people

(5.1) /people/group
*** Description:
how staff display cultural diversity in the child care centre

(5.2) /people/staff
*** Description:
staff attributes that support cultural diversity
(5.3) /people/individual child
*** Description:
how staff reflect child’s home environment in the centre

(6) /response/attitude
*** Description:
impact of inconsistency in practices for parents and staff

(6.1) /response/attitude/Positive implications
*** Description:
Staff and parents happy with outcomes

(6.2) /response/attitude/Negative implications
*** Description:
Change to practice forced on parents/staff

(6.3) /response/attitude/Challenge
*** Description:
Issues which show difficulty with implementing or continuing continuity due to lack of information

(7) /communication
*** Description:
Processes for sharing information between guardian and staff

(7.1) /communication/channels
*** Description:
methods of receiving and giving information about children in the centre

(7.1.1) /communication/channels/written
*** Description:
Written information provided to parents through the enrolment form, noticeboard, newsletters, communication books etc. by parents or staff

(7.1.1.1) /communication/channels/written/enrolment form
*** Description:
Any information pertaining to the enrolment form

(7.1.1.2) /communication/channels/written/post enrolment written information
*** Description:
Ongoing written information provided after enrolment. Includes newsletters, noticeboards, communication books, daily diaries

(7.1.2) /communication/channels/oral
*** Description:
Information given verbally by parents or staff about the children

(7.1.3) /communication/channels/translation/interpreting
*** Description:
Information and processes for translating or interpreting information

(7.1.5) /communication/channels/orientation process
*** Description:
Information given by staff or parents prior to the child commencing at the centre

(7.1.6) /communication/channels/meetings
*** Description:
Meetings between staff and parents

(8) /Semi-structured questionnaire
*** Description:
Responses to semi-structured questionnaire

(8.1) /Semi-structured questionnaire/Q2
*** Description:
What do we do well in terms of communicating with parents/staff?

(8.2) /Semi-structured questionnaire/Q3
*** Description:
What do we do well in terms of getting information from parents/staff?

(8.3) /Semi-structured questionnaire/Q4
*** Description:
How could I improve my communication with parents/staff?
(8.4) /Semi-structured questionnaire/Q5
*** Description:
What could I suggest parents/staff do to improve communication?

(8.5) /Semi-structured questionnaire/Q6
*** Description:
Do I feel I am equally accessible/able to access all staff? Why/Why not?

(8.6) /Semi-structured questionnaire/Q7
*** Description:
Example and outcome of positive communication

(8.7) /Semi-structured questionnaire/Q8
*** Description:
Example and outcome of lack of communication

(8.8) /Semi-structured questionnaire/Q9
*** Description:
How do I learn about/share my child's routines?

(8.9) /Semi-structured questionnaire/Q10
*** Description:
What information should be shared about routine practices? What would make it easier to encourage parents to share this information?

(8.10) /Semi-structured questionnaire/Q11
*** Description:
Any final comments or suggestions?

(9) /Results
*** No Description

(9.1) /Results/<staff/sleep>
*** Description:
Staff attitudestrained/untrained to practices associated with sleep

(9.2) /Results/<language/staff/parent>
*** Description:
Staff and guardian attitude to practices associated with language acquisition

(9.3) /Results/<staff/eating>
*** Description:
Staff trained/untrained attitudes to practices associated with eating

(9.4) /Results/<ability of staff/relationship data>
*** Description:
Parent and staff responses to ability of staff to carry out home practices in the centre

(9.5) /Results/<staff/oral>
*** Description:
Staff trained/untrained responses to use of oral communication

(9.6) /Results/<staff/written>
*** Description:
Staff trained/untrained responses to written communication

(9.7) /Results/Sleep/communication B
*** Description:
Staff Centre B responses to communication associated with sleep practices

(9.8) /Results/Centre A Justification for changes to methodology
*** Description:
Issues in Centre A between parents and staff which called for changes to data making strategies

(9.8.1) /Results/Centre A Justification for changes to methodology/Communication
*** Description:
Communication between parents and staff

(9.8.2) /Results/Centre A Justification for changes to methodology/frustration Centre A
*** Description:
Staff expressing frustration at lack of information relating to macro and micro cultural practices

(9.8.3) /Results/Centre A Justification for changes to methodology/Consistency of practice
*** Description:
Describes responses to need for consistency between home and centre
**************************************************************************

(9.9) /Results/<staff/ individual children>.
*** Description:
Staff (trained/untrained) responses to ability to carry out practices with individual children
**************************************************************************

(9.10) /Results/<comm channels for parents>.
*** Description:
Guardian responses identified by types of communication processes
**************************************************************************

(9.11) /Results/<comm channels/ staff>.
*** Description:
Staff responses identified by types of communication processes
**************************************************************************

(9.12) /Results/<Staff / Guardian written communication>.
*** Description:
Staff and Guardian responses to written communication
**************************************************************************

(9.13) /Results/Staff deal with differences
*** Description:
How staff address differences of practices between home and centre
**************************************************************************

(9.14) /Results/<Parent Staff responses to practices>.
*** Description:
Guardian/ staff responses to attitudes associated with practices (sleep, feeding, language, other)
**************************************************************************

(9.15) /Results/<Parent responses to differences>.
*** Description:
Guardian/ staff responses to issues associated with continuity of practices
**************************************************************************

(9.16) /Results/<Language acquisition>.
*** Description:
Guardian/ staff responses to attitudes associated with English language acquisition
**************************************************************************

(9.17) /Results/<Implications for inconsistency>.
*** Description:
Implication for inconsistency in practice
**************************************************************************

(9.18) /Results/<Dealing with inconsistencies>.
*** Description:
Strategies for addressing inconsistencies in practice
Appendix 13. Interview transcripts

Adelaide
2. Meetings, written information, family celebrations, talking in the morning or evenings to parents in relaxed manner.  
3. Talking to parents when enrolling children, carers talking to parents.  
All information is written and placed in the computer or individual portfolios.  
4. I think we have covered all areas in communication and parents give positive comments about the communication that is given.  
5. Time is always a problem for everyone. It would be good if some parents would make more time.  
6. I start early and finish late so I tend to see most parents.  
7a. A child had started showing interest in toileting so I asked the parents to bring in some underpants to start toileting.  
7b. The parents brought in the underpants and the child started toileting.  
8a. Sorry I don't have an example.  
9. I talk to the parents and it is written down on the Communication to Staff form.  
10c. Filling out the Communication to Staff form.  
11. To make it as simple as possible and time is a consideration to look at.

Alice  
Umm, on the first time, I just filled out a form yeah, yeah, it asked me the question and I filled it out there. She is quite easy; only for sleep is it a bit hard just give her a bottle and she can sleep possibly. To eat, she can eat anything so I didn't give much information about eat or sleep. Play, I didn't give much information. It was through the enrolment form when she first started. Yes, staff don't follow what I do at home. The difference is fine. Is only because I prefer her to have a nap after lunch so sometimes she doesn't cope with the staff so I say just try your best to let her sleep. That's the only difference to it. Everything's fine. Not that much important. It's OK if it is different. Umm, they umm, let me think, probably they are different sort of staff and they not capable to give each of the child individual. There are not enough staff to do so. They do their best. Yeah. Try to umm, the first thing is to get along with parents as well is important and for communication, umm, depends on what nationality as well, sometimes the different culture is very hard to communicate. It depends. It can be overcome, it's very hard, I don't know how to explain. Probably by talking to, you mean here or somewhere else? R: Yes, here A: Probably by to write down on the note book or something so to let the parents can read for themselves. Usually umm, sometimes when I just come in they tell me about what Jaya did and that.

Alison
I feel that it's good because different mixing culture is a big change sometimes and then you've got to learn what it's like. Sometimes it's complicated, for example, people, Lebanese people for example didn't like the way you were or didn't like that. So it's a big challenge. So far probably because of a lot of mothers, are studying at TAFE so it doesn't really, shock me because just like an immigrant like me wants to learn English so I wasn't expected that this child care would be all Australian.  
Of course I really expected a lot of different culture so far, they are really good actually, because in one sense, my opinion is that I don't like Michelle to teach my own culture, I'm planning to teach when she when she's grown up, so that she understands you know, and then one thing I was avoiding to teach Michelle my own language because I don't want that she going to have confusion when she went to school, between English and my language, so I just, when we are at home, I usually speak to Michelle only English and then my husband doesn't want not really, but he don't want me to teach Michelle my own language, but he wants to teach her when she's grown up. Not really no. Sometimes some foods. M (inaudible) doesn't like mashed potatoes, so I must explain she doesn't like that. Sometimes there is, especially when it comes to food, some people doesn't like that or, they like some food.  
Probably it depends, the back ground they're growing up one thing, for my opinion is just maybe the way the staff handle the kids and understand the way we are because they come from different back ground so you're going to really treat the children the same treatment in Australia, you need to learn a bit about other cultures.  
I always spent more time with M even sometimes I can't study my lesson. Probably because she is my only child. We used to eat together, go together and all the time would she loved to sleep with me in my bed that's why we a so closed together. During the day she love to watch video (for kids) and leaning her around. She didn't want to sleep until I was lay down beside her. She sleep in our bed sometimes and of course, I put her back in her cot after she being sleep for a few minutes. One and a half year, she sleep in her cot but usually she wake up during the night looking for me. She also loved to try what ever I eat and she doesn't want to stay with her Dad sometimes may be cause he didn't spent more time with her all the time, he always overseas. She liked to play hide and seek, dancing and love to go at the park.  
Sometimes if I was busy and she was tired, then I keep ignoring her because of my housework, she put everything out in the cover until she got my attention.

Andrea  
Cultural diversity means speaking to the families finding out what they do, what important parts of their culture they want taken on board and that they do in the home and also within the childcare centre as well. Incorporating the important aspect of what the parents feel is important of their culture into the centre's program and routine times.  
Initially the first point of contact is when they do orientation and they are talking about the philosophy which is done in conjunction with the parents. We put it out to consult with the parents, we just did that recently we didn't get any feedback from the parents, but we did put it out for consultation. In that it mentions culture diversity, different cultures and trying to incorporate where appropriate into the centre. It's in the enrolment forms when we put out the enrolment forms we ask the parents if they have anything important or that they feel is what they would like to see incorporated into the centre.  
So in relation to any of their practices, beliefs and values, so if it doesn't conflict with our philosophy then we more than happily do that. If it does we need to sit down with the parent and any issues they will be asked why it is a
problem if it was a problem. I think that depends on what the parents wishes are first and foremost. I believe it has been pushed to an extreme that it goes above and beyond what parents would actually expect of the childcare centre as well. I think it is good to have diversity. I think it is good with heaps of children that there are lots of backgrounds with different cultures. But I also think that a lot of the time we are trying to incorporate things that parents don't actually want or think that are an expectation of the centre and by doing so it is making the children stand out more than fit in more.

So we have actually found with a child that we were trying to incorporate chopsticks into meal times that the child was using the chopsticks and then all the other kids were initially using the chopsticks and the other child with second nature after a while he was the only one using them. He felt really self-conscious and did not want to use them any more.

So here we are thinking that we are doing the right thing because we are bringing the kids culture into the centre but we felt he was standing out too much and he didn't want to use the chopsticks sticks. We thought we were doing the right thing but we still offer them if the kids want to use them.

I think dress is one of the most important ones respecting the right s of the way they dress because we have a lot of Muslim children here. But on the other hand I think we've got to consider the health aspect of the heat with the kids too with the climate. So that was an issue we had to discuss with the parents and just come to a compromise, it was really an issue actually because when we spoke to the parents they were like it was okay when they were young they don't have to wear neck to knee until they get older. I guess it was good for them to educate us on when they are actually meant to wear the neck to knee. When they are here, they can just wear shorts and a top so that's okay.

It was a bit of a miss conception or misunderstanding on our part of what we thought they expected. Food and dietary restrictions they are really really important that we listen to that here, we have a suggestion section in the enrolment section so any idea or suggestions that they would like us to implement. We go through that when the children are enrolled and if there is anything in particular, there, we don't tend to find any thing out of the ordinary anyway.

In terms of behaviour management of the kids the parents don't tend to offer advice or suggestions once the children are here in the centre. It's only if we find out that there is a problem or we come up with something which is different when we speak to the parents about it and us working through it together but it's not like well this is the way we do it at home.

They don't tend to tell us or give us any suggestions about how they do it at home even if we do ask them. There are just other things like any particular things related to sleeping or how they eat, we take into consideration like, they don't use cutlery at home which is a little bit difficult in terms of teaching them, explaining to the other kids why they don't use cutlery and they are allowed to use their hands.

The language of course we try and do that with key words from the parents that we can use to try and settle them in. The books, having the books translated and also trying to encourage the parents to come in and sing some songs in their home language and read some books in their home language as well, but that has only been taking of the center slowly, it hasn't been successful yet.

I haven't come across any problems as of yet, I think you need to have an open mind and if an issue does come up, I can't think of any at the moment, it is important not to dismiss it, but work through it with the parents, like, I can't think of an example, but if there was something to come up that was out of bounds of the philosophy, or was not done in the centre, I think it is important to take into account where they are coming form as to why they would like to do that and then go from there and then come to some compromise as to if it was possible or not and then, I'm not sure, probably get outside help or advice from SUPS.

Try to work through it if it was an issue. We had a new child start at the centre in the under 3 room and he only spoke Urdu. I asked one of the 4 year olds to speak to him and offer words of comfort. He replies "I can't! I only speak English" I knew quite well that he could speak Urdu, I had heard him with other children. When I asked him about this he told me that his Dad had said that he was only to speak English outside the home. The Dad has never mentioned this to us before and brought this up when I tried to approach him about it.

The whole philosophy is to work with the parents and make the parents feel comfortable when leaving their children as well, and this particular centre is so culturally diverse, it is impossible to put any restrictions on at all.

Bess

Basically it's through the enrolment form. We've got a section there asking about what sort of child rearing habits do you have that are particular to your culture, or particular to your child, because not just because of the culture, but it might be a certain thing that they do in their homes.

We ask for the foods, and any special occasions or events that they celebrate or they don't celebrate, and then basically what we do is the primary care giver will follow up as well with the family, and ask them things along the way and we find out, in special events that's going by, somebody might mention something and so we sort of pick into those

cues so

Mostly it would be verbal. Mostly verbal. Sometimes we might have surveys which we give out but it's more verbal then anything, because that's the human touch that we like to keep a lot more of, because what we found in the surveys was that not a lot of families reply to surveys.

Some will take them and we'll get a few back but nowhere near as much as what we want to. You seem to get a lot more out and especially because we've got valuable staff, they're getting a lot more out of families as well. So that's really nice to do that

Mm, mm, definitely. For example, now that I've got I work with [name of staff in the room] I found they're telling me about what SE Asian cultures do, is by running around with the kids and feeding them that way and so they've been really conditioned to their home environment of walking around, so sitting down is a really big change for them, whereas in my culture it's just an expected thing. And I just think it's a part...sort of, the appropriate social skills of sitting down and all of that, whereas if people didn't tell me, if I didn't have [name of staff in the room] to explain that to me, I'd wonder why he kept getting up.

The same as sleeping, you can really put a child into a state of distress and yourself, making to so hard, when a child might actually go to sleep being rocked in the arms, as opposed to...the back might be rubbed or they might have a
special toy or something, and if you don't get that feedback it can take a couple of months for a settle in process rather than a couple of weeks. And alleviating that stress between the staff and that child as well. I think children build up a little bit of a resistance too, if something's being done and that's why they feel more comfortable going home because they know they're going to get the right ways at home, whereas if parents shared that a little bit more and staff were able to find out a bit more, it would alleviate some of those stresses, so it would be comfortable.

R: Staff, from their cultural backgrounds, or from the parents, or is it something the children do and then the staff tell you about it?

A: I'd say a lot of the time the children do and then the staff will tell me about it, or it's just out of interest because I'm really into different cultures and that and I'll ask about different things and I'll find out a little bit of information. Some families, it's really hard, sometimes with me communicating with families, because they see as the director, then I'm not only finding out about the kids but I've got more of the managerial side, so, they all see if I need something to be translated because there's an important thing that I need for somebody to tell somebody else so it's not... and then it's sort of a real spin out when it comes to the fact that I'm just wanting to find out about a family, and it's hard because I don't have the language to communicate first hand, and so going through the translator, I think it loses something, whereas when you've got the two when they can talk and then the information can be fed back to me, than I feel sometimes that's a lot more comfortable for the families.

R: Anything cultures, in particular, don't want you to follow up with?

A: It's funny because since we've been going through the accreditation and we've gone through a couple of surveys it has been highlighted that a lot of SE Asian families in our service, they want us to explore other cultures and not so much concentrate on their cultures. Like it's really bizarre, because the way that they say it is that they come here to learn English. They like the staff to speak their languages so that they know what their child has been doing through the day. They want to come into the anglicised ways, the western ways a lot more, and to explore a lot of other cultures, perhaps different sorts of foods. I mean we cater to lots and lots of different cultures in our foods, and our music and our play, but like the major festivals we'll have... We'll do the moon festival and the lantern festival, and Chinese new year, and we'll get a huge turnout, but at the same time, on the flip side, we've got people saying that we don't want our home language always spoken, we want English, we want our children to learn English. We want them to be involved in western activities and experiences, as well as other cultures with ours, but not so much on ours. So it's really difficult because you're getting that conflict where accreditation, programming, planning and all of that is saying to you, hey you need to incorporate all cultures and especially the ones in the service and be really reflective and aware of the cultures, and yet when you're meeting that criteria, then you think well the parents are coming from a different angle saying they don't really want that, and so you think well where do you find the median between the whole lot.

So it can get a little bit challenging at the same time, and I had one parent who recently came to me and spoke to me about the culture. You know when you have a typical Anglo centre where English is the predominant language and you have one Asian child or a couple that go in. How odd one out they basically feel, because they don't understand the language or whatever's being said or the directions. I have, with Christopher, he speaks English and mum was saying he's turned around a few times and said I don't understand and she's said because he's a big communicator, he's having real problems being the only so called English speaker out of the group. She also said that he was missing some sounds off the ends of his words and she thinks it's because the staff are NESB, he is mirroring what he hears them saying. Whereas being bilingual or tri-ligual is the norm, and only having one language he's the odd one out. And so it's a complete role reversal and just hearing all of that was really unusual, in that he's picking up lots of language and he requests songs in other languages and all of that.

It's just, it's a real mixed bag, a real mixed bag of things, and it's really difficult trying to incorporate so many parental requests and you've got the governing, sort of this thing hanging over you with the program planning, accreditation, the requirements, all of those sorts of things, the licensing and then trying to mesh the two together and make it happy for everybody and to know that you're achieving everything. So it's really difficult, very difficult at times, but I think we're doing quite well at it.

R: Do you think sometimes that the staff are not able to follow through some of the home practices?

A: Yep

R: Is it an issue?

A: For me it is. There's those really reflective times that I have and I think about child care and I think about early learning environments and how young children come in and what families see as important. You know, going back to that rocking incident, you know rocking a child to sleep. I would love to do that and there's times when I've had tears in my eyes when I'm putting kids to sleep because I just get really upset when I reflect and I think I'd love to be able to do that but the practice behind it, there's no way you can and it's just not possible and it's really hard and I always just think, like it takes a lot for families to leave their most prized possession and even though I'm not a parent it just really spins me out that people can do that and feel comfortable enough to do that, and I would love to give the kids everything but at the same time it's not possible to do that. Because you've got regulations that you've got to adhere to and you've got this and there's many a time that I'd like to take the kids out and just go, because if I'm going around to the shops and I'd like to take just two kids with me and go for a walk, like a regular family does, but because of all of that we can't. And families would really like us to go out a lot more. They'd like us to go to the library a lot more, but you've got the regulations that prevent that from happening as readily as we would like and they would like.

Families, a lot of the cultural practices, like the running around and feeding them. We can't do that. Do you know, because you've got health and hygiene and the whole social thing, because then... do they go on to the 3-5s room and from there, what sort of conflicting things are they going to get in there as well, and are they going to be squashed, and what happens when they go to school. So it does get difficult at times to keep the families happy.
We've got one with Jaye in our room. Mum, she didn't approach me, but she approached I think Fran, and spoke about... well when is Jaye going to the other room because she perceives that as being that she's going to learn something down the other room, being the pre school room, and Franny told me that and Fran was really distressed and I said go and catch up with mum and speak to her, because it made me feel really distressed too thinking that, do people just perceive that room as being a baby sitting room in the interim to when they do go down and I write in the monthly newsletters and that, and educate families about it.

Especially with a lot of SE Asian cultures, because they try to keep them as babies for as long as they can but then all of a sudden when it comes to schooling they just push it as much as they can and with Jaye's mum, Jaye's only 3 and she expects her to be writing and to know all her name and all of this.

I've explained the realities of that and I said it's just not possible at this stage, you know, they don't have this, that and the other, but it's funny, their expectations.

So it's trying to, not take anything away from the family but to educate them as well, to give them a bit more knowledge. It's just a little bit difficult at times because you've got some families who really want it and trying to explain to them that it's not appropriate is, can... I think you understand what I'm saying. It's hard, but we seem to find a median somewhere.

R: range of practices etc.,
A: I think so within reason though.

This sounds really disgusting but it's what we can accommodate in the centre as well.

And, again it comes like to the staffing, the ratio. It comes to the ability of the staff and it also comes to the dynamics of the children, what works and what doesn't work and you've got those time table routines and you've got your nappy changes, all the things which go on all the time, but it's also, we're basing a lot on their needs as well, but that's one issue that I found since coming into the room is trying to accommodate all the individual needs, but knowing that it still needs to follow in that routine, following up on those cultural things and, yeah, but at the same time, it's working within what's possible and what's not possible, what's appropriate and what's not appropriate. So yeah, it is difficult and I think we can follow up with them, which we do, we do quite a bit of what the parents ask, but what we'll do is we try and reach a solution that we're both happy with, and so sometimes we need some negotiation about, well I understand this is what you want, this is what we can do, do you think that you'd be happy with that and a lot of families are... it might be the fact that with one of our children, it's about moving them down but we don't have a place available, so it might be just for morning play that they go down to get a bit of an extension with their play, and they'll be happy with that because we can't do the full transition but we can do part, and they're quite happy with that in the interim so... it's sort of, it's meeting their needs as much as we can with our hands tied as well.

A: Advice to new early childhood teacher

R: Advice to new early childhood teacher

A: Oh, patience. Be very very patient and understanding, and I think it's very different for families or for staff and for a director, which clientele you do have, whether it be predominantly non English speaking, whether it be Anglo Saxon and that will indicate to you what the communication strategies are going to be like.

You won't need to go get things translated if they're Anglo and they're very competent with their English skills. You won't need to hold different meetings in different languages or spend the time getting an interpreter or whatever it might be so, so that your strategy's going to be really different.

But I'd say for a director in this environment, be patient and really pull on your resources that you have. So if you have valuable staff, use them to the max to communicate and to also establish that you're willing to learn about their culture.

When I say, like at Christmas and we'll have functions and I'll get Fran and Cio or Sheema or whoever, and say right I want to learn this phrase, merry Christmas and a happy new year, and they'll teach me over and over until I learn it and then I'll get up and say my speech and at that end of it. I'll say that phrase, the parents, oh give me this amazing clap and they're like whoo whoo, because this Aussie chick's up here and she's saying my language. She obviously wants to come across and learn something about us, and she's coming forth with that, so. As I said I love cultures so I think that's a big part of making it a successful relationship, is wanting to learn more and making yourself. I think you have to be open minded as well, because if you're closed, you've got no chance. Because it can get really frustrating and very tedious, but it's about perseverance and patience, and accepting and not being judgemental and stereotyping.

You know a lot of people just say oh... it's funny because we've got quite a few Asian parents and you can speak to them and they speak back to you with a perfect Australian accent, and it completely blows you away and you think, now if you have a real stereotype of this person and whether you spoke slowly or loudly or whatever a person might do to try and communicate, then for them to turn around, it would make you seem completely stupid.

So it's about being really accepting and aware that even though, what I said to you before, a person might speak Vietnamese but they might not be able to read it and it's about understanding and being aware and treating each person as an individual.

**BS**

2. Being friendly and give that feeling they could be relaxed and discuss about all of the matters which concern them about their children.

3. Always ready to hear and ask them.

4. Organise a time for them for that time. When they come they realise that I am ready to listen about their children and I am keen to look after their child as well as they do.

5. Just organise time or set time for that moment they come and get their children because some parents always return. They just come and say a quick hello and then grab the child then they leave.

6. Sometimes parents are not friendly or they don't want to talk.

**Dan**

All the information is from my wife, so I am not sure what she put in. Like umm, what nationality they are, what language they speak. The centre should know about that information [how they sleep, eat, interactions]. Like the food his child has. His son doesn't like to swallow things, that's why he like consmomm or very watery rice, like this type of food. He doesn't like rocky food. His wife told the staff this and they try to make his food softer so he can eat it.
No, I don’t know of anything.
Like the sleeping time, normally we sleep with our son and umm, but in centre, his son just sleep with the other children, it is fine, no problem.
Because not every time I just drop my son off and pick my son up, I don’t talk to the staff very much, so I don’t know.
Just because I am too busy, not because any matter need to change that’s why they don’t need to change any method of communication. It works really well. They talk to me directly in my language. That’s why it is good they talk my language so I know what is going on not so Wesley can learn it here.

DS
2 Orientation process, folder system, verbal communication.
3 As above.
4 If possible try to spend more talking time with them and use email a lot more.
5 Offer them more choices.
6 I try to be but you as a person can only try to encourage them to contact you.
9 Thorough orientation process, home visits etc.
10c We have an extremely good relationship with out parents and are extremely lucky.

ES
2 Daily communication diaries. Having time to talk to parents.
6 Because I take the time to be accessible to all parents.
9 Home visits, introduction visits, information forms.
10b Other: Toileting issues, issues from home

Farley
Well actually we are very much concerned about preserving our own cultural traits, values, so it really doesn’t matter.
The things that matter are how people dress up, what they eat or because basically as far as we are concerned, general ethics are concerned, they are very much the same here as everywhere.
They’re all the same, but there are certain differences, which only looks like the way people dress up and what they eat, so it’s fine like that.
But at times there are kids that come up with questions like why do people here wear different dresses, why don’t you wear the dresses, we just have to educate them to be tolerant of everyone and it’s fine for people to wear what they want.
So basically it should help them be more tolerant with people of other cultures, not that they should be very much...they should not accept that whatever we say, whatever we do is the way things should be.
And be more tolerant It’s really affecting my kids. Generally my daughter, the oldest one, she asks about the colour of skin, why are certain people so white or why are certain people so dark.
She has to look still, to the differences in the colour of skin, or the languages.
She has come to identify that she has her own language and there are people who speak different languages and she questions more about differences yes, because before that she was not exposed to a place where so many backgrounds were together.
This is her first exposure to some social world and before we were just at home and she just went with me to market, look around, come back. But here she’s practically dealing with those people, with the kids and their culture, but I don’t think it’s affecting her in any way, in any negative way well, actually this is very much a multicultural society but Australia does have its own culture, and which should have a priority over others, it is the way people here want things to be.

Well, they are obviously concerned about that, they gave us a questionnaire asking quite a lot of information about what religion we come from, what type of food we eat, what type of clothes do we wear. That’s their concern, and they’re asking us just to fill in the details yeah, that helps. I find a child that what he learns at home and I mean there’s no contradictions there, if at the centre he’s exposed to different things or certain other values are imposed upon him, or just the difference that he comes across at home and the centre.
They gave us some books to be translated. Story books, we have to translate in our own language, tape them into a cassette recorder for the kids here, and in their own culture as well yeah, that’s the only way things can happen in a place where they don’t get to see their own languages.
They don’t come across programs in their own languages, but they are dealing with everyone in different languages, so it is important that such roles should be played by the day care centres, schools personally I have not come across any complications or difficulties. To know that people are different.

They can see when I show them a map or something, they can place it, that okay this is a country where people speak Chinese, this is a...they have an idea of the whole world, that people live in different countries.
Saturday November 13 1999 Today all of us were at home.
S (S) and M (M) were happy to have a usual breakfast with mum and dad. S had ordered noodles (Maggi Noodles) and M also seemed excited about it.
However, just when I placed the bowls on the table M changed her mind. She started pestering for omelette with cheese. Needless to say, I had to give in.
M prefers to eat in usual plates which are used. Whenever I give her something in her plastic plate she bounces it back.
M wanted to eat the omelette by herself with a spoon. She asked me to open the door of balcony, sat there and ate.
My kids spend some time colouring, making pictures, playing with toys (bears and dolls) and running and jumping all around the house.
While I was busy with the household work S and M walked to market with dad.
They wanted to buy some candies etc.
I gave M bath while she yelled at top of her voice "No... No... towel... towel." At sleep time (the afternoon nap) she wanted me to lie by her side and pat her. This is her usual demand. She also asked for milk and refused to eat anything else. She kept creeping in Mum and Dad's lap while we had lunch. I lied beside her and M cuddled me. Sara also got in and asked for story of Cinderella. M is usually not interested in stories so she asked me to keep quite. Sara insisted on hearing the story.

Finally Dad took M to his bed. M went to sleep having fun with Daddy trying to tickle her. She also had a bottle of milk. She slept for about 3 hours. M woke up around 4 o'clock. She crept out of bed and joined us in the living room. She was given a warm welcome. There some biscuits on the table. M rushed there and ate 2 or 3. I asked her for yoghurt and she brought me the bowl from the kitchen with S's help. I took it back to kitchen and poured strawberry flavour yoghurt for M. She ate it herself. Daddy spread a mat for her because she wanted to sit on the carpet. M brought her bucket of blocks and asked me to make house for her. I made her a house, a dummy car and a bridge. I also pointed out shaped and their colour to make sure she knew them.

M also loves to scribble on paper. She brought paper and asked for a pen. Sara and M stayed busy with their colours for a long while. At dinner time - about 9 o'clock. M had rice and yoghurt. She sat in my lap and asked me to feed her. She again went to bed with mum by her side, patting her chest - (around 11 o'clock)

Wednesday,
November 24, 1999 M woke up around 9.00 o'clock. She had a bottle of milk while sleeping around 8 o'clock. Sesame street was going on. I offered her egg and toast but she was more interested to watch the big bird. Sara was also absorbed in TV. M asked me to bring egg to bedroom where we also have our TV. She ate the egg (yolk first) with spoon. S had egg with toast. Play school started and kids got excited and started calling me to join them. We always watch 'play school' together. Everyone has to make a quick guess about which 'auntie' is going to conduct the program. Sara's choice is always her favourite. - Monica. M is for Angeline and from me it's usually Nonnie. Kids are happy who-so-ever turns ups. We noted down the activities in play school and as soon as it finished S asked for colours and paper to try a few things she has seen there. M joined.

I started with some kitchen work. S and M brought their stuff to living room. M was not consistent with drawing so she got a few toys from the 'computer room' where they are dumped in a big yellow box. Minutes later the dining chairs were upside down - yes legs in the air, backs resting on the carpet. A sheet which was dragged out of laundry basket was thrown on top of the chairs and beneath the 'hut'; was who else but S asking M to bring more toys so they all could have good time in their new house. I gritted my teeth and hurried to finish the washing up and cooking. Around 1.30 we had lunch. Not under the hut but on the table or set. Today we had roll and chicken curry. I had to feed S & M as they refused to eat by themselves. M wanted to sleep. I lied by her side but even after a long while she was still awake. I had to study so I turned the music on and S & M rushed to living room to jump and wiggle to their favourite songs. These were Urdu songs with lots of drums and trumpets. M & S again watched play school and programs which followed. M went to sleep by herself and 4.30, S was wide awake and silently was watching TV. Occasionally she came and sat next to me asked one thing or another and went away.

AT 6.30 Daddy come home. M also woke up but she was still sleepy. She had milk in her lap and felt better. Then we had tea and kids had wafers bananas. We had dinner about 8 o'clock. It was same what we had in lunch. M just had chicken pieces and S also. They insisted on eating their toy dinner set. It was S idea. I washed the tiny plates and cups thoroughly and they ate in them with small forks and spoons which were part of the same set. They also had pepsi in the small cups. Kids slept around 11.00 - roaming about the house, talking about their day and showing Daddy pictures they had drawn. And yes - I patted M on chest and had be by her side till she went to sleep.

Felicity
2 Each room has its own communication chart for written communication and a lot of verbal communication.
3 Greeting the parent on arrival and asking how the child's morning has been, making the effort to speak to all parents.
4 More regular newsletters about our room's progress. If more time permitted provide summaries on child's development more regularly.
5 Have a book next to roll or for confidentiality a box where parents can write me messages that I need to know when I am not there or am busy with another parent or child.
6 I see some parents more than others and feel more comfortable and confident with some parents more than others, making it easier for these parents.
7a Spoke to a parent about my concerns with their child's language and eating habits.
7b Parent visited the doctor with child and it was found that the child needed an operation as he was tongue tied.
9 Asking parents, reading enrolment form.
10b Other: Behaviour, toileting - nappies.
10c All staff are positive, friendly and non-threatening, being available and approachable during arrival and departure times.
11 Always have a least one staff member from each room available and in sight of parents when parents pick up their children.

Fran
A: Some parents want the staff to give, to tell the childrens about their culture from their country. Like Vietnamese or Chinese.
B: Just talking, communicating.
R: when they first started or whilst they've been at the centre?
A: Just like we communicate with the parent and then the parents gives an idea.
R: Anything in particular that parents said about ways they sleep, or play etc?
A: Not really, but some of the children like?? he came from China and when he started he didn’t eat his lunch and then I talked to his dad and his dad because he not get used to the Australian food. Because at home he gets Asian food every day and so I just like tell his daddy maybe try to bring his own lunch and then we warm up for him and then at lunch time, so.
R: Sleep?
A: No no.
R: Anything that parents have said about culture that they don’t think is important to worry about?
A: No, no. nothing.
R: What happens at home is different to the centre etc. A: The parents, some of the parents are very happy about our centre, how to put the children to sleep and to lunch and some of the parents say they are really happy to let their child to try the Australian culture, like they want their children to learn about Australian culture, or food or everything: so they think the centre’s a really good place for them to learn about the Australian culture?
A: yes
R: Each child individual, different needs etc.
A: yeah, yeah, sure. For example like Jaye is in my group and at some times her mum wanted her to sleep and but she doesn’t want to sleep every day and then I talked to her mum and she said it’s better if you give her sleep but if she doesn’t want then maybe mummy says it’s alright for her to play or have a quiet time, so, that’s why sometimes I ask Jasmine you want to sleep and she says no I want to play now, so I try to do what she wants. Because I need to communicate with the parents, with her ?? to sleep and then I talk to her mum and get her mum’s idea and get how she wants me to deal with her child. So that’s what I do.
R: Advice?
A: if we have any questions or something about a child, we talk to their parents. Like more communication with parents and ask them for ideas and R: do you think it helps having the other languages that the children have as well? That you can speak Cantonese and Vietnamese?
A: and the other staff can’t speak the language in this situation, when the staff come and ask my help, as interpreter or you know, like with the parents, then I’m very happy to do that, to help the staff member, translate their home language to the parent.
That’s what I’m normally doing. Like sometimes the office, the parents come there and ask for a vacancy and the secretary can’t speak the language and she comes and asks me to help and I’m very happy to go to the office and translate for her
R: And you were saying how many languages do you speak?
A: 4, but Chinese is my main language. Vietnamese is, I was from Vietnam, that’s why I can speak Vietnamese too, and Mandarin I can speak a little bit but not very well, just enough to communicate with the parents, but writing is alright, I can do that
R: It must help you
A: yes, it’s an advantage for the centre, and also it’s a change for me to.
R: How long have you been at the centre?
A: 5 years. Before I was a part time worker, only for an hour in the afternoon, until one staff leave and then I become permanent

GS
2. Staff have good one to one communication with parent’s daily.
3. Ask parents how they feel - what they want.
4. Room newsletters. Parent info wall.
5. Take time to ask about child’s day.
6. Some don’t have time or want to make the time to know.
7a. Asked if parent had noticed child’s speech, what they had done, recommended speech therapy.
7b. Child went to speech therapy. Speech improved.
8a. Late parents/parents arriving all at once - discussing billing.

Hetti
A: Okay, the sleep, she goes to sleep with her red dog and she’s got a blanket that she gets wrapped in and I told the staff to wrap her, give her red dog and say sleep well, see you soon, and leave her. So try and not to put her if they can avoid it and not to keep going in, because we were trying to do controlled crying with her.
So that’s the sleeping. Eating, she’s really fussy with food, so whatever she will eat I’m quite happy with, I don’t care.
I’d rather it’s not sweets and things like that obviously but they’re really good here, they don’t seem to give the kids snacks generally. So no particular rules for eating as long as she eats. Playing, just trying to get people to encourage her speech, a bit more recently, which they’re doing, they’re great and they’ve been really good at working together with that
A: I think its... you mean in general?
I think it’s really important that kids are listened to and that they’re given positive rewards and negative behaviour is ignored rather than punished. That obviously means no physical punishment, and that they get a lot of emotional reassurance and positive praise and encouragement, and are encouraged to have some power in the play and discipline.
A: Mainly by talking to them.
They had a period where they had the notes in the book and then they had a space for the parent to write their responses. Yeah, and that’s quite useful having the space to write responses but I think they stopped doing that because a lot of parents weren’t using it. And I don’t mind because I’m quite happy to talk to them personally about it
A: That I don’t think are important.
At home I’m not very keen on her wandering around with food. I’d rather that she sat still.
But I understand a situation where you've got lots of kids to manage it's very hard to stop them, and because that's happening here, I don't bother too much about it at home.

I do remind her and only give her certain, like I won't let her run around with say an apple or something that she's more likely to choke on, so that's the only thing A: Not too much TV, which they do. Encourage her dancing and keep her active, rather than just sitting and being sedentary. Encouraging her to talk, be verbal, praising her when she does certain things.

A: They're pretty good here.

It's never going to be exactly as you want it to be at home, and it can't be...looking after so many kids, I mean even if you've got two it's different to looking after 6. I did notice before when they had two extra staff, there was as lot more attention, it flowed a lot better and there was a lot more space for communication and you could see that they would be able to give a bit more individual attention to kids. That they were able to give a lot more individual attention and then when the two staff went, obviously there was...and there's been some times where I've seen...like there was one point where little boys were playing and he and another kid were on top of Olivia and I mean the staff would be too busy with the other kids, I mean it's not their fault, they only have two eyes, and they can't see everywhere at once. And she wasn't hurt, it wasn't a big deal or anything like that, but if they'd had the extra staff member......but again it's not a criticism on them, they do a great job given the staffing that they have.

I think in general the government should give more funding to child care centres. If they really care about children being the future of the country then they need to put money to child care centres.

A: Again, I think they're hampered by the staffing, like they do a lot, but I think they could do so much more. They provide a range of...like they're obviously looking at the different skills the kids develop at. They're looking at the gross motor skills and fine motor skills and verbal development, expressive communication, all these things which is great, but they would just be able to explore so much more if they had more staff.

A: I guess just take the time to introduce yourself to the parent and to the child, like I'm actually more impressed with staff members take an effort to know Olivia rather than me, because I can introduce myself, I don't have problems with social interaction, but a child's different. I think if a child's going to be there all the time then it's really crucial that a relationship's built up...and be open to listening to things, to not be defensive with their intervention and try and work together on issues, if there are issues.

A: I guess, I think here at one point.......at one point, some kids were acting out a fair bit here and they had a parents meeting and they decided to do a time out sort of thing, sorry a withdrawal of privilege that would happen some time after the event, which is fine for older kids. Kids Olivia's age...Kids Olivia's age, they don't understand and so it wouldn't be appropriate for them. What I wanted them to do was to come and speak to me so that we could talk about it together and then decide what was best for Olivia so that I could follow through with it at home as well.

Having casual staff introduce themselves to the children, particularly if there's a big changeover of casual staff in the centre so that children who are apprehensive can feel more comfortable about their role, can feel more comfortable about being in the centre and with the children, and the children being comfortable with the changes.

Centres should link in with Tresillian and other services like that, particularly for parents who've just come out with their first baby and don't know what to do and it's so much harder for them to know what the right services are and what's available and that sort of thing.

HP
2. Ask questions. Provide opportunity for staff to communicate with me.
3. Make myself available.
4. Don't know.
5. Sometimes it is difficult to get staff's attention.
Lots of children, less staff on some occasions.
6. Available to talk to.
9. A list of food not preferred written.
10b. Other: Behaviour, development.
10c. Available already through talking and asking questions.
11. Not really.

IP
2. I let them know everything about my son and I ask them a lot of questions on what he has done there.
3. I ask questions wherever possible.
4. Everything has been fine so far.
5. Maybe give out regular once a month report cards.
6. No. Because I think that is impossible when they have seventeen babies to look after, I have one.
9. Speaking to staff 10b. Eating: Allergic reaction to food type and additives when they have been told.
10c. They know his problem and deal with it really well.

Jane
A: customs, foods, like if the kid eats specific foods, they'll tell us. You know can you add a bit more pepper to our...because that's the way we eat it in our culture, so for that child we'll put extra salt or pepper or whatever it is, because the parent is asking us to. So that's one thing.
A: Verbally. They talk to us, and they tell us you know if our child's not eating it's because they're used to eating this sort of food, kind of thing, so we understand them and do whatever they ask us to:A: some children like for example David, he always had to be wrapped up because that's the way they used to do it at home, so we used to wrap him up at the same so he could go to sleep, and like Leslie she's got a red dog, and so she'd have her red dog and if she got upset we'd give her that. Andre he had a security blanket, so we just used to give him his security blanket so it would make him feel more at home. A: Discipline, I guess. The way they discipline the kids. They tell us, look we're happy, we do this at home, but if you do, if you don't mind, can you do this so we can do the same sort of things, follow it through.
R: Anything they did at home that they may not want you to do in the centre?
A: well we pick up a few words just to talk to the kids, like Daniel, just sit down, and the basic words we try and learn them to ...so they can understand, because some kids come here and they don't know any English and so we have to learn a few words just to help them get settled and that

A: Like a lot of kids watch TV and things like that, and videos and we can't do that. You know they always come in with the High 5s and the Barney videos, but only on special occasions we might put it on for 10 mins, but most of the time they stay home playing games and videos and ...they can't do that here, so ...we've got a program that we've got to follow A: no, like we sort of just follow the routine here and the parents are fine about us doing, you know following our routine and they don't want us to do anything different. They do mention oh our child doesn't eat this food or something, but then here, because the others are eating it, they'll eat and then they're quite surprised, they're like well wow, how did they eat that you know A: because we've got different programming and like a program for the child. We observe them and we plan and we see if there's a special, something that that child needs, we're there to evaluate and see how they're going A: be comfortable and talk to them.

Be careful what they say and the way they say it, because some people might get offended. Just to watch, have a talk to the parents, be polite, and always communicate with them and then like everything will be much easier. Communicate to the parents, tell them how their children's day is and things like that. Parents are just normally happy so we don't worry much unless they say something to us.

John

In terms of the enrolment form there was some stuff asking questions about what foods they normally eat at home, what time they sleep, what language they speak at home, that was mainly about it, was there any religious things that my sister can or can't do. We aren't a very religious family so there wasn't anything in particular that the centre needs to know.

Language wasn't that much of a big deal because we thought it would be better if she was at the child care centre it would probably be better for her if she could speak more English rather than if the people spoke to her in our language or a number of Chinese languages. On the enrolment form they had what time does she normally go to sleep. She doesn't sleep on any set schedule she just sleeps whenever she wants to sleep. Sometimes half an hour, sometimes she can sleep for 2 and a half hours, it just depends on her. That's the only important thing. She doesn't sleep to schedule. No I don't think particularly there is anything that is because when you say food we eat a lot of non Asian food at home too because we have been in Australia for so long we have sort of adapted. I don't know about my parents, me and my older brother sort of go by the Aussie lifestyle already. So, like these cultures have probably been lost somewhere there already so Megan [sister] has grown up not knowing much about the culture. We have so much adapted to the Australian way of life already that there isn't much of a difference between our culture and outside I think the centre has been quite good, the home practices umm, I think it has all been quite good. We observe them and we plan and it was for a short while and we just found that she wasn't looked after as well at the other centre. For some reason she would come home every day crying and she wasn't very happy there at all. She would hate to go to the centre and every day she had to go she would cry "I don't want to go, I don't want to go." Whereas at this place she would love to go every day. So we thought there might be a problem and we tried to work out the problem there and we just worked out that she wasn't being looked after as well. So I think at this centre they look after her quite well. No I don't think we have had any problems or anything that was a problem to her.

I think so because No 1 they have got the diversity of staff members from different backgrounds so they do speak Chinese to my sister and even Cantonese which we don't speak at home, which is good she can speak other languages too, multilingual. Which is good that she got a few languages under her belt. In terms of everything else, no everything is quite good. Probably in this day and age, especially in Australia it's good to try not to focus too much on the child from the Asian culture or the other culture and try to adapt to the new way of life in Australia which is very different. I think that is what the parents want, because at home children usually get taught to do things the way their parents did it in that different country and it wouldn't work in Australia and it wouldn't work here in Sydney. I've just come back from China and it's just totally different to what I have seen and really scary, I came back 4 day early because I couldn't take it anymore.

It's really different how things happen over there because I think a lot of the people, a lot of the parents have come over and they have lived some of their lives overseas but at home they still do things the way they used to do it, whereas now, I think their parents wouldn't mind if they live more like the way people do things around her and try and merge the 2 cultures together with what they have at home and what they have outside in the general environment and learn from that and have their kids raise that way instead of going for that traditional culture and try and merge both cultures together. They learn about their past and what their parents have done and they know what to do and what not to do.

JP

2 Making sure I take time when dropping off and picking up my children to talk to her carers.
3 Same as above as well as reading all information on their day's routine.
5 Nothing. I am satisfied with the school's communication.
6 I have spoken at length with all the ladies that look after Ebony - all have given me plenty of time and understanding.
8b It was a time restraint. I had to get to work.
3 I was late and my daughter did not want to stay and wouldn't let me go.
8b I didn't leave her that day.
She came to work and was picked up by my mother. I feel as though it ended up positive as they paid more attention at her drop off to help me until she settled in a bit more.
9 I tell them.
10b Other: As much information as you can possibly think of, it will all help them get to know your child.
10c I think it's just a gradual thing where they will get to know you and your child.

Judy
A whole heap of nationalities in one unit, one place, say within the centre here. Cultural diversity is like having lots of different cultures in one place, whether it's Australia or it depends what unit you are looking at. We have got about 7 or 8 different cultures, different feelings, here in this centre and most of them are using their home language. It is important [to develop individual sense of culture] because with each client that comes into the centre, we are providing a service. We don't look at like each family's need then we can't provide a service. So if everyone has a different culture, we need to be looking at the differences. We need to be making sure that they come and they are new that we help them learn key words and if the parents, asking for them to bring in some to interpret and with programming, incorporating the culture into the program, like with a Chinese person, putting chopsticks out in home corner, rather than using the usual, normal style of home corner. That could also be with playing the music, dress ups, things like that.
Well the only way we are aware of this [cultural practices from home] is if we actually speak to the parents on a one to one basis, find out what is happening at home and say that we would like to do that here and finding out the key words and using that especially with the younger ones so they don't forget their home language because I think that is very important that, because the English will come but the home language is what they really easily and I think that a lot of parents tend to concentrate so much on fitting in that they don't want them to speak their home language here, they rather they try and learn English as quickly as possible, for me it's the home language first and the English will follow. With the centre, there are things that we have to focus on like hygiene, sun hats and stuff like that, but anywhere else where we can accommodate, then fine.
With the Chinese - James, he comes really rugged up with heaps of jumpers on and she expects them to still be on when he gets picked up. If we think it is too hot, we might take a couple of layers off, but leave the majority on. We spoke to his mum and told her that he was getting too hot and that it wasn't good for him in this climate - it was in summer. She listened to us and was OK about us removing clothing. It didn't seem to matter to her - or at least she didn't say that it did.
With some of the children, we encourage them to bring some of their things from home so they still have their cultural things here, although we are still waiting for this to happen. Religion comes into it as well, like if they are Muslim, they can't have pork or if they don't believe, like we have Christmas coming up and I am going to actually put out a letter to the parents asking do they mind if we have a Santa and if they don't well, we will have to come to some agreement if we do have him or not or have something else put on like... I'm not up with the celebrations they have, but we can ask what is something coming up that we can incorporate so that it is not all Australian Christmas type of thing. I don't know, but if the Christmas thing should be pushed, not all parents believe in that though.
We need to incorporate all religions. I think it is important to make all the children aware that there are differences and that some people do this and some people do that, so that they understand. We ask about what they do at home all the time, particularly with Accreditation being so close, but it's like pulling teeth. Had a couple of parents run ins and things, but I think that is more of a personality thing than a cultural thing and then again I think it depends how you raise your child and what you will let your child do and what the other person will let their child do, and I think that is where the problems are. Like in some cultures, the kids call the teachers Aunty and things like that, also some parents may drop the child off and others stay. You have to speak with the parent and explain that there are things that have to be done when you drop your child off and that it is not woman's work, but for the benefit of the child. You have to be careful how you say it.

Kate
2. Letting them "in" on the family - getting them to know us.
3. Always asking questions. However most information is volunteered before asking.
4. I think it is pretty good already
5. Ditto (see question 4)

6. They all seem to know my children equally well.
7a. When we were having trouble settling my son (when he was a baby) for sleep time I asked his main carer what she did.
7b. Her advice and suggestion worked great. This certainly was a turning point.
8. Usually by word of mouth in the morning or afternoon.
10. Anything that may help in the caring of your child.
10c. Perhaps a "communication" book. This is already carried out in the Babies to 2 room.
11. I think it may be difficult for families where one parent drops off the child and another picks them up.
Also when the children are dropped off early and picked up late (on a regular basis) there could be problems communicating with their "main carer". This is when a communication book would help.

Kath
A: depends on the parent. Some parents not celebrate, they follow the culture in here. Yeah, usually most parents celebrate the new year, and the moon festival, at home, but they got the grandparent you know, and they also celebrate with them.
A: they give us the information. Usually ask do you celebrate here in the centre? Usually in their home language
A: Usually the little child ?? the parent give me information, what sort of food they eat or not eat. Usually they eat the Asian food, or Vietnamese food and if they are a bit worried about the children are not used to eating in here, the food. But I explain that we cook different multi culture food, they will used to it. we've got rice, noodle, pasta
A: No
A: for me, it is a little bit hard, but not really, because I also know the culture you know
A: a little. In Chinese culture....Vietnamese I'm not really know much Vietnamese, because I'm Chinese
R: How many languages do you speak?
A: Cantonese, Mandarin, Vietnamese
A: I will let the teachers know their culture you know. Sometimes the parents don't speak English, sometimes they're not confident to talk to the teacher because teacher has high standing and all the information about education, so sometimes we talk the home language so that they can feel more confident to interact with the teacher.

Keith and Eda  

[K] What I can understand it, Australia is basically a much better country and there are lots of different nationalities living here together in the same environment, speaking the same language.  

[K] Actually I'm very happy with this environment here, because I don't feel anything different here. Even though we are from Pakistan and we have a problem with different foods and stuff, but they actually take care of kids good because they ask us to supply meals.  

[E] I think they should with regards to food and stuff, I don't know  

[K] It's okay, because our kids are too young to understand all these things, except that we have to restrict them in some certain foods, but that's all. So it's not really any individual differences I can see right now.  

[E] Yeah, like with our older one, she doesn't know English very well and she actually knew nothing when we started bringing her here, but she's learning a few words and the staff here have actually learnt a few words that she understands, so that's good.  

They [children] communicate with each other, so yeah, that's good.  

[K] I guess staff learn more languages than the children  

[Do you think that's important that the children maintain their home language?]  

[K] Yeah.  

[E] Oh yes, yes  

[K] Well we speak, in our home, we try and speak and in child care we ask her to speak English all the time, because she can learn our language from home but it's very hard for her right now to speak English because she doesn't speak at all.  

[E] The basic restrictions are just on the food, otherwise they can just do whatever they want. But there's no other restrictions at all.  

[K] She's only young for prayer and stuff. She's only 3 and for clothing and stuff, she's too young for that as well.  

[E] Oh no, I've seen lots of different culture kids here and everybody seems to get on fine.  

Lena  

Well pretty much what we have here, a whole array of different cultures, different from each other and having to manage each child differently due to the culture. In the children, through books, we have actually got some parents reading stories in their own culture now on tape. They have done multicultural cooking, just in the activities the kids are doing. I believe it can only be done to a certain extent through here, and treated as you said individually. Each child's culture is different to them and plan different things for it to come out and also mix it with the other children. So many different cultures so let the kids come and see how, different things, let the kids come and see the other cultures to look through. Of course the food, some of them can't eat pork or meat or whatever, the girls with their long pants so they don't show their legs. I think that they are all important to be brought from home to here. If that is what they are use to at home, than if the parents have said "Please don't do this, please don't let her take off her pants from under her long skirt" then I think we should do it that way as well.  

We are aware of this by the enrolment forms and from what they say to us. Things that are important to them at home should be important to us as well.  

There probably are some, but I think that if we do our best to make everybody feel comfortable with their own culture and for us to be showing like to the stories, for example that we are taking an interest in their culture as well and other children and other families, I think that is a good thing. I'm not here often enough, I'm only here on relief and when I'm here, that is what I see and I haven't seen any problems.  

Lila  

Having a range of activities in the centre for children of all cultures to use, having programming along the same lines that all different cultures are represented in activities and equipment. Encouraging parents to come and share the cultures in the centre. Not a lot, we are trying to encourage the parents to come and share those things, so far we haven't had a lot of luck. Recently I have given some of them books, children's story books to read to tape first in their home languages and to write out the words in their home languages for us to type out and put into the books so the children have got an English language book that in effect has got another language or 2 languages typed underneath.  

And the children can listen to it in those languages. Apart from that we really don't have a lot of resources, some things were brought in from home, the odd thing we have been able to purchase but apart from encouraging the parents and having a wide range of children we don't have a culturally diverse program.  

I suppose by encouraging then to talk to each other in their home language to keep their home language alive, it is very easy for a child to lose their home language in a child care centre where everybody else speaks English. So it is really valuable that we have a number of children from the same culture and we encourage them to talk to each other. We had a couple of Asian children who we are really trying to encourage to use chopsticks to eat their lunch. Often they are a little bit reluctant due to difference. I guess that is probably pretty much what we are doing at this stage.  

There again it has been really difficult to get our parents to tell us what they are doing at home. We did have a meeting a couple of weeks ago where we had 8 parents come but none of these parents put forward anything that they were doing at home that they wanted us to continue doing here at the centre, so we are really at a bind with that at the moment because if parents aren't willing to share then it is hard for us to do it. No and I guess this centre is really lucky and the number of children that we have from different cultures. I guess because we are in TAFE and TAFE encourages different nationalities to come and also lots of our courses are timed between school hours so we have lots and lots of mums being able to take advantage of the English classes. So that's probably at this point where the majority of our children are coming from, from that field.  

LP  

2 Smile, be friendly and open minded.  

3 Be interested in them and what they do outside the centre.
4. Let them know daily how he is and what he might need depending on his mood and health.
5. Be friendly and smile a little more, laugh and relax.
6. Either they are not happy here or it is a language thing.
7a. Not that I know of.
8a. Needed to talk about the way we give B his medicine, it is easy and over and done and no mess. She was busy at the time of drop off and didn’t get my message to ring me.
8b. Child screamed, lots of noise and mess. Not a nice experience for all involved.
9. Verbal and written.
11. Staff who have children of their own or have experience with children to know what it is like to be a parent.

Lucy
A: Ashley didn’t come in here till she was about 4 months old, so pretty much what I did at home was what they did here, so I sort of followed along with what they were doing, and kept her in that sort of routine. But I mean they know to put her down and shut the door, that’s it, that’s all.
Play, she likes to play by herself anyway. She doesn't like playing with the Barbie dolls and stuff, but it really is a follow on from what she does here, so...it’s more like they tell me what she’s been doing and I carry that on at home.
Stuff like that.
A: Just talking. Very easy to talk to staff.
I used to come here as well. So yeah....my whole family’s grown up in the centre, so I mean it’s so easy to talk to them. My mum has a lot more to do with them than I did because she drops Ashley off and picks her up and she lets them know, I pass a message on to mum and she passes it on. If I don’t get to tell them I ring them. A: No, not apart from discipline. That’s the only thing. But other than that no.
A: About the discipline? Yeah, at home she gets sent to her room if she misbehaves and she knows, as soon as you say, in your room, she’s done something wrong, whereas here I know they do it slightly differently, they separate them from the other children.
I mean I wouldn’t expect them to send them to their room or anything, but at home that’s...we sit outside the door and listen to what she’s doing in there anyway. But yeah, I mean basically I’ve seen the way they discipline the children
in here and it’s fantastic. It doesn’t work for me at home, but it works for them here. So....I wouldn’t want them here to just put her into a room by herself A: Not really no, because they’re really much the same. Like even down to the sleep times and her meal times, we’ve kept the same as what it is here, so she’s in a very regular routine, so it’s really...it’s all the same, if you know what I mean. She comes here 4 days, sometimes 5 if I need to work the extra day, but it’s usually 4. She’ll be 2 in February and she loves it. I mean I wouldn’t keep her away from the kindy, because she.....the first thing she does in the morning is she’ll go to her school bag A: I don’t know if they can, but ....I think yeah, I think they know the children well enough to know a different way to get around things. I don’t know if you know what I mean, but ...not all children are going to respond to the same sort of things (inaudible)...but other children they take a lot more...or maybe a lot less to work with, you know. I don’t have any problems at all. We actually changed her for a little while but, but we bought her back because I didn’t like where I sent her.
So I think they’re fantastic, I really do. Really do, I’m very happy. It’s easy for me to go to work and not have to worry because I know she’s okay, and she comes home every day and she says new words and she can do new things, and I know that if she was at home with me, she wouldn’t be that well off, do you know what I mean.
Because she’s doing the same things every day and she comes home and she can sing all these different songs, that I used to sing when I was a kid that I’ve forgotten all the words to and ....you know...and I remember what it was like here.
My two little brothers have only just left here. So ...it’s so comfortable, just bringing them in and knowing that they’re okay, and sometimes I’ll watch, like they’ll all be outside and I can stand in here and see through the doors, and she’s really well behaved when she’s here, unlike at home
A: just not to be shy. Not to be shy. I’d want to know, if Ashley had a problem, if she was doing something wrong, I’d want them to tell me, you know, like if she was biting the other children and stuff. Yeah, not to be shy, just to be really...get to know the parents and ....I don’t know, I’ve never really had to deal with a new teacher.
R: So that’s what you’d feel comfortable with, somebody who got to know you and your child?
A: Yep. Not to be shy. If they wanted to ask questions, that would be good too. That way I didn’t have to sort of give out the information but only what they wanted to know, or needed to know. So good communication between everybody I think.
R: Anything else you wanted to add?
A: Well if mum was here she’d be able to tell you a lot more, because she spends a lot more time with the staff, and she brings Ashley in and what not, but yeah. I mean I feel really really comfortable sending her here, because the teachers, like we know them personally as well as....like they know a bit about us and we know a bit about them and they know, if
Ashley’s a little bit off one day they can usually pin point exactly what it is because they’ve got to know her that well. Fantastic, fantastic and I know she’s really happy being here which is important.
The last place we had her actually she would cry every morning when we dropped her off. It was terrible, especially as I knew the lady as well.
It was like one of those, she was one of those Leichhardt family day care things, and I went to her house....and I much prefer something like this, where there’s a lot more kids. Even thought it’s not as one on one, a lot more kids, a lot more things for her to do. She couldn’t do this 3 months ago, sitting there putting all the puzzles in the cupboards

Maggie
Just because I think the child care centre they have Asians of the same background, or just tell them we are Chinese and so I know a lot of things they know, so I don’t need to explain what sort of culture we have. We just fill in the form and we just say our background is Chinese and I just say if possible my kid learn a bit of that background too Normal sleep is probably not too much, because I prefer the way that they put kids to bed like put on the back or whatever,
but in terms of food I prefer my healthy food like...I did suggest to ??, saying that he, rather than have biscuits and cake all the time, I prefer to go to them something like celery stick, carrot or something like fresh foods I live in Australia longer than live in Vietnam or somewhere so I'm sort of like half and half already so, not particular that I really follow my culture, or like my kids have to follow it also, it's nothing that really to follow or not to follow as long as it's good habits, it's fine well in terms of language, I always thinking English is more important for the kids because I mean you live in Australia, everything you do is in English and I don't mind. Like I would be happy if they could learn another language like Chinese, I got ?? with my elder daughter. She went to child care too when she was a few months old and she didn't know any language, like any dialect in Chinese at all. Even now, like she pick up a little bit, Chinese now, but I'm still happy with her, as long as she's okay. She will learn to speak it fine. But with Vanessa here I'm quite happy because quite a few of my Chinese child care people here, so they can speak to her in Cantonese.

R: Do you speak Cantonese at home?
A: Yeah, oh my husband. Because my husband speak Cantonese and he speak to her and I most of time I probably speak English because I speak English to my older daughter, and then my parents they speak another dialect with her, so it's very complicated. 2 or 3 dialects. That's why I think Tiffany, my elder daughter has a problem with the dialects because she doesn't know which one to speak. She understands both Cantonese and Mandarin, the one that she spoke, but she just only respond to my mother, one dialect, because she learnt it from her, so she couldn't speak to her father in Cantonese but she understands it, she understands what he says. But I mean, I don't really mind because me and my husband can speak English to them, so it's okay to me. Actually I don't really think so. I mean to me, I speak to myself, I don't really expect everyone to follow the Chinese culture that we want them to follow because here is Australia. Child care is obviously I mean cater for everyone. You can't follow individual, and I'd say one child care worker would have to look after quite a few kids, I mean can't give particular attention to one kid only. So it's good if they follow some culture that they think they can cater for that, I don't mind, like even if my kid learns Spanish or something, I don't mind, but I'm saying, like I still prefer like the major language they learn is to be English, and the Australian culture and Australian things too.

It's like important for them when they go school or they go out in society, they have to know Aussie, and if they teach Spanish or Italian anything, to other kids and if my kids is interested, I'm not against that, I'm just saying that for me it's more important to learn Australian culture too I think, I mean the main thing is they can talk to the parent about how their kid develops in the child care, like...well I can't expect every day but at least once a week or something they can talk the parents about how your kid behaves this week or about anything new he or she learns in the child care. Even fighting or something you still can tell the parents, so that the parents know how they work in the child care, how they're happy or not happy in the child care.

Margaret
A: Sometimes they tell us about the food, what the children eat, when they start, like Asian parents, throughout the years, I've noticed that. Not so much this year. We have an Indian little boy too, so...basically, ...it's more with food, and then we had a Spanish speaking parent and we were having a party one day and they said oh we make pinyata and like I knew what that was, but they made the pinyata. Not so much this year. Basically, they don't tell us much, but Maria and

I sort of ask them, like you know, do you do this ...because coming from a Greek background, culture...yeah. I tend to ask them. So they'll say oh we do that too or...

A: through talking to parents yeah.
A: when they first start we sort of ask them how do you put them off to sleep and then they tell us. Basically we ask them how they put them off to sleep and they'll either say they don't put them, they just leave them there, or they have a dummy or a security blanket, with a baby. We haven't had that many babies this year, but throughout other years we've had some. They say oh they rock them in the arms, and with the prams, sometimes they leave the prams to rock in them, so that's a couple of ways they've told us. But we sort of do it at the beginning but then we get them used to our routine and our way...and then they're fine, like sitting there we put them and they just go off to sleep and they're fine about that too. Like we tell them oh your child's sleeping in the stratcher bed now, or they're still in the cot and we don't put them any more, because...I remember when Cassie first started, mum wanted the music on, the doggy, there was something else too. So we did that at the beginning, but then we found that Maria would be away or I'd be away and there'd be different casuals and like the casuals, sometimes they'd forget and they'd say oh but they slept fine, so...yeah.

And ?? used to be wrapped up and you know how big he is, like 7 months, 8 months and she'd still want us to wrap him and we said oh look, we're not doing that any more because he's big enough and he can sleep fine without being wrapped up.

Yeah. And then with feeding, they always ask how do you manage them to eat, they go they don't eat at home, but I think sitting down in a group like that, like they see each other, and like Maria and I will help feed them, and then we just encourage the self helps to ??, feeding themselves. Babies, they're starting to hold the bottle and then later on we encourage them to hold it with their hand and then usually the parents say oh she's still drinking from the bottle and we say oh she can drink with a cup now, or she can drink without a lid now so...yeah

A: Like yeah, we have parents which say we don't want the children being patted because we don't do it at home, so we don't do that. But...nothing major.
R: did notice that you and Maria speak to the children in...is it Greek
A: Oh we learn a little bit of everything, Arabic, Spanish, Greek. Just the basic like we really ask the parents to like...how do you say come here, sit down, thank you or stop, you know, so that makes the parents feel comfortable too, hearing that we can say something like that in the child's own language.
R: they respond really well to that?

241
A: they do. Yeah.
A: I'm trying to think back. It hasn't been too bad this year.
Like we had like ?? parent come through and say fine, do whatever you do and we say we do this and that and...trying to think back. I think the pram, that rocking the stroller, I think that was the hardest, because you just don't have time, and then remember I remember, not this year but like other years, like my child needs to be put down to sleep at 9 o'clock, but like the children are older, but...they're not baby babies, like under 1 but they're still young, 1 to 2 and they say they need to be put down at 9 o'clock for a sleep and like we'll do it, but then you find it hard because they'd be waking up and the other children were going to bed and it was out lunch break and we had things to do, stuff like that. So I think that's a hard thing, but you've got to do it. But then later on, like it might only be for a month or something and the child gets into that routine and they don't need that morning sleep any more and the afternoon sleep.
Yeah, if a child is very tired of course we put them to sleep but I think that's the hardest thing
R: So you obviously have years where some parents are...
A: yeah, you get one or two difficult parents, like you know make sure they have to have this bottle this time, they have to have a sleep at this time and lunch at that time, say 1 o'clock and you know everyone else is sleeping.
But that's their routine at home and that's what they do, but then somehow the children get into our routine and then we just say oh....Oh we did have one little boy that started this year I remember and he was about 18 months when he started.
She wanted us still to blend all his food, and I think it was part of her culture, and I said is that part of your culture or has he got problems with feeding and she said oh well I'm scared that he'll choke.
But she came from an aboriginal culture. She didn't really say it's part of her culture, but I don't know, I just assumed maybe, because she still was breast feeding him and everything. We did that at the beginning and then, have a little bit of banana without blending it and then have a little bit of lunch, and he was fine with food without being blended and we told her and she was fine about it but yeah, I think they're worried about it
R: how do you feel about carrying out a range of practices within the centre etc....
A: I'm fine doing that. It doesn't bother me.
I like to learn about different cultures. We basically sing songs, is that what you're asking?
R: Looking at the fact...different cultures, home experiences are different etc...
A: It's very hard to meet all their needs.
But I think the focussing on... I find that I do what I do, like we've got certain children that we focus throughout the week, that's when I find that I'm spending more time with those children and trying to meet their needs and through the observations and observing them and doing the planned activity. I find I tend to be more with those children that week, and then the next week....so that's how I see that I'm meeting it, yeah.
By doing that...yeah, by doing that, that's how.
I like to try and give them individual time, and we'll try with all different, you know, might spend a little bit with this child and then a little bit more with this child but it's really hard like you say, there's just two staff members and
R: So do you have focussed children that you particularly have every week or?
A: we share it, because it's like 17 children, ?? we go through their lookers and ?? and say like this week I've got the koala, and then the next time around Maria will have the koala, so...she gets to see things that I might have missed out, and so...it's not like she's got 6 and I've got 6, and that's it, no so that's how we do it.
A: to tell...just to listen to the parents.
Is that more for the parents or for the children?
Q: What would you tell the staff?
A: just basically. I'd say that parent's a bit fussy, I'd sort of say stuff like that, or she's really nice, or this one can't speak very well, English. I try and go through with a little bit about...because it's a small centre, so I'd try and tell a little bit about that child and about the background, like she's got a brother or a sister, or this parent likes this in one particular way, or make sure you've got this child's hair up or something, or this child needs...this mother is very fussy with cleanliness.
Like we do that with all the children but like you might get your one or two that are really fussy. So tell them that and just to be themselves
R: and in terms of communication, what do you think are the best ways that a teacher would....etc....
A: Speaking I find is the best but because they're all, they're in and out all the time those daily communication books that we have, I don't know if you've seen them. We've got daily communication books, I'll show you one later, but we wrote down if they slept, if they ate, what they did today, what they did at group time, how they were feeling and basically anything else. Like your child had a runny nose or a very runny poo or something like that. So they're a great way of communicating. Newsletters, big posters on the front door. Things to get...and the parents say oh I didn't read this, I didn't read that. I think verbal is the best, but if they haven't got the time.

MP
2 Short and to the point.
3 Being assertive.
4 Write them letters or notes and I don't see them for a verbal report.
5 Phone me and talk to me at home on my days off.
6 I usually see care given at least once a day and I know I can leave a note or phone them.
7a Nothing comes to mind.
9 On a questionnaire that the centre gives me.

Muriel
A: Well first of all Diana's a sick baby. She's got like you know a little hole in her heart, that normally kids after birth it closes up but with Diana it doesn't. So I told them that she's got that problem so they can be aware of anything that
happens to her, because I was told by her doctor that she's fine but just in case... and she's the type of baby that if she would cry a lot she'd just turn blank and go out of breath.

Regards to eating she was a bit fussy in foods, and she wouldn't eat and ...or she has a habit of wanting to always eat and then when... as soon as she started coming here, because everything is done to a time and a schedule so that helped me out.

A: No, she was fine with everything. Like nothing, ...just like was normal, nothing any special. She was younger as well so she wasn't really that into a routine.

She actually loves playing out doors on the swings, things like that, but other than that no: A: The way she likes to go to bed, she's got this blanket with the edge that is like a silky ribbon, so she likes to touch that and they said bring hers in and without knowing that they had exactly the same blanket that they were using for her, so that was fine.

She was okay and she just started off taking the bottle, because she was used to taking a bottle to go to sleep, but now that she's got older we're just dropping those things bit by bit A: Just by talking to them and saying it to them and asking them about her when I came, you know, did she have her bottle and they'd say no, she was too tired, she just slept or.....so I would ask about it daily to see how she's going

A: No I wasn't really bothered that they hadn't given her the bottle, not really. We were trying to get her off it anyway. A: Yeah, I think it is hard, but I mean each individual has got their own ways and by them being able to bring it all together for the child, I think that's... like that's a lot of hard work, to bring someone from one thing, especially a child, to understand what they want, that you're trying to provide, to make it comfortable for him......yeah, I think that's difficult and I notice that I do get that here. Yeah, that's what I like about it and you can always communicate and ask and maybe add something to a child that you know that they like or prefer

A: Yeah, they do A: about the child or just the way that she communicates?

Yeah, being patient, I think that's the most important thing.

Just being patient and like telling them actually everything that happens to the child at school.

You know what I mean, like it could be something really simple but to the parent it could be something drastic and once you keep something small, like forgetting to tell the parents, it will just increase. Like you know what I mean if the kid falls over and they forget to tell the parents, I don't like that because then you think well what else haven't I been told, just little things like that.

Nate and Edwina

yeah, different countries have different culture, different systems, religions. ?? changing, that's it, but not different between Australian culture and our culture. Not big difference. yeah, yeah. The parents they leave their children with the same.. they wear the clothes, hat and that and there's some little boys are black, something like that.

Different in Australia... why? not big different yeah [do you think their culture, their own culture will make the staff treat them differently or do you think that everything's the same?]

It depends on the child, they need. don't do the same as the other children because if it's against their own culture, they will not do that [is there anything particular to you that you ask the staff to treat your children differently?]

No, for us no, because we are Christian [Do you think that the centre or the staff in the centre need to do things from your culture that you do at home, here in the centre?] yeah, they ask us, what does mean in Arabic and we tell them we stick to

English because we want him to speak English, not Arabic [So English is something that's very important to you, for your children to learn in the centre?] Yes [do you think there is anything else that you do at home, feed, sleep, etc.?] the same. When he want to go to sleep, we give him a bottle. [inaudible] formula. He can, we can bring food for him, but the same, because I do a course of cooking and I do it at home, and he likes it. Any particular games?

Games. No, he likes trains, music and dancing yeah Do you have any problem with things that you do at home, that happen in the centre that you're not happy with? no. we're very happy, because when they first opened the child care centre, was 9 or 8 months. Now he's 2 and 9 months. Long time Isaac is really good, he wants to talk and all that [So he speaks English in the centre?] yes [Does he speak Arabic at all?] Little bit. Sometimes he'll say ?, drink the cold thing. ??[you speak Arabic at home?] yes when we are angry too young to understand. Wait till he's about 4 or 5 then we will speak Arabic to him to teach it, if he wants to [So English is more important?] yeah.

Because we live in this country, speak English all the way.

Isaac usually eat with us. Sometimes he likes Heinz Kidz. When he wants to sleep in an afternoon sometimes he wants his bottle of milk and in a night too. Sometimes he like to watch Baby in the City and we watch with him. In the weekend we go to the park near the home then he swing and play with the other games. Today he ate rice with vegetable and meat this was in the lunch at 12.00. Every morning he likes Vegemite. In the evening he eat with us. He sometimes sleeps in the sofa then we take him to our bed. In the afternoon he sleep for 2 hours or more. After he finish playing then he needs his bottle of milk he likes play with his cassette recorder or play with his car, tricycle, sometimes we play with him pikiboo.

NP

2 Attend accreditation and parent meetings on a regular basis, attend parent/teacher interviews, converse with staff each day at child's pick up. Refer to portfolio each afternoon for run down of child's day.

3 As above.

4 Informed teachers of child's likes/dislikes/interests/good day/bad day.

5 Staff are already very approachable and liaise on a very regular basis.

6 Always approachable under any circumstance, always have time to chat about child's progress.

7a My daughter was not adapting well to her half days (two) each week so it was suggested that one of these be extended to a full day.

7b This has been most beneficial for my daughter. She settles more quickly, is eager to sit at a workstation (for want of a better word) and actually waves goodbye, no tears. She is two years of age.

8a Work commitments led to a cancellation of the designated parent/teacher interview.

8b This was very obligingly changed to fit into both mine and the centre's schedule.
9 Through the portfolio which is filled in on arrival each morning.
10b Sleep: how long if any. Eating: allergies.
10c Enrolment form to initiate child’s start/confirmation date already caters for this.

**Nusum**

It’s good I think you can see the whole world in one place. yes, i think they are trying to ?? all the kids yes. They want to know about the languages, what are their home languages, and they try to speak these at the centre. Yeah, we have some foods, like halal meats and we don’t ???

(you think this is important)yes I think when the children come here, ?? language, and they can learn everything from their parents and can know about each other so they learn from each other that people are different, (and you think that’s good??) yes, it’s good yes.

Journal - 1 Day 1 Breakfast 7.30am - Egg boiled, bread slice, milk9.00am - Biscuit, fruit Lunch 12 noon - Bread (roti), chicken, vegetable, yoghurt, drink-juice or coke 4pm-milk Dinner-milk, bread (roti), rice, chicken or meat, vegetable. Sleep Awake at 7.45am Sleep at 1.45-7am Sleep 11.30-7am R Insists Mum to sleep with her at night. Playing R likes to play with dolls, toy phone, cars and house.

Shares her brother S. Prefer the company of her brother. Painting, writing, paper cut work etc.

She is in front of TV cartoons and animal movies. Day 2 Breakfast8am-Cornflakes and milk, milk, 9.30am-fruit and nuts Lunch 1pm-rice, yoghurt, juice 4.30pm-milk Dinner Bread, (roti), chicken and vegetable. 10pm milk.

Sleep 3 hours during day (2-5pm) 12pm - 7.30am Demands her feeding bottle when going to bed. Playing Plays with toy cars, dolls, computer Buss in painting and watching TV.

Day 3 Breakfast 7am-Egg and slice, milk 9.30am-Sweet corn boiled Lunch 1.30pm-Rice, meat, yoghurt, juice 4.45pm milk, popcorn Dinner Bread (roti), vegetable (peas), milk Sleep Awake at 7.30am Sleep 2-4.30pm Sleep 11.45pm.

Playing Played with doll, pillows, bunny, piano, stamps, watching TV cartoons.

**Olin**

2 Daily written notes - communication of particular interests (eg zoo animals).
3 Daily oral and written information as to child’s activities, email from management and periodic meetings to discuss items of interest.
4 Don’t know.
5 Not much.
6 Only possible “non-accessibility” would be different shifts and how they fit in with my schedule.

Some casual staff are not known to me.

7a During child’s adjustment to new room, told of special interest in trains and dogs to encourage child speaking and interacting with others.
7b Made adjustment much easier.
8a None available.
9 Oral and written in child’s personal folder.
10b Other: toilet learning.
10c Current system is adequate.
11 Parents must feel they have sufficient access to staff to pass on information about child and to become acquainted with child’s carers. This also helps child to adjust easier b/c where is good relationship between carers and parents.

**Pam**

2 I try to be friendly and non-aggressive and I like to write information of my child’s activities at home to give them a conversation point.
3 I guess I approach them at a suitable time.
4 Maybe spend a little more time chatting.
5 I think they communicate well.
6 Because I feel I can approach anyone.

7a After parent interview I learnt a lot of good things my child was doing eg. sharing, following rules etc. Therefore I praised and rewarded my child.
7b A very happy child feeling extremely good about herself.
8a Maybe only time. No.
9 Have filled in forms etc. notes in folders also verbally.
10c I think the folder parent comment/staff comment and also simple
11 I think that we have to be careful in overburdening child carers with paperwork that will take away from their care time and add stress.

**Peter**

We sort of, in our culture, Samoans and that, because I was raised in a different way, but at home, I still speak the language and that, so I want my kids to understand where our background is, but I want them to learn new things as well, so like Chinese or anything, any other background cultures. So I just told them just to treat them like yours which were your own kids.

It doesn’t really matter on the culture and that I spoke it and wrote it down. It’s not a major thing but if they decide to put in any other cultures like Chinese or any other culture, then I don’t mind. I mean the kid will be learning something new. Mainly just keep them occupied, like just tire them out, they’ll sleep longer, and just food as well, eating at the right time. Because at the moment my little one’s going to bed late, so I drop her off pretty late because she gets up early in the morning and then she has another morning nap and then I’ve got to wait for her to get up again.
Yeah. Just that. Child care's improved our life, me and my wife, and my other baby girl, sort of like now it's a routine, works out with work and works out with sleeping time, everything. It's a good pattern. My older one is a 3 year old and this one is 1 1/2, no, not really. They're doing a good job, so yeah...no complaints Yeah, it will be, yeah. I reckon it will be and I mean even though it's going to be a challenge for them they'll be learning something new to look forward to when other kids come in, so they'll be learning new things, like even the kid will be learning new things as well, they learn from each other and the little one will learn from the surroundings and the teachers will be learning from the kids.

Everything so far like they've got here now, it's what I always knew my wife wanted, so like they keep updates on how is she actually feeding, how is she sleeping, so if she's not eating they'll tell us, so everything's good.

R: So they use a lot of verbal communications and that's what you like?
A: Yeah, they'll just come up to you and tell you what's been going on with her during the day, whether she's having any problems, is she taking her medicine, so like they tell us the problems that she has, which is good and they also write it down in the diaries and stuff, so you can come and check it out what the routine is throughout the week and throughout the day, what she was doing. Yeah, it's good.

The most important thing is communication, like that's good how the teachers are taking down notes so I can just take her home and concentrate on what she was doing that day, like if she wasn't eating then I'll give her more food, or water if she was missing out.

QP
3 Reading the file, talking to staff, reading newsletters.
5 Ensure the file is filled in daily.
6 Her primary carer always makes a point of taking her and telling me how her day was.
9 Talking to them.

RP
2 Speak to them everyday my child is in care, express dissatisfaction, update carer on child's advancement.
3 Ask if I don't know the answer.
4 Foster interest in the centre.
Respect their job.
5 Let me know levels of attainment of child ability i.e., normal, above normal.
6 All know my child and can answer any queries.
7a Questioned when child would be moving from nursery to next group up.
7b Moved soon.
8a Told late in afternoon child was too sick to attend care next day.
8b Too late to address director over matter as she had gone home.
9 Written and spoken daily.
10b Other: health, sayings/talking/ words child uses.
10c More parent/teacher meetings.

Samantha
I didn't really give them any information directly about anything like that because they weren't really in a routine, my boys. This helps me get them somewhere. I just sort of allowed them to go on with their routine that they're already with. I work in child care so I know that too.

Yeah, so I just sort of let them make a routine up for them because they didn't really know anyway, and where the older son was before that, there wasn't much of a routine there, so I really was happy to let them get him doing these things so...no, yeah, he's not fussy with food or anything like that.

There's nothing that he can't eat or anything like that....either of them actually. So yeah, I didn't really have to let them know about anything like that. No problems at home or anything either I'm not really sure. It's just something that you learn. I wouldn't really....I couldn't say straight out what it would be, but yeah, I just think it's something that you learn to cope with yeah, I think....you're learning with them, so it's probably sort of the best way. yeah, learning together yeah. Here I've found that they're wonderful.

I haven't really seen them...this group I have, sort of come in the morning and seen them together and they're great staff, they're wonderful.

I'm really happy with them. I don't see them through the day but I'm really happy with the way things are and the kids love them. So....they're very good, they cope really well, especially with a group this age yeah. I think that's probably the main problem, all the way through pre school and kindergarten, day care, because the teachers really don't know what it's like at home, and it would be so hard for them to work it out. I think there's a few children, I know that there's one that I have that you know what's going on at home and you know why your child's being like she is, you know, it's very hard, I don't know. These are really hard to answer some of these, because.....they don't The teachers don't know what's going on at home. They could be told something completely different to what is actually happening, and I suppose they can't really follow through with anything, where it concerns home yeah, I guess. I think the food is really difficult because there's so many children, they can't just do individual meals sort of thing. So that would be too much out of the question I would think. Sleep patterns.....they're very good here anyway. They asked is....they ask you to bring, if they have a special toy that helps them to sleep they ask you to bring that, or if they prefer a pillow. They pretty much ask you first. So yeah, they do all that. They make sure they get their pillow. They make sure this one has the pillow, this one has the toy, that one has the bottle, that one has the dummy, they're very good like that.

This one has never needed anything oh they're very capable of doing things like that, and they also asked about.....I don't think it was so much in here because the discipline's different with this age group but next door they actually ask parents to let them know what type of discipline they'd like instilled in their child, and if they didn't then they wouldn't be dis...you know what I mean. I thought they were so good like that. To me it's whatever fits what's happened, you know what I mean. You deal with it to suit the situation and how you feel because...I trust them, they're wonderful here. That's just me personally though. I hand it over to them because, I know what it's like in that job too! I don't know that one. A parent can be very hard when they're sort of hanging around so.....they make things a
bit difficult and I think it's uncomfortable sometimes for the teachers to talk to them in that situation. They need to, I suppose make an arrangement to talk to the teacher and find out then rather than sit and watch what's going on. I don't know, I don't know how to answer this one oh yeah. Yeah, well really out of the main pre-school hours because it disrupts the class. I know that.

So, and plus the teachers, the ratio of the teachers to the children, the teacher has to be there with the children anyway. I think probably in the afternoon, you know when they pick the children up, if they can come maybe 5 mins earlier or something, because they go at staggered times so by the end of the day the teacher's got more of a chance to talk to you......that's when I do my talking anyway. The children sort of dwindle away and you've got a lot more......My son's 3, he's just turned 3 a couple of weeks ago, and I've got a 5 year old next door and a 10 year old. He's been over there but I come a bit early, see I pick my daughter up at 3 so I come just before 3 and get him first. You've got to do that don't you, you've got to work around it. But yeah, I think probably the afternoon is the only chance I'll get to talk to teachers and things as well, and in my job as well, the parents. Because if I'm talking...I find if I'm talking to them in the morning you take your attention away from the children and you're conscious that your attention has to be with them, so you're not really concentrating too much on the conversation. So really, when the children aren't around is the best time all round.

**SP**

2. Read son's folder daily, drop my son off each day and pick him up with some time to talk, write notes to staff or make a phone call when necessary.
3. As above.
4. Spend more time at centre.
6. They return calls when unavailable at times.
7a. Write to staff and spoke to them over phone and in person about my son being too old for his current room and becoming aggressive.
7b. Result was a place found in the next room.
9. Written in my son's communication folder.

**Teresa**

Because she thinks she's not a well educated person and she trusts the centre very much and she found that at first she didn't know how to teach her children and after her child comes to the centre and changes a lot and was easier to handle a lot so she just lets the centre teach whatever they want. Just like her son, she gives a dummy at home and but she wants him to get off this so, she asks the centre not to be using the dummy. If he really can't sleep without the dummy just do whatever you like, just to make him happy And also because her child, after he attending here, he does not sleep very often and everything's just fine, so she just feel very good centre here, she hasn't got any other informations Can you ask Sally how she gave staff the information about the dummy etc?

just the verbal communication - she spoke to the staff in her language. She prefer for staff to speak to her in cantonese so she can understand what is happening in the centre with her child. because it is a multicultural society in Australia so she thinks that nothing that we have to ?? to, like the Chinese customs and she believes children, they have to know what the Australian culture is:R: How important is maintaining the home language is, so for Brian to learn Cantonese in the centre, if that's important to her?

A: Because she can't speak English very well and if her child just can speak English it will be very, make a problem for them to communicate, so she thinks that Cantonese is very important for her son to learn so she thinks that her son should learn Chinese learning

R: Through the centre or?

A: She thinks she can teach her son Chinese and she would prefer her son to learn English in the centre.

A: She says if the staff can tell her son's developmental level and give her some advice, or which part the son is lack of and then she can do something at home with her child, it would be better

**TP**

2. talk to them about concerns/ information
3. ask for policies and procedures. Parent's information book is excellent source of information
4. always discuss the issue with staff. Make an appointment.
5. make an appointment
6. always keeping me informed
7. a. I made an appointment to discuss the matter. b. Staff were supportive and treated it confidentially.
8. None
9. talk about it with them when sitting down doing an activity such as play dough or colouring.
10. c. does my child play cooperatively (bossy or silly)
11. No all communication has been successful specially with all the staff, even the cook.

**UP**

2. express clearly my daughter's/ my needs
3. not much
5. take time with the parent when collecting/ delivering the child. Show genuine concern
6. some are, seem more accessible then others
7. a. I have examples of communicating a particular need for my child and it being ignored. b. feeling unhappy.
8. a. Not trying to make staff understand certain habits of my child because feeling they don't care anyway. b. frustration.
9. quite well
10. I think they should share their observations with me.
11. when communications are poor I tend to go away with an unsatisfied feeling not being certain I have placed my child in the right centre.

Viv
2. speak to them, voice any concerns and as about child's daily experiences. Find out what I need to know.
3. Always read information provided and newsletters. Read the communication booklet. Most importantly read my child's daily folder - patterns followed for the day, is, ate, slept, etc. Most importantly, take time to speak to staff - regular daily basis.
4. I think I do everything I possibly can.
5. I feel they have sufficient communication strategies in place. They are practical and work. Possibly a fortnightly newsletter instead of monthly.
6. they are flexible and approachable to speak to. They promptly get back to you it hey are not there and you wish to speak to them.
b. This activity is now encouraged at home and my child has a great time exploring and developing her gross motor skills. Singing is encouraged at home - modelled to child by parents.
8. a. N/A b. I'll go out of my way if I can't be there in person. I will write a letter or phone.
9. verbal communication, surveys completed, daily journal.
10. The direct caregivers are aware. Perhaps a box or communication book where parents write information to share (privacy needs to be taken into account).
11. Child care is such a busy place as you would have found out. Procedures set in place should be practical and simple for both staff and parents to follow and (follow up) if need be. Keeping in mind many parents are of NESB. Most importantly all parents need to communicate and feel comfortable with how they do it. If they are not simply they won't be enforced.

WS
2. lots of verbal communication with parents as some parents can't read much English and will have some other staff member translate if necessary.
3. verbal communication, asking questions.
5. fill surveys out return forms
6. No as I only speak one language - English.
7. a. Discussed how child was sleeping at home, suggested some services to use. Parent followed.
b. The child was happier, calmer, more rational due to better sleep patterns.
8. a. parent concerned about the program and wanting the child moved up.
b. Arranged a parent/ teacher interview.
9. talking to parents especially at enrolments.
10. Any changes in behaviour that day.

Xantho
2. daily diary, parent staff communication book.
3. survey, verbal and writing.
4. build up friend relationship with parents so its made relaxed and ease in exchange information between us.
9. From child's enrolment form, from asking directly.
10. child's daily communication books.

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by

Kathryn De Gioia
July 2003

A thesis submitted to the School of Applied Social and Human Sciences, University of Western Sydney in fulfilment of the Doctor of Philosophy.
Abstract

Experiences in the early years of life are increasingly recognised as significant predictors of long-term cognitive and psychosocial behavior. This thesis focuses on one aspect of early development: the cultural identity of the young child and investigates the influence of 'continuity of practice' between home and the child care centre in this development.

Australia and other OECD nations are becoming more multicultural. The use of child care services for very young children has increased dramatically in the past two decades. For the first time in history there may be more babies aged 0-3 years in care situations than babies who are cared for at home. This impacts upon the child's micro-culture (individual, unconscious practices guided by beliefs, norms and values) and macro-culture (ritualistic, symbolic behaviour, often conscious which is tied to belonging to an ethnic group). Many researchers have investigated the implications of this social change but very few studies to date have focused their analyses on the implication of home - centre continuity in the development of micro and macro-cultural identity of children aged 0 - 3 years.

The ecology of human development (Bronfenbrenner, 1979, 1986) and the theory of cultural capital (Bourdieu, 1973, 1986, 1989b) provide the theoretical framework for this thesis, whilst the reconceptualisation of early childhood service delivery serve as guiding forces. This study investigates the way in which child care centres contribute to the development of micro and macro-cultural identity in very young children. This study was originally designed to increase the knowledge base about the ways in which interactions with children (particularly in relation to sleep and feeding micro-cultural practices) differ between home and child care service and the implications of these differing practices. As the study progressed a new focus was developed. The study evolved into an analysis of communication processes between parents and staff and the effects of those communication processes.

Qualitative methods of non-participant observation, semi-structured interviews and semi-structured questionnaires were used to address the research questions. Initially a pilot study was conducted in one child care service in order to develop and structure the research framework. The results of the pilot were significant in refocusing subsequent aspects of this study. It was shown that despite literature to the contrary, families from diverse macro cultural backgrounds were not concerned about inconsistencies in micro and macro cultural practices for their young child. Two subsequent studies investigated this further on communication between families and early childhood staff.

Significant findings include:
1. Parents who use child care centres value integration for their child into Australian society.
2. Staff practices are sometimes carried out in a furtive manner. This results in feelings of disempowerment for parents and jeopardises parent/staff partnerships resulting in a *Cycle of Mistrust* (De Gioia).

3. The designation of a centre based Community Representative significantly assists the partnership building process for early childhood settings.

4. Some policies and regulations (such as the Australian *Quality Improvement and Accreditation System* and the *New South Wales Centre Based and Mobile Child Care Services Regulation* (No 2) 1996) may work counter to their own aims for parent/staff ‘partnerships’.

Recommendations from the study focus on setting level and policy issues. The early childhood sector is called on to redress notions around communication and partnership building with parents.
Certificate of Originality

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 project, and all sources used, have been acknowledged in this project.

Signature: ___________________________________________________________
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
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# Table of Contents

**ABSTRACT** ........................................................................................................... ii  
**CERTIFICATE OF ORIGINALITY** .......................................................................... iv  
**ACKNOWLEDGEMENTS** ......................................................................................... v  
**LIST OF TABLES** .................................................................................................. 4  
**LIST OF FIGURES** ............................................................................................... 5  
**LIST OF GRAPHS** ............................................................................................... 6  
**CHAPTER 1** ......................................................................................................... 7  
  
  **BACKGROUND TO THE STUDY** ...................................................................... 7  
  **AUSTRALIAN SOCIETY** .................................................................................... 8  
  **TRADITIONAL MEANS OF TRANSMITTING CULTURAL IDENTITY** .............. 10  
  **WHAT IS CULTURE?** ....................................................................................... 12  
  **MICRO AND MACRO CULTURAL TRANSMISSION AND THE EARLY CHILDHOOD SETTING** .......................................................... 14  
  **ROUTINE PRACTICES AS DAILY RITUALS** .................................................... 15  
  **THE EARLY CHILDHOOD TEACHER** .............................................................. 20  
  **THEORETICAL UNDERPINNINGS** .................................................................. 22  
  **SUMMARY** ....................................................................................................... 28  
  **THE METHODOLOGY** ...................................................................................... 29  
  **MOVING BEYOND ISSUES OF CONTINUITY BETWEEN HOME AND CHILD CARE SETTING** ................................................................. 35  
  **OUTLINE OF THE THESIS** .............................................................................. 36  

**CHAPTER 2** ......................................................................................................... 39  
  
  **LITERATURE REVIEW** ..................................................................................... 39  
  
  **INTRODUCTION** ............................................................................................... 39  
  **TOWARDS AN UNDERSTANDING OF CULTURE** ......................................... 39  
  **MACRO CULTURAL DIVERSITY AND THE CHILD CARE SETTING** ............ 42  
  **THE DEVELOPMENT OF IDENTIY** ................................................................ 43  
  **THE DEVELOPMENT OF MACRO CULTURAL IDENTITY** ............................... 45  
  **THE THEORETICAL UNDERPINNINGS FOR THIS THESIS** ......................... 47  
  **DAILY ROUTINES AND RITUALS IN THE LIVES OF VERY YOUNG CHILDREN** ................................................................. 59  
  **MICRO AND MACRO CULTURE AND THE EARLY CHILDHOOD SETTING** .................................................................................. 65  
  **WORKING IN PARTNERSHIP WITH PARENTS** ................................................ 70  
  **SUMMARY** ....................................................................................................... 77  

**CHAPTER 3** ......................................................................................................... 80  
  
  **METHODOLOGY** ............................................................................................... 80  
  
  **INTRODUCTION** ............................................................................................... 80  
  **THE RESEARCH DESIGN** ................................................................................ 82  
  **METHODS OF MAKING DATA** ........................................................................ 83
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATA COLLECTION</td>
<td>88</td>
</tr>
<tr>
<td>PHASE 1. CENTRE A, THE PILOT STUDY</td>
<td>92</td>
</tr>
<tr>
<td>PHASE 2. CENTRE B</td>
<td>98</td>
</tr>
<tr>
<td>PHASE 2. CENTRE C</td>
<td>103</td>
</tr>
<tr>
<td>PHASE 3. SEMI-STRUCTURED QUESTIONNAIRES FOR PARENTS AND STAFF</td>
<td>105</td>
</tr>
<tr>
<td>CENTRE D</td>
<td>105</td>
</tr>
<tr>
<td>CENTRE E</td>
<td>106</td>
</tr>
<tr>
<td>CENTRE F</td>
<td>106</td>
</tr>
<tr>
<td>DATA ANALYSIS</td>
<td>108</td>
</tr>
<tr>
<td>ASSESSING RIGOR</td>
<td>112</td>
</tr>
<tr>
<td>LIMITATIONS TO THE STUDY</td>
<td>114</td>
</tr>
<tr>
<td>CHAPTER 4</td>
<td>116</td>
</tr>
<tr>
<td>FINDINGS</td>
<td>116</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>116</td>
</tr>
<tr>
<td>ANALYSIS OF DATA: ASSESSING THE QUALITY OF CARE USING ITORS</td>
<td>116</td>
</tr>
<tr>
<td>ANALYSIS OF DATA: SEMI-STRUCTURED INTERVIEWS AND SEMI STRUCTURED QUESTIONNAIRES</td>
<td>125</td>
</tr>
<tr>
<td>CHAPTER 5</td>
<td>154</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>154</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>154</td>
</tr>
<tr>
<td>THE MICROSYSTEM: PARENT EXPECTATIONS</td>
<td>155</td>
</tr>
<tr>
<td>THE MESOSYSTEM: STAFF ATTITUDES AND KNOWLEDGE</td>
<td>164</td>
</tr>
<tr>
<td>THE EXOSYSTEM: SUPPORTING POLICIES AND/ OR REGULATIONS</td>
<td>172</td>
</tr>
<tr>
<td>RECOMMENDATIONS FOR FURTHER STUDY</td>
<td>177</td>
</tr>
<tr>
<td>CHAPTER 6</td>
<td>181</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>181</td>
</tr>
<tr>
<td>MACRO AND MICRO CULTURE AND THE IMPLICATIONS FOR THE YOUNG CHILD</td>
<td>181</td>
</tr>
<tr>
<td>THE IMPORTANCE OF CONTINUITY OF PRACTICE BETWEEN HOME AND EARLY</td>
<td>184</td>
</tr>
<tr>
<td>CHILDHOOD SETTING</td>
<td>186</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>186</td>
</tr>
<tr>
<td>KEY FINDINGS</td>
<td>188</td>
</tr>
<tr>
<td>RECOMMENDATIONS FOR POLICY DEVELOPMENT</td>
<td>193</td>
</tr>
<tr>
<td>FURTHER RESEARCH</td>
<td>195</td>
</tr>
<tr>
<td>A NEW UNDERSTANDING OF CONTINUITY OF CARE</td>
<td>198</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>200</td>
</tr>
<tr>
<td>APPENDIX 1. PILOT STUDY INTERVIEW QUESTIONS FOR PARENTS AND STAFF</td>
<td>200</td>
</tr>
<tr>
<td>APPENDIX 2. ADAPTED INTERVIEW QUESTIONS FOR PARENTS AND STAFF</td>
<td>201</td>
</tr>
<tr>
<td>APPENDIX 3. SEMI- STRUCTURED QUESTIONNAIRES</td>
<td>203</td>
</tr>
<tr>
<td>APPENDIX 4. LETTER OF INVITATION FOR DIRECTOR INVITING PARTICIPATION IN THE STUDY</td>
<td>207</td>
</tr>
</tbody>
</table>
List of Tables

Table 1. Qualifications and Patterns of Work for Primary Contact Staff Centre A

Table 2. Qualifications and Patterns of Work for Primary Contact Staff Centre B

Table 3. Qualifications and Patterns of Work for Primary Contact Staff Centre C

Table 4. The Relationship Between the Number of Documents Coded at Each Type of Channel of Communication for Parents/Guardian and Staff
List of Figures

Figure 1. Ecological Model of Influences upon Practising Micro and Macro Cultural Diversity within the Early Childhood Setting..............51

Figure 2. Phases of Data Making.................................................91

Figure 3. Snowball Sampling for Identifying Centre B......................100

Figure 4. The Cycle of Misunderstanding......................................160
List of Graphs

Graph 1. ITERS Quality Assessment of Centre A..........................119

Graph 2. ITERS Quality Assessment of Centre B..........................122

Graph 3. ITERS Quality Assessment of Centre C..........................123