The book is open but you can’t turn the page: Parents’ perceptions of early childhood service quality

An Investigation Presented to the College of Arts, Education and Social Science

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by

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PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
Abstract

The research conducted and discussed in this thesis examined parents' perceptions of 'quality' in early childhood services as they support families in the care and education of their young under school-aged children. Over the past decades there have been a number of investigations analysing the components, criteria and practices that determine the 'quality' of children's experiences when attending these services, however, little attention has been given to parents' perceptions.

Historical and contemporary understandings of 'quality' as it relates to early childhood service provision have been explored as has the implementation of the Quality Improvement and Accreditation System (QIAS) in Australia. Parent participation is integral to QIAS and is clearly recommended in the literature. Such participation is identified as a contributing factor to the development of 'quality' service provision because parents and staff develop shared understandings of 'quality' (Decker & Decker, 1988; Duff, Tompkins & McClellan 1995; Willer, 1990). Yet parents, in this investigation, suggested that though this is an ideologically sound foundation it is not a common practice in services they used.

The present study had three phases and used three different data collection tools. In phase one parents of young under school-aged children were involved in in-depth interviews where their experiences with early childhood services and their knowledge of QIAS was shared. Parents completed questionnaires in phase two while phase three involved focus groups. In focus groups parents discussed their perceptions of opportunities available to them to engage with staff in order to contribute to their children's care and education.

The complex design of the investigation has enabled a fine grain analysis to determine parents' perceptions of 'quality' in services. It has enabled a determination of:
the link between parents’ perceptions of quality and early childhood professionals’ views as expressed in the literature;

parents’ satisfaction with services and the evaluation processes used by them given they are not constantly present to observe children’s experiences;

opportunities available to parents to engage with service staff to influence positively the quality of the services provided to their children and finally,

parents’ knowledge and use of the information services provided by the National Childcare Accreditation Council to assist them in their decision making regarding quality early childhood services for their children.

To add validity and reliability to the investigation data collected were analysed using both qualitative and quantitative methods. Phenomenography, categorisation of themes and descriptive statistics were used and the results triangulated to give a greater understanding of parents’ perspectives. The study employed a phenomenographic approach for reporting and categorising the qualitative explanations of parents’ reflections of their personal and individual perspectives of phenomena relating to ‘quality’ (Walsh, Dall’Alba, Bowden, Martin, Masters, Ramsden & Stephanou, 1993). Data collected through focus groups were examined and categorised as themes while descriptive statistics facilitated the presentation of data collected through questionnaires (Anderson, 1990; Huck & Cormier, 1996; Krueger, 1994).

The outcomes from this investigation provide new insights into parents’ perceptions of quality. It seems that while many parents do share professionals’ views of ‘quality’, and indeed some attempt to speak-out to enhance quality in their settings, their voices, if heard at all, are rarely acknowledged. Indeed the most significant finding from this investigation is that communication, especially in respect to educational issues and matters which involve a crossing of professional/parental boundaries is problematic. This in turn has the ability to affect
quality. What is needed is communication which will promote shared understandings between parents and staff in order to ensure the best possible outcomes for children.

To this end an accretion model of communication has been developed to enhance the quality of early childhood services. This model, The Communication Accretion Spiral, overlaps with the hierarchy of needs developed by Abraham Maslow (1968) which suggests that until the most basic of human needs are catered for, then real growth for self-actualisation is rarely possible. In a similar manner, this model of communication which is designed on a principle of accretion, or an accumulation of knowledge, is intended to extend beyond dialogue about children’s most basic needs to discussion at a level which will allow families and staff to grow to unprecedented heights of understanding. As professionals and all who are associated with the field of early childhood education reflect on the content of discussions, trust, honesty and respect are built between parents and staff for shared understanding and a shared focus of care. Intersubjectivity or shared understanding promotes a desire to have parents take part in decision making and minimises perceptions of threat to staff’s professional integrity. The sharing of knowledge and values between parents and staff lies at the heart of reciprocal engagement and is the basis of the highest quality care and education for young children.

This investigation, unlike most other research focusing on quality has sought to present parents’ own voices to describe the criteria they use to select and assess services. It has also sought to establish how parents perceive their ability to influence quality through the opportunities afforded them by service providers. Whilst further research is needed to refine and implement the model of communication proposed, its development is timely in light of the revision of QIAS and ongoing accreditation of services. Such a process will enable parents and staff alike to cross boundaries and build bridges between the contexts of home and service.
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 degree.

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

Signature

Roslyn Enfou
ACKNOWLEDGEMENTS

This investigation would not have been possible without the assistance of a number of people and early childhood services.

A special thankyou is extended to the parents of young children attending early childhood services. The absence of their voices was the force behind this investigation initially and their excitement at being heard, albeit by only one person, was the inspiration motivating its completion.

I would like to convey my gratitude and heartfelt thanks to my supervisors, Professor Alison Elliott and Dr Joy Goodfellow who supported me and led me over difficult ground on this journeying into unknown lands. A special thankyou is also necessary for Dr Jean Ashton who selflessly walked my path with me and provided a listening ear and helpful hand right to the very end. Friends and colleagues Dr Linda Newman, Dr Jackie Hayden, Denise Fraser, Sheila English, Jasper Sommerville-Collie and Glenn Humphreys all provided encouragement, coffee, support and necessary contributions when spirits were low.

Finally I wish to thank my husband, Anton Lak, without whose love and faith enabled me to spend far too much time away from our relationship and devote time to writing.

In memory of Betty and John who believed in determination and integrity.
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CHAPTER 1: PERCEPTIONS OF EARLY CHILDHOOD SERVICE PROVISION

Introduction

Many parents in Australia today use early childhood services to assist them in their parenting roles by caring for and educating children too young to enter the formal school system. Yet little is known about the criteria these parents use when selecting services for their children, how they as consumers assess services, and if or how they are able to influence the quality of the services they use.

The intent of the research undertaken in this thesis therefore was to investigate the criteria parents nominate as important when reviewing early childhood services for their children. The thesis will explain how parents perceive opportunities available to them to be able to contribute to the quality of the services used and thus develop links between home and the service.

According to Bronfenbrenner and Morris (1998) the links between any two child rearing settings, in this case between the home and the centre, must be supportive to impact positively upon the child when in either setting. The formation of stable relationships which are essential for children’s psychological growth occur when there is continuity in the supportive relationships and care provided (Bronfenbrenner & Morris, 1998). However, for such continuity to happen there needs to be partnerships forged between parents and those caring for and educating their young children (Endsley, Minsh & Zhou, 1993; Gelfer, 1991).

The thesis begins with an overview of ‘quality’ as a conceptual and necessary component of early childhood care and education services. A range of issues will be introduced as they relate to the provision of quality services for young underschool aged children. The thesis will then review the development of criteria for determining the ‘quality’ of early childhood services followed by a review of th
literature pertaining to parents' perspectives of early childhood service provision. The design of the investigation and methodologies implemented lead the reader to four separate results and discussion chapters and finally will identify implications for early childhood practice and possible future investigation.

In recent years, research has increasingly emphasised the relationship between family systems and early childhood service provision (Bolger & Scarr, 1995; Bronfenbrenner & Morris, 1998; Gelfer, 1991; Swick, Grafwallner, Cockey, Roach, Davidson, Mayor & Gardner, 1997). Among early childhood specialists, the necessity for including parents and encouraging their input and involvement in their children’s early care and education has been cited as an important component of quality service provision (Bredekamp, 1989, Doherty-Derkowski, 1995, Powell, 1998; Schweinhart, Barnes & Weikart, 1993). Revised statements by the National Association for the Education of Young Children (NAEYC, 1998) on developmentally appropriate practice call for programs to support close ties between child and family and to view children in the context of family, culture and society (Fraser, 2000; Powell, 1998).

All parents need to feel their children are safe and well cared for in their absence and various government interventions have been put in place in Australia to ensure children are adequately and appropriately cared for during these times. What constitutes adequate and appropriate care is addressed by government legislation through the establishment of sets of standards identified by regulations. Anything more than this is an ‘addition’ and moves beyond minimum requirements and practices. These additions and enhancements are often identified as quality. Definitions of quality however, set against this somewhat broad benchmark are indistinct and open to considerable interpretation.

A system for assessing the quality of care and education provided to children attending early childhood services was established in 1985 in the USA (NAEYC, 1998). In Australia, government decision to introduce a system for reviewing and
assessing the quality of early childhood care and education services has only more recently been made. In January 1994, the National Childcare Accreditation Council (NCAC) began implementation of Australia’s Quality Improvement and Accreditation System (QIAS) (to be discussed in Chapter 2). Prior to this there were no formal requirements for determining the quality of services provided. Nor was there a system for services to demonstrate that the programs offered were positive and providing appropriate experiences for the children attending. This is in spite of research which has shown that long-term outcomes for children attending early childhood services are directly related to the quality of care and the early childhood practices implemented in organised services (Howes, Phillips & Whitebook, 1992). Such research has shown the importance of providing for the well-being of children as well as fostering their social, emotional and intellectual development. Early childhood services that address health and safety issues alone are recognised as providing custodial care only. These services, while not physically harming children do not necessarily promote or encourage children’s overall development, but neither can they be categorised under the term quality.

In Australia as in other countries, the past three decades have highlighted social and economic changes related to employment which have had a binary impact on family structures and employment patterns. Changes include the provision of equal employment opportunities, which have enabled women to follow career paths, whilst in some employment areas economic reforms have resulted in changes or loss of employment. Employment rates for men decreased between 1980 and 2000 falling from 82% to 77% while the employment rate for women increased from 47% to 61% (Australian Bureau of Statistics (ABS), 2001). During the ten year period from 1986 to 1996 single parent families with dependent children increased from 15% to 19% (more recent ABS data is unavailable) (ABS, 1997). With an increase in single parent families, economic and/or social change has resulted in economic privation for families, which has meant that increasing numbers of mothers with children
under school-age have returned to the work force to engage in either full or part-time employment (ABS 2001; Australian Institute of Health and Welfare (AIHW), 2001; Graetz & McAllister, 1994; Howe, 1999; Kamerman, 1991; Lally, 1995; McGurk, 1997; Ochiltree & Edgar, 1995; Sonenstein & Wolf, 1991; Waite, Leibowitz & Witsberger, 1991). As a result many parents are in need of care arrangements for their under school-aged children on a regular and ongoing basis.

Galinsky (1991, cited in Wangmann, 1995) identified how good quality early childhood services socially and economically benefit society, explaining how satisfactory child care arrangements support parents’ participation in the work force. Counter to this is the knowledge that unsatisfactory child care arrangements impact negatively on parents’ work performance (Coombe & Petrie, 1994). Wangmann (1995) however, points out that it is no longer sufficient or appropriate to justify early childhood services only in terms of economic viability to the nation. As the first six years of a child’s life are considered crucial for later development, children’s early experiences also shape their future academic and social well being (McCain & Mustard, 1999; Schweinhart & Weikart, 1997; Shonkoff & Phillips, 2000; Shore, 1997).

Our understanding and acceptance of children being cared for, socialised and educated by others whilst parents work, has evolved over time. Detailed discussion about the necessity for high quality early childhood care and education programs has emerged from past historical debates (Gandevia, 1978; Jamrozik & Sweeney, 1996; Wangmann interview reported by Job, 1997). Such debates centred on protecting children from harm and were ultimately responsible for the establishment of laws and regulations commensurate with licensing people who cared for others’ children (Lindon & Lindon 1988; Prochner, 1996). More recently, the debate has focused on issues for establishing measures for determining the ‘quality’ of the care and education being provided to young under school-aged children in out-of-home care environments (Wangmann, 1994b).
Ochiltree (1990) described the twentieth century as 'the century of the child' and children in Western society, she says, are better off than children of earlier centuries. Most children live in better housing, are healthier, have access to an education, and are generally more affluent than they were in earlier times. On an international level, practitioners and professionals have worked to educate the broader community about children's growth and developmental needs by sharing their knowledge and understanding of the earliest years of life. Notably, they have attempted to explain the positive influence of quality early childhood care and education on children's development. Professionals, when explaining how their work with children is based on sound child development theories are attempting to assist the community develop understanding about how care and education are inextricably linked (Feeney, Christensen & Moravcik, 1996; Smith, 1996).

Much recent investigation by researchers such as Catherwood (1999), Gilkerson, (1998), Lally, (1998), Nash (1997), and Perry, Hogan and Marlin (2000) and the report From neurons to neighbourhoods: the science of early childhood development (Shonkoff & Phillips 2000), has enabled parents and the community in general to access new knowledge concerning brain development. Scientists, using new technologies, have discovered that an enormous amount of brain development occurs between conception and age one. As a result there is now a more comprehensive understanding about how children's experiences before the age of three have a direct and decisive impact on the architecture of the brain and on the nature and extent of adult capabilities the child will one day develop (McCain & Mustard, 1999). This new understanding identifies how brain development hinges on a complex interplay between the genes one is born with and the life experiences one has. This has significant implications for the early interactions children have with caregivers which directly affect the way the brain is 'wired'. We now know that brain development is non-linear which means that there are prime times for acquiring different kinds of skills and knowledge and that by the time children reach
the age of three their brains are twice as active as those of adults (Nash, 1997; Shore, 1997).

Such significant new knowledge has implications for all adults, especially those caring for groups of children attending early childhood services in terms of how they, as primary caregivers, interact with and plan for young under school-aged children. The opportunities afforded children in stimulating environments are now known to influence their long-term development (McCain & Mustard, 1999; Nash, 1997; Shonkoff & Phillips, 2000; Shore, 1997).

Yet, despite this new evidence and greater understanding of how sensory stimulation affects the structure and function of the brain, there is still limited awareness amongst the broader community about how young children learn. As a result many individuals are unaware of the need for children to be involved in positive social interactions with nurturing adults who are able to introduce early educational opportunities to them.

In many instances the general community’s interpretation of early childhood education has been over shadowed by the name and type of service provided (Lyons, 1997a). Education, it would appear, has been linked to pre-school or kindergarten services which provide sessional or one to two day programs for children aged 3 to 5 years. In contrast long day care services, Lyons says, are seen to provide ‘care’ for children aged birth to 5 years. This care is for long hours each day of the week, when parents are absent, and there has been little or no acknowledgment of the education incorporated into the programs in these services. This historically developed concept of early childhood service provision appears to have been linked to the age of the child and the name of the service (Lyons, 1997b).

Based on this premise, public perception of early childhood services is ‘seen’ in terms of ‘taking care’ of younger children and of ‘teaching’ older children (Smith, 1996; Willer, 1990). The implications of such a perception, taken to the extreme are that there are limitations to the younger child’s capacity for learning and the older
child's need for care. Ironically, the younger the child the more the educational function should be present. This of course does not diminish the necessity for caring to remain incorporated within all learning environments throughout all the years of childhood (Shore, 1997; Smith, 1996; Willer, 1990).

Why Do We Need Quality Early Childhood Care and Education?

Researchers have endeavoured to extend current understanding of children's experiences within early childhood group settings in order to improve the quality of young children's care and educational opportunities. Attempts have been made to determine the consequences of these experiences as they relate both to children's well being and to children's overall development (Bredekamp, 1989; Scarr, Eisenberg & Deater-Deckard, 1994; Shore, 1997; Wangmann, 1992a; Wangmann, 1995; Whitebook, Howes, Phillips & Pemberton, 1989).

Doherty-Derkowski (1995) detailed how past research has examined the influence of early childhood programs on individuals and groups of children to discern both discrete perspectives as well as global perspectives of quality service provision. Her report describes how studies have provided data on centre operative quality, focusing on discrete characteristics of programs. For instance, observing and assessing adult:child communications, how a particular type of adult interaction impacts on children's language development and acquisition can be demonstrated. Studies using a discrete perspective for determining quality, according to Doherty-Derkowski, have enabled researchers to ascertain precisely which adult behaviours and which program characteristics have a statistically significant relationship with child well being and development (Doherty-Derkowski, 1995; Scarr, et al., 1994).

Research focused on global perspectives has considered multi-dimensional aspects of quality and therefore, concentrated on various characteristics of programs
simultaneously. The determination of the impact of adult:child ratios, staff training and staff stability on children's social skill development is an example of multidimensional research. The most commonly agreed global indicators of quality are said to be meeting health and safety requirements, responsive and warm relationships and interactions between staff and children, the implementation of a developmentally, culturally appropriate curriculum, age appropriate caregiver-child ratios, limited group size, adequate indoor and outdoor play space and adequate staff training in early childhood education or child development (Bredekamp, 1989; Cost Quality and Outcomes Study Team, 1995; Howes & Smith, 1995; Phillips, Howes & Whitebook, 1991).

Investigation has clearly demonstrated that the quality of the care provided in early childhood services has long-term effects on children's development and growth (Bredekamp, 1989; Peisner-Feinberg & Burchinal, 1997; Wangmann, 1992b; Whitebook et al., 1989). The benefits of high-quality early childhood care and education experiences were attested by the longitudinal studies carried out from 1957 to 1970 by Weikart and his staff of the High/Scope Educational Research Foundation (Schweinhart & Weikart, 1997, p. 337). It is now accepted that the different kinds of knowledge and skills developed in the formative years will determine adult competence related to academic, social and economic performances. For this reason it is argued that it is essential that all children receive quality care and education during their early years (Dahlberg, Moss & Pence, 1999; Doherty-Derkowski, 1995; Maslow, 1970; McCain & Mustard, 1999; Phillips & Howes, 1987; Schweinhart, Barnes & Weikart, 1993; Shore, 1997).

The Quality Debate

The need for a definition or explanation of the components used to determine the 'quality' of care and education provided for young children has led to
increasingly open debate. Questions have also been raised about who is the customer in early childhood services, the child or the parent? Lindon and Lindon (1988) highlighted an important aspect of the discussions concerning quality when they pointed out the difficulty experienced by parents attempting to enter into the debate. This, they said, was because service providers believed that they were considerably more expert about early childhood care and education than parents using these services, in spite of the fact that parents are not only integral to their children’s development, but also major stakeholders in early childhood services.

Encouragingly, Williams and Ainley (1994) have noted, that as a result of discussions in the public realm, definitions of quality are no longer based on professional theorising alone. Public awareness and the voices of groups other than those representing the early childhood profession have contributed to the ‘quality’ debate. Even so, Farquhar (1990b) notes it is important for all concerned to understand the complexity of issues related to defining quality in the early childhood field. She discusses for example, equality, individual rights and industrial aspects saying they must be acknowledged and honoured through associated practices, practices which demonstrate the quality of early childhood services.

Generally speaking, therefore, whilst research has contributed to explanations of the need to provide quality services, parents and other interested individuals and groups are also becoming more interested and discerning. This is most evident in the challenges to findings reported from research undertaken a decade or so, ago. This has occurred as mass circulation of information is disseminated through popular media, in newspapers, television campaigns and publicity flyers. Findings from research and feature articles in magazines as well as an increased general public use of the internet have all contributed to greater access to information enabling healthy debate (Williams & Ainley, 1994).

With regard to families, Vining (1995) suggests that there has been a rise of ‘parent power, evident in a strengthening parent movement, intentionally speaking
out and shaking the ‘child care’ system. Information from parents and past research (Wiley, 1988, cited in Farquhar, 1990a) suggests that early childhood professionals know what quality is in early childhood care and education settings and should get on with the task of providing it. However, Farquhar (1990b) cautions against just assuming what parents and other stakeholders want and notes the importance of clarifying their concepts of quality and then clearly defining ‘quality’ before making assessments or nominating change to practices.

Perspectives Relevant to Quality Care and Education

According to Andersson (1989) while it is often easy to recognise and agree on what constitutes good quality and indeed poor quality, not so easy is the process of analysing children’s holistic experiences when they attend early childhood care and education services. Farquhar (1990a) has argued that the main barrier to the analysis of practices lies in a diversity of aims and goals for early childhood care and education as well as the complexity of issues involved when attempting to reach agreement about a definition. In order to address this problem, Farquhar (1990a p. 20) identified eight distinct perspectives that she considers influence both goal development and concepts of quality. These are related to (i) knowledge and understanding of child development, (ii) government or regulatory confines, (iii) social service systems, (iv) policies related to funding child care services, (v) parental opinion, (vi) staff perspectives, (vii) children’s experiences and the (viii) cultural perspectives or social norms held by individuals or community groups.

Farquhar’s Perspectives

(i) Child development perspective.

For Farquhar, the child development perspective relates to the potential effects of early childhood programs on children’s intellectual, physical, social, emotional and psychological development. This perspective, says Farquhar, is one
that is generally emphasised in the literature.

(ii) Government regulatory perspective.

Government regulatory perspectives, according to Farquhar, view the State as having a moral and social obligation to early childhood service stakeholders by setting standards and monitoring provider compliance. The link between state responsibility for protecting children from abuse, neglect and poor hygiene practices is evident in regulations addressing child care service provision and in the state responsibility for monitoring such services.

(iii) Social service perspective.

The third perspective Farquhar notes is the social service perspective. This she says, relates to the broader complexity of issues related to improving the quality of family life through the provision of comprehensive early childhood services for under school-aged children. The social and economic disadvantage faced by some families can be reduced and children’s success at school enhanced through the design and implementation of parent support and educational programs. As well, services can provide interventionist facilities through the inclusion of ancillary health and nutrition and remedial educational programs (Coleman & Churchill, 1997; Gelfer, 1991).

(iv) Social policy funding perspective.

The social policy funding perspective, Farquhar says, is determined by the degree to which governments financially support early childhood care and education services. From this perspective the expenditure of public monies on children’s services is directly linked to government social reform policy. Governments demonstrate their policies and their position clearly in this situation by either financially supporting an increase in the number of services and associated programs provided for parents and children, or by reducing funding or failing to include early childhood education in national agendas and budgets.

(v) Parent perspective.
The parent perspective, as identified by Farquhar (1990a) takes a consumer's view. According to this perspective the quality of the program is attested to by the extent to which the service meets and fulfills families' expectations. According to Farquhar, parents have nominated staff friendliness towards families, children's happiness, cost, hours of service operation and the convenience of the geographical location of the service as criteria for determining the level of quality of the service provided. Another aspect of quality of the service may, for some parents, include their input into the program content and organisation.

(vi) Staff perspective.

Farquhar's staff perspective defines quality in terms of conditions of employment and individual staff experiences. The consequence of various components of the employment condition including service organisation, staff participation in decision making procedures, financial renumeration and associated benefits as well as the social and psychological effects of the workplace environment, all impact on staff perspectives of how the quality of a service is determined (Lyons, 1997b).

(vii) Child perspective.

Assessment of quality when taken from a child's perspective is based on children's expressed likes and dislikes of their daily encounters when attending early childhood services and their enjoyment of the experiences provided for them. It is perhaps pertinent to note that according to both Farquhar (1990a), and Cryer and Burchinal (1997), children's perspectives are not usually considered by researchers investigating determinants of quality care and education, nor are they included in program evaluations.

(viii) Cultural perspective.

Finally, Farquhar (1990a) explains the 'cultural perspective' of quality as being determined by the social norms and values, the customs and beliefs of the families served by early childhood care and education services. Individual
communities have cultural perspectives of quality which should not only meet the established indicators of quality, generic to all types of programs but should also reflect the cultural beliefs of the community in which the early childhood setting is situated. As Woodhead (1996 p.8) notes “many of the most cherished beliefs about what is best for children are cultural constructions”. This is an important point as discourse about what counts as knowledge and expertise about children is now being questioned and those involved in the development of early childhood programs need to consciously ensure children’s experiences are designed to maintain the cultural values and practices of their families and communities (Dahlberg, Moss & Pence, 1999).

Farquhar’s (1990a) eight perspectives not only highlight the complexity of the issues involved in defining quality early childhood care and education but stress the importance of recognising quality as a multidimensional phenomenon. Of course Farquhar is not alone in this view, and a growing body of researchers agree that quality has multiple meanings and can be viewed from a number of perspectives (Dahlberg et al., 1999; Economic Planning Advisory Commission (EPAC), 1996b; Farquhar, 1990a; Katz, 1993; Kisker & Maynard, 1991; Lindon & Lindon, 1988; McKim, 1993, Singer, 1996; Wangmann, 1995; Williams & Ainley, 1994; Woodhead, 1996).

Katz (1993) for example, agrees with Farquhar (1990a) and adds her own five perspectives for consideration when determining the quality of early childhood services. Katz and Farquhar agree quality should address child and staff perspectives, the family and service relationship as well as the relationship between the service and the community it serves.

_Katz’s Perspectives_

Katz (1993 p.2) identified five perspectives which she labeled (a) ‘top-down’, (b) ‘bottom-up’, (c) ‘inside’, (d) ‘outside-inside’ and (e) ‘outside’
perspectives. These perspectives, Katz asserts, further contribute to the debate by highlighting the diverse nature of measuring quality.

(a) Top down perspective.

'Top down' inclusions address features that can be regulated and measured such as staff qualifications and staff-child ratios. Katz (1993) argues that these characteristics determine the stage or base from which quality programming is developed. Research has shown where services employ early childhood trained staff, the children attending these programs receive higher scores on various measures of child development than the same aged children attending services where staff lack such training and knowledge (Whitebook et al., 1989).

(b) Bottom-up perspective.

The bottom-up perspective according to Katz (1993) highlights the quality of life experienced by children as they participate daily in early childhood services. An examination of children's experiences on a day to day basis requires one to look at quality from the child's perspective. This is done by making inferences about how a child would answer questions focused on his/her feelings, of being made welcome and comfortable and being respected and intellectually engaged when participating in the program. High quality programs Katz explains, involve more than keeping children safe, happy and busy. Early childhood staff must interact positively with children and engage them socially and emotionally to satisfy children's developmental needs (Bredekamp, 1987).

(c) Inside perspective.

The 'inside' perspective regards the view of those who work within a program and are day to day decision makers. The implemented management practices related to the ongoing employment of staff members, as well as staff working conditions, influence job satisfaction and impact on the quality of the service provided to children. Poor working conditions and lower remuneration for employment are concomitant circumstances identified as contributing to high staff

(d) Outside-inside perspective.

Katz refers to the interactions between staff members and families of children participating in programs as the ‘outside-inside’ perspective. Such a perspective refers to frequent respectful contacts between staff and parents where there is an exchange of meaningful information. Powell (1998) regards such interactions as the ‘weaving of parents into the daily fabric of early childhood programs’ (p. 60). This he and Coleman and Churchill, (1997) see as essential as parents and teachers may not always see things the same way. McBride (1999) and McGurk (1997) emphasise the value of staff and parents creating partnerships, so that together they create a genuine family centred service with shared understandings.

(e) Outside perspective.

The fifth and final perspective Katz (1993) called the ‘outside’ perspective. It refers to relationships between a service and the community in which it operates as well as society at large. Successful interactions between staff and families reflect the current concept of ‘social capital’ (Howe, 1999). Social capital exists in relationships of trust where cooperation and responsibility between individuals in a community is evident. Children share in the processes of adult involvement and as a result learn skills on a greater social scale. As an outcome, each of the participants benefits from the pool of shared knowledge which in turn enhances both the group and the community (Howe, 1999). Katz identifies this ‘outside’ perspective as an important aspect of community education. As staff with a commitment to early childhood care and education share their expertise with the community its members begin to develop understandings of the complex and demanding role of early childhood staff. In this way communities and society in general come to know the inherent value of
the early childhood profession (Katz, 1993; McGurk, 1997; NCAC, 1993; Wangmann interview reported Job, 1997).

The perspectives adopted by Farquhar (1990a) and Katz (1993) complement Bronfenbrenner's ecological systems theory which views the child as developing within a complex system of relationships which are affected by multiple levels of the child's surrounding environment (Bronfenbrenner, 1979). These multiple systems of relationships reflect the complexity of relational influences on quality. As I have discussed, quality has many interrelated aspects and early childhood professionals must recognise the importance of having shared values with families which take into account a range of different perspectives. Criticism has been levelled at the processes used for assessment of 'quality' in the past because they were dominated by a small group of experts, who had excluded interested and relevant 'others' such as parents (Dahlberg et al., 1999 p 77).

In responding to earlier perspectives of quality Dahlberg et al., (1999) have highlighted the necessity of working with parents to promote an informed, participatory and critical local democracy (authors' italics p.77) where staff and parents develop a shared reflective and analytic relationship. Such relationships involve deepening understandings about 'early childhood' thereby enabling parents to make judgements about the care and education provided to their children. Parental participation then becomes a description of democratic practice rather than being a means of social control or the technological transfer of information (Dahlberg et al., 1999).

To this end Dahlberg et al. (1999) note that many writers are now addressing the processes used to determine the quality of services, which involves questioning who is involved and the authenticity of assessment. Inclusion of all participants incorporating parents and interested others, however, will enable creation of a contextualised or jointly constructed understanding of quality relevant to individual families' needs and individual service conditions and constraints (Coleman &
Churchill, 1997). There is growing awareness of the complexity, plurality and subjectivity pertinent to services providing care and education for young under school-aged children. While there is no suggestion that parents are indifferent to issues of quality, in many cases, the opinions of parents have not been heard in the debate, because they have not been asked (Larner & Phillips, 1994).

The Public Perception of Early Childhood Service Provision

The public perception of early childhood care and education services can be traced through the various media used to report and to inform the general public. In the last decade, debate about the components of quality early childhood care and education has moved from the narrow scope of the professional’s handbook to the arena of mass circulation through television, newspapers, magazines, talk back radio and the internet.

Research undertaken by Hayden (1994) attempted to identify the public image of early childhood care and education services. Although she found no conclusive proof of a media conspiracy to denigrate the early childhood system, the predominant image perpetuated through media coverage, television programs, film and popular press was that non-familial care was not necessary and could be dangerous for children. Typical of this negative reporting was that of a prominent Sydney journalist, Adele Horin (1995, July 1 p.4) who reported on findings from the Law Reform Commission Report No 70, published in 1994. Horin highlighted the overwhelming concern expressed by parents about the lack of flexibility of service hours to meet families’ needs for care and education for their under school-aged children. As well, she went on to explain, the Commission had identified a range of parent concerns related to staff, cost of care, and inappropriate discipline practices (Horin, 1995, July 1. p. 4). This public portrayal of findings by the Commission about early childhood services although not incorrect, largely set out the negative
findings of the report. Horin did not extrapolate further on the full report to include findings which reported on the valued benefits of early childhood services or on parent participation which enabled them greater opportunity to influence the quality of services provided (Law Reform Commission Report No 70, 1994).

Such non-affirming portrayals of early childhood services were raised by Singer (1996) when she reviewed studies of how national newspapers, magazines, women’s journals as well as academic literature reported on the effects of children attending early childhood services. Negative articles, she said, used emotional statements to reinforce their message such as, “...wet little bundles being delivered to the creche”; “only extremely strong children will be able to cope with this”; and child care being equivalent to “trading in child-meat” (Singer, 1996, p. 342). Whilst she noted articles which did present a more supportive view, even these took a defensive stance as evidenced by emotive titles such as, “Will my child survive creche?” or “Are children of working mothers insecure?” These supportive articles were shrouded in a fearful cloak of titles which belied the content (Singer, 1996).

The public portrayal of early childhood services through the use of the name ‘child care’ suggests a close association with activities affiliated with child rearing as it is conducted in the home (Lyons, 1997a). Yet as Lyons points out, the practices of staff providing these early childhood services have little or no relationship to traditional parenting practices as they occur in family settings, a point endorsed by the Senate Employment, Education and Training References Committee (1996).

Despite the relatively poor public image generated by the media about early childhood services, Vining (1994) believes that working parents are not dissuaded from choosing them for their children. Although parents may have limited alternatives, she suggests that media reports actually help families become more knowledgeable and therefore more discerning in their choices and take the time to shop around for the best facility. As families become more discriminating they are also requiring early childhood services to meet their needs rather than having to
juggle family and employment responsibilities around services with restricted hours or offering limited opportunities (Vining, 1994). In this sense then, media reports have served early childhood services and the families who use them, well.

**Parent Perspectives: Do We Know What They Are?**

A great deal of investigation and review has been undertaken detailing components, criteria and practices determining quality early childhood care and education for children, yet, as previously noted, little attention has been given to parents’ perceptions. In spite of the fact that for many parents, if they are employed full time, their children enter early childhood services from as young as six weeks of age and may remain in care for up to twelve hours per day five days per week until school-age (NCAC, 1993).

How parents perceive the role of children’s services and whether they are viewed as integral to their own families’ lives is a question not clearly answered by the research. Investigation also needs to identify which aspects of service provision enable families to develop a sense of affinity with other families using the service. Those practices generated by parents’ engagement with services, and how such practices positively influence services provided are also not well documented.

These questions are simply another aspect of a larger question related to how parents identify and determine what constitutes quality early childhood care and education for their children. The determinants of quality early childhood care and education as promoted by the profession and reflected in government policies, are not necessarily built on the shared understanding of families and service providers alike.

Long, Wilson, Kutnick and Telford (1996) identified a series of contradictions between parent perceptions and the views of early childhood care and education staff. These contradictions, according to Long et al. need to be recognised
and included in any discussion about children's services for under school-aged children. This is an important point which had previously been made by both Farquhar (1990a) and Katz (1993).

The first contradiction raised by Long et al. (1996) related to parents' choice of child care arrangements. Long et al. claimed that service providers are unaware of parent requirements when they seek a particular child care service. Although parents today seem more discerning than in the past when choosing a service, this is only a consideration when there is an over supply of services. Choice is not always available for all age groups or in all areas. Even when choice is available it would appear that service providers do not seek information from parents about why they selected a service, nor do they inquire of parents what that service could do better to address families' individual needs.

The second contradiction draws attention to the large numbers of child development studies, which are used to inform the profession and drive policy regarding the quality components of care and education environments. According to Long et al. (1996) while these investigations reflect academic understanding of children's developmental and care needs, they do not take into account parents' expectations for their children. As a result, information about service quality used to formulate public policy may not reflect the views or understandings of the parents who use these services. As Guba and Lincoln (1989) point out, societies are essentially value-pluralistic, therefore the concepts used by accrediting bodies to define quality care need to incorporate the views of all stakeholders if definitions are to encompass the ideals of the majority. This must include the parents as well as management and staff employed in services in addition to academics and policy makers employed by government departments.

The third contradiction according to Long et al. (1996) is related to the broad range of prescribed early childhood services which include long day care, preschool, family day care and occasional care. These different services are identified
and regulated under legislation yet, there is a lack of information detailing why and how parents come to decide on one particular service over other, apparently similar services.

Such contradictions draw attention to the limited knowledge available about how parents select and assess early childhood care and education services to meet their family's needs. Further, these contradictions highlight the importance of determining parents' views and their contribution to the debate about quality care and education. Of all the voices engaged in current discussion, debate and policy development, the most obviously silent is the voice of parents.

To conclude, complex and detailed research undertaken over the past two and a half decades has highlighted the need for high quality care for children (Clarke-Stewart, 1987; Phillips & Howes, 1987; Shore, 1997; Vandell, Henderson & Wilson, 1988). The results of these research undertakings have informed the profession and supported government decision making. Yet, despite a fairly broad and complex research base there has been limited investigation of parents' perceptions of quality. Nor has there been much attempt to understand what expectations parents hold of services catering for the care and education of their young children (Duff, Thompkins & McClellan, 1995; Long et al., 1996; Neugebauer, 1995b; Rodd & Milikan, 1994).

**Rationale for Investigation**

Review of the available literature now shows that there have been very few studies that actually explore parents' attitudes and their expectations of services providing early childhood care and education for their children. Long et al. (1996) therefore, claim it is incorrect to say that parents play a major role in the provision and choice of child care arrangements.

Where relevant studies have been conducted, (those focusing on diverse early
childhood services and parent needs) parents have been identified as consumers this implies two things. First, there is an implication that parents are actively involved in selecting the care they want for their children, and second as consumers, that they have information and opinions about the quality of the care they choose to purchase (Dahlberg et al., 1999; Hayden, 1996; Moss & Pence, 1994).

While this is obviously true of some parents, it is important to remember that parents are not an homogeneous group. 'Parents' include both mothers and/or fathers or legal guardians who share or singularly parent children at different ages and stages of development. Parents are also representative of diverse family, cultural and socio economic backgrounds. Universally, there is community agreement that quality care and education is essential for all children attending early childhood services and at the surface level, cleanliness, safety and adequate numbers of staff have been identified as quality components. However, parents, professionals, interested individuals and service providers appear to differ sharply in how quality at a deeper level can be conceptualised (EPAC Task Force Final Report, 1996; Larner & Phillips, 1994; Powell, 1998).

It is because of such differences that parents' voices must be heard by the early childhood profession, the legislature, the community and those providing early childhood services. To date as a collective, parent voices have had limited hearing through representation at government forums such as in the Economic Planning Advisory Commission (1996) or the Law Reform Commission (1994). The opinions of parents using early childhood care and education services on a daily basis have not appeared in the literature in spite of the fact that as major stakeholders, parents would have opinions about what constitutes quality service provision. It is timely that their opinions should now be canvassed and included in all ongoing debates.
The Investigative Question

The use of early childhood care and education services has become an integral part of daily family function for most families with young children in Australia. The most recently conducted official statistical survey the ABS Child Care Survey identified 225,900 children under five years of age enrolled in formal early childhood services (ABS, 1999). Therefore, it is important for services providers, legislators and policy writers alike to understand how these families as consumers of, to use its generic term, 'childcare', perceive and assess 'quality'. It is equally important for services to become more informed about the expectations of families as they attempt to meet their needs (Larner & Phillips, 1994; Long et al., 1996).

As government funded Childcare Assistance is available to all eligible families using accredited child care services, at first glance it would appear that the care and education options available for parents are considerable. Yet, with a special funding formula determined by the age of children, coupled with the limited number of places available for infants and toddlers birth to two years, choices are actually still very limited. This situation is further compounded for some families with two or more children who want to keep siblings together in the one early childhood service.

The purpose of the investigation reported in this thesis was to explore the currently held perceptions of quality as identified by parents of children attending accredited early childhood services. Parents were asked what they were looking for when selecting services for their children and then, how they determined which service would best meet both their children's and families' needs. Parents' 'quality' determinants were then compared with the prerequisites determining quality identified by QIAS. As well, parents were asked how satisfied they were with the care and education their children received and how they assessed this, given that they are not present during the day. Parental input into service quality through policy development, programming, planning and service evaluation was also explored as was the concept of parents and staff in partnership, working together, sharing
common values for each child's welfare and to address the relevance of the parent educational aspect of the Australian accreditation system.

Through this investigation, parents' perceptions of what constitutes quality early childhood care and education are identified. As a result, the early childhood profession and staff employed in individual services are in a position to more ably enter into discussions with parents about their family's needs. This is important because parents and teachers don't always view the world through the same lens (Powell, 1998). Further to this, parents were also asked if they are aware of the accreditation program and if they knew of and used information provided by the NCAC to assist them when selecting a service.

Hence, the question considered was, how do parents determine quality when choosing an early childhood service?

To address this overarching question the following have been considered.

1. What do parents look for when placing children in services?
2. What influences parent decision making when selecting early childhood services?
3. How satisfied are parents with the services they use?
4. Do parents' judgements about quality match the principles and indicators of quality identified by the Quality Improvement and Accreditation System?
5. How do parents assess service quality when they are not present?
6. What are parents' experiences and perceptions of opportunities available to them to contribute to their children's care and educations?
7. How aware of QIAS are parents?
8. Are parents aware of and did they make use of the NCAC community information services?
Protocol for the Investigation

Prior to the commencement of the investigation, ethics permission was granted by the Human Ethics Review Committee (HERC) at the University of Western Sydney, to undertake interviews, disseminate the questionnaire and conduct focus groups.

Focus of this Thesis

This chapter (Chapter 1) commenced by considering a number of historical and contemporary issues related to the provision of quality early childhood care and education services. Along with the complexities of defining 'quality', the interplay of opinions from various forums such as the early childhood profession, as well as government and the media have been introduced. All have contributed to previous and present debate about the provision and review of early childhood services in Australia.

Chapter 2 reviews the literature explaining the term 'quality' as it is related to particular early childhood care and education services, those licensed to provide care and education from eight to ten hours per day. As well, the role accreditation plays in developing and promoting quality in these services is explained.

As parents are assumed to be consumers of these services (Dahlberg et al., 1999), Chapter 3 reviews the limited literature available addressing parents' own perspectives of early childhood services and their views about care and education programs available to them for their children.

Chapter 4 details the methodologies and procedures adopted for this investigation. In particular, Chapter 4 reviews the theory and provides the rationale behind phenomenography as a qualitative research method and the use of in-depth interviews, focus groups and descriptive statistics. Strauss and Corbin (1990), suggest that some areas of study are seen to naturally lend themselves more to
qualitative types of research, amongst them, research which attempts to uncover the nature of persons' experiences with a phenomenon. This appears appropriate in the case of parents' experiences with early childhood services while the use of descriptive statistics enabled the data collected through questionnaires to be presented in a manageable form (Babbie, 1995).

Chapters 5, 6 7 and 8 are made up of 4 discrete results and discussion chapters each analysing and discussing separate aspects of the service provision nominated and discussed by parents.

Chapter 9 concludes the thesis with a summative account of the investigation and includes implications for family engagement practices in early childhood care and education services as well as highlighting areas for future research.
CHAPTER 2: QUALITY AS A MEASURE OF EARLY
CHILDHOOD SERVICE PROVISION

Introduction

The previous chapter discussed perspectives related to 'quality' early childhood service provision. This chapter will focus on literature explaining the term 'quality' when referring to and assessing early childhood services licensed to provide care and education from eight to ten hours per day. It also looks at the role accreditation plays in developing and promoting quality in these services. The accreditation process is a quality assurance vehicle used for achieving and verifying quality in early childhood services (Whitebook, 1996). Parent participation is an integral part of the accreditation process and a practice which Powell (1998) says is recommended by major professional organisations. This participation is important because it enables staff and parents to develop 'intersubjectivity' or a shared understanding of the supportive roles each perform in relation to children's growth and development. Yet, the inclusion of parents in early childhood services has not always been evident and as a result there has not always been a shared understanding of what quality early childhood care and education encompasses. Chapter 3 will present a detailed review of parent perspectives of early childhood care and education as evident in the limited literature available.

Defining Early Childhood Service Quality

In many commercial organisations 'quality' has become a critical issue in relation to standards, whether the organisation's focus is on products or services. Organisations have been motivated to define standards and aim for 'quality' to achieve commercial success. For example, as an outcome of the introduction of
quality indicators, many Japanese industries have developed reputations for high quality in the international market place, and as a result have forced other manufacturing concerns to adopt stringent quality measures in order to survive. As a result, as Lindon and Lindon (1988) explain, 'quality' is often seen as 'top' quality, or in other words, some kind of absolute. Quality is now a key concept incorporated into phrases such as 'quality assurance', 'quality control' and 'quality time'.

Depending on the experiences of the reader and the context in which the term is used a different meaning may be held for each. As a result, 'quality' when referring to any service, be it in the commercial or public sector, is relative and conditional, bound to the experience of those on the receiving end of the service being provided (Lindon & Lindon, 1988). This open-handed use of the word does not mean, however, that 'quality' is easily defined (Abbott & Rodger, 1994).

To further complicate matters, in the field of early childhood, discussions about quality are often not even about tangible entities such as commercial success or financial profit but rather focus on aspects difficult to measure, such as the care and education provided to children to ensure long term good developmental outcomes (National Childcare Accreditation Council (NCAC), 1993; Wangmann, 1995).

Concepts of Quality

Quality has become a central topic of study among early childhood educators and developmental psychologists (Phillips & Howes, 1987). Researchers over the past two decades have undertaken an examination of some of the historical archival documents in the UK, Canada and Australia in an attempt to understand the concept of 'quality' and its evolution in early childhood care and education (Lindon & Lindon, 1988; Mellor, 1990; Owen, 1988; Prochner, 1996; Varga, 1993). According to Prochner (1996) and Mellor (1990), community understanding of child development, and early childhood learning and education are concepts that are
constructed by the social contexts that shape them at any given time. The criteria determining early childhood service quality in the past and today were and are also socially and contextually based. This is an important point to consider when looking at the development of concepts of quality and criteria used to measure its presence.

Historical records of early childhood services during the 1800s indicated how quality was measured according to the professional expertise of advocates lobbying on behalf of children at the time (Varga, 1993). Minimal staff turnover, kind treatment of children and general cleanliness of institutions have all been determinants of service 'quality'. Child oriented indicators have included the promotion of infant health through the provision of clean milk, wet nurses and medical services (Prochnor, 1996). These criteria were, at the time, agreed to by mothers, staff and the management of the services (Prochnor, 1996). The significance of including mothers in discussions with staff and management about providing for young children's needs is an important point. Keeping in mind the notion that ideas of quality are socially and culturally constructed it is interesting to speculate on the prevailing agendas of the era, which included mothers in the decision making process.

There has been considerable discussion during recent times as to what constitutes quality when referring to early childhood services. Much of that discussion has been said to reflect a negative history of day care services for young under school-aged children (Lindon & Lindon, 1988; Vining, 1995). Although, currently in Australia, there are said to be approximately 225,900 children under school age using out-of-home care arrangements (Australian Bureau of Statistics (ABS, 1999), Vining (1995) claims that parents and guardians still do not hold positive attitudes about the use of such services. Given the anomalous situation of high use of early childhood care coupled with parents' negative attitudes, Vining (1995) says it is important to define quality so as to shift discussion onto positive ground. It is through the 'quality debate' platform that early childhood professionals
are able to inform the broader community about how high quality early childhood care and education provides positive long term outcomes for children (Doherty-Derkowski, 1995; Lindon & Lindon, 1988; Schweinhart & Weikart, 1997; Zaslow, 1991).

To this end Lindon and Lindon (1988) have noted that much of the discussion and subsequent debate by professionals about quality out-of-home care focuses on its positive influence, rather than as being detrimental to under school-aged children. This is a point now verified by interdisciplinary developmental science (Shonkoff & Phillips, 2000). As Wangmann (1995) points out, the provision of good quality early childhood programs are not only satisfactory, but are essential because it is only through the provision of good quality programs that children’s growth and development can be assured.

Abraham Maslow, a lifespan developmentalist, contributed ideas about human development which are pertinent to all services providing out-of-home care and education for under school-aged children (Robertson, 1998). Maslow’s theory, often referred to as a humanistic theory, because of the emphasis on the development of the self, explains how humans have identifiable levels of need that must be met for their total well-being.

Firstly Maslow’s theory explains how the most basic of human needs are identified as physiological, for example, a need for food water and clothing in the first instance and secondly, a need for safety and security in the early childhood context. This can be interpreted as a non-threatening environment. For Maslow, these two levels are identified as deficiency needs because their absence causes physical illness while their presence prevents illness (Maslow, 1968). However, growth can only occur if and when deficiency needs are met and survival is assured.

According to Maslow, beyond this, human individuals need affection and to feel they belong. They also need self-respect and finally, self-actualisation. These three final needs Maslow identified as growth needs. It is when growth needs are met
that individuals grow and develop and strive to achieve their inherent potential.

Maslow explained how observations of children clearly show that healthy children enjoy growing and moving forward; they delight in gaining new skills, abilities and competencies as they realise their capacities and powers. Children's behaviour is spontaneously led by their intrinsic motivation to achieve. This is only manifest, however, when security and physiological needs are adequately met (Maslow, 1968).

Maslow's theory and findings from other researchers such as Vygotsky (1978) and Rogoff (1990) have contributed to our understanding of children's cognitive development and its reciprocal link to the social interactions of adults and peers. They argue that adults and more competent peers contribute to children's social and cognitive development by supporting and extending children's understanding of the world as they interact with children and guide their learning. Social interactions and opportunities for learning become an integral part of the environment which assists children as they move forward toward more sophisticated understandings (Rogoff, 1990; Berk & Winsler, 1995). Such positive and supportive interactions and opportunities for learning are regarded as being critical aspects of the care and education environments that are purposefully designed to promote the growth and development of the (whole) young child and as such are fundamental to notions of quality.

**Care or Education - Noting the Difference**

Historic records of the 1800s cited by Prochnor (1996) and Varga (1993) show that the education of young children in the years prior to school was neither considered nor incorporated into the services provided. Not surprisingly, the focus at that time was on reliable and safe care which promoted the health of children. It must be recognised that health was an important issue because of high infant mortality rates (Prochnor, 1996; Varga, 1993). When and why education was
introduced into services for children in the early years is unclear especially given that education did not appear to be mentioned as being important by parents in the records nor by staff or management more than a century ago.

In Australia, the history of early childhood care and education can be identified through two distinct strands according to McGurk (1997). One strand relates to the establishment of kindergarten programs designed to promote early educational opportunities for young children from the later 1800s, and the second strand relates to the care and supervision of the children of working mothers from the early days of the colony. The first strand, identified as 'education' was rooted in the German kindergarten movement and continues to be linked with preschool programs today (McGurk, 1997).

Maybank Anderson, a social reformer and educationalist, proposed the establishment of the first kindergartens to educate young children in the late 1800s (Anderson, 1938). This proposal was part of an educational and social reform movement that sought to reform education in New South Wales by adopting the Dewey progressive education system to replace the modified kindergarten activities then used in schools (Mellor, 1990). However, it was believed, at the time, that any call for educational reform alone would have fallen on 'deaf ears' as public interest was focused on the welfare of neglected children. Hence, it was relatively easy for Anderson and her contemporaries to arouse public interest in a philanthropic cause designed to assist the poor and needy when it was allied to health and welfare issues rather than education.

As a result, the establishment of free kindergartens in poor neighbourhoods was readily accepted, as it was thought that middle class values such as cleanliness, courtesy, industriousness and thrift could be instilled into poor children through the education provided. Hence, the establishment of the first Kindergarten Union preschools in Australia had two distinct agendas. On the one hand, preschools became a forum for social and educational reform with the introduction of ideas
from the new early childhood education movement, while on the other hand worthwhile 'welfare' arrangements were made to enable the care of neglected under school-aged children. Children enrolled in these programs were aged between three and five years and attended the preschool or kindergarten programs between 9am and 3pm each weekday (Anderson, 1938; Reiger, 1985; Spearritt, 1974 cited in Brennan, 1994).

The second strand of early childhood services, emanated from the same welfare and philanthropic principals of the time. While the first strand was concerned with progressive educational ideas embodied in the kindergarten movement, the second focused on the development and establishment of day care programs for working parents. This second focus began in the early 1900s. The aim of these programs was to provide care and supervision for the children of working mothers (Kagan, 1988; Kelly, 1988; McGurk, 1997). Here services operated between 7am and 6:30 p.m. daily and were often individually adjusted to accommodate mothers' needs. The long-term aim of these services was to take care of children from working class backgrounds and socialise them into becoming 'decent' citizens (Jamoritz & Sweeney, 1996).

Despite the differences in focus of these two initial early childhood programs both shared a real concern to provide appropriate learning experiences for young children (Mellor, 1990). The history of early childhood services in Australia still has a direct effect on issues in the field of early childhood today (Deiner, 1997), including 'quality'. The historical distinction between an educational service for young children in the years preceding school entry and the supervised care service provided for infants and toddlers is still perpetuated in numerous quarters today. Perhaps the historically developed social awareness and concern about the health and safety of children has led to an entrenchment of views about 'child care' as 'welfare' and has highlighted the custodial status incidental to the care and supervision of children. This focus on 'care' alone prevents the recognition of early childhood
services as providers of both care and education for young children.

Even now at the beginning of the 21st century this is still a moot point for legislation governing the operation of early childhood services in New South Wales. Regulations governing the provision of 'child care' services for children under school-age are enforced under The Children and Young Persons (Care and Protection) Act, of 1998. The licensing of all early childhood services is currently the responsibility of the Minister for the Department of Community Services in New South Wales. This department is responsible for all state 'welfare services', while the provision and review of 'educational' facilities and programs for children of school-age and over operate through the Department of Education, Employment, Training and Youth Affairs (DEETYA).

Even though health, safety and protection are still relevant to all children, research has lead to the development of greater understanding of the need for education to be enveloped within the cloak of 'care'. In this way 'quality' early childhood services focus on both 'quality early childhood care and education' not simply one or the other. As pointed out by Willer (1990) and emphasised by Smith (1996), "the prevailing view that care is somehow inferior to education ignores the fact that no meaningful distinction can be made between care and education for young children. Quality care is educational and quality education is caring. Small children do not easily learn in environments that do not nurture their physical and emotional well-being. While warm, secure and responsive environments promote learning and development, cold, restrictive and unsafe environments retard them" (Smith, 1996, p. 331).

The points raised here draw attention to two different yet interrelated aspects of early childhood service provision. The first is the misconception that education is both different and superior to 'care' and the second that care is less important than education. As Maslow (1968) pointed out, learning cannot take place unless children are physically and emotionally safe with those adults responsible for them, whether
they be parents, teachers, or staff employed in early childhood care and education services. The education promoted and the care provided are interrelated and should present as a single process where children and adults interact and together they explore the world around them. To support children's development in an holistic way, education and care are necessarily intertwined (Stonehouse, 1992).

In Australia and in other countries, the settings in which children are raised may be very different from those of earlier decades. A major factor in today's generation, is that mothers are more likely to be in paid employment prior to their young children commencing school (ABS, 2001; Children's Defence Fund, 2000; Howe, 1999; Ochiltree & Edgar, 1995). The view therefore, that the care and education of young children prior to school entry was primarily a 'private' or individual family responsibility, is no longer relevant. Care and education have become the focus of community and political attention and comment. As a result there have been changes in attitude and practice with regard to childrearing roles and responsibilities, as well as, government policy (Howe, 1999; Karrby & Giota, 1995).

The Provision of Children's Services

The Australian government developed policies to assist parents with dependent children to participate in the workforce and in 1972, committed financial resources to the provision of services for under school-aged children by introducing the Commonwealth Child Care Act (Australian National Audit Office (ANAO), 1994, Brennan & O'Donnell, 1986). The objective of this Act was to provide early childhood services, for children of working parents, by making available financial support for eligible low-income families in the form of 'fee relief'. This financial assistance or 'fee relief' was available only to federally funded community based (non-profit) early childhood services set up under the Child Care Act (ANAO, 1994).

Such services received both a recurrent annual operational assistance subsidy
to offset the total cost of the service provision and on behalf of parents, additional ‘fee relief’ funding. This Commonwealth subsidy was accepted by services and paid toward the full cost of care, for eligible parents. Through this government assistance, the actual cost of care and education was individually calculated and reduced, according to the economic need of each family (ANAO, 1994). However, during this period (1970s) open debates centred on whether or not ‘child care’ services should be provided by the Australian Federal government to meet the needs of working women (Brennan & O’Donnell, 1986).

Since the 1970s the need for increased out of home care and education services for young children has grown steadily in Australia as more women have joined the workforce. Social changes in Australia manifest as diverse family structures, increased divorce and separation of parents and a reconceptualisation of gender roles (Australian Institute of Health and Welfare (AIHW), 2001; Howe, 1999). In addition to this, economic pressures in many spheres of employment have lead to increasing numbers of the fulltime workforce being retrenched resulting in statistically fewer full time work positions available. At the same time, however, increasing numbers of part time positions have been created to address employer needs (ABS, 2001). In many instances these positions have been filled by women with dependent children (AIHW, 2001; Howe, 1999; Ochiltree & Edgar, 1995). In consequence, outside of the home group care and education has become an increasingly common experience for infants and young Australian children (ANAO, 1994; Economic Planning Advisory Commission (EPAC), 1996a; Howe, 1999).

Now, at the beginning of the 21st century in response to these economic and social changes an increasing number of mothers of children under 5 years of age are entering, re-entering or remaining in the paid workforce (ABS, 2001; Dahlberg, Moss & Pence, 1999; EPAC, 1996a; Howe, 1999). Wangmann (1995) calls the increasing numbers of women participating in the workforce, a social revolution, one that has been underway for the past two decades and one which has altered
traditional family functioning. Children’s services are now commonly classified as part of the community services of our nation and according to Tansey (1997a) and Howe (1999) are recognised as an integral part of the social agenda of modern Australia.

The past, present and future growth of the Australian economy is said to benefit from the participation of women in the work force. The skills of women with years of employment experience are deemed extremely valuable within an economy dependent on the training and flexibility of its work force (ANAO, 1994; EPAC, 1996b; McGurk, 1997). Further, the benefit to industry to retain staff with developed skills and expertise has done much to influence positive social attitudes towards working mothers. Hence, ‘child care’ is seen by many as the means by which women can continue to participate in the work force and contribute to the national economy (EPAC, 1996a; McGurk, 1997).

In recent times, therefore, governments, parents, employees, tertiary institutions, local communities and researchers have, as a result, paid specific attention to the provision of early childhood care and education services (Dahlberg et al., 1999). As previously mentioned, although initially public debate had focused on whether or not governments should provide ‘child care services’, two decades later the debate has moved on. Whilst there has been qualified acceptance of the necessity of these services the debate has re-focused and is now on the need for ‘quality’ early childhood service provision which supports children’s home and cultural values and promotes their overall development.

Research has shown that high quality early childhood care and education programs affect children’s well-being and development because they motivate children to engage in and enjoy learning. These are important aspects of children’s development and growth, and contribute significantly to children’s long-term outcomes (Lally, 1998; Maslow, 1968). At the root of discussions about quality early childhood care and education are various understandings of quality. These relate to
the promotion of children's overall development, the early childhood pedagogy and practices implemented in services and the inclusion of families in program and policy decision making. If services are to complement families in their child-rearing roles then the practices and knowledge of early childhood educators must be merged with those of parents (Dahlberg et al., 1999; Doherty-Derkowski, 1995; McBride, 1999; McGurk, 1997; Howes, Phillips, & Whitebook, 1992). With this in mind it can be seen that 'quality' early childhood care and education encompasses more than simply physical care and planned activities (Willer, 1990).

It needs to be recognised that the requirement for quality as a measure of service provision is a relatively new phenomenon. In the past, with a limited number of early childhood services available for working mothers, an increased number of services accessible to families was seen as the most important factor. There was a view that the more services there were, the better it would be for families, without consideration of the potential benefits to children (Liu, Yeung & Farmer, 2001).

In the 21st century however, quality, as a measure of care and education has become an important issue, because children's long term development and the future of nations has been seen to be at risk if children cannot access quality early childhood services (Shonkoff & Phillips, 2000). Consequently, 'quality' has become both a metaphor for assessing the service provision and for providing direction when describing early childhood care and education (Kagan, Cohen & Neuman, 1996).

**The role of government.**

In Australia as in other western nations, children's services, programs and policies have been largely shaped by cost rather than quality factors (Wangmann, 1994b; Willer, 1990). During the 1990 election campaign the (then) Australian Prime Minister the Hon. Mr. R. Hawke was keen to do something significant and immediate for working parents needing care and education for their under school-aged children. Consequently, Hawke announced an expansion of the 1988 National Child Care Strategy (Ruchel, 1992) and the Australian government made a
commitment to review and develop more early childhood services to address working parents’ needs (Howe, 1999).

Once re-elected the government subsequently developed policy objectives under the Children’s Services Program (CSP). These policies were designed to assist families with dependent children, to participate in the work force by ensuring that child care was both affordable for low and middle-income families and accessible to them. The Australian Federal Government honoured its promise by extending the ‘fee relief’ scheme renamed ‘Childcare Assistance’, to the privately operated (for profit) child care sector. This policy change meant that commercially operating licensed long day care services were, for the first time, able to provide financial assistance to parents. The Childcare Assistance subsidy was calculated and paid ‘up front’ in a lump sum to services and replenished every quarter. As a result of this policy there was a rapid expansion in the establishment of private sector services which consequently led to a substantial escalation of government spending on Childcare Assistance (ANAO, 1994).

While government expenditure for Childcare Assistance increased with the growth of private sector services no additional capital expenditure or outlay was required of them for property or resources (ANAO, 1994). So while theoretically the government had delivered its promises of an increased supply of affordable early childhood services by an expansion of fee subsidies to facilities provided by the private sector, such services were only required to comply with the minimum standards of their respective state licensing authorities. No additional requirements to ensure quality care and education were imposed other than that required by licensing. As licensing varied from state to state there were no assurances that children were receiving anything more than custodial care (Gifford, 1992; Wangmann, 1994a).

Although the government had delivered affordable and accessible services for under school-aged children of working parents, the Australian Early Childhood
Association (ABCA) and other lobby groups continued to pressure the Federal government to guarantee ‘quality care and education’ rather than custodial care for children in services in receipt of government funds (Gifford, 1992). Accreditation of early childhood services had been introduced in the United States of America in 1985-86, to advance their quality (Bredekamp, 1990), however, in the early 1990s no such measures were in place in Australia.

**Determining Early Childhood Care and Education Quality**

As previously mentioned (Chapter 1) there are various perspectives of ‘quality’ and Moss (1994) adds to these perspectives saying the term ‘quality’ has two distinct meanings, one is analytic and descriptive, the other evaluative (Moss, 1994, p.1). In early childhood service provision the evaluative meaning of quality is used to assess how well a service performs and the extent to which it meets its goals and objectives. Research has attempted to define quality directly, through structural features (variables) evidenced for example by staff:child ratios and training and indirectly through processes evident in services (process variables) such as the adult:child interactions (Moss, 1994; Zaslow, 1991).

**Structural and Process Variables**

The literature identifies a range of variables used to determine the quality of services provided to young children. ‘structural’ variables also called ‘determining factors’ relate to those components viewed as environmental conditions. These include, funding, regulations, appropriate staff:child ratios, group size, staff qualifications and training and the appropriate physical condition of buildings, amenities and resources. While research had indicated that in the absence of such components it is unlikely that good quality outcomes will occur (Howes, 1983; Howes et al., 1992; Howes & Smith, 1995; Howes & Stewart, 1987), monitoring of them is a relatively straightforward process.
‘Process variables’ or ‘contributing factors’ are the components that determine quality and are usually identified broadly as developmentally appropriate practices. Central to these practices is the necessity for consistent, sensitive and responsive interactions between staff and children every day. These types of interactions and subsequent relationships are cited as ‘quality relationships’. The foundations of quality service provision are founded on the complex interplay of these quality interactions as well as carefully orchestrated planned experiences for children. As children explore and experiment in settings that are both responsive and stimulating their learning is facilitated (Scarr, Eisenberg & Deater-Deckard, 1994). As well, the care and education program developed, in addition to being developmentally appropriate and promoting health and safety, must also be culturally appropriate to meet the needs of the child and the child’s family (Vandell & Powers, 1983). The determination of these quality factors is less easily achieved.

**Determining Thresholds of Quality**

Research undertaken by Howes et al. (1992) focused on determining thresholds of quality and demonstrated linear relations between service quality and the social development of children attending them. Howes et al. employed two measures: the Federal Interagency Day Care Requirements (FIDCR) which measured the structural variables and The Infant-Toddler Early Childhood Rating Scales (ITERS) (Harms, Cryer & Clifford, 1990) which identified the process variables. The researchers argued that the quality of the service provided could be defined using either structural or process variables.

The results of this research found that the context of teaching was most important. When teachers were employed in services that met reasonably high standards related to structural variables (group size, staff qualifications etc. as previously noted) they were more likely to engage in appropriate care giving, thereby demonstrating warm and attentive interactions with children. They also
provided developmentally appropriate activities which led to children being more secure with caregivers and more competent with peers. Howes et al. (1992) also found that higher level structural variables such as group size led to higher quality process variables. When teachers were employed in services failing to meet reasonable standards of adult:child ratios or where there were large groups of children, they also tended to be less attentive to children, less engaging in appropriate caregiving behaviours and less competent in providing developmentally appropriate activities. Consequently, lower standards of structural variables also resulted in lower quality practices or process variables (Howes et al., 1992).

Scarr, et al. (1994) also measured the quality of service provision using a variety of rating scale measures. The instruments used included the Infant Toddler Environment Rating Scale (ITERS; Harms et al., 1990), the Early Childhood Environment Rating Scale (ECERS; Harms & Clifford, 1980), the Child Care Inventory (CCI; Abbot-Shim, & Sibley, 1986) and the Assessment Profile for Early Childhood Programs (APEC; Abbott-Shim & Sibley, 1987). Results of their study identified the role state regulations play in setting the stage for higher quality care. The findings demonstrated that regulations alone are insufficient to produce quality care. The best predictor of quality according to Scarr et al. were those related to process variables and specifically those that corresponded to the recruitment and retaining of highly qualified staff.

The findings identified by Scarr et al. (1994), are consistent with findings by Howes et al. (1992). Not only do structural variables influence service quality but there is also a correlation between structural components of early childhood services and staff practices. What this means is that the quality of service provision can be positively influenced by firstly having regulations and then secondly by employing staff who are highly educated in early childhood teaching methods. Both these factors combine to ensure quality practices.
Quality programs today are based on a number of criteria, the most commonly agreed to by various researchers, advocates, writers and associations dealing with the care and education of young children include parent involvement and parent staff collaboration to develop program goals. In addition to this is the need for responsive and warm interactions between staff and children, and safe, nurturing environments with opportunities for promoting children's physical, social, emotional and cognitive development. Responsive caregivers, providing positive and relevant interactions and experiences with children, contribute to children's learning and development. These identified criteria are evident through a developmentally appropriate curriculum, limited group size, adequate indoor and outdoor space and adequate staff training in either early childhood education or child development (Bredekamp, 1990; Dahlberg et al., 1999; Doherty-Derkowski, 1995; Howes et al., 1992; Kieff & Weilhousen, 2000; Peisner-Feinberg & Burchinal, 1997; Powell, 1998; Schweinhart, Barnes & Weikhart, 1993).

Measuring Quality

Quantifiable lists of what are called contributing and determining factors of quality have now been clearly documented and apply to structural and process variables (Doherty-Derkowsky, 1995). An indepth explanation of these factors will be addressed later in the development of an accreditation system' section, however, contributing factors are described as those which address the context in which the service operates and include the staff employed and the environment provided to promote children's development and learning. Determining factors describe the developmentally appropriate practice, sensitive and responsive interactions between staff and children, the philosophy and goals of the service, balanced program, high standards in nutrition health and safety and the positive and supportive relationships between staff and parents. These factors when combined are said to produce good quality care and education that ultimately lead to good developmental outcomes for
children (Dahlberg et al., 1999; Doherty-Derkowski, 1995; NCAC, 1993).

**Formative and Summative Instruments**

To identify and measure the determining and contributing factors of quality evident in the service provided, increasing numbers of formative and summative instruments have been developed. Formative instruments are used by investigators to collect information about their own practices and the processes implemented in order to identify strengths and limitations of their programs. Information is analysed and determinations are made on a continuous basis, enabling changes to be effected and improvements to be incorporated. Summative instruments, completed within a specific time frame, are used by external authorities to review and evaluate programs (Abbott-Shim & Sibley, 1986).

Such summative instruments include the *Early Childhood Environment Rating Scale* (ECERS; Harms & Clifford, 1980), the *Infant and Toddler Environmental Rating Scales* (ITERS; Harms, Cryer & Clifford, 1990), the *Family Day Care Rating Scale* (FDCRS; Harms & Clifford, 1989), and the *Day Care Home Environment Rating Scale* (DCHERS; Harms, Clifford & Padan-Belkin, 1983). Each instrument lists developmentally relevant aspects of care ranging from space and furnishings, health and safety provisions, the appropriateness of staff-child interactions and provisions for addressing both child and adult needs. Between 33 and 37 items are rated on scales which are anchored by descriptors ranging from inadequate to excellent care (Phillips, Howes & Whitebook, 1991; Seefeldt & Galper, 1998).

Bredenkamp (1986) developed the *Early Childhood Classroom Observation Rating Scale*, yet another instrument designed to measure the quality of early childhood programs. The *Observation Rating Scale* used a range of criteria to address all aspects of early childhood programs. The components addressed through
the scale include, interactions among staff and children, curriculum, staff parent interactions, staff qualifications and development, service administration, the physical environment, health and safety criteria, nutrition and food service and evaluation. As more than half the criteria identified relates to what happens to children in services, evaluation is through direct observation. Examination of documents such as service philosophy and policies enable the evaluation of administrative practices. Some items on the scale are stated in terms of developmental appropriateness with more specific indicators and examples provided which are relevant to different age groups (Bredekamp, 1986).

About the same time formative instruments were designed. Abbott-Shim and Sibley developed the Child Care Inventory (Abbott-Shim & Sibley, 1986) and the Assessment Profile for Early Childhood Programs (Abbott-Shim & Sibley, 1987). The Child Care Inventory (Abbott-Shim & Sibley, 1986) is an evaluative instrument designed for use by qualified and untrained service staff, consultants, licensing officials and training specialists to analyse child care service provision. The inventory is designed as a checklist and, according to the authors, provides a comprehensive description of service provided once the inventory has been completed. There are eleven performance areas listed addressing classroom arrangement, safety, curriculum, interactions, schedules, child assessment, health, special needs, parent involvement, outdoor play and infant programs. In total one hundred and sixty items are reviewed and indicated as being either present or absent during each review (Abbott-Shim & Sibley, 1986).

The Child Care Inventory incorporates the use of both formative and summative methods of assessment. The formative assessment includes the collection of observations of classroom practices, summarising the observations and analysing the information in order to make program changes. The summative evaluation process can be used to generate an external review of the program in order to develop reports for relevant outside sources such as governing bodies, accreditation
boards or committees responsible for the allocation of funds (Abbott-Shim & Sibley, 1986)

The Assessment Profile for Early Childhood Programs is an observation checklist containing eighty-seven items that reflect developmentally appropriate practices in early childhood programs. This document provides quantitative measures of classroom environments and teaching practices which facilitate the development of young children. The profile consists of five scales addressing learning environments, scheduling, curriculum, interacting and individualising. The items are separately scored and total average scores calculated to determine service and program quality (Abbott-Shim & Sibley, 1987).

The purpose for developing formative and summative assessment scales such as those discussed above, was threefold. First, for research purposes, instruments were used to determine the impact of child care service provision on children’s development. Second, instruments have been used to enable interested groups such as administrators to monitor the quality of a service being provided and third, such instruments enable staff to review their practices and service provision systematically against relevant criteria. Such reviews support improvement of quality of both programs and services. More recently these instruments have also been used by families to assist them become more discriminating consumers of early childhood care and education services (Doherty-Derkowski, 1995; Farquhar, 1990a; Wangmann, 1995; Williams & Ainley, 1994).

Research about Early Childhood Service Quality

The Children’s Defence Fund (2000), reported how research compiled over several decades has repeatedly demonstrated the lasting benefits of early intervention for children living in poverty. One intensive American study of disadvantaged children, undertaken by Schweinhart et al. (1993), found that children’s participation in high quality early childhood programs had positive long lasting academic,
financial and personal effects reaching well into adulthood. While high quality early childhood programs could not entirely resolve the intractable problems of poverty, crime, drug abuse, unemployment and welfare dependence, such programs were found to significantly reduce their magnitude (Children's Defence Fund, 2000; Schweinhart & Weikart, 1997).

Like the Defence Fund and Schweinhart studies other studies have also found that high quality experiences are closely linked with staff practices and the human qualities demonstrated by adults working with children. All these form a basis for the determination of quality in early childhood care and education and are addressed through an accreditation process using a base measure to accredit services.

The American Accreditation System: A Resource for Australian Change

The Australian accreditation system was based on the American system, so background detailing how the American system was developed and implemented is explained. In 1980, in response to serious concerns about the quality of early childhood programs and lack of uniform standards across the nation the Governing Board of the National Association for the Education for Young Children (NAEYC) voted to explore the feasibility of a ‘centre endorsement’ project. This project was to eventually become the NAEYC Accreditation system (Bredekamp & Glowacki, 1996a).

In 1981, the NAEYC established standards and procedures for national accreditation of early childhood programs. The NAEYC developed criteria for measuring the quality of early childhood programs and procedures. The criteria was based on established knowledge about how children learn and develop and knowledge derived from research and practice concerned with the effects of various components of group programs on children’s developmental outcomes (Bredekamp, 1990; Vandell, Henderson & Wilson, 1988).
The NAEYC developed descriptors of staff behaviours and attitudes towards children and their families as well as activities and practices to explain and assist in the assessment of services (Bredekamp, 1990). An independent body, the National Academy of Early Childhood Programs (NAECP), sponsored by the NAEYC was then established to implement and oversee the accreditation system.

The American approach to accrediting child care services requires services to undertake a five-step process. First, each service must voluntarily apply to the NAECP for accreditation then engage in an extensive self-study process. Once each service is satisfied it has achieved high quality service provision, the next step is to submit the completed self-study report to NAECP. This is followed by an on-site visit by trained volunteer validators to verify that the service provision reflects the submitted report. Next, the validated self study and the director’s responses to the on site visit are reviewed by a three member national commission composed of recognised experts in the field of early childhood care and education. Finally, when programs are judged to be in substantial compliance with NAEYC’s criteria they are granted accreditation for a period of three years (Bredekamp, 1990).

The NAEYC accreditation system uses specific instruments to study early childhood service provision. These include the Early Childhood Classroom Observation Scale, (See Formative and Summative Instruments page 43), a Staff Questionnaire and a Parent Questionnaire. Validators review centres’ practices, using the same classroom observation instrument which is based on observations and measures scaled in terms of developmental appropriateness and follows a carefully prescribed course of action (Bredekamp, 1989). The NAEYC accreditation system has a mechanism for early childhood programs to evaluate the structural and process variables evident in their services and through the review process participants can improve the quality of the services they provide.

The NAEYC accreditation system is a mechanism early childhood programs can use to evaluate and improve their services and the system of accreditation and
subsequent credentialing offered consumers (parents) a means of identifying high quality centres. Bredekamp (1990) explains how the criteria determining high quality service provision now serves as a standard for any group program. Larson (1992) identified the significance of accreditation of child care services when he stated that it was by setting national standards for high quality programs that the first step in changing the quality of life for children in America was taken. Since implementation of the accreditation system in America, there has been greater awareness of the positive benefits of a voluntary review process designed to improve the quality of early childhood services (Bredekamp & Berby, 1987; Bredekamp & Glowacki, 1996b; Eisenberg & Rafanello, 1998).

Voluntary accreditation of early childhood services in America is now recognised as being instrumental in the development of quality services. Yet, there is still very little attention paid to the involvement of parents in the accreditation process, even though parents are recognised as an essential part of the service team who work together to ensure that the care and education programs provided for children are of high quality. Whilst parent participation and a shared approach to evaluation is an important aspect of the American accreditation system, parent insights into quality practices or the opportunities available to them to engage in their children’s care and education in accredited early childhood services have not been reported in the literature.

A Proposal for Accreditation of Australian Early Childhood Services

In 1990, the Australian Early Childhood Association (AECA), mindful of the growing body of knowledge about the importance of quality practices and educational programs for young children, began to lobby the government to implement a national accreditation system. The intent of the introduction of an accreditation system was to promote and then ensure that the care and education
provided in all early childhood services was of sufficiently high quality to promote children's well-being and development (Gifford, 1992; Wangmann, 1994a). At that time the implications of poor quality service for children's development were not well known other than by early childhood professionals such as those within the AECA. It was through their commitment and support that changes began to occur and eventually, a decision was made by the Federal Government to introduce an accreditation system (ANAO, 1994; Law Reform Commission, 1994; Rachel, 1992). This system became known as the Quality Improvement and Accreditation System (QIAS). The goal of QIAS was to improve the quality of care provided for children attending long day care centres and to encourage services to undertake continuous improvements to guarantee a high level of quality service provision (NCAC, 1993).

Accreditation and Regulations

As noted earlier accreditation had been introduced in America in 1985/86, however, Australia was the first country to implement a country-wide accreditation system for early childhood services in an attempt to address quality issues at a national level (Law Reform Commission, 1994; NCAC, 1993). According to Whitebook (1996) the accreditation process is an increasingly popular means for both accomplishment and the validation of the quality of early childhood care and education programs in centre-based early childhood services. Accreditation hinges on meeting the criteria for assessing 'quality' in relation to the care and education provided for children. Quality cannot be identified through one single definition because of the multifaceted concepts involved (Wangmann, 1995). Accreditation in early childhood services is a process undertaken by staff to demonstrate their ability to offer 'quality' care and education, this is assessed by a representative body, recognised by the community, staff and other professionals as having the expertise and authority to assess this ability.
The accreditation process involves collaborative action by parents, staff and management working together as a team. Central to this collaborative team approach is a framework which involves all participants contributing to decision making and problem solving. Through such collaborative effort the philosophy, goals and objectives for a service are developed and procedures for achievement established. In this way the unique characteristics of each individual service is promoted (Lewis, Morkel & Hubbard, 1993; NCAC, 2001; Wangmann, 1995).

Regulations, however, are state legislative requirements that focus on structural variables which are readily measured such as space, range of equipment, number and ages of children and staff requirements and only define minimum basic conditions necessary for service operation (Doherty-Derkowski, 1995; NCAC, 1993). As noted earlier, the physical requirements for providing child care services as well as staff qualifications and the numbers of staff employed in programs are each determined by the independent state regulations.

In some states, services are required to employ staff who have undertaken comprehensive early childhood pedagogical studies while in other states the requirement is far less stringent. Accordingly, qualifications and training can range from tertiary qualifications in early childhood education (three or four years from a university) to post-secondary diplomas in child care (from Technical and Further Education institutions or private colleges).

Some states do not require staff to have comprehensive knowledge about children’s development and accept staff with rudimentary knowledge of children’s growth and well-being as primary caregivers in services. Comprehensive child development knowledge includes understanding of the characteristics common to children at different phases of their development as well as an understanding of the importance of appropriate play opportunities to assist their learning. Such thorough knowledge of child development enables understanding of the need to provide
appropriate experiences for children based on their interests and abilities (Bredekamp, 1990; Willer, 1990).

To achieve the goal of improved quality care and education provided for children in services the accreditation process would entail all parents, staff and management working together to review the quality of a service’s practices using a self-study process. Self-review was perceived as a process which would promote the development of a shared knowledge between families and staff in order to distinguish appropriate practices, based on the centre’s position on issues such as equity and social justice and the various social and cultural values of the community (NCAC, 2001). These have been deemed as essential by the early childhood profession as a whole for all individuals involved in the care and education of young children (Cryer & Burchinal, 1997; Johnson, 1994; NCAC, 1993).

In summary, accreditation of early childhood programs through QIAS has developed as a result of professional and public inquiry into the explanation and description of quality practices. Today, assessment of practices based on criteria brings together the increased knowledge and understanding of how young children grow and learn.

**Development of an Australian Accreditation System**

In line with his campaign promise to introduce an accreditation system, the Hon. Mr. Bob Hawke established a Committee of Childcare Representatives. This committee was convened with representatives coming from all sections of the field related to children’s services (Gifford, 1992). The central task of the Committee was to develop a system for the accreditation of early childhood services relevant to the Australian community (Gifford, 1992; Kelly, 1992; Ruchel, 1992; Wangmann, 1994a). In September 1990, the Committee of Childcare Representatives reported its recommendations. Amongst them was a recommendation for the establishment of an independent national council to oversee the implementation of a voluntary
accreditation system (Kelly, 1992). In 1992 the Interim Accreditation Council was established with an allocation of $1 million from the 1991 Federal budget. This interim council was later to become the National Childcare Accreditation Council (NCAC) (Kelly, 1992).

An increase in national spending on early childhood services coupled with intense lobbying by the early childhood profession for accreditation prompted the federal government to tie the proposed accreditation system to the Childcare Assistance subsidy (Wangmann, 1992a). This meant that all services in receipt of government funds would be required to register and undertake the (voluntary) accreditation process. In this manner the government could assure parents that their children would receive quality care and education experiences (ANAO, 1994; Law Reform Commission Report No 70, 1994).

As previously noted, there are a number of determinants of quality which, when woven together produce quality early childhood care and education services. The quality of service provision is assessed by reviewing the developmental appropriateness of practices related to children's routine care needs, a child centred approach to teaching, provision of activities and experiences related to children's motor, language, cognitive and social development. As well, caregiver sensitivity and responsiveness to children and their families and the inclusion of family involvement in programs is inherent in a quality early childhood service. It is the interplay of these complex components that determines the quality (Bredekamp, 1989; Culkin, Morris, & Helburn, 1991; Howes et al., 1992; Peisner-Feinberg & Burchinal, 1997; Schweinhart & Weikart, 1997), and these are all considered in the Australian accreditation process.

The practice of self-study or self-review as a shared experience undertaken by staff and parents together is also central to the accreditation process. Parents and staff work together to develop curricula and shared understanding of service provision. Curriculum encompasses all aspects of the service being provided
including the philosophy, developmental and learning aims and goals for the children, and all related staff practices and interactions. However, the development of these complex aspects of service operation are only one half of the shared approach. Parents and staff together must also implement and then evaluate the curriculum they have developed. It is through this process that services meet families’ and children’s needs (McBride, 1999). Such regular interactions with parents and positive encouragement of parent participation in various aspects of service development and evaluation are some of the process variables used for determining quality in early childhood services (Wangmann, 1995).

**The Role of Parents in the Accreditation Process**

There has, more recently, been greater emphasis towards parent involvement in programs for young children (Bolger & Scarr, 1995; Bronfenbrenner & Morris, 1998; Gelfer, 1991; Swick, Grafwallner, Cockey, Roach, Davidson, Mayor & Gardner, 1997). This involvement, according to Coleman (1997), Dahlberg et al. (1999) and Powell (1998) is seen by early childhood professionals to be important for a number of reasons. First, in any democratic society all citizens have the right to be involved in the operation of their social institutions. Second, it is important that adults working with children realise that children and their development are best understood within the context of their families and cultures and although family structures vary, all families provide similar functions in providing for the needs of their children (Dahlberg et al., 1999; Gelfer, 1991; Hepworth-Berger, 2000; Huntsinger, Huntsinger, Ching & Lee, 2000; McBride, 1999; Rogoff, 1990). Carefully developed links between children’s families and staff must be constructed. These links are essential to complement children’s development and families’ values and are developed through positive parent/staff interactions and parent involvement in services (Dahlberg et al., 1999; Dunn & Kontos, 1997; Huntsinger et al., 2000;

Thirdly, with the growing ethnic, racial and cultural diversity of the population, increasingly children will be cared for by adults whose expectations and practices may differ from those of the child’s family members (Dahliberg et al., 1999; Powell, 1998). Open discussions of each families’ cultural practices and personal values are critical for staff understanding of different cultural contexts of child rearing (Huntsinger et al., 2000; NCAC, 2001).

Fourthly, cooperation between staff and parents ensures children are emotionally secure and develop a sense of belonging. It is through the active exchange of information between parents and staff and through parent involvement that the child’s overall development is more fully understood by all adults sharing the care and education of the child (Coleman & Churchill, 1997; McBride, 1999). The continuity of such caring relationships promotes children’s emotional development and is known to influence children’s security of attachment, which has been found to affect their later capacity for empathy, emotional regulation and behaviour control (Shore, 1997). Finally, working together gives both staff and parents opportunities to recognise each other’s competencies thereby helping each other to meet the shared goals of nurturing successfully functioning children (Decker & Decker, 1988; McBride, 1999; McGurk, 1997; Powell, 1998; Shore, 1997).

The Australian Quality Improvement and Accreditation System (QIAS) incorporates parent participation into its goals and identifies it as integral to the development of quality early childhood services (NCAC, 1993,2001). How parents contribute to programs and actively participate in the evaluation of the services they use is central both to the accreditation of services and to the quality of the care and education provided to young unschool-aged children.

The appreciation of parents as the child’s first and most important relationship is reflected in the criteria for determining the quality of service
provision and is identified as inviting parents to contribute to programs and to participate in services (NCAC, 1993, 2001; Rockwell, Andre & Hawley, 1995). Parental involvement in early childhood services is an integral part of the accreditation process, one that positively influences the quality of care and education provided to children. As already noted it is through a collaborative approach that parent, staff and management can work to develop the service philosophy and goals. It is the service philosophy and goals that guide the activities of the service and the relationships between staff and families. An effective service philosophy needs to be known, understood and used by staff and parents (NCAC, 1993, 2001).

The NCAC (2001) specify the need for services to maintain regular communications with parents. These communications relate to children’s health and safety, their daily experiences and interests, events that take place within the service and within children’s lives as well as any changes related to policies and procedures within the service. Other information, deemed to be of importance to parents, should also be conveyed to them. Further to this and in keeping with the concept of partnership, family members should be free to participate in their children’s day to day experiences within the service and invited to share aspects of their culture. However, parental involvement and participation is determined by parents themselves. Parents decide both the extent and type of involvement they are comfortable with and act accordingly (Coleman & Churchill, 1997; McBride, 1999; NCAC, 2001).

Staff, on the other hand, have a professional responsibility to encourage parents to contribute and to foster their interests to participate in all areas of the service provided. It is of particular importance that parents are encouraged to contribute to children’s educational programs and actively participate in regular evaluations of these as well as participate in reviews of the total service in conjunction with staff and management. The NCAC highlights the responsibility of services to collect and maintain documented evidence of such parent contributions,
evaluations and input into services (NCAC, 2001). As Greenberg (1989) notes, what is significant is not the amount of work parents do for services but the colleagueship and mutual respect and the attitude of teamwork between staff and parents. It is this cooperative attention and shared decision making related to children's care and education experiences that is fostered through the accreditation process (NCAC, 1993; Vajda, 1996).

Essential, and at the heart of quality is the well-being of the three primary partners, the children, their families, and the caregivers, which is bound up in the quality of their relationships (McKim, 1993). Further, collaborative parent-staff relations are said to enable services to provide responsive programs honoring family values and cultural traditions (Kieff & Wellhousen, 2000). The establishment of positive relationships between parents and staff working consistently in approaches between home and the early childhood service are factors integral to what is known about quality early childhood service provision (Hepworth-Berger, 2000; McKim, 1993; NCAC, 2001; Powell, 1998).

Implementation of QIAS

The Australian accreditation system is a mix of quality assurance processes (quality improvement) and accreditation (verifying that quality has been attained). In January 1994, the NCAC began implementation of Australia's Quality Improvement and Accreditation System (QIAS).

QIAS Objectives

The QIAS has a number of objectives (NCAC, 1993). The first objective is for all children attending long day care centres to receive high quality care and education. This is seen by the NCAC and the early childhood profession in general to be the right of all children enrolled in long day care services. High quality care
and education encompasses stimulating positive experiences and interactions with adults and other children and is designed by staff to foster all aspects of children's development. Within this context staff consciously respect and support families' efforts to help children become valuable and self-sufficient members of society (NCAC, 1993).

The second objective is for service staff and parents to engage in an ongoing process of service self-evaluation and improvement. By working with parents, staff are able to share with them the careful planning they undertake and can in turn respond to parents' suggestions for inclusions or changes in service philosophy, goals or educational programs. Through this shared exchange staff assist parents to build trust in the service provided and in the work early childhood staff undertake. As a result of parents' input or participation they (parents) are more confident and able to support staff in their educational and care roles by contributing to evaluations of the service. Further to this aspect of service evaluation and improvement is an approach taken to address the needs of staff for their professional development and to promote employment satisfaction (NCAC, 1993). When parents are more fully aware of the complexity of the providing quality services for young children they are also more willing to encourage staff to undertake further professional development thereby supporting ongoing improvements.

The third and final objective of the QIAS is for the broader community to learn about the work and worth of the early childhood profession. This community education is brought about through each centre’s demonstration of staff expertise and commitment to quality service provision (NCAC, 1993).

**Underlying Values of QIAS**

There are also critical underlying values incorporated into QIAS based on early childhood professional beliefs about what constitutes good quality early childhood care and education. These values are translated by each service in
conjunction with their client group of families. There is a need for services to have a clear philosophy and identified goals that are agreed to between the centre and the parents. The individual service philosophy and subsequently developed goals should guide all activities at the centre. Next, the appreciation of children’s individuality and careful consideration of appropriateness of activities should underpin all planning for children’s learning. Importantly, the belief that good quality early childhood services foster relationships between staff and parents is promoted. These are the essential underlying values embodied within the QIAS process so that both staff and parents can support each other in their complementary roles to ensure continuity between children’s homes and early childhood services.

It is clear then that the values which underpin the accreditation process involve those who have most interest in the quality of early childhood care and education services. Staff and interested parents of children attending services are seen to take on the principal roles related to the development, implementation and evaluation of the service provided. While the Commonwealth government provides financial support to the NCAC to administer the system and provide ongoing training and support for services (NCAC, 1993).

QIAS is a voluntary program, meaning that not all services are required to register or undertake the accreditation process. However, for long day care services to be eligible for Childcare Assistance (renamed Child Care Benefit) from the government, which enables them to offer reduced fees to parents, they are required to participate in the national system of accreditation (NCAC, 1993; NCAC, 2001). As a result, the NCAC has a complex responsibility. The NCAC receives funding to implement the accreditation system and is required to provide specific information to the government related to quality service provision. It is expected to maintain a register of centres participating in the accreditation program, and to inform and advise on ongoing reviews of the QIAS.
The NCAC is also responsible for granting and determining the accreditation status of all centres in Australia. Services, at the time of the investigation, could receive one, two or three years accreditation according to the level of quality identified (NCAC, 1993). Doherty-Derkowski (1995) explains how ‘high quality’ is the assessed and evaluated procedures and behaviours that meet more than the minimum identified standards of basic quality for each accreditation criterion. Early childhood services receiving three years accreditation were deemed to be providing high quality services.

Accreditation criteria.

The Australian accreditation system when initially introduced in 1994 had 52 principles that were used to determine the service quality. These principles were categorised according to four specific areas of service provision.

The four areas:
Part A: Interactions, which are further defined as (i) interactions between staff and children, (ii) interactions between staff and parents and (iii) interactions between staff.
Part B: The program,
Part C: Nutrition health and safety and finally
Part D: Centre management and staff development.

Each of the four areas had clearly identified goals with a detailed rationale. Principles within each part identified standards and behaviours indicative of practices that would promote the most positive outcomes for children. The criteria incorporated in the 52 principles were and still are and based on knowledge derived from research and identified appropriate practices (Bredekamp, 1989; NCAC, 1993). In 2002 the NCAC introduced a revised accreditation system. The new QIAS outlines 10 Quality areas (Relationships with children; Respect for children; Partnerships with families; Staff interactions; Planning and evaluation; Learning and
development; Protective care; Health; Safety and Managing to support quality) that are described by 35 Principles (NCAC, 2001).

The QIAS process.

The accreditation process in Australia follows five steps as does the American system. First registration with the NCAC is necessary, then a self-study review by the centre. This review incorporates a collaborative assessment of policies and approaches related to service practices by parents, staff and management. Next is an external review or validation process completed by a peer validator, trained by the NCAC, against standards outlined in the QIAS Handbook (NCAC, 1993; NCAC, 2001). The external and internal reports about the centre are then submitted for moderation. This occurs when a panel of moderators make a recommendation for credentialing the service based on the documentation submitted. Finally, the recommendation is reviewed by the NCAC who make the final decision and grant accreditation. The revised QIAS now has a standard of two and a half years between reviews although at the time of data collection for this investigation services could be granted one, two or three years between accreditation reviews.

The focus of QIAS is based on process variables which are identified as outcomes for children rather than physical environments which are subject to national standards and individual state regulations. The QIAS guidelines and principles were approved by the Minister for the Department of Health, Housing and Community Services and tabled in Parliament. All early childhood services participating in the Quality Improvement and Accreditation System (QIAS) are assessed against these standards (Law Reform Commission Report no 70, 1994).

Community education.

The NCAC also addresses community education through a range of services designed to support parents’ understanding of quality service provision. Within the
objectives of QIAS there is a point related to broader community understanding
about the work and worth of the child care field. QIAS is said to be instrumental in
developing this community awareness through each centre’s demonstration of
expertise and individual commitment to quality care and education (NCAC, 1993).
In an honest and practical way the NCAC has attempted to address this objective
directly by the provision of information and support services designed to assist
parents to define and to locate quality services for their children. A web site and
publications are available to parents interested in finding out about quality early
childhood care and education services and the Australian accreditation process.

The NCAC web site (www.ncac.gov.au), provides parents with easy access
to information about the QIAS process and a checklist of things to look for when
seeking quality early childhood care and education for their children. All early
childhood services registered with the NCAC are included in this listing which is
accessible through the web site and is updated every six to eight weeks in
conjunction with accreditation decisions made at council meetings (Accreditation
Update, 2000).

Printed material is also available to parents. For example Choosing quality
child care is a brochure explaining what to look for when seeking a quality child
care service. This document contains detailed information designed to explain
aspects of programs and service provision to assist parents make informed decisions
about services which meet their families’ needs.

The Accreditation Update a quarterly newsletter recently renamed Putting
Children First, is sent to services, reviewers and validators involved in the QIAS
process. This newsletter is designed to be used to disseminate information to parents,
staff and other interested persons. The newsletter keeps the field informed about
information related to the NCAC and incorporates a focus section reviewing
particular principles and identifying challenges associated with ensuring the
provision of high quality care and education.
Finally, the NCAC has a telephone service, for the fielding of questions and forwarding of information. These services are means by which parents as consumers can develop both knowledge and an understanding of the criteria determining and defining high quality early childhood care and education services by the NCAC.

Although the NCAC appears to maintain a register of calls requesting information about individual services and their accreditation status, and has researched the effectiveness of the ‘Accreditation Update’ quarterly newsletter, the results of such inquiries are not publicly available (NCAC telephone inquiry, 11/9/00). There is little known about the utilisation of these services by parents, either looking for services or those with children already enrolled in accredited early childhood services seeking information.

_Parent involvement in decision making._

Integral to the Australian QIAS process is the opportunity for parents to participate and contribute to the early childhood services their children attend. It was thought that by incorporating the values, skills, and knowledge of parents and staff services could develop agreed concepts of quality early childhood care and education and as a result optimal outcomes for children could be established and the quality of programs strengthened (Caulfield, 1996). The overall development of quality service provision is said to occur through the collaborative process occurring between parents and service providers (Powell, 1998; Swick et al., 1997).

This process of collaboration aims to develop intersubjectivity or shared understanding of children and their learning processes, as they play and learn both as individuals and as a part of a group of children over a full day. When staff and parents participate in an accreditation process together, parents are able actively to contribute by suggesting improvements to the quality of care and education provided for their children. Parents also participate and contribute to the development of
service philosophies, policies and practices and are able, with staff, to evaluate the service through the self-study process.

This approach involves parents and staff in collaborative decision making across all aspects of the service provision from philosophy to programming and evaluation. Moreover, through the interactions and communications advanced between service staff and parents, opportunities for staff to share information with parents about components of early childhood care and education which they consider indicative of high quality, are provided. Such processes enable both parties to develop a greater mutual awareness and knowledge about the complexities and needs relevant to each individual service and its community (Bredekamp, 1989; Bryce & Johnson, 1995; Carter, 1992; Gifford, 1992; Powell, 1998).

It is through parent and staff cooperation, that early childhood staff become more aware of and more adequately able to hear and address parents' beliefs and values and accordingly respond to parents' needs. The benefits associated with such meaningful collaboration between parents and staff are said to result in higher quality service provision for children as they experience continuity between home and the centre. As well, through this cooperation parents have both a voice and the opportunity to make decisions influential to their children's growth, development and early education (Decker & Decker, 1988; Duff, Tompkins & McClellan, 1995; NCAC, 1993).

The accreditation process was and is said to be an effective forum for the development of high quality service provision and according to Duff et al. (1995) parent feedback is said to be a critical element of early childhood care and education program quality. Such intercommunication enables parents and staff together to both influence and assess the quality of the care and education and to develop a shared understanding of what constitutes such quality (Elliott & Wiley, 2000; NCAC, 1993, Powell, 1998). According to Decker and Decker (1988) Duff et al. (1995), McClellan (1995) and Willer (1990) this shared understanding and promotion of
quality early childhood care and education results in positive long-term outcomes for all children.

Review of Accreditation

Since accreditation began in America and Australia various studies have been undertaken examining the outcomes of these programs. Results of studies have identified positive outcomes related to the development of quality programs for children and have reported how participants in the accreditation program, parents and staff, developed a shared understanding of quality early childhood care and education.

The American Accreditation Program: Initial Evaluations

The American accreditation process is a voluntary program as it is in Australia, however, there are no financial benefits to services who undertake accreditation nor are there any sanctions imposed on services who choose not to participate in the American program. In this regard, services in America choosing to undertake accreditation are individually motivated rather than responding to and being affected by government policy and the financial incentives benefiting prospective clients as is the case in Australia.

Independent investigations related to the accreditation of early childhood services have been undertaken in America by Bredekamp and Apple (1986), Bredekamp and Berby (1987), Carter (1986) and Herr, Johnson and Zimmerman (1993). All have examined a range of aspects and outcomes of the accreditation program. These include why services were accredited or why accreditation was deferred during the initial process, and they highlighted service providers' perceptions and attitudes toward the process. They have also undertaken a review of re-accreditation documents and finally, have identified service providers' motivation
for undertaking accreditation. These studies reported positive outcomes related to the
development of quality programs for children and indicated shared understandings of
appropriate practices between staff and parents.

Bredekamp and Apple (1986) undertook the first investigation of
accreditation of services in America. The investigation sought to determine the basis
on which services were accredited or accreditation was deferred. Overall services
were not granted accreditation when three or more criteria were unmet. It was noted
that services were often weak in curriculum, staffing, health and safety issues, staff
qualifications, and interactions between staff and children. Although this initial study
was concerned with accreditation the decisions which flowed from it did not address
parents or staff-parent interactions even though this was one of the 10 components
listed for review.

Twelve months after the first services had been accredited Bredekamp and
Berby (1987) questioned whether services had maintained the high quality service
provision established during the accreditation and validation process. Re-
accreditation required services to submit a verified annual report which Bredekamp
and Berby (1987) analysed. They were gratified to note that reports pointed to a
developing awareness of practices related to implementation of quality programs and
greater parent involvement and input as well as more positive, productive
relationships with families.

Anecdotal reporting by services admitted an initial wariness of involving
parents in the self-study process but having done so found that increased parent
involvement during the self-study process led to continued positive changes in
programs (Bredekamp & Berby, 1987). Parent involvement is an issue that has been
raised in this study, however, a review of research in the following chapter (See
Chapter 3) will focus specifically on parents' perceptions of early childhood service
provision.

Of the first three investigations undertaken relating to the accreditation
process (Bredekamp & Apple, 1986; Bredekamp & Berby, 1987; Carter, 1986) only Carter endeavoured to focus on individual perceptions of those actively involved in the process itself. Carter (1986) conducted a telephone survey to identify experiences and attitudes of individuals involved in the accreditation process and addressed her questions to service directors and validators who had conducted site visits, she queried services about the impact of accreditation on parents. Service staff said that not only did they note parents’ emerging awareness of quality practices as an outcome of the accreditation process but that there was improved teacher awareness of the importance of creating classroom environments which reflected the world of children’s homes. Carter’s study also found that parent questionnaires were a beneficial component of the accreditation process because the information gained enabled services to more adequately address the needs of parents.

Of the three investigations previously noted two included reports of increased parent participation and related these parent-staff links to improved service quality. Yet the voices reported were those of the service providers, not parents themselves. In each investigation, single source reporting explained changes in service practices and beneficial outcomes as a direct result of the accreditation process. It would therefore appear from the reports that service providers have listened to ‘parents’ voices’ with positive results. However, while service providers and staff voices have now been heard and reported in the literature, parents have yet to speak for themselves.

Herr et al. (1993) examined service directors’ motivation for participating in accreditation programs and questioned service providers about the benefits to services once they had been accredited. The most frequent reason given for seeking accreditation, was to demonstrate to consumers (parents) that they offered quality programs. Accreditation, it was thought, was the validation of quality. Other reasons for participation included the view that accreditation was a vehicle which could be used to motivate staff to develop the highest possible quality programs, as well as
promote consumer awareness of what constitutes high quality care and education. This was seen as important as it enabled services to advertise the quality of a program, which distinguished it in the market place, both at a local and national level. Publicity was an integral component of the marketing strategies used by services to encourage new clients and ensure continued client loyalty (Herr et al., 1993).

Herr et al. (1993) also noted how services reported the accreditation process as positively affecting staff and parent morale. The self-study process was cited as being influential in promoting staff awareness and sensitivity to the importance of high quality interactions with children and parents. Directors, they said, identified how an evaluation process which involved parents and staff in collaboration, both encouraged and improved communications and provided a forum for parents to develop understanding of what constitutes high quality programs for children.

Each of these four studies just referred to, although focusing on changes to service practices and increased awareness of criteria determining quality care and education as an outcome of the accreditation process, provided little actual information about parents or their participation in service provision. Reports announced how parent input into the service self-study process benefited staff by enabling them to provide a more appropriate and better quality service. They also noted how the accreditation process was a useful forum for educating parents about what constitutes quality early childhood education and care. Yet, little is known about parents' perceptions. It would appear that they were not asked if staff shared the approaches they used in the care and education of their children, nor were they asked about the opportunities available to them to contribute to programs. Moreover, what parents had learned from staff about the criteria used to identify quality remains unanswered in the previous studies.
The Australian Quality Improvement and Accreditation System: Initial Evaluations

The national Australian accreditation system, as already mentioned, was introduced during January 1994, however, only one formal investigation has been authorised since that time. Coopers and Lybrand were commissioned by the Federal government in 1994 to undertake a survey of long day care centres registered with the Accreditation Council for participation in the QIAS. Its rationale was to enable the Minister for Family Services to establish how the QIAS process was working, and to identify the outcomes of quality practices directly attributable to the QIAS.

The Coopers and Lybrand review highlighted seven points most frequently raised by respondents as contributing to improved quality of the care provided. These improvements were attributed to the QIAS process, and included: (i) increased parent input into the service provision and parents’ developed knowledge about the child care centre(s). This was perceived as a direct result of (ii) parents being more informed about the events that take place in the daily program, and (iii) staff were explaining to parents the reasons for including specific activities in children’s educational programs.

In consequence, services reported how staff became more aware of what they were doing and were able to explain daily events to parents which in turn (iv) motivated staff to implement quality practices. As staff shared their expertise with parents they became more aware of their own practices and in doing so provided better quality care for children. As an outcome of the accreditation process, early childhood services reported (iv) improved and more efficient management processes and communications. This outcome, they said, had (v) lead to and fostered team ownership and shared understandings of work practices which then (vi) contributed to the maintenance of quality standards of care (Coopers & Lybrand, 1995).

Coopers & Lybrand (1995) also reported service responses as being overwhelmingly positive about the outcomes of accreditation. There was agreement
from the field, they said, that QIAS had dramatically and unequivocally influenced service provision through important changes. The changes promoted quality practices in many areas of their service provision which staff attributed to their participation in QIAS (Coopers & Lybrand, 1995). Once again, while reports identify how service staff gained from the accreditation experience, parents' opinions remained silent.

Limitations evident in the Coopers and Lybrand study included a low response from participants and the reliance on single source reports. Of the 2,707 early childhood services sent questionnaires in stage one of the investigation only 612 responded while stage two saw 2,999 questionnaires distributed with only 641 returned. This low response rate is problematic and no attempt was made by the investigators to explain the high attrition rate or identify analyses undertaken to determine whether subjects who did not respond to the study were different to those who participated (Huck & Cormier, 1996).

As well, given that the study was commissioned in the first year of QIAS implementation, very few of the participants responding to the postal survey had actually completed the review process. As implementation necessitated having meetings with parents and completion of a parent questionnaire about the service provided, many responses to the review were not based on actual participation in the QIAS. Yet, Coopers and Lybrand stated that services responding to the questionnaire 'overwhelmingly' believed they had improved the quality of the service they provided which is an overstatement given the limited numbers of services able to honestly answer these questions. Additional to this, only service providers were sent questionnaires, therefore the investigation did not seek input from parent users of services.

Like the reviews of accreditation undertaken in America (See Bredekamp & Apple, 1986; Bredekamp & Berby, 1987; Carter, 1986 and Herr et al., 1993), all comments identifying changes or proposed changes to practice in the Australian case
were reported by service providers only. In this study there was no investigation of parents’ perceptions of opportunities available to them to contribute to their children’s care and education. Nor were there parents’ reports detailing how they assessed a service’s quality, yet this was reported as one of the most frequent statements made by participants in the formal review of the QIAS.

So in this Australian study, although positive outcomes were listed for parents there were no actual parent reports to substantiate such claims. As in studies undertaken in America, parents’ views, their perceptions of services used and the opportunities accessible to them to engage in their children’s care and education are reported on by others rather than parents themselves.

Murray (1996) undertook an examination of the Coopers & Lybrand (1995) report and identified a number of serious flaws. She drew attention to the less than sound data citing limited numbers of participants and questionable methods of analysis. Murray also noted the limited response rate and questioned the evaluator’s claim that the sample was ‘generally’ representative of the overall population of the centres. There are proportionally more private early childhood services than community based services in Australian (ANAO, 1994; Coopers & Lybrand, 1995). The total population of early childhood services at the time of the investigation were private, 51%, community based services, 32%, while local government services account for 17% of the total number (Coopers & Lybrand, 1995). Murray explains how private services were therefore under represented with a sample of only 39% (51% of total population) (Coopers & Lybrand, 1995). While the community based services sample was over represented with 41% (32% of total population) and local government services (also non-profit as are community based) were represented by a sample of 20% (17% of total population) (Coopers & Lybrand, 1995).

Murray (1996) explained that as there were only 641 services (21% of total population) involved in the study, quite a small number given the size of the pool of
services registered and accredited nationally, and as the sample of management types was skewed, the findings are questionable.

To validate Murray’s concerns, she noted that only 5% of respondents had actually completed the self-study review process and had had time to discuss and reflect on staff behaviours, practices and attitudes and the effects of accreditation. Murray therefore questioned the capacity of the remaining 95% of respondents to provide informed opinions about QIAS, as the timing of the commissioned evaluation meant that few participants had undertaken sufficient self-review to be able to give meaningful answers.

A further flaw evident in the Coopers & Lybrand evaluation related again to sample quality in the second stage of the investigation. Murray noted how the reviewers were involved in face to face data collection identified as site visits. These site visits were said to be an important to validate data collected through written questionnaires (Coopers & Lybrand, 1995). Yet of the 84-page report only two paragraphs were dedicated to the documentation of data collected during these visits, which again is problematic says Murray, as no details of the data collected were included in the report nor was sufficient reference made to validate data collected through questionnaires. Finally, Murray (1996) concluded that the validity of the evidence presented in the first and second stages of the Coopers & Lybrand investigation were both questionable and compromised because they were all based on single source self-reporting by service providers alone.

To summarise, investigation undertaken in America and in Australia has only focused on service providers and staff to determine the impact of accreditation on early childhood service quality, including involvement of parents in these services. Parents have not been asked either directly or indirectly about their perceptions of accreditation, opportunities to share decision making or other ways of contributing to the quality of the services used.

Parent evaluation of programs, parent input into service policy development
and communication with staff are identified as crucial aspects of service quality, yet these areas are only reported on in a somewhat superficial way in investigations undertaken both in Australia and America. Encouragingly, it would appear that service staff having participated in an accreditation processes, developed a growing appreciation of parents' participation and contributions to programs. Notwithstanding, parents have not been invited to report on opportunities made available to them to contribute to their children's care and education, nor report on their personal experiences with accreditation.

The commissioned Australian study as with the American studies reviewing the accreditation process, have all relied on self-report from service operators alone. Parents, for whom these services are provided, and about whom reports are made, were not asked if or how they had had more input into the services they used, or if they perceived changes in service quality or operation. Nor were parents asked if they had gained more knowledge about early childhood care and education. Parents were not approached, nor were their views solicited. Even though services reported increased parent knowledge as one of the improvements resulting from parent participation in accreditation processes, it must be noted that this is from a service perspective only. This is not to deny that reports about parent input are valid and staff do have important new insights, but they are just that, staff views of parents, not parents' own recorded views.

It is now more than a decade since the American studies were completed and has been more than 8 years since QIAS was initiated and evaluated in Australia. Yet, the need for parents to have an active role and voice in the services their children attend is still valid (Bredekamp & Glowacki, 1996a, Elliott, 1996; Powell, 1998).

Parents as consumers, with whom child care services share responsibility for child caring, rearing and education, have not been asked if their expectations are being met or their opinions about quality. In spite of several reviews of accreditation, none have sought parents' views and their congruence with accreditation criteria.
While the accreditation process has been said to promote a shared approach to young children’s care and education opportunities have not been made available to parents to contribute their views. How satisfied parents are with the services they use remains an unanswered question.

Summary and Conclusion

The Australian government has committed to assist families with dependent children by improving the supply of economically viable early childhood services. The introduction and implementation of the QIAS has been identified by the Commonwealth government as a process to ensure all children enrolled in these services receive ‘quality early childhood care and education’ (ANAO, 1994). However, integral to the quality of the service provided and success of the accreditation process is the inclusion of parents in services in meaningful ways. Such inclusions lead to partnerships between staff and families. These partnerships are central to the determination of service quality through the cooperative development of the service philosophy, goals and educational programs and importantly, include evaluation of the service. As well, such partnerships should support families’ lifestyles and child-rearing practices which subsequently result in continuity for children between home and service contexts. Yet parents, central as they are to the accreditation process, appear to have been neglected in these early evaluations of the accreditation process both in Australia and America. In Australia, parents were not invited to participate in the QIAS evaluation process undertaken by Coopers a& Lybrand (1995) even though they were the very stake holders for whom the government had acted in the beginning (ANAO, 1994).

The following chapter will review literature about parent participation in early childhood care and education services and highlight some of the research undertaken around the world to understand parents' perceptions of quality service provision, their involvement or contributions to services and their expectations of the
services they use. A broad array of investigation foci have been considered due to limited research undertaken specifically with parents. By considering as many studies as possible a more comprehensive literature base relevant to this investigation of parents’ perceptions of quality service provision was possible.
CHAPTER 3: PARENTS’ PERCEPTIONS OF QUALITY
EARLY CHILDHOOD SERVICE PROVISION

Introduction

Chapter 2 provided an overview of the historical development of the Australian accreditation system. As well, the previous chapter provided an abridged review of the American accreditation system because it was used and trialed as a prototype for the Australian Quality Improvement and Accreditation System (QIAS). Both the Australian and American accreditation processes were designed to promote quality early childhood care and education through collaboration between parents and staff thereby intentionally building links between children’s homes and services. As a result of staff and parents undertaking the accreditation review process together it was believed that parents would come to a more comprehensive understanding of what constitutes quality care and education for young children and staff would come to know, understand and then include parents’ values and cultures into their programs. The intention was that parents then would be able to contribute to and evaluate the quality of the service provided.

All children attending early childhood services benefit from close and shared interactions and understandings between parents and staff. The continuity in practices this promotes, based on respect for cultural and family values provides children with personal security and heightens their sense of belonging which is necessary for children’s development (Bronfenbrenner, 1979).

The sharing of knowledge and values between parents and staff lies at the heart of quality care and education, yet, according to the research reviewed in relation to accreditation of early childhood services, only the voices of service providers have been heard in respect of the process and benefits. To date, parents
have not been asked their views about what they want from services or if their suggestions contribute to service quality.

Research has emphasised the differences between the way parents measure or assess perspectives of early childhood service quality, to early childhood professionals (Elliott, 1996; Economic Planning Advisory Commission (EPAC) Task Force Final Report, 1996; Kisker & Maynard, 1991; Larner & Phillips, 1994). Larner and Phillips (1994) and Kistner and Maynard (1991) suggest that while parents and professionals agree about the necessity for quality they differ sharply in what constitutes quality. Parents have tended to define quality in terms of their personal and family needs. On the other hand, as non-consanguine professionals see ‘sets’ of non-familial children on a year by year basis, they focus on the characteristics of care and education that are important to all children. These divergent viewpoints are important, given that more parents are becoming reliant on early childhood professionals to work with them in the care, rearing and education of their young children whilst they are otherwise engaged.

Why Parents Should Participate In Early Childhood Service Reviews

Parent participation is well acknowledged as essential and critical to quality early childhood care and education. Parent contributions to decision making and programming are fundamental to the very success of any national program for children (Karrby & Giotta, 1995; Powell, 1998; Zigler & Styfco, 1993). As well, it is said that to achieve lasting organisational change, individuals within the workplace need to feel a sense of commitment and connection to their working environment. For staff and families to achieve a common vision there needs to be some degree of consensus related to how goals or objectives can be achieved (Bloom, Sheerer & Britz, 1991).
The QIAS process is designed to promote positive organisational change through a collaboration between parents, staff and management within individual services. Bloom et al. (1991) see the collaborative process as the most successful model for determining change. Its success lies in the premise that all stakeholders are involved in both identifying problems and developing solutions (Lewis, Morkel & Hubbard, 1993). It is through this collaborative approach that the development of shared understandings is promoted.

Intersubjectivity, or shared understanding is important if there are to be positive outcomes for children through the development of quality early childhood services. Through QIAS parents are invited to participate in various aspects of service organisation including the development of policies, contributing thoughts about service goals and by contributing ideas to programs. As well, parents can work cooperatively with staff to evaluate the service provided. Parent participation of this nature is clearly identified in the literature and noted as contributing to the development of quality in early childhood services by enabling all parties to develop shared understandings of that concept (Decker & Decker, 1988; Duff, Tompkins & McClellan, 1995; Willer, 1990).

Karrby and Giota (1995), approach the notion of shared understanding on a more personal level. They identify significant individual benefits for children and their parents by placing particular importance on the interactions occurring within the child’s two worlds, the home and the day care centre. For infants and children to experience continuity in their lives a good relationship between parent and caregiver is needed (McKim, 1993; Powell, 1998). Parents and service staff are both dependent on sharing information about children’s experiences in order to provide developmentally appropriate environments (Karrby & Giota, 1995). It is not only knowledge of the child’s individual needs, interests and preferences that are important however, but knowledge of the values, attitudes and goals inherent in both environments, that must come together in a coherent way. McGurk, (1997), added to
this when he said that parents and services should work together for a shared approach to child rearing, caring and education because this approach not only benefits children during the early years but also later in life.

Bronfenbrenner (1979) proposed that the supportive links between the home and centre be emphasised in early childhood services so that they positively impact upon the developmental potential of both settings. In this way, individuals and their relationships are at the heart of quality service provision. With such a clearly articulated basis for parental contribution it would seem pertinent that any investigation relevant to determining quality, should have independent parent voices included in the research.

*Parents' Perspectives and Opinions of Early Childhood Service Quality*

As early childhood care and education centres provide services to children and their families, quality is not only a concern of the early childhood field but is also a prime concern for parents according to Karrby and Giotu (1995). Parents, as consumers of services, are significant stakeholders. Yet limited research directly involving them appears to been undertaken. In studies where parents have been included in investigations related to children’s services, they are often included as a collective of ‘others’. Such reviews include a critique of Australian national child care programs as found in the *Australian National Audit Office (ANAO) Audit Report No. 42*, (1994), the *EPAC Child Care Task Force Interim Report* (1996), *EPAC Future Child Care Provision in Australia Task Force Final Report* (1996) and in the *Law Reform Commission Report No. 70* (1994). Rather than being the focus for, or motivation behind investigations it appears to be an accepted practice to have ‘others’ speak on behalf of parents.

Only a few studies internationally appear to have sought parents’ own perspectives of early childhood services or focused attention or interest on their views about quality care and education programs for their children. Research in the

*An American view.*

To comprehend parents as consumers of child care services better Cryer and Burchinal (1997) undertook a study of American parents to determine their perceptions of quality service provision. The investigation was part of a larger research project incorporated into the Cost, Quality and Child Outcomes in Child Care Centres investigation (CQ&O-Cost, Quality and Child Outcomes Study Team, 1995 cited Cryer and Burchinal, 1997). Cryer and Burchinal (1997) used questionnaires to ascertain the perceptions of 3,134 parents about the care and education provided to their children. To compare parent responses and concepts of quality with criteria identified by the early childhood profession, two different questionnaires were developed according to the age of the child in care. The parent questionnaires used modified language to assess items indicated in the *Early Childhood Environment Rating Scale*, (ECERS; Harms & Clifford, 1980), and the *Infant and Toddler Environmental Rating Scales* (ITERS; Harms, Cryer & Clifford, 1990) assessment tools (See Chapter 2 Measuring Quality). Demographic
information was also sought addressing education, ethnicity and family income of participants. There was no indication if early childhood services participating in this investigation were accredited by the National Association for the Education of Young Children (NAEYC). This large multisite study included responses from 727 parents of infants and toddlers and 2,407 parents of preschool aged children.

Parents were asked to value and rate aspects of service provision which were grouped conceptually and identified as health, safety, interactions and 'other'. This covered a broad range of areas including programming components and staff issues. Parents were also asked to judge the quality of the care their children received in these services.

Findings of the study indicated two things. First, it showed that the parents in this study valued the same aspects of care and education as early childhood professionals. Second, although parents and early childhood professionals shared the same values, their assessments were very different when reviewing program quality. Parents and trained observers' ratings of service quality were compared. Parents rated the level of service provision quality higher than did the data collectors when assessing the same programs. Results indicated that although parents identified factors which were indicative of quality early childhood care and education they overestimated the quality of the programs provided to their children based on the assessment criteria used. What this meant according to Cryer and Burchinal (1997), was that children were not receiving high quality care in the very areas parents had indicated as being of importance to them.

Cryer and Burchinal (1997) raised the following reasons for differences between the compared results. Parents, they say are unaware of all aspects of their child's day, as they are not present to know first hand about the daily occurrences. As a result, Cryer and Burchinal believe that parents assume that the things they value as important are being provided, because they want to see these things in
programs. Hence parents’ assessment of services are based on their hopes and desires rather than on an objective assessment of the actual situations observed.

The results of Cryer’s and Burchinal’s (1997) investigation suggest that parents as consumers are not well informed about various practices demonstrating criteria and the characteristics which determine quality service provision. As a result they suggest that parents may be somewhat positively prejudiced rather than objective or critical about the services they use.

Cryer’s and Burchinal’s (1997) study was limited to a comparison of professional verses parent perceptions of criteria and practices using an instrument designed and used by the early childhood profession. The differences between ratings of these two groups may reflect the discrepancies between the training and experiences of each. Qualified early childhood professionals are likely to have an informed understanding of quality which enabled them to focus on the intent of the questions in the rating scale. Parents’ observations and assessments of practice are more likely to have been based on their own experience, as in most cases they don’t have the benefit of a background in child development and early childhood pedagogy. In this context parents would be unlikely to observe staff to determine if particular practices demonstrated knowledge, rather they would be more looking to observe behaviours in respect to their own children.

The findings of Cryer’s and Burchinal’s (1997) study are important to the early childhood field’s understanding of parents and their perceptions of service provision, especially as it related to accreditation. If parents rate service quality higher than it is in reality, then the comments they provide to services during the self study reports are likely to be more positive than accurate. The Cryer and Burchinal study draws attention to parent subjectivity. However, if parents are to develop objectivity in relation to service quality, they need to be able to contribute to programs and see for themselves, how their contributions influence practice. When
parents and staff work together to develop a deep understanding of quality and how it can be achieved, objectivity is more likely.

Endsley et al. (1993) focused on parent involvement in early childhood services and considered its interrelationship with service quality. Communication with parents was identified as having parent meetings, scheduled conferences, open house/orientation, children's program/family social affairs, observation of program by parents, parent handbooks, regular notes on child’s behaviour, regular newsletter/announcements, occasional newsletter announcements, phone contact and posted information on bulletin boards. Parent participation was identified as being a volunteer for group work or individual activities for children, being a volunteer for field trips, for holiday celebrations and parties, as parent fundraising, helping at parent work days, collecting ‘junk’, making donations (eg. clothes), and involvement of parents in decisions concerning centre functioning.

Independent observers assessed and rated parent and staff interactions, and service directors were interviewed in the Endsley et al. (1993) study, to ascertain this information. Staff also completed questionnaires related to their valuing of parent-staff communications and a further observational investigation was undertaken (by two graduate students) to determine service quality.

The investigation was undertaken in 28 classes offering both infant and toddler and preschool aged programs across 16 licensed services. Fourteen classes were for preschool aged children and a further fourteen focused on either infant or toddler groups. There was no indication as to whether participating services were accredited by NAEYC.

Results of the investigation demonstrated that for the preschool classrooms, the more the staff formally communicated with parents the more parents participated in the centres. As well, directors who encouraged any one form of formal communication with parents also tended to encourage other activities as well. Likewise, these services tended to have staff who engaged in what was explained as
‘higher quality informal conversations’ with parents at transitions times such as when parents delivered children to the centre or picked them up at the end of the day. Yet these findings were only consistent for the preschool classrooms and did not appear across all areas for the infant and toddler programs participating in the study (Endsley et al., 1993). One reason parents from the preschool classrooms participated more in services than did parents of younger aged children was thought to be related to the director being more involved in the day to day operation of the older age group than with the infants and toddlers enrolled in the service.

Overall, Endsley et al. (1993) found that centre directors who encouraged parents to be involved in centres, were also likely to provide healthy, safe environments for children, along with positive peer-child and adult-child interactions. Yet, in this study, as with many others, only service staff were invited to report on parents’ participation. While independent reviewers observed parents and staff as they interacted, the content of their informal conversations were not included in this investigation.

This investigation focused on parent involvement in early childhood services, yet parents themselves were not asked if they would like to contribute to services in ways other than those suggested. Ironically, neither were parents provided with opportunities to contribute their ideas to the Endsley et al. (1993) investigation about their participation.

Of the twelve communication items identified through interviews with directors, only three made provision for two way interactions and information exchange which could influence the quality of programs provided for children. These were identified as ‘parent meetings’, ‘scheduled conferences’ and possibly the ‘phone contact’. Two other personal communication fora were the ‘children’s programs/family social affairs’ and ‘open house/orientation’ opportunities. The first suggests a more socially based interaction or communication while the second provides information to parents specifically about the service. Unless services
explain how parents can contribute or participate in services during the orientation process there appears to be little information or instruction to parents explaining the importance of their involvement and participation. All other formats suggested in the list appeared to rely on one-way written communications where staff passed on information to parents.

The nine parent participatory opportunities listed by Endsley et al. (1993) are in the main, support practices designed to assist staff in their daily functioning as providers of services. Only one item listed, ‘involvement of parents in decisions concerning centre functioning’ specified actual parent input and participation in the service at an operational level.

The point that parent participation is pertinent to quality is an important one, however, the nature of the opportunities identified as participation suggest that real collaborative participation does not occur. The parent involvement and participation opportunities listed are too restrictive. Furthermore as parent participation was only reported on by others, the validity of parents’ involvement as being considered beneficial by both staff and parents is questionable. Of course, parents should be asked directly about how they see their communications with staff and if they think their contributions to services promote or enhance the quality of care provided for their children. This is an important aspect of parent participation and parents need to be able to decide for themselves if they have sufficient opportunities to have their voices heard by staff about educating their children. As Karrby and Giota (1995) and McGurk (1997) note, parents and services should work together for a shared approach to childrearing, child caring and early childhood education so as to synchronise the child’s two environments, those of the home and the centre.

Research has informed current understandings of the significance of parent participation in early childhood services. Parent participation is said to enhance the quality of the service provided (Decker & Decker, 1988; McGurk, 1999; Willer, 1990). Yet it is evident that little investigation has focused on parents themselves as
users of services specifically intended to care for and educate their children. Very few studies have been conducted asking parents how they select and assess the services they use, or whether opportunities are available to them to contribute to the care and education of their children and positively influence service quality.

A view from the Netherlands.

The Netherlands like Australia, experienced rapid growth in the provision of early childhood care and education services as a result of changes in government policy implemented in the 1980s (Singer, 1996). As a result, most Dutch mothers now work at least part time, however, well educated parents in better paying jobs are seen to have benefited most from the government policy decision as employers invest less in child care for the children of unskilled and easily replaceable employees (Singer, 1996).

According to Singer (1996), as in other parts of the world, discussions in the Netherlands about child care rarely included parental options. To rectify this, she conducted two separate studies. One has focused on parents with children in child care centres, whilst a second study has questioned parents about the use of two different forms of child care, such as family day care and centre based care.

An important finding was that middle-class parents’ wishes appeared to be profoundly different from experts’ thinking regarding quality child care. Parents, in general, had asked, two questions when judging the quality of child care facilities. The first question was “Could parents leave their children there (in this centre) when they worked”? and “was the day care good for the child”? (Singer, 1996). Although the first question may seem unusual it is important to realise that many working parents are only employed part-time and the hours of operation for many services do not correspond to parents’ employment hours.

Singer (1996) reported that Dutch parents have ‘very modest expectations’ of child care services, although they are still significant. First they want positive
interactions between the people involved. Parents believe that the atmosphere and the way staff treat children should be pleasant, homely, relaxed and loving. Staff interactions with parents at the end of the day, sharing something personal about the child, is seen as an important selling point demonstrating the quality of the service provided (Singer, 1991 cited in Singer, 1996).

Singer also reported how parents wanted their children to learn good manners, obedience and skills related to socialising with other children. It appears that parents admitted to being reluctant, and found it somewhat difficult, to discipline their children at home because they did not want to undermine their children's spontaneity. As a result these parents apparently welcomed the supplemental discipline of the centres they used. In addition many parents wanted their children's caregivers to encourage creativity and imagination (Singer, 1996). According to Singer, middle-class parents have little affinity with pedagogic or lofty goals set for child care services by local governments or field experts, yet, she also noted that parents reported that day care centres rarely informed them (the parents) of the centres' pedagogic policies (Singer, 1991, cited Singer, 1996).

Overall, Singer concluded that working parents made their decisions about child care services based on all aspects of their families' circumstances. In addition to convenience parents wanted high quality child care, defined broadly in this study as, above all, pleasant and homely. However, although this may be what parents wanted Singer's findings showed Dutch centres seldom included parents in discussions regarding their pedagogic policies, consequently parents had very few opportunities to express their own pedagogic and care wishes to the services they used. Accordingly, Dutch parents believed there was a great deal of room for improvement related to the exchange of information between parents and staff (Singer, 1996).

Although this study appears to have concentrated on parents' feelings related to the guilt they experienced at leaving their children, it is still an important study. Its
significance lies in the fact that it is one of the few investigations highlighting parents' desire to discuss with staff their own pedagogical views and the expectations they as consumers hold for the services they use. This Dutch study has reinforced the need to identify how parents perceive collaboration and if they see their communications with staff as being instrumental in the development of a shared approach to service provision. As the Australian QIAS has identified parent collaboration on service policies and goals and evaluation of programs as necessary for quality service provision, there is a need to identify and understand how services communicate and invite such parent participation in accredited Australian early childhood services.

A Swedish view.

In Sweden, child care is an important part of the welfare system and an expansion of child care service provision has been important for families with under school aged children. The main function of early childhood services is to enable parents to participate in the workforce or undertake study (Karrby & Giota, 1995). An investigation by Karrby and Giota (1995), focused on Swedish parents' concepts of quality in day care centres to determine if there were any connections between parents' and professionals' ratings of quality.

In this study, parents were asked to complete a questionnaire which was based on experiences drawn from both Swedish and international research on quality and parental perceptions of child care. The aspects of service provision that parents were asked to rate were based on theoretical considerations about the importance of interaction between the child's two worlds, the home and the day care centre. Independent observations of the services were used to assess each service's quality using the Early Childhood Environment Rating Scale (ECERS) (Karrby & Giota, 1995). While expectations and perceptions may be culturally constructed, the Swedish investigators indicated that they believed the ECERS was appropriate for
their investigation even though it was originally developed to assess American cultural practices.

The primary function of the services, according to parents participating in this study, was to provide children with educational opportunities and to promote children's social skills. Parents were also asked to respond qualitatively, explaining and rating the overall quality of the services they used. Karrby and Giota (1995) noted how parents' responses could be classified according to two criteria. The first identified the personal characteristics of the personnel employed with qualifier statements used such as ambitious, engaging with the children, ability to cooperate and flexibility. The second category related to professional competence and awareness of educational goals.

Parents using services which had been rated by the investigators as providing high quality care and education, also rated these services as being of high quality. These parents were also more satisfied with the degree of emphasis personnel gave to different activities and how well personnel succeed in their practices. These same parents also rated a greater number of 'child development' or 'educational' aspects of the services as important than did parents with children attending low quality centres. Another significant point raised by Karrby and Giota (1995) was that parents in high quality services saw the child care service as a complement to the home.

Conversely, although many parents reported that they were well informed about the overall goals of programs, routines and physical care provided to their children, many also said they did not receive information about important child rearing and educational matters such as the development of the child, or how conflicts were handled or meaningful events in services. Another area of disquiet for these parents was related to parent participation. For some parents there was little opportunity to contribute ideas or take part in decision making, planning, helping or parent meetings (Karrby & Giota, 1995).
What is important about these findings is that, for whatever reason, parents were not satisfied with the present situation. They reported they lacked information about quality aspects of their services and had insufficient insight into the daily life of the centres, the educational programs provided and knowledge about what happens to their children. Yet, these parents could in many instances determine the level of quality provided to their children judging things to be “good” or saying it “could be better” in relevant areas of service operation.

There are two outcomes from this research that Karrby and Giota (1995) say require further investigation. The first they identified as the need to determine if parents are encouraged to contribute to services and secondly to ask parents if they believe their contributions have led to a higher level of service quality.

A view from the United Kingdom.

Long et al. (1996) used an open-ended questionnaire to investigate the parental perceptions and choices of child care used by 275 parents in a range of different child care services. These included home arrangements provided by nannies, au pairs or babysitters. Out of home care was, in this study, provided in some cases by grandparents as well as the more formal arrangements provided through creches and nursery schools.

By and large, Long et al. (1996) found that parents believed that they had made the right choice for their children from amongst the range of options available to them. These parents expected their children to progress as a result of the care provided, whether it was within a home or centre context. Yet, according to the information provided by parents in this investigation, they have only limited knowledge upon which to base their choices and collectively have stereotypical views of the meaning of progress. In addition to this, parents’ priorities for service choices were related to concerns about affordability and that the hours of care coincided with parents’ employment obligations. Last of all, parents were concerned...
with the care and educational improvements of their children (Long et al., 1996).

Careful analysis of information in the Long et al. (1996) study, shows cause for disquiet for early childhood and child development professionals as parents seemed to place more emphasis on educational activities than the care provided and social interaction was seen to be of least importance to many of the parents. Furthermore, parents expressed little awareness that early childhood care and education could or should involve social values. Although parents indicated that they wanted their children to be in a 'happy environment' they did not define what this entailed. Further to this parents did not state that feedback about their children's progress was necessary nor were they aware of the individual needs of their children or if their children were actually happy at the services they attended. There was no mention that children should be prepared to make the transition from parental care to another person and the overwhelming feeling was that as long as the child was not unhappy then the child care arrangement was acceptable (Long et al., 1996).

At first glance, it would appear from this investigation that parents felt that they had sufficient knowledge to make decisions about their children's early childhood care and education arrangements. To a large extent their initial confidence in service selection was based on conversations and the sharing of information amongst friends rather than approaching educational 'experts' or reviewing magazines or books about child care. Yet, the majority of these same parents said they would appreciate access to further information prior to making their decisions.

As previously indicated this investigation was undertaken using an open ended questionnaire to determine the range of services used and the satisfaction parents had with them. It also sought to show the expectations parents held regarding ideal child care arrangements and to highlight the information parents relied on when making their child care decisions. As well, parents were asked to recall typical activities undertaken by their children when attending services. Although open questions enabled parents to respond according to their own reading of the questions,
the findings in this study addressed both parent comments and drew attention to what was not mentioned by parents as well. This may be problematic as an instrument based solely on open questions is frequently subject to criticism on the grounds of reliability (Thorndike & Hagen, 1961). The results highlighted how parents perceived and chose child care services for their children. They also emphasise the need for information about quality early childhood services to enable parents to become more informed and aware consumers.

*A Nigerian view.*

Child care services are also attracting attention in Nigeria due to an increasing number of women participating in the workforce and the rise of single parents and dual career parents. This change in childrearing patterns has increased the recognition of the needs of young children in terms of the social and intellectual stimulation provided by child care services. Most early childhood services in Nigeria are profitable enterprises with very few non-profit organisations providing services. According to Ogbimi (1992), the services available are expected to perform a 'custodial' function as well as provide early childhood education for the children enrolled.

As little information was available about the services parents used, Ogbimi (1992) undertook an investigation of mothers with children enrolled and attending 42 nursery day care centres. The focus of her investigation was to determine what motivated mothers to choose particular early childhood services for their children and how they made their decisions. Using a semi structured questionnaire Ogbimi solicited information about mothers' backgrounds, and then listed items describing expectations of services provided, which were ranked according to relevance. Mothers were then asked to give four reasons explaining why they chose the particular service they each were using.
Results indicated that the mothers in this investigation were most concerned with the physical care given to children, the reliability of the service and its convenience to parents, regarding hours of service operation or location and that friends recommended the service. These mothers were least concerned with staff qualifications and adequacy of space provided for children’s play and interactions. These findings were of importance to the investigator as she identified that most of the facilities providing care and education for children in this study, accepted large numbers of children, without having adequate space or the resources to cater for children’s needs.

Ogbimi’s (1992) motivation for undertaking this investigation was to ultimately improve early childhood services in Nigeria. Of course, similar questions are also pertinent to all countries engaged in the provision of out of home care and education services for young children.

_A view from Australia._

In Australia, prior to the introduction of the QIAS, Williams and Ainley (1994) undertook a study, examining the concepts of child care quality from the perspectives of parents, child care workers and tertiary supervisors of child care services. The study, conducted in 1991, was designed to compare the ratings of a number of criteria used for determining quality, and participants were asked to rate elements according to importance on a questionnaire.

The questionnaire contained eleven different elements which were generated through professional debate. These related to, (1) administration; (2) staff qualifications; (3) staff:parent interaction; (4) long term planning; (5) evaluation; (6) nutrition program; (7) staff:child interaction; (8) physical environment; (9) health and safety; (10) planning for children and (11) routines. Each element was accompanied by a short explanatory statement and participants were asked to rate them according to their importance for the provision of quality child care. They were
also asked to identify the three most significant indicators of quality and the three least significant indicators of quality (Williams & Ainley, 1994).

A total of 60 participants were involved in the study. There were 20 representatives from each of the following three groups; parents, child care workers and child care tertiary supervisors. All 20 parent participants were using child care services at the time of the investigation and all 20 child care workers held a basic two year child care qualification and were undertaking further study on a part-time basis to complete a third year of training. The 20 tertiary supervisors were practicum supervisors employed by the Institute of Early Childhood Studies in Victoria.

The results of the study indicated that each participant group identified all elements in the questionnaire as being important in the provision of quality child care. However, whilst there was very close agreement by all groups in respect of "staff:child interaction" and "health and safety" issues, there were differences between the responses of the parent group and the two professional groups, on the other nine elements in the questionnaire.

Parents did not rate as many of the criteria as high in importance as did the other two groups. The areas of greatest divergency between the participant groups were those related to administration of the service, staff qualifications, and staff:parent interactions (Williams & Ainley, 1994). It is significant that staff parent interactions were identified by all three respondent groups as being important to quality, yet, this was also an area of significant difference between the three groups.

When looked at more closely, the report identifies how parents rated this element (staff parent interactions) higher than child care workers did but not so highly as did the tertiary supervisors (Williams & Ainley, 1994). This point is important given that there has been a great deal written in early childhood publications used for training purposes, about the benefits of parent:staff interactions (Brand, 1996; Caulfield, 1996; Davies, 1997; Epstein & Sanders, 1998; Gellens, 1998; Hepworth-Berger,
1996; Powell, 1998; Swick, Grafwallner, Cockey, Roach, Davidson, Mayor & Gardner, 1997).

If parents are to contribute to the quality of early childhood care and education provided for their children they must have opportunities to share ideas and engage in discussions with staff about the service provided. Staff need to be welcoming and supportive of parents' comments and their evaluation of services in order for parents are to be able to positively influence service quality.

The concept of family-centred practice has emerged from movements recognising the rights of families as consumers as well as from research identifying the multiple influences of children's development. It is for these reasons that all early childhood staff need to participate in and encourage open and shared communications with families (McBride, 1999).

It was during the time of Williams' and Ainley's (1994) investigation that the Quality Improvement and Accreditation System was implemented. Williams and Ainley raised an important point in the discussion section of their report. They postulated the possibility of the accreditation process changing the perceptions parents held about the components necessary for quality to be present in early childhood services. Given the results of this study a second question also remains unasked. Would QIAS affect staff perceptions of the importance of staff:parent interactions and as a result would parents be invited to participate in or contribute to services to promote quality service provision? Given that this was identified as the process by which shared perceptions of quality service provision could be developed, further questions about parents' involvement with services and relevance of communications between staff and parents should perhaps be raised.

Also at this time, June 1994, (publication of Williams' & Ainley's investigation and implementation of QIAS) results of earlier research undertaken by Rodd and Milikan (1994) were published. Rodd and Milikan focused their
investigation on parental perceptions of early childhood services for pre-primary children (4 year old children).

Rodd and Milikan (1994) were interested in various aspects of parent utilisation of early childhood services, the time children spent in different settings and why parents selected or chose not to select various service types. They were also interested in the extra school curricula activities and 'quality time' parents spent with their children. Further to this, they investigated parental opinion about children's readiness for school and, more relevant to this investigation, they wanted to know what expectations parents held for services chosen for their children and how they discerned the quality. Of interest in my review of the literature are the latter questions about what parents expected from early childhood services and how they discerned the quality of these services. These specific points have been selected as they contribute to the development of a relevant background to the investigation I have undertaken focusing on parents' perceptions of quality early childhood services.

In Rodd's and Milikan's (1994) study, trained local interviewers representing eight geographical regions of Victoria approached parents with children in specific types of early childhood services. These services included, family day care, occasional care, long day care and kindergartens. Parents choosing not to use early childhood services were recruited through local Maternal and Child Health staff. All parents participated in structured interviews where they were asked for biographical information about their families, the services their children attended and their rationale for making this choice. To gain greater insight parents were also asked a number of open ended questions. Responses relevant to parent perceptions of quality included consumer satisfaction which was reported as positive and negative reasons for service choice.

Of the 175 families participating in the study more than half (93) did not use any formal services. Of those using formal services, 42 families used preschool or
kindergarten programs while 33 families used a combination of preschool and long day care services. Seven families chose to use only long day care services. Although 'Family Day Care' and 'Occasional Care' services were nominated and included in other areas of the report there were no figures identifying the number of families using them.

Rodd and Milikan (1994) noted that parent satisfaction with long day care centres was based on the safety and security of the centre structure while the policies and procedures implemented were identified as important reasons for service choice. As well, parents' satisfaction with long day care services was related to the professional aspects of the staff employed and the opportunities for children to interact with peers. Parent satisfaction with kindergarten services highlighted differences in preferred criteria. The opportunity for children to socialise was again noted, however, its educational value and opportunity for parent participation were listed as positive reasons for selecting kindergartens.

Parents' negative views or dissatisfaction with the specified types of formal services were also identified. Private services were perceived as being focused on profit making, with limited hours of service making them unsuitable to meet working parents' needs. Long day care services were seen to lack educational content, were expensive and were unable to offer siblings access to services on the same days.

Kindergartens were seen to operate unsuitable hours, were inaccessible by public transport and used a ballot system for enrolment. Parents were often dissatisfied with the quality of the service and staff, noting teachers as being unapproachable. They were also critical of services requiring parents to participate by fundraising to provide resources for children's learning. It is important to note that parents in this investigation identified more dissatisfaction than satisfaction with services used.

Although parents were clear in what they regarded as important for the care and education of their children, their overriding anxiety and dissatisfaction in this
investigation, was related to the lack of flexibility of the hours of operation, to meet parents' work commitments (Rodd & Milikan, 1994). This is an interesting point. Parents of children in kindergarten, critical of the inflexibility of hours still wanted kindergarten (educational) services for their children whilst they worked. This correlates strongly with parents who were dissatisfied with the lack of sufficient educational programs in long day care services. This indicates that working parents wanted either kindergartens to operate with long day care hours or educational programs to be incorporated within long day care services.

Generally speaking these comments indicate that parents perceive kindergarten and long day care services performing different functions. Whilst kindergartens are seen to be supporting the education of children long day care is viewed as having insufficient educational content. Rodd and Milikan (1994) did not address these points in their discussion even though their inquiry was said to investigate factors behind parental choice.

This investigation focused on children's year prior to school with parents of children in a range of settings invited to participate. Whilst parents used family day care, occasional care, long day care, kindergarten services and relatives, friends and baby sitters the number of each service type accessed by parents was not included in the report nor was there any indication of the proportion of community based or private "for profit" services. The frequency of comments detailing positive and negative perceptions of service types also inhibits clear understanding of the data. This is an important point as 64.6% of parents participating in the investigation were working parents yet only seven families were reported as using long day care programs which were reported to be expensive and have unsuitable hours for working parents.

One of the goals of the Rodd's and Milikan's (1994) study was to identify the nature of problems encountered by parents. A range of problems or dissatisfaction with aspects of each service type was evident with two areas common to both long
day care and kindergarten settings. The first, highlighted the lack of opportunity afforded to parents to have input or involvement in services. The second identified insufficient communication between staff and parents.

The report did not include comment or explanation of parents' experiences or desired experience to be involved in services. This is a serious omission given that parents using both main service types (kindergarten and long day care) identified the lack of opportunity to be involved, as a problem.

However, Rodd and Milikan (1994) did report that parents identifying communication between staff and parents as problematic would have preferred regular formal and specific reports on their children's developmental progress, feedback about how their children were relating to others socially and how well their children were learning. This detail does provide some insight into the nature of information parents are seeking about their children.

In Rodd's and Milikan's (1994) investigation the use of structured interviews using set open-ended questions is seen to be problematic as there was little room for investigators to explore parents' responses further. Had the interviews been informal using the questions as mere triggers then further probing for understanding the problems parents encountered would have been possible (Goodwin & Goodwin, 1996). So, even though parents indicated that they would have preferred more feedback from services they were not asked if opportunity was available for them to request this information or if they were able to contribute to programs. It would appear therefore that although the parents in this study use a variety of formal early childhood services and would like to participate in some way, this was not available to them, nor was its possibility explored in this investigation.

As well as a general dissatisfaction Rodd and Milikan (1994) identified four factors which appeared to be important to parents when selecting early childhood services for their children. These were, (i) availability within the local area, (ii) affordability, (iii) operating hours and finally (iv) program quality which related to
Qualifications of staff employed and the educational program provided to children. However, convenience and location appeared to override educational or learning criteria when parents made their service selection.

The Williams and Ainley (1994) and Rodd and Milikan (1994) studies contribute in a limited way, to the pool of information about parents’ satisfaction with the early childhood services their children attend. They have also identified, albeit again in a restricted manner, what parents seek when looking for services to address their families’ needs. They were not, however, able to provide insights into precisely how parents want to be engaged with these services or if they would want to contribute to the care and educational programs developed for their children. The questions raised by Williams and Ainley (1994) eight years ago about the influence of QIAS on parents’ perceptions of early childhood service quality still remain unanswered.

Since the accreditation of early childhood services began in Australia in 1994, only one investigation has been conducted. This, like other reviews and investigations undertaken in America had limitations as it too was based on single source reports of service providers (See Chapter 2 Review of accreditation: The Australian program). In response to this limited research focus I undertook an investigative study to identify if there were differing perspectives of quality in accredited child care services (Elliott, 1996). The study compared parent, staff and management perceptions of quality based on the criteria identified by the QIAS handbook, ‘Putting children first’ (NCAC, 1993). Parents, staff and management from twenty formally accredited early childhood services in the greater Western Sydney area participated in the study. These services operated under a range of different management formats including community based, local government and church auspice, as well as private sector: commercial and work based programs.

The study looked at perspectives of quality in an attempt to differentiate between the three stakeholder groups of parents, staff and management. Participants
were asked to complete a questionnaire developed from the 52 principles of accreditation with additional space provided for further comments. Generally speaking the results showed that parents, staff and management shared perceptions of high quality service provision and practices for the majority of principles. Yet, in spite of these shared perceptions, paradoxically the majority of services participating in the study were only accredited for one, rather than the maximum three years. What these results highlight is a mismatch between participants’ perceptions and services’ ability to deliver ‘quality’ programs, as assessed by the NCAC (Elliott, 1996).

Analysis of comments from parents were reviewed to ascertain their perceptions of the strengths and limitations of current early childhood practices. The results indicated that changes to services were needed to ensure better quality care and education was made available for their children. Whilst parents commented on the caring relationships staff have with their children, they appeared to have little knowledge about the educational content of programs. Parents made note that they were unaware of the developmental skills being fostered or the teaching content of programs developed (Elliott, 1996).

Parents also noted that they were not involved in the evaluation of programs, nor were they invited to contribute to programming. Some parents said they had attempted to make suggestions but their ideas and contributions had fallen on ‘deaf ears’ (Elliott, 1996). A strong need for consistent staffing to ensure continuity for the children as well as for themselves as parents was also identified. What was noted in this study was the degree of inconsistency between parent ratings and their responses to open-ended questions. Whilst the ratings were high in respect to quality in the services they were familiar with, their comments highlighted considerable dissatisfaction, a finding consistent with much of the research previously reviewed (Elliott, 1996).
The QIAS process has been said to promote a shared understanding or perception of what constitutes quality in early childhood services (Bryce & Johnson, 1995; Creaser, 1994; Gifford, 1992; Kelly, 1992; Wangmann, 1994b). Yet, in this investigation I noted that most service users acknowledged their own lack of understanding or knowledge about programs. More importantly was the lack of opportunity for parents to access important information simply because they were not invited to participate or were discouraged from contributing. So, contradictory to the reported findings of "shared understanding" (Bryce & Johnson, 1995; Creaser, 1994; Gifford, 1992; Kelly, 1992; Wangmann, 1994b), in my study, the shared 'understandings' were ideological rather than real.

Whilst my study provided new insights, there were limitations in that it did not provide sufficient information about what parents look for when choosing services for their children or how they evaluate service quality. Moreover, specific questions related to communication between staff and parents dealt only with one way communication systems implemented by many services. While staff provided information in notices on communication boards, newsletters and minutes from meetings, communication with parents about educational programs, service philosophy and stated goals appear not to have been made available to parents. Finally, parents reported that they were not consulted on the program nor were they invited to work with staff to evaluate the effectiveness of it. Parent participation in this investigation tended to focus only on social or fun events (Elliott, 1996).

Recently Liu, Yeung and Farmer (2001) have looked at parents' perceptions of early childhood service provision. A total of 100 parents from 15 long day care and education services throughout metropolitan Sydney were surveyed to obtain their views about the care and education offered in services. Responses from parents with children under and over three years of age were compared. All parents were asked to rate 20 statements on an eight point scale. Three separate sets of six statements were asked, the first about parents' perceptions of their children's current
educational experiences and the second set focused on whether qualified staff are necessary to help children achieve educational goals. The third set of six statements focused on whether services should “mind” or “educate” children. The final two statements related to the gender of staff and queried if the professional standing of ‘early childhood’ should be raised.

Liu et al. (2001) reported that there were no significant differences between the responses from parents with younger or older children. All parents perceived it as important for their children to be cared for well and expected staff to address all areas of their children’s development as well as prepare them for future schooling irrespective of the child’s age. As well, parents in this investigation thought it necessary to employ qualified staff for their children to achieve educational goals.

Whilst the investigation asked what parents want from day care services it did not provide insights into how parents assessed and selected services which meet their families’ needs. Nor did the investigation explore whether parents were involved with the development of their children’s educational goals. This study is timely in that it challenges the view that parents value the caregiving functions of services more when their children are young and educational experiences, once their children reach the age of three years.

**Discrepant Views**

Investigations undertaken by the Cost Quality and Outcomes Team (1995), Cryer and Burchinal (1997), Elliott (1996), and Singer (1996) have noted how evaluations of service quality by professional observers and parents are discrepant. This disparity has highlighted four fundamental considerations which appear to affect parents’ choice of early childhood care and education arrangements. These considerations identified by the Cost Quality and Outcomes Team (1996), and Rodd and Milikan (1994) are (i) parent’s own perception of quality, (ii) whether or not parents can afford the fees charged, (iii) the suitability of geographic location and
(iv) service hours to meet family needs.

Parents have the right to choose the quality of care and education they want for their children but they must have sufficient information to be able to make informed choices (Gifford, 1992; Reisman, 1996). Gifford (1992) noted that parents are able to recognise when their children are in good programs, however, they may not detect lower standards unless they have actually had personal experience with better programs. Another barrier concerns the social perceptions of the wider community which suggest that the integrated nature of care and education in early childhood centres is not well understood. This is one of the key points central to the quality issue, according to Reisman (1996).

Even so as Wortham (1998) notes, when many parents look for services to address their under school aged children's care and education needs they seek more than simply convenience. Parents look for cleanliness, the characteristics of staff members and the amount and quality of materials available to the children. As well, he said, parents are now becoming more aware of the programs offered and are wanting to know more about the type of learning activities provided for their children each day. Reisman (1996) concurs, but explains how each category of description appears to be tempered depending on the age of the child being placed in care and to a lesser degree by parents’ educational level of education, family income or cultural background (Larner, 1994).

Professionals are said to describe child care quality in terms of inputs identified as interactions occurring between caregivers and children, adult:child ratios, working environments and employment conditions, as well as staff qualifications and knowledge of child development. They also, along with parents, evaluate early childhood care and education services according to how well services provide safe, nurturing environments which provide interesting experiences for children (Bredekamp, 1990; Doherty-Derkowsky, 1995; Larner, 1994; Willer, 1990).

Accreditation has been instrumental in developing community awareness of
the field of early childhood in Australia and in the United States. It is said that in the past there was little recognition of the work and the worth of early childhood professionals and limited community understanding of the nature of educational programs offered to children attending early childhood services (NCAC, 1993). The process of collaborative review and the development of shared perceptions promoted through the accreditation process of services has done much to rectify this. What has resulted is a greater mutual understanding of the nature of the responsibilities associated with providing quality programs for children in early childhood services (Bredekamp & Glowacki, 1996b; Doherty, 1991; Smith, 1992/93; Willer, 1990).

Although in the last two decades there has been emphasis on the partnership process and collaboration between parents and professionals within both the health and education realm, there are few studies which specifically explore parents’ attitudes toward and expectations of early childhood care and education (Long et al., 1996). Certainly studies undertaken internationally as well as the limited research undertaken in Australia during the past eight years reviewing the accreditation process, have indicated that the collaborative process of self review, by staff and parents promotes the development of a "shared understanding" of criteria identifying quality practices. As a result services have been able to implement changes in staff practice and service management which has improved their quality (Bredekamp & Glowacki, 1996b; Bryce & Johnson, 1995; Endsley et al., 1993; Creaser, 1994; Gifford, 1992; Kelly, 1992; Wangmann, 1994b). Still, the research has in most cases been through the self report of service providers, rather than parents contributing their own voices and ideas to the discussion. Even where parents have been asked directly about their views on quality service provision or about contributions they have made to services there is limited information available.

A review of the literature indicates that parents’ attitudes and expectations related the nature of the care desired for their young children has been explored. Less information was available however, about parents’ engagement with services to
promote a shared approach to quality care and education even though this is said to be an important aspect and outcome of the accreditation process. This lack of investigation appears contradictory, given the rhetoric by the profession about the significance and necessity of parental involvement in services and the need to include parents in all aspects of service provision (Arthur, Beecher, Dockett, Farmer & Death, 1996; Bredekamp, 1987; Caulfield, 1996; Doherty-Derkowski, 1995; Hepworth-Berger, 1996; McBride, 1999; Powell, 1998; Stonehouse, 1988). If parent participation and contribution is important for high quality service provision then the question needs to be asked why have not parents been the focus to these research related issues?

Summary and Conclusion

As identified earlier by Long et al. (1996), few studies have been conducted which explore parents’ attitudes toward and expectations of the early childhood care and education provided by services. Investigations have focused on quality service provision using instruments designed by and for the early childhood profession (See Cryer & Burchinal, 1997; Karrby & Giota, 1995) or have looked at parent involvement as an indicator of service quality (See Endsley et al., 1993). There appears to have been little attempt to investigate parents’ perceptions of quality nor question their engagement with services to enhance the quality of the services provided to their children.

Research has indicated that parents want to know about quality and seek information from friends rather than choose indiscriminately (Long et al., 1996; Ogbimi, 1992). As the Australian NCAC does provide information for parents to help them choose appropriately for their families, it is important to determine if they use this service to assist them in their selection of early childhood care and education services for their children.
While comparisons have been reported about differences between parents' and professional viewpoints (See McKim, 1993; Williams & Ainley, 1994), there appears to be a need for additional information to facilitate understanding of the nature of differences between parent and professional concepts of quality (Elliott, 1996; EPAC, 1996b; Long et al., 1996). Hence, this investigation focused on the criteria parents identified as being important when selecting and evaluating early childhood services to meet families' needs.

The professional voices of early childhood quality advocates are well represented in the literature and the necessity for children to receive high quality early childhood education and care has been the premise upon which accreditation has been implemented both in Australia and America. Notwithstanding, this awareness by the field and the recognised necessity for parent input into service management and programming, parents' voices are still relatively silent. This investigation seeks to determine the degree of convergence between parents' perception of quality and the accreditation criteria. It explores how satisfied parents are with the services they use and how they evaluate children's experiences given that they are not present for most of the day. This investigation seeks to find out how parents engage with service staff to positively influencing service quality and finally it looks at how aware parents are of the accreditation system and the information services provided by the NCAC to assist parents in their decision making regarding quality early childhood services for their children.

By developing a greater awareness of how parents perceive quality service provision the early childhood profession will be in a position to enter more ably into discussions with parents. Then with a shared focus, staff and parents together can approach the development and maintenance of high quality services for all children in Australia. Parents' voices have not been heard despite various investigations. Now in the 21st century with more parents than ever requiring the services of out of home care for under school aged children (ABS, 1999; AIHW, 2001), there is a need to
listen to parents and respond to their opinions to ensure the highest quality outcomes for all children.

In the following chapter (Chapter 4) the participants, protocols, instruments and procedures are explained and a detailed description of the methodologies adopted for this investigation are given. In particular, the theory and rationale behind phenomenography as a qualitative research method are explored (Huck & Cormier, 1996).
CHAPTER 4: METHODOLOGY

Introduction

This investigation is set within the context of limited knowledge about parents’ experiences with early childhood care and education services and their perceptions of early childhood service ‘quality’. Through three separate but interrelated phases using three distinct data collection methods this investigation sought to address these issues. The first phase required in-depth interviews, the second phase used questionnaires and in the third phase collected data were generated through focus group discussion. All participants were parents with young children attending accredited early childhood care and education services located within the Greater Western Sydney area. The area identified is bounded by the suburbs of Marrickville (inner western area) to Richmond and Penrith (outer western area) and from Pennant Hills (north-west) to Liverpool (south-west area). The residential areas within these suburban boundaries reflects the broad socioeconomic and culturally diverse Sydney population (ABS, 2001).

Chapters 1 and 2 outlined issues related to quality and the development of accreditation of early childhood services both overseas and in Australia. However, as little is known about the criteria parents use when selecting services for their underschool-aged children, Chapter 3 examined and critiqued parents’ perceptions of early childhood services.

Children’s long term development and motivation to learn is promoted through the provision of quality early childhood services (Endsley, Minish & Zhou, 1993). Integral to service ‘quality’ is the formation of stable relationships between parents and staff which promote links between children’s homes and services used (Bronfenbrenner & Morris, 1998).
Australia's accreditation system the Quality Improvement and Accreditation System (QIAS) has a number of underlying values. One of these is to foster positive relationships between staff and parents so that each can support the other in their complementary roles of caring and educating under school-aged children and to ensure continuity between children's homes and programs within early childhood services (National Childcare Accreditation Council (NCAC), 1993).

As Bronfenbrenner and Morris (1998) explain, the links between any two child rearing settings must be supportive to positively impact on the child when in either setting. Parents therefore, were asked about the opportunities made available to them to engage with service staff in order to contribute to their children's care and education thus facilitating these linkages. The extent to which opportunities are available and whether appropriate links are in place has not been explored to date, and were the focus of the present investigation.

The National Childcare Accreditation Council (NCAC) provides a number of information and support services which are designed to inform parents about QIAS and to assist parents choose quality early childhood services for their children. Parents' understanding of QIAS and their use of the associated support services provided by the NCAC have, to date, not been investigated hence this research was also designed to address these issues.

Chapters 1, 2 and 3 have highlighted the need for further research concerning parents' understanding of 'quality' as consumers of services catering to the care and education of children under-school-age. As Susskind (2000) noted, service providers need to have a broad appreciation of their client group if they are to address their needs and provide them with relevant services.

This Chapter now outlines the methodologies implemented to investigate parents' selection and assessment of early childhood services. The Chapter also details the extent to which parents' judgements about quality match those found in the principles and indicators of quality identified by QIAS. Questionnaires were used
to gain an indication of parents’ satisfaction with services and the processes used to assess their children’s experiences when in child care. Expressions of satisfaction convey tacit approval in relation to the quality of those services as most parents are unlikely to leave their children in services deemed to be ‘unsatisfactory’. Parent satisfaction is one indicator of product performance (Dahlberg, Moss & Pence, 1999).

All parents invited to participate in this investigation were recruited by individual service providers using direct or indirect means. Licensees or service directors either asked parents in person or used a notice placed in the foyer of services inviting participation.

In the first phase, parents were interviewed and asked to report on the phenomena of quality as it related to their experiences and expectations of early childhood service provision. Marton (1994) points out that although individuals’ experiences of phenomena are different there are a limited number of ways in which individuals can and do understand them. As well, an individual’s understanding can never be described separately from the phenomenon being understood. In this context, it can be concluded that parents’ understandings of early childhood service quality have been influenced by their personal experiences. The phenomena specifically examined in this investigation, are the characteristics of quality described by parents as the criteria they used when selecting and enrolling their children in early childhood services.

In the second phase of the investigation parents completed a questionnaire. Questionnaires according to Babbie (1995) are an appropriate research tool, enabling researchers to collect original data from a sizeable population which would be too large to observe directly. A questionnaire is a document containing questions and other types of items designed to solicit information appropriate to analysis. They are a self-report method used for data collection.

The third and final phase involved the participation of parents in focus
groups. The focus group situation is a non-threatening environment where discussions are promoted, providing opportunity for participants to share their ideas and perceptions. Focus groups provide a unique opportunity for participants to influence and be influenced by others’ ideas thus providing a situation where the synergy of the group adds depth and insight to the focused discussion. Focus groups are used increasingly by researchers to discover community preferences by encouraging individuals to explain what is important to them. New insights are thus gained into how and why people feel and think they way they do (Anderson, 1990; Krueger, 1994).

**Methodological Considerations**

The investigation used both emergent qualitative processes (Guba & Lincoln, 1989) and descriptive statistics (Huck & Cormier, 1996) for the analysis of accumulated data. Each approach has unique strengths which, when used together offer complementary analysis of a complex issue. The convergence of the outcomes of each more definitely and more credibly establish the accuracy of the results of the whole investigation (Goodwin & Goodwin, 1996).

Allan (1991) noted how in some circumstances qualitative research is often used as a precursor for additional quantitative investigation because qualitative information enables researchers to generate varied ideas and hypotheses. In many cases these ideas are explored and tested using quantitative methods. The quantitative methods used for conducting research are numerous, however, such methods generally follow a deductive approach to the generation of knowledge using highly structured procedures and measuring instruments.

The use of quantitative research methods in the systematic observations of social life involves finding and understanding patterns among what is observed. Social research conducted in this manner is organised around two activities;
measurement and interpretation. Researchers measure aspects of social reality and then draw conclusions about the meaning of what was measured. The descriptive statistics are then summarised, analysed and presented in a form easily organised and managed (Babbie, 1995).

Various individuals have contributed to our understanding of the benefits of different methods used for collecting and analysing data. Wolcott (1994) explains the importance of situating the methodology used in research within an appropriate body of literature. As Goetz and Le Compte (1984, p. ix) state, "...good research, regardless of the model followed, must fit the questions asked and must adhere to certain operational canons."

Allan (1991) noted that arguments abound contrasting quantitative or qualitative approaches to investigation. One perspective he says, involves the mode of data used. Quantitative approaches require interval or ordinal data which are amenable to statistical manipulation as mentioned above. In comparison, data from qualitative methods require a different mode of analysis. Allan says it is also important to recognise the distinctions between these two methods of investigation as the differences are greater than simply the data processing procedures. Allan's explanation of the differences between quantitative and qualitative methodologies, highlights the point that each approach reflects a different theoretical base and different views about what information counts as valid data.

According to Strauss and Corbin (1990), some areas of study are seen naturally to lend themselves more to qualitative types of research. Amongst these is research which attempts to uncover the nature of persons' experiences with a phenomenon. Thus a qualitative approach appears appropriate in the case of parents' expectations of and experiences with early childhood services. Such qualitative methods can be used to uncover or understand what lies behind a phenomenon about which little is known or alternatively to gain a fresh understanding about that which
is already known. Qualitative methods can also give intricate details of phenomena that are difficult to convey with quantitative methods (Strauss & Corbin, 1990).

Experiences identified through qualitative data can also be coded in a manner that allows them to be analysed statistically. In these circumstances the researcher is in effect, quantifying qualitative data (Strauss & Corbin, 1990). The purpose of this approach is to find out and understand patterns which describe the data. Descriptive statistics summarise data which can then be analysed and presented in a diagrammatic or table form (Babbie, 1995). One such approach is univariate analysis which is the examination of the distribution of cases on only one variable as in frequency distributions (Babbie, 1995; Huck & Cormier, 1996). Univariate analysis has been used with the data collected through questionnaires in this study.

To profit from the unique strengths inherent in both qualitative and quantitative methodologies, the three approaches to data collection used in this investigation were designed to complement each other. Each approach corresponded to a particular phase of the investigation which in turn influenced each subsequent phase.

**Qualitative Methodology**

Qualitative investigations look at the world view of the individual from his/her own or an ‘inside’ perspective (Allan, 1991). This approach requires the researcher to become more fully involved with the subjects about whom the information is being collected, than is usual or possible when a quantitative approach is used.

In educational investigations, qualitative research is often called ‘naturalistic’ because the researcher may participate in the natural environment of the participants and become one with the subjects. However, data can also be gathered by a variety of other means. Although observations and interviews are commonly listed as qualitative research gathering techniques, so too can documents, books or data that
have been quantified for other purposes (such as census data) be considered and used. In such cases the process used for data analysis is a nonmathematical analytic procedure (Strauss & Corbin, 1990). The named or identified method of qualitative investigation is distinguished by the genre of qualitative research being undertaken (Bogdan & Biklen, 1982).

In this investigation qualitative data were initially collected through semi-structured informal interviews and then through comments recorded on questionnaires. Focus group discussions were also analysed to determine trends and patterns of responses occurring across the various parent groups (Krueger, 1994). This method of investigation involves the use of carefully planned discussion designed to nurture different perceptions and points of view without pressuring participants to reach consensus. Due to the non-threatening environment of the focus group situation, participants were encouraged to share their ideas and perceptions through discussions. Such open discourse provides a unique opportunity for participants to hear and respond to others’ ideas and comments (Krueger, 1994).

The purpose of the investigation was to find out about parents’ perceptions and experiences, thus focus groups were an appropriate forum for collecting in-depth qualitative data because they invited parents’ engagement in specifically centred discussions (Anderson, 1990). Focus groups were an important forum for hearing, recording and reporting parents’ voices as they commented, explained and shared personal experiences and attitudes in relation to their experiences with accredited early childhood care and education services. Trends and patterns evident in their experiences could then be identified.

Phenomenography was used to analyse the phenomena of ‘quality’ and ‘shared understanding’. Phenomenography is a widely applied research approach which moves away from the philosophical approach of personal interpretation of phenomena to that of reporting and categorising the qualitative explanations of others’ reflections of their personal and individual perspectives of phenomena. The
content being thought about or conceptualised is seen as an integral part of the way a phenomenon is understood by the individual (Walsh, Dall’Alba, Bowden, Martin, Masters, Ramsden & Stephanou, 1993).

**Phenomenography.**

Marton (1994 p.4424) describes phenomenography as “the empirical study of the limited number of qualitatively ways in which various phenomena in, and aspects of, the world around us are experienced, conceptualised, understood, perceived and apprehended”. Fundamental to phenomenography is the idea that individuals’ experience and understand various aspects of the world around them in qualitatively different ways. Each individual then processes this information by reaching out to the world to focus on particular aspects of it. From this perspective, how an individual learns is inseparable from what is experienced and understood by that person (Marton, 1994). The purpose of using a phenomenographic approach in this investigation was to see the world as each participant saw it, that is how parents perceived the quality of the care and education their children received when in attendance at early childhood services.

The main outcome of a phenomenographic study is identification of categories of description which are then presented as an ‘outcome space’. The outcome space identifies the limited number of ways individuals can and do understand particular phenomena (Marton, 1994). In the context of this investigation parents’ ideas, knowledge and perceptions were analysed then mapped to determine descriptive categories in general terms which were then ordered into an outcome space. Once these categories of description and outcome spaces had been determined, the original extracts of transcripts from interviews and comments recorded on questionnaires were reexamined to delimit the categories by ensuring that extracts from interviews and comments recorded in questionnaires, reflected the full meaning of each (Entwistle & Entwistle, 1991; Marton, 1994).
Marton (1994) noted how a certain way of understanding something is a way of being aware of it and awareness is seen as a person's total experience of the world at a given time. He expanded on this explaining how the researcher attempts to describe an aspect of the world as it appears to the individual. This is important as all people see things differently, not only because they interpret things differently but they also focus their attention on different things (Bogdan & Taylor, 1975).

Entwistle and Entwistle (1991) explain that the verification of the concepts and categories established through phenomenographic analysis depend partly on logical analysis, partly on the match of previous research findings and partly on the extent to which the categories provide an accurate description of recognisable reality. The credibility of the phenomenographical method lies in external verification of the identified categories of description and the indicated relationship between the categories which, when combined, specify the outcome space of the phenomenon. Marton (1988) notes, "... each phenomenon can be experienced or conceptualised in a limited number of qualitatively different ways, and it is the task of phenomenography to map these understandings" (p. 196).

According to Walsh et al. (1993) however, phenomenography is not concerned with only the phenomena being investigated, nor with the people who are experiencing the phenomena, but rather is concerned with the relationship between the two. This, they say, relates to the ways people experience or conceptualise phenomena. Accordingly the descriptions that arise from phenomenographic research can be described as relational and experiential (authors' italics).

Rogoff (1990), Marton (1994), and Vygotsky (1978) each claimed that to separate the individual from the environment and regard him/her as a separate entity is too limited an approach to understanding how individuals interpret phenomena. Gerber, Boulton-Lewis and Bruce (1995) state that individuals' conceptual understandings of phenomena are a socio-cultural activity. In this way each subject's experiences and understanding of the world will be qualitatively different because
other worldly experiences come to bear on each personal interpretation of the phenomena under investigation. Further to this, the qualitatively different ways individuals have experienced, understood and conceptualised the various phenomena in their world can be classified.

The aim of such individual investigation according to Bogden and Taylor (1975) is not to seek truth or morality but rather to gain an understanding of individuals’ perspectives of phenomenon. Gerber et al. (1995) provide explanation of this method of qualitative investigation and elucidate how phenomenography aims to reveal the many varied ways that people see, experience, understand and conceptualise various phenomena and accordingly, researchers accept the tenet that knowledge has a subjective experiential basis. It was for this reason that parents were asked (during interviews and through the open ended questions located within the questionnaire) about both the criteria they sought in early childhood services and why they selected the service for their children/child.

In this investigation a phenomenographic approach has been adopted for the analysis of all discussions, interviews and parent responses. The data provided by these tools have given clear descriptions of the criteria and practices parents’ deemed important to the care and education of their children. Given that people see things differently and focus their attention on different things, a phenomenographic perspective has allowed such differences to be mapped and categorised. These categories of description have highlighted variations by which quality early childhood care and education were experienced, understood and conceptualised by the parents in this investigation (Entwistle & Entwistle, 1991).

The criteria parents used to determine the quality of early childhood services were characterized by their choice of word descriptors and their supplementary explanations about assessing and selecting a service. Their descriptions provided ‘a pool of meaning’ from which a framework could be developed and from which a number of categories of description within an hierarchy could be formed. This
hierarchy demonstrated the complex interplay of factors parents identified. Based on the hierarchy developed from parents' descriptions, the extent of parents' judgements about quality could then be determined and compared and matched to the principles and indicators of quality identified by QIAS criteria.

**Quantitative Methodology**

The purpose of descriptive research is to generate knowledge that describes something (Goodwin & Goodwin, 1996). In this investigation, the questionnaire was used to collect original data for descriptive, explanatory and exploratory purposes (Anderson, 1990; Babbie, 1995). Questionnaires use a self-report method for data collection and may be designed to ask both open-ended and closed-ended questions (Burns, 1990).

Quantitative descriptions, based on counts or measurements are able to be reduced to statistical indicators such as frequencies, means, standard deviations and ranges to provide an overall description of the raw data collected. The reduced data are then suitable for presentation as an overall picture able to be seen at a glance (Anderson, 1990; Huck & Cormier, 1996). Questions about the number of early childhood services parents inquired about and the number of early childhood services visited prior to service selection were analysed in this way. Univariate analyses were also applied to questions related to parent knowledge and use of NCAC information and support services and to the demographic data.

To add validity and reliability to the investigation, the criteria parents used when selecting early childhood care and education services for their children, and how they assessed the service provided once children were in attendance were identified through the use of a questionnaire. The questionnaire also sought parent knowledge about and use of QIAS information services available through NCAC.
Participants and Settings

The target population in the three phases of this investigation was parents with children attending long day care centres providing care and education for under school-aged children. To access such parents, telephone contact was made with 26 registered and accredited early childhood services randomly selected from 100 early childhood services currently providing professional experiences placements for early childhood teacher education students attending the University of Western Sydney. Phone contact was followed by a letter to service providers explaining the focus of the investigation and a copy of the literature being provided to parents which services had agreed to distribute. As some services operated under the auspice of a local government, it was essential to receive relevant approvals before initiating contact with these services.

Parents had the option to participate in one or all three phases of the investigation, interviews, questionnaire completion or focus group discussion. These phases were conducted sequentially. Prior to parents volunteering to participate they were provided with information packs explaining the investigation and relevant documentation pertinent to the phase of the investigation being undertaken and to their participation.

The Three Phases of the Investigation

As stated, the design of this investigation included three distinct phases each influencing the subsequent phase:

1. Interviews
2. Questionnaire
3. Focus Groups.

Each phase incorporated different approaches, data collection methods and analyses. Due to the complexity of the design, each phase has been numbered and the related information about participants, settings and the tool used is introduced
and identified.

**Phase 1: The Interview Process**

Procedures for contacting parents and distributing information occurred with the help of service providers. After initial phone contact was made a follow up letter (Appendix 1a Letter to licensee/director of service) detailing the investigation and thanking service providers (licensees and directors) for their support and assistance was mailed to services along with a number of ‘parent interview information packs’. Services distributed the interview information packages to interested parents and were invited to retain a copy of the interview pack on their service files.

The ‘parent interview pack’ contained a letter explaining the purpose of the research and the method of investigation (Appendix 1b Parent letter explaining investigation). The letter also explained how the information collected from parents would be useful to both service providers and the field of early childhood as a whole, as the findings would contribute to our current understanding of what is important to parents. The interview pack also contained an invitation and consent form (Appendix 1c Parent invitation and consent form) which enabled parents to register their interest and to nominate preferred days, times and locations for participating in interviews. An ‘agreement form’ which signified consent for the recording of the interview using an audio tape was included in the consent form. A requirement for participation in the investigation was that this form was completed and signed by each interested parent and returned to the researcher using pre-paid envelopes.

In the present investigation, the importance of interview to gain parents’ views about their perceptions of quality and their own contributions to services, lead to what Allen (1991) suggests as the use of conversation as a process for data collection. In order to address each participant’s experiences and explanations of the phenomena relating to quality and partnership, the interview process undertaken was semi structured and informal, however, a number of open ended trigger questions
(Appendix 1d Interview question guide) were used as a general interview guide (Goodwin & Goodwin, 1996).

The interviews were undertaken at a time and location requested by each parent. While the interview process and format followed a pre-determined list of questions, there was opportunity for a divergence of content to be spontaneously discussed. Nine parents were interviewed at times negotiated to suit them (Appendix 1e Interview transcription excerpt). It was essential to ‘fit’ into parents’ time constraints as the complexities and stresses associated with working parents of young children is clearly identified in the literature (Klass, 1999).

To meet parents’ needs one interview occurred during the late afternoon and another two during the evening at parents’ residences. The remaining six interviews were each completed at the participant’s place of employment. Two interviews were conducted prior to the start of parents’ working days, one was conducted during a lunch break and the final three interviews occurred at the end of the day. The average time taken per interview was approximately 50 minutes.

Eight mothers and one father were interviewed. Two mothers headed single parent households, the remaining seven parents each had partners employed full time. Of these nine parents, eight parents used early childhood services first and foremost so they could undertake employment or complete tertiary studies. Only one parent (a mother) was not employed at the time and she stated that her main purpose for enrolling her child into the service was to enable her child to interact with other children.

During the interview process parents were asked to think about their experiences when choosing early childhood care and services for their children and their current interactions and exchanges with the staff and management. Parents were then asked to describe the criteria they believed constituted ‘quality’ in terms of programs. Further questioning focused on identifying the criteria important to themselves in relation to their children’s experiences. Questions were also asked
about the opportunities parents had to offer suggestions about children’s programs or contribute to decision making in services. Parents were asked if any suggestions previously made had been implemented by the services and if so, had this affected the quality of programs or the service provided. Parents’ preferences regarding involvement in services was sought as was their knowledge and understanding of the Quality Improvement and Accreditation System.

It was important to record the dialogue to ensure all comments, statements and musings were available for inclusion in the data and subsequent analysis. From a phenomenographic perspective, Marton (1994) explains that although other methods of data collection are possible, the preferred method for this type of investigation is the interview process. This is because the dialogue between the interviewer and the respondent enables questions to be asked which will encourage the participant to contemplate the situation and ways of dealing with it. Through this process the researcher is making the understanding and conceptualisation of the experience a point of focal awareness. This, Marton (1994) points out is often an irreversible process and as a result comes close to a pedagogical or teaching and learning situation.

**Phase 2: The Questionnaire**

A questionnaire designed to collect data about parents’ perspectives of quality and satisfaction with early childhood services used was constructed through a number of stages. Firstly, parents participating in phase one, the interview process, were asked a series of questions related to their understanding of the purpose or function of the service their child attended, and to explain their expectations for the services selected. The interviews were transcribed and reviewed to determine the criteria parents had identified as necessary when looking for and assessing services to meet their families’ needs. These were matched where possible to the broad areas used in the QIAS process. In this manner, the framing and construction of the
questionnaire used to measure parent satisfaction with the service they were currently using were directly related to accreditation criteria.

As previously noted, early childhood service quality has been determined by the NCAC through QIAS so it was deemed important to link the criteria parents used to assess service quality with the relevant corresponding criteria used for accreditation. In this way a review of concepts of quality identified for accreditation purposes could be undertaken comparing parents' views with the professional position taken by QIAS and endorsed by the early childhood field (Krisker & Maynard, 1991).

The QIAS handbook (NCAC, 1993) sets out the criteria used for determining the quality of practices implemented in early childhood services. As explained in Chapter 2, these were developed by a panel of national experts (Gifford, 1992; Kelly, 1992) and, at the time of the investigation defined by 52 principles. The principles were incorporated into four subgroups identified as ‘Interactions’, ‘The Program’, ‘Nutrition, health and safety practices’ and ‘Centre management and staff development’.

The questionnaire developed for this investigation asked about parent satisfaction across all four subgroups of the 52 accreditation principles. Although these subgroups were not defined in the questionnaire, questions related to interactions between staff and children and staff and parents, the program, nutrition, health and safety practices and some aspects of centre management. That is, there was a clear link made with the QIAS principles, when framing the questions.

The focus of the questionnaire was to ascertain each parent's personal experiences with early childhood services and how these met individual family's needs. The questionnaire included a range of different closed response methods which included ticking boxes, short answers and rating satisfaction with different service practices on a 4 point scale.
In addition, qualitative data were collected when participants included their own ideas in response to open questions (Appendix 2c Excerpts of recorded comments). These questions focused on various aspects of consumer choice and perceptions of practices and experiences related to the programs and management of early childhood services. Spaces provided for parent comment, invited responses to questions about how parents were made aware of practices being reviewed.

Two additional closed questions sought parent knowledge about, and use of the NCAC’s information services. Another two closed questions asked if parents had raised any issues with their service and if the issues had been addressed to their satisfaction. Final questions related to the demographic profile of the families completing the questionnaire.

_Piloting the questionnaire._

Before implementation, the questionnaire was piloted with a small group of nine independent respondents to address the functional literacy of the document and assess parent capacity to complete the survey as constructed. Each participant in the pilot group was asked to complete the questionnaire and to write comments. As a result of the process the questionnaires were then collected, comments reviewed and the questionnaire re-edited and changes made. As the changes were editorial in nature and did not impact on the integrity of the questionnaire, a second pilot was unnecessary (Anderson, 1990). Participants in the pilot were not included in the final investigation.

_Reliability of questionnaire._

As mentioned, quantitative methods provide a process for assessing the internal consistency and reliability of questionnaires. Reliability of a questionnaire is defined as the consistency across its parts or its individual questions or subsets of questions used. The questionnaire is said to possess high internal consistency of reliability according to the extent to which the questions ‘hang together’ and
measure the same thing (Huck & Cormier, 1996). In this investigation reliability was established by computing alpha coefficients for related groups of items in the questionnaire.

The questionnaire used in this second phase of the investigation included subsets of items designed to measure parent satisfaction as it related to various aspects of service operation. It sought responses on parent satisfaction with the way staff met children’s growth, development and educational needs, and families’ needs in terms of parent/staff communications and opportunities for participation in services. Reliability analysis for each subset of items was performed to establish the formation of satisfactory scales. The reliability scale alpha was used in this investigation due to its versatility, as the instrument incorporated items that could be scored with three or more possible values (Huck & Cormier, 1996). Internal consistency of reliability for the following matched aspects of service provision were estimated by computing alpha coefficients for each related group of items. The following table sets out the grouped items indicated as a numbered ‘set’, the substantive content of each ‘set’ of grouped items, the number of items incorporated within each set, the number of participants rating each ‘set’ and the Alpha score for each set.

Table 4.1

<table>
<thead>
<tr>
<th>Set number</th>
<th>Grouped Items</th>
<th>No. of Items</th>
<th>N</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical safety related to adequate food and drinks clean fresh hygienic environment, appropriate clothing, supervision and protection from injury.</td>
<td>5</td>
<td>137</td>
<td>.7856</td>
</tr>
<tr>
<td>2</td>
<td>Emotional support and belonging related to positive emotional relationships with staff, respectful communications using positive approaches to guidance and discipline, provision of achievable tasks, care and support and encouragement of friendships among children</td>
<td>7</td>
<td>131</td>
<td>.9209</td>
</tr>
<tr>
<td>3</td>
<td>Staff teach children new skills, knowledge about the world through planned individual activities based on children's interest, and they respect and support children's independence and individuality</td>
<td>7</td>
<td>128</td>
<td>.9226</td>
</tr>
</tbody>
</table>
Scale scores shown in Table 4.1 were computed by adding the relevant items in each set number then dividing by the number of items included. As can be seen the coefficients for question sets 1, 2, 3, 4, 5, and 6 in this Table 4.1 all have alpha scores ranging from .7856 to .9209. Nunnally (1978) and Santos (1999) suggest that the generally accepted standard for reliability estimates is above .70. Using this criterion all six sets of items, demonstrated high levels of internal consistency, indicating that they are homogeneous and measure the same construct.

**Questionnaire respondents.**

Staff in the early childhood services who organised for parents to participate in the first phase of the investigation were again contacted by telephone and asked to consider assisting in the next phase by distributing questionnaires to parents attending their services. Meetings were arranged with directors or licensees of services to discuss the second phase of the investigation and review the information and ‘questionnaire package’ they were being asked to distribute to parents. Fourteen of the 26 original randomly selected services agreed to support the second phase of the investigation.

To gain better understanding of parents' experiences it was thought more prudent to collect comments from a smaller number of parents using a greater number of services representing the western Sydney geographical area rather than a larger number of parents from one service. In this way the diverse range of service management types could also be represented in the investigation. Because of this decision, services were asked if they could distribute only a small number of
questionnaires to interested parents willing to participate in this investigation. At best, this can be described as an opportunity sample, drawing from a limited range of respondents (Burns, 1990).

Service providers were asked to nominate the number of questionnaires they felt would be completed by interested parents. Each early childhood service 'set' of questionnaires was identified by a coded number and each questionnaire was numerically labeled on receipt. This allowed questionnaires from each service to be identified and linked for future analysis.

All packages were distributed by hand, at a pre-arranged time convenient to the service director/licensee. Personal contact was important as it ensured time was available for joint discussion about the purpose of the study and to discuss the open and closed questions in the questionnaire and to address any questions posed about the investigation. Even though service providers were not actually participating in the investigation, it was thought necessary that they be comfortable with the investigation in general and more specifically with the questions being asked of their clients.

Each questionnaire package contained an introductory letter describing the investigation and inviting participation (Appendix 2a Parent letter), the revised questionnaire (Appendix 2b Questionnaire) as well as consent and participation information and a sealable envelope addressed to me. As well, each questionnaire pack included a handwritten note and a sealed tea bag. The note asked the parent to take time to enjoy a 'cuppa' and to complete the questionnaire and thanked parents for their assistance and support. Parents were asked to return the completed sealed questionnaire to the centre and place it in locked box or return the questionnaire by pre-paid mail to my work address.

Each service was invited to distribute a limited number of questionnaires. In total 139 packages were distributed by services and 97 were returned. Although not anticipated an additional 46 parents asked if they could complete questionnaires
information and a sealable envelope addressed to me. As well, each questionnaire pack included a handwritten note and a sealed tea bag. The note asked the parent to take time to enjoy a 'cuppa' and to complete the questionnaire and thanked parents for their assistance and support. Parents were asked to return the completed sealed questionnaire to the centre and place it in locked box or return the questionnaire by pre-paid mail to my work address.

Each service was invited to distribute a limited number of questionnaires. In total 139 packages were distributed by services and 97 were returned. Although not anticipated an additional 46 parents asked if they could complete questionnaires during phase three when focus groups discussions were being organised. The data collected from the additional 46 questionnaires remained consistent with the original data collected from the initial 97 questionnaires. This result, according to Babbie (1995) demonstrated that the second wave of responses were representative of the characteristics of the population from which they and the original cohort had been drawn. As no new information was evident I decided to refrain from further data collection using questionnaires during the third phase of the investigation and at the final tally, 143 questionnaires were returned from 17 services.

The early childhood services parents used operated through a range of management formats including community based, local government, church auspice as well as private sector (for profit) and work based programs (shown in Table 4.2). There was a higher proportion of private (for profit) services represented in this sample than any other single service management type. However, as all community based programs commonly operate on a break even basis (non-profit) there were proportionally the same number of each service management types represented by local government, church auspice and community management.

Combined numbers of 'non-profit' services were equal to the number of 'for profit' services in the sample. Whilst the number of 'for profit' and 'non-profit' services were equal in number in this investigation this is not reflective of the
national Commonwealth-supported child care service profile where 67% of services are privately owned (Australian Institute of Health and Welfare (AIHW), 2001). Work based services, although privately operated, often benefit from some form of employer subsidisation, be it monetary or support in kind. There are numerous work based early childhood services available for working families in Sydney, hence it was important to include this category of management within the service sample of this investigation as shown in the following Table 4.2.

Table 4.2

Categories of service management types (N=18)

<table>
<thead>
<tr>
<th>Service Types</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based (Church affiliation)</td>
<td>2</td>
</tr>
<tr>
<td>Community based (Local government auspice)</td>
<td>3</td>
</tr>
<tr>
<td>Community based (Community managed)</td>
<td>2</td>
</tr>
<tr>
<td>Private Commercial (For profit)</td>
<td>7</td>
</tr>
<tr>
<td>Private (Work based)</td>
<td>3</td>
</tr>
</tbody>
</table>

At the time of the initial distribution of questionnaires, two service providers asked if they could receive a copy of parents' comments relevant to their individual services. As parent confidentiality was necessary it was agreed to provide all services with a written report of the comments made by parents but it was explained that any distinguishing features which could be used to trace individual parents would be omitted from comments. Children's names would be replaced with a standard phrase of 'my child' and gender would be noted as s/he or him/her. Services agreed and once comments had been recorded a copy of each service's parents' comments were personally returned to services with a letter of appreciation for the service's support and an offer to discuss data collected. Three services each asked for a follow up meeting with me to discuss information collected. One service, after
such a discussion, then requested an inservice for teaching staff to address points raised by parents in the comments returned. I attended each requested meeting and conducted the staff in-service session on programming, the topic identified by the licensee of the service. It was during these meetings that a question related to service providers’ procedures to address parents’ critical comments and complaints was raised and discussed.

All 17 services were three year accredited by the NCAC. One service was, at the initial stage of the investigation, undergoing its first review and was subsequently awarded accreditation for a 3 year period.

Questionnaires were distributed over a four week period at two different times, the latter part of the year (September) and the following new year enrolment period (February/March). This period of six months was both beneficial and necessary, as was explained earlier, too few parents had initially agreed to participate in focus group discussions.

Table 4.3

Questionnaire distribution and return rates (N=139)

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Distributed Questionnaires</th>
<th>Number Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>13</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>14</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
Of the 139 questionnaires distributed, 99 (70%) were returned by services. This is considered acceptable for a questionnaire response (Wiersman, 1991). The additional 46 questionnaires completed after parent information nights were not included in the rate of response as the response was 100% which is highly unusual but accepted given that parents asked to participate in this aspect of the investigation.

*Analysis of questionnaire.*

As already noted the questionnaire content collected in phase two was initially drawn from data collected through interviews conducted in phase one of the investigation. The content questions were linked to criteria indicated by the principles identified in the NCAC Quality Improvement and Accreditation System Handbook (1993) related to quality practices. Eight subject areas were addressed through a number of separate sub-questions. Each sub-question could be rated on a four-point scale ranging from 1 (very dissatisfied) to 4 (very satisfied). The Statistical Package for the Social Sciences (SPSS) was used to generate frequency counts and summarise information generating a picture of the information on parents' satisfaction across the different areas of service provision and operation (Bubbie, 1995; Huck & Cormier, 1996).

Demographic data were drawn only from respondents completing the questionnaire. Parents could choose to participate in one, two or all three phases of the investigation and as questionnaires were anonymous it was believed that duplicate demographic information would be inadvertently collated if collected in all three phases.

The educational profiles of parents completing the questionnaire are reported in the following Table 4.4. These responses show the highest academic level reached by respondents.
Table 4.4

Educational profile of parents completing questionnaires (N=143)

<table>
<thead>
<tr>
<th>Qualification</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>TAFE</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Equivalent TAFE</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Tertiary degree</td>
<td>60</td>
<td>42</td>
</tr>
<tr>
<td>Omitted response</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 4.4 shows that the majority of parents in this phase of the investigation had completed either post secondary or tertiary education courses. Although participants were drawn from diverse socioeconomic communities across different geographic areas (ABS, 2001) there were noticeably more highly educated and trained parents represented in the sample. Only 21% of respondents reported not having further education after graduating from high school.

Parents who completed the questionnaire came from culturally diverse backgrounds. Table 4.5 shows the extent of that cultural diversity across 25 cultural groupings.
Table 4.5

Cultural diversity of sample population (N=143)

<table>
<thead>
<tr>
<th>Cultural background</th>
<th>N</th>
<th>%</th>
<th>Cultural background</th>
<th>N</th>
<th>%</th>
<th>Cultural background</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>1</td>
<td>.7</td>
<td>Australian/</td>
<td>4</td>
<td>2.8</td>
<td>Filipino/</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New Zealand</td>
<td></td>
<td></td>
<td>Argentinean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td>1</td>
<td>.7</td>
<td>Australian/</td>
<td>1</td>
<td>.7</td>
<td>Filipino/</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Swedish</td>
<td></td>
<td></td>
<td>Maltese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian</td>
<td>83</td>
<td>58</td>
<td>Australian/</td>
<td>1</td>
<td>.7</td>
<td>Greek/</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vietnamese</td>
<td></td>
<td></td>
<td>Italian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian/</td>
<td>2</td>
<td>1.4</td>
<td>British</td>
<td>4</td>
<td>2.8</td>
<td>Greek/</td>
<td>1</td>
<td>.7</td>
</tr>
<tr>
<td>American</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Slovakian</td>
<td></td>
<td></td>
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As can be seen in Table 4.5 the majority of parents (83) indicated their cultural background as being Australian. There was broad representation of different cultural backgrounds although very small numbers were evident for most groups. Some respondents described the cultural background of both parents of the child and in these instances they have been recorded.

Phase 3: Focus Groups

As previously indicated the phases of this investigation were interrelated and the third phase, conducting focus groups, grew out of a desire for further data than that generated by the questionnaires undertaken at phase two. Focus group discussion sessions provided parents with the opportunity to describe ways they could and would like to contribute to services to improve the planning and design of educational programs for their children. These sessions encouraged parents to share ideas and explain processes currently available to them and to explore other ideas through which they could evaluate existing programs and provide feedback to staff.
The focus group was an important vehicle for hearing and recording parents' voices as they commented, explained and shared experiences and attitudes related to their use of early childhood services.

The accredited early childhood care and education services involved in the first and second phases of the investigation were again approached and staff were asked to assist with this third and final phase. Once agreement to participate had been reached services distributed invitations seeking individual family participation in one of a number of focus groups.

As only four responses were received from 54 invitations distributed to parents by these service providers and as parents' voices were critical to the research, a different approach was considered necessary if the focus groups were to take place. When reviewing responses it was noted that three of the four initial responses were from parents who had some knowledge of me professionally. Two parents had heard me speak at parent information evenings, one parent was a member of a community based early childhood service management committee on which I was a university representative. Although I was unknown personally to the fourth parent she knew of me through her discussions with others undertaking tertiary study at the university where I worked.

Babbie (1995) says research has shown that participant response is a function of how the person is approached. On reflection, therefore, I concluded that parent interest and their subsequent agreement to participate in the focus groups had been influenced either through parents' own experiences with me as an early childhood professional or by my reputation. Anderson (1990) points out that respect and trust of participants is necessary to establish a working relationship giving the investigator license to observe and participate. A strategy enabling me to meet parents face to face to invite this participation in my investigation was necessary. To achieve this I rang seven randomly selected services from those who had participated in distribution of the questionnaires and offered to be a guest speaker at their next
parent information evening. I offered to talk on topics they identified. In exchange, I asked for an opportunity to explain my thesis topic and invite parents to take part in my investigation by participating in a focus group.

Staff in one service said they did not hold parent information evenings but rather held monthly meetings during the day to correspond with parents' lunch hour. This service was an on-site work-based service, however, the director said no parent information sessions were planned for the near future, although she would keep my offer in mind. Of the remaining six services approached all were pleased to hold information evenings. This proved to be such a positive strategy that other services on hearing of the information session rang to ask if I would address their parents too. These invitations were accepted and a total of ten information sessions were held.

A parent 'information package' detailing information about the investigation was distributed to each center agreeing to participate in the investigation by disseminating information and invitations to parents in exchange for my services as a guest speaker. Each 'information package' contained a letter explaining the investigation (Appendix 3a Parent letter) as well as the parent invitation to participate in a focus group. The invitation sought contact information and preferred location, day and time for attendance at a focus group (Appendix 3b Invitation to participate in a focus group).

The topics addressed at parent information sessions were selected by the service staff and related to children's play and development, play and brain development, play and learning and early childhood literacy development. At the end of these information sessions I explained my research interest and invited parents, if interested to participate in a focus group which would be held in the near future.

It was at this point that some parents attending the information evenings asked if they could complete questionnaires rather than join one of the proposed focus groups. Although this parent request had not been anticipated it was accepted and questionnaires and focus group invitations were given to parents. As noted
earlier, an additional 46 questionnaires were completed by parents after these information sessions and were included in the data analysis.

Of the two approaches taken to invite parents to join the focus groups, written invitations disseminated by service providers and, personal invitations proffered at the end of the information sessions - the second method drew the most responses. As already noted only four responses were received from the original approach of explanatory letters and invitations to attend focus groups while personal invitations yielded 57 responses with 36 parents finally participating in one of 5 focus groups. The personalised approach used and the ensuing positive response was, according to Anderson (1990), linked to the establishment of trust developed with parents through the information sessions.

Parents at each focus group represented a number of different early childhood services. This was a deliberate organisational strategy to promote generalisation of ideas. According to Krueger (1994), as broad representation ensures more complex exchanges of information and promotes the generation of discussions the presence of parents from various services was important.

**Focus group venues.**

Three different service providers offered the use of their premises to conduct the focus groups. However, to minimise any potential bias, community halls were hired in locations accessible to parents’ residential addresses or early childhood service locations. The ‘generality’ of the venues was thought to be important to ensure discussions were not inadvertently sidetracked by environmental distractions inherent if licensed early childhood service premises were used (Krueger, 1994), and to avoid any possible ‘conflict of interest’ feelings by parents, meeting in services currently used by them.

**Ground rules for focus groups.**

The purpose of the focus group was to provide a setting in which
individuals were comfortable to share experiences, thoughts and feelings. In this setting the group dynamics create a chain of reaction which is designed to exhaust the views of the topic under discussion, a phenomenon attested to by Anderson (1990). At each focus group session ground rules were identified and explained. According to Krueger (1994) these ground rules are important to ensure the group discussions remain ‘on track’. The rules for these focus groups required parents to refrain from naming the service their child/ren attended and abstain from discussing identifiable staff members at these services. It was emphasised that the focus groups were not intended as an evaluation of staff or individual services.

**Focus group management.**

In each case, I was the moderator of the focus groups, however the expertise of an assistant moderator was also carefully considered. The role of the assistant moderator required recording participants’ comments and ideas in thick texta pen onto large sheets of butchers’ paper (Anderson, 1990). To conclude sessions, the butchers’ paper notes were displayed and reported back to the group to ensure comments had been accurately recorded and also to provide further opportunity for additional participant comments (Anderson, 1990; Krueger, 1994).

Selection of the assistant moderator was determined by specific criteria relevant to the investigation. The position of assistant was to be filled by a person who was neither a parent nor a person who held early childhood training or qualifications. This was thought to be important to overcome what Krueger (1994) calls ‘the trap of selective perception’. These selection criteria were to ensure as much objectivity as possible as discussions were recorded in writing by the assistant (Appendix 3c Collage of recorded butchers’ paper notes).

At each focus group, parents were given a pen and an exercise book to record ideas or thoughts during discussions and these were collected at the end of each session. As well, the assistant moderator and I took notes during discussions.
and after each session wrote independent journal entries (Appendix 3d Diary notes excerpt).

The organisation of questions for focus group discussion was based on the standard design of an opening question, introductory question general to the topic and transition questions moving from a broader scope to the key questions driving the investigation (Appendix 3e Focus questions). These key questions were informed by data generated through questionnaires collected at phase two of the investigation. To wind up the focus group, an ending question was asked and a final question used to complete the session (Anderson, 1990; Krueger, 1994). Five focus groups were conducted overall with participant numbers ranging from five to eleven parents and at each session. In total, 36 parents attended, representing 15 different early childhood services in Western Sydney.

*Principles for analysing focus group results.*

According to Anderson (1990) and Krueger (1994) the process of analyzing focus groups is underpinned by two principles. These are first, that the manner by which data are gathered and handled must be systematic, which is a key principle of qualitative research. Furthermore, the analyst must follow prescribed, sequential processes that are deliberate and planned. The second principle is that the analysis must be verifiable. For the analysis to be verified, there must be sufficient data to constitute a trail of evidence permitting another researcher to arrive at a similar conclusion using the available documents and raw data (Krueger, 1994).

**Procedures for Analysing Data**

Data collected through emergent qualitative processes of interviews and open questions included in the questionnaire were analysed using phenomenographic method and reported as an outcome space delineating parents’ conceptual understandings of quality early childhood care and education. Data collected through
focus groups were categorised into themes whilst statistical procedures were used to summarise data collected through closed questions incorporated in the questionnaire.

**The Qualitative Component of the Investigation**

Parent interview transcripts and written comments generated by the six-open ended questions included in the questionnaire produced complex data. These questions focused on parents’ perceptions and expectations of service quality and their knowledge of QIAS. Further questions were asked to determine if and/or how parents contributed to the services their children attended. Moreover, information was sought from parents regarding what they considered their services did best and ways services could improve. It was thought that through parents’ responses to these questions their contributions to service quality could be identified, defined and categorised. Once all interviews were completed and transcribed and questionnaires collected and coded, a systematic phenomenographic analysis was undertaken (Brookfield, 1994; Entwistle & Entwistle, 1991; Gerber et al., 1995; Marton, 1994).

The first step, grouping of data was initially conducted by determining what was relevant and eliminating that which was not related to criteria describing quality early childhood care and education. The next step focused on the similarities and the differences in responses. Individual participants may have used different terminology to explain a phenomenon or used similar terms to describe very different particular phenomena. In consequence, during the review of data it was not just individuals’ perceptions being considered but the complete text made up of all the comments contained in interviews and relevant questionnaire responses. By using this detailed data recurrent themes relating to criteria were distinguished. These were then grouped into categories of description such as ‘safety’ or ‘education’ (Entwistle & Entwistle, 1991).

The first review of parents’ comments sought to identify similarities in responses. Although descriptive words may have been different, discourses tended to
reflect the same meaning, which enabled understanding of the phenomenon being explained. The second review helped to identify comments or expressions which reflected different meanings. It was important to gain as deep an understanding as possible about what parents had experienced and group these explanations into relevant and related categories of description. This approach reflects that recommended by Marton (1994).

The comments and explanations must be seen contextually. The first context relates to the ‘pool of meanings’ built up through analysis of the similarities in participants’ comments. For example, the following two excerpts use different word choices to describe a ‘measure’ of service quality; Generally a whole happiness and importance of the child (5:71) and Caring happy children, staff that really did care for the children, who do more than what is required eg. Hugs, take a real interest in the children and really know your child (6:83). These two comments demonstrate a similar idea, that of the staff ‘focus’ on the child although expressed in varying ways.

The second context relates parents’ comments which highlight very different ideas. The following two quotes show the diversity of criteria held by parents as important when seeking a service to address their individual family’s needs. For one parent it was Cleanliness. Security. Carer programs for ages 0 – 4. Centre approach and attitudes towards development of our children’s skills. Willingness to work with us. (8:9), while another parent valued Hours. Proximity to home and work. (12:114). It was through this analysis that I was able to make sense of particular comments as they related to the whole group as well as to each individual. This, Marton explains is the hermeneutic element of phenomenographic analysis (Marton, 1994).

As a deliberate strategy, a ‘hands on’ approach to analysis was retained rather than computer analysis as it enabled a greater personal immersion into the minds of parents during the various stages of the investigation. This was important as a phenomenographic methodology required me as the researcher to determine the
phenomenon of quality early childhood care and education according to parents' descriptions. Parents comments were then identified according to their critical attributes and were grouped into categories which were ordered hierarchically as the outcome space. The categories of description within the outcome space feature the variation by which certain phenomenon are experienced, understood and conceptualised by the respondents (Entwistle & Entwistle, 1991). As Entwistle and Entwistle (1991), Marton, (1994) and Marton and Saljo, (1976) point out, this hierarchy within the outcome space is the mapped scope of qualitatively different ways parents perceived the phenomenon of quality early childhood care and education.

Parents' perceptions of quality ranged from a single criterion as in Clean environment (4:11) to the most expansive number of requirements such as, Off main roads. Parking availability. Meet the director. Knowledge of teachers about policies, procedures, programs of the centre. Safety issues eg. Childproof locks on gates, fire escape plans etc. Readiness plan for school-aged children. Cleanliness of centre. Qualifications of teachers, number of teachers. Outlay of service – 1 or 2 rooms for age groups. Meals. Preparation for parents looking at facilities eg. Booklets other handouts etc. (7:37). These comments were used by parents in relation to the same phenomenon of 'quality' in terms of 'what they looked for in the services they visited'.

An analysis of comments made by parents has enabled coding, categorising and identification of a number of 'outcome spaces' which demonstrate both the breadth and texture of parent understanding and expectations of services. All categories within the hierarchy are connected or related to each other due to their placement or position in the outcome space. When asked what they looked for in services to meet their families' needs parents spoke of their personal expectations and thus a number of categories describing 'quality' became evident. Then parents were asked why they had selected the service they chose. Their responses, based on
expectation and experience, detailed the texture of what constitutes quality for them and as a result notions of 'quality' became more defined.

Although there are a number of steps identified in the data analysis process, they are not necessarily sequential for, in order to maintain validity, it was important that the steps be repeated in a different order. It was also necessary for some steps to be undertaken simultaneously during examination of the data (Entwistle & Entwistle, 1991; Marton, 1994).

Summary and Conclusion

This chapter has detailed information regarding participants, protocols and instruments and provides detail of the way the investigation has been conducted. A rationale has been included to justify using both qualitative and quantitative methodologies, for analysis of data, specifically phenomenography, focus groups and descriptive statistics. Methods of data collection and analysis have also been outlined and include explanation of interviews, the development and dissemination of the self-administered questionnaire and the implementation of focus groups. This chapter has also reported on discussions with service providers prior to distribution of questionnaires and invitation to participate in focus groups.

In the following chapter (Chapter 5) parents' criteria for selecting early childhood services will be reviewed and discussed. Chapter 6 will discuss parent satisfaction with services based on the quantitative data collected and analysed through the questionnaires employed in phase two of the investigation. Chapter 7 identifies parents' assessment and perceptions of opportunities to contribute to decision making, while parents' knowledge of and use of the NCAC information services and the accreditation process are discussed in Chapter 8. Chapter 9 concludes the thesis and notes implications for early childhood practice and future research.
CHAPTER 5: RESULTS AND DISCUSSION - PARENTS’ CRITERIA FOR SELECTION OF EARLY CHILDHOOD CARE AND EDUCATION SERVICES

Introduction

In the previous chapter (Chapter 4) the qualitative and quantitative methodologies applied in this investigation were detailed. Qualitative methods in particular, phenomenographic and quantitative methods specifically descriptive statistics were used to analyse criteria parents identified as important when they assessed and selected early childhood care and education services. Data were analysed from a phenomenographic perspective which assisted in the identification of categories of description and an outcome space reporting individuals’ perspectives of phenomena (Marton, 1994). Descriptive statistics enabled summarisation of data for presentation in ‘table’ form (Babbie, 1995; Huck & Cormier, 1994). The convergence of complementary methods ensures a greater credibility of the results through triangulation (Goodwin & Goodwin, 1996).

The following results and discussion sections of the thesis are organised into four chapters. This is the first and it reports on parents’ conceptions of understanding about service quality. Parents’ concepts were determined by examining the criteria they nominated as being important when selecting early childhood services. These criteria were then compared with the determinants of quality as identified by the National Childcare Accreditation Council (NCAC) using their Quality Improvement and Accreditation System (QIAS) criteria. The data identifying parents’ concepts of quality were collected through phases one and two of the investigation.
The second results and discussion chapter contains information about parents' satisfaction with the services they currently used and identified the methods parents use to assess services. Data for this were collected through the second phase of the investigation.

The third results and discussion chapter describes parents' engagement with services and staff and their experiences with service delivery. Data for this component of the investigation were drawn from all three phases.

The last results and discussion chapter based on data collected during phases one and two, reports on parents' knowledge of QIAS and their use of the NCAC's community information services about QIAS.

**What do Parents look for when Choosing an Early Childhood Service?**

Over the past 20 years there has been an increasing number of early childhood services developed in Australia (ANAO, 1994). As a result parents are now able to select from a range and number of services. To determine the basis of parents' choice when a number of options are available to them, they were asked how many services they initially inquired about and the number of services visited prior to their final selection. In all, 110 (70%) parents inquired about two or more services and 94 parents (66%) visited and compared two or more services prior to making their decisions. As a result it is reasonable to think that the criteria for quality of care and education which parents nominated as important to them would be displayed in the service finally selected. Parents were then asked what influenced their final choices. Comments indicated that for some parents, criteria other than those initially nominated influenced their decisions after comparing services.

Early childhood service quality results from the interactive relationship between structural variables (licensing or regulatory requirements) and process variables (the magnitude of positive experiences afforded children during the day).
(Doherty-Derkowski, 1995). Structural variables (regulatory requirements) form the foundation upon which quality can be developed by the inclusion of process variables. The combination and interaction of these determining variables result in a socially constructed concept of 'quality' recognised internationally by the early childhood profession (Dahlberg, Moss & Pence, 1999; Doherty-Derkowski, 1995; NCAC, 1993).

In New South Wales these variables are reviewed and assessed by the relevant authorities. The licensing of early childhood care and education services is carried out in accordance with the Centre Based and Mobile Child Care Services Regulation (No 2) (1996) and the accreditation of services is determined by the NCAC. Therefore, when analysing parents' comments the criteria relevant to these variables which promote quality service provision have been considered.

In the first phase of the investigation, parents were asked what prompted them to choose the service they were using. Parents in the second phase responded to two open questions "What did you look for?" and "What was it about this service that made you choose it for your child?". These questions were designed to reveal how parents in this investigation saw, experienced, understood, conceptualised and identified early childhood service 'quality' (Gerber, Boulton-Lewis & Bruce, 1995). Parents in both the first and second phases of the investigation responded to the questions asked by drawing up lists of various preferred components which included, in some instances, detailed explanations of practices or specific requirements. Through this reporting process, parents were able to articulate their personal understandings of the components important to them when selecting early childhood services.

*Mapping Understanding.*

Parents' qualitatively different perceived requirements for care and education services and explanations of what they originally sought and what subsequently
influenced their decisions were collected and separated into two ‘pools’ of meaning. One pool summarised what parents were looking for in a service and the second summarised what was influential in parents’ final decisions. These ‘pools’ represent the mapped understandings of parents’ conceptions of quality.

The tables developed (Tables 5.1 and 5.2) are representative of the total range of explanations parents gave. Each table is referred to as the outcome space of the question posed. Each table has a number of levels which categorise the qualitatively different criteria parents nominated. Responses in each outcome space ranged from parents’ concentration on either one or a limited number of individual parent criteria, through to an interrelated range of elements which encompassed the total service provision.

Each outcome space was arranged hierarchically according to the number and content of criteria identified at each level. To determine if parents’ judgments of service quality match those of the early childhood profession each level of description within each outcome space was matched to structural and process variables associated with regulatory requirements or QIAS principles.

In Table 5.1 each level within the outcome space has been categorised by a description which is then supported by a parent comment exemplifying the criteria used when seeking services. This process was repeated using data pertaining to influential factors for service choice and in Table 5.2 each level of description has again been supported by a parent comment. All levels within each outcome space are connected or related to each other due to their placement or position within the outcome space. Each outcome space and the ordered levels contained therein summarise the qualitatively different requirements parents sought and subsequently found. These criteria delineated their perspectives of quality early childhood care and education.

These outcome spaces are empirically determined and based on the comments of parents participating in this investigation and therefore, are not
exhaustive or generalisable across an entire population. For example, some parents in the broader community may have expectations more comprehensive than those described here by these participants, therefore these outcome spaces cannot be seen as universal (Trigwell, 1997). As well, criteria synonymous with service quality in this investigation relate only to licensed and accredited services in New South Wales and again cannot be generalised across other human services programs.

**Overview of Levels of Understanding**

The collected pools of meaning were mapped and Table 5.1 describes in an hierarchical order the qualitatively different descriptions of service quality families identified when seeking services.
<table>
<thead>
<tr>
<th>Level</th>
<th>Categories of Description</th>
<th>Parent focus</th>
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<tr>
<td>1</td>
<td>Requirement: Parent focus is personal (location).</td>
<td>Able to be close to child’s environment (1:16)</td>
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<tr>
<td>2</td>
<td>Requirement: Parent focus is personal coupled with structural requirements related to parent and child. Parent personal (hours + location + professional staff) Child - (safety, staff and facilities).</td>
<td>Segregated, age appropriate rooms, purpose built for childcare. Staff well presented, communicative &amp; professional. Hours/location suited. Great outdoor play yard. Security system (6:52).</td>
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<tr>
<td>3</td>
<td>Requirement: Parent focus is personal coupled with additional requirements related to both parent and child identified through an increased number of structural variables. Parent personal (location) + structural requirements (accessibility; staff numbers and experience). Child - (safety; resources; activities).</td>
<td>So that I can work. Location was important. I think it is important for parents to feel that they can pop in and out. The number of staff (safety - more accountability because there's other adults around) and the range of activities (Parent Code 5).</td>
</tr>
<tr>
<td>4</td>
<td>Requirement: Parent focus is personal coupled with additional requirements related to both parent and child identified through an further increased number of structural variables: Parent personal (hours; location; access for parking) + structural (access to staff and available written information: staff knowledge of service policies and practices; staff numbers; information staff qualifications; cleanliness; facilities). Child - structural variables (safety; educational program, meals)</td>
<td>Off main road. Parking availability. Meet the Director. Knowledge of teachers about policies and procedures, programs at the centre. Safety issues eg, Childproof locks on gates, fire escape plans etc. Readiness plan for school aged children. Cleanliness of centre. Qualifications of teachers, number of teachers. Outday of service 1 or 2 rooms for age groups. Meals. Preparation for parents looking at facilities eg. Booklets other handouts etc. (7:37).</td>
</tr>
<tr>
<td>5</td>
<td>Requirement: Parent focus is personal coupled with requirements related to both parent and child identified through structural variables which have now been coupled with a process variable for the parent. Parent personal (hours; location) + structural (experienced staff; facilities; cleanliness) + process (friendly staff) Child - (safety; resources; food, large play space; variety of activities, staff experience; education and discipline)</td>
<td>Children's safety, secure fencing and that the centre was away from the main road. Safe play equipment. Hygiene eg. Food and toilet cleanliness. Friendly experienced staff. Plenty of room in outside play area. Variety of activities, educational and discipline needs. Hours of operation and close proximity to home/work (4:12).</td>
</tr>
<tr>
<td>6</td>
<td>Requirement: Parent focus is personal coupled with requirements related to both parent and child identified through structural variables which have been coupled with increased process variables. Parent personal (hours; cost) + structural (staff qualifications; facilities; resources) + process (staff interactions with children; children's responses to each other and staff) Child structural (staff expertise; facilities and play opportunities; menu; educational program) + process variables (staff interactions, children's responses to their environment)</td>
<td>I checked staff qualifications and how they worked with children. I looked around the whole centre, outside, playground etc. I looked at other children to see if they seemed happy, asked about the food menu, what hours the centre was opened and the price. What learning activities and preparation for school (4:15).</td>
</tr>
<tr>
<td>7</td>
<td>Requirement: Parent focus is related to both parent and child identified through process variables which are supported through the structural variables. Parent structural (service policies and procedures; facilities) + process (staff attitude and empathy to parents; staff attitude). Child process variables (staff interactions with children, professionalism and children's responses to their environment)</td>
<td>Initially staff attitude, empathy &amp; willingness to help. Their interest in your child &amp; their attitude. The policies of the centre, the centre staff behaviour, observed with each other. The children, the level of attention they (staff) pay to the children regardless of the time of day &amp; where they position themselves amongst the children. The layout and brightness of the centre (2:61).</td>
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The outcome space in Table 5.1 has seven levels which categorise parents’ qualitatively different descriptions of quality.

At the first level the focus has been identified as personal, based on a parent need. Being able to be close to the child’s environment is one such need. At the second level criteria have been broadened to include satisfaction for both the parent and the child. For example, hours of service operation might be important as well as minimal structural or regulatory requirements related to the child. In one instance the child focus mentioned was the provision of equipment which is a regulatory requirement (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1- Licensing Standards (Clause 15) 17-Play Equipment [1]-[4]).

At level three again criteria related to both parent and child were discerned, however more detail of what was sought by parents was included. The components identified were predominantly personal factors for parents (cost and location) with the introduction of a variable (quality service provision) which related to parent’s access to the service during the day. This is both a structural (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2 Code of Conduct (Clause 15) 7 Parental Access to children [1 & 2]) and a process variable (QIAS Principle 13, NCAC, 1993). The components parents identified for their children still corresponded mainly to structural variables. They addressed areas such as safety, resources and activities provided for children (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2: Code of Conduct (Clause 15) 1 Arrival and Departure of Children [1], [2], [3] & [5], 4 Illness and accident [1 – 5], 8 Service program [1-2], Schedule 1: Licensing Standards (Clause 15) 9 Fencing centre based and mobile services: [1-6], 17 Play equipment [1 – 4], 21 equipment to support the program [1-2]). For a review of process and structural variables as related to quality early childhood services provision refer to Chapter 2 “Quality as a measure of Early Childhood Service Provision”.

The criteria at level four also focused on both parents and children. For
parents. personal components were still predominant (hours and location) however a number of process variables were included which related to the friendliness of staff (QIAS Principle 11, NCAC, 1993), discipline needs (QIAS Principle 4, NCAC, 1993) and education (QIAS Principles 16, 17 & 18, NCAC, 1993). Structural variables identified, which related to children, increased in number and were described in greater detail with regard to equipment and outdoor play space (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1: Licensing Standards (Clause 15) 17 Play equipment [1 – 4], 21 Equipment to support program [1-2], 1: Space Requirements [1-8],) and educational programs.

The criteria at Level five still maintained a focus on both the parent and child. At this level the personal factors have reduced (proximity of service to main roads and parking for drop off and pick up) but included more complex process variables such as the need for staff to share information with parents (QIAS Principle 10, NCAC, 1993) and have orientation processes in place (QIAS Principle 12, NCAC, 1993). The criteria identified as being necessary for children increased although still addressed resources, educational and school readiness programs and introduced staff qualifications, (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1: Licensing Standards (Clause 15) 17 Play equipment [1 – 4], 21 Equipment to support program [1-2], 1: Space Requirements [1-8], Schedule 2: Licensing Standards (Clause 15) 8 Service program [1 – 2], Part 5 Child numbers and staffing standards 35 Qualified staff [1 – 2]; QIAS Principles 16, 17 & 18, NCAC, 1993). Although the focus became more specific, issues still remained predominantly structurally (regulatory) based variables.

Level six specified components mentioned as important for both parents and children. For parents, a personal consideration (hours) was noted but this appears secondary to the structural and process variables listed for their children. As well, the components identified as being important in relation to the child have become more comprehensive. Although the number of structural variables are increasing, so too
are the process variables (quality indicators). At this level staff:child interactions and children's responses to the environment are now raised as important considerations when determining criteria for services to meet their needs (QIAS Principles 1; 2; 3; 4; 5; 6 & 7, NCAC, 1993; Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1: Code of Conduct (Clause 15) 9 Interactions with children [1 a – d]).

At the highest level, level seven, structural and process variables for both parent and child were discerned. The policies of the service and staff practices are each addressed through process and structural variables, yet, detailed explanation of staff attitude and interactions with children are well identified and are categorised as process variables (QIAS Principles 1; 2; 3; 4; 5; 6; 7; 15 & 16, NCAC, 1993). The components listed by parents were linked to both regulatory and accreditation practices which together promote quality in early childhood services.

The positive nature of staff:staff interactions is integral to quality service provision (Doherty-Derkowski, 1995) and for a number of parents these interactions needed to be evident. Further to this parents wanted competent and interested staff employed in facilities that were well developed and resourced (structural variables).

Factors Influencing Parents' Selection of Services

Like the previous question, asking parents 'What made you choose this service?' encouraged them to think about the things which influenced their decisions and enabled me to capture the different views or priorities held by each one (Bogdan & Taylor, 1975). The pool of meanings and "outcome space" were mapped.
Table 5.2

Summary of categories of description of influential criteria

<table>
<thead>
<tr>
<th>Level</th>
<th>Categories of Description</th>
<th>Parent focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Influential criteria: Parent focus is personal (location, cost)</td>
<td>The centre was work base at my place of work. Tax benefit afforded by work base child care centre (1:17).</td>
</tr>
<tr>
<td>2</td>
<td>Influential criteria: Parent focus is personal coupled with structural and process variables for both parent and child. Parent personal (location; hours of operation; flexibility) + structural (clean: menu; good educational structure) + process (staff enthusiasm). Child structural (educational) + process (staff practices related to care and enthusiasm).</td>
<td>It fulfilled the criteria Good educational structure, close proximity to home, enthusiastic and caring staff, hours available, flexibility, clean, menu. Better than others (8:10).</td>
</tr>
<tr>
<td>3</td>
<td>Influential criteria: Parent focus is personal coupled with structural and process variables for both parent and child. Parent personal (location) + structural (safety; play space; facilities) + process (aesthetics, staff professionalism towards adults and children). Child structural (safety; play space) + process (Staff child relationships).</td>
<td>Presentation of facilities, happiness of children first impressions of teachers/carers. The centre was best in terms of safety for the children and good play area. Friendly happy staff and it was close to home (2:55).</td>
</tr>
<tr>
<td>4</td>
<td>Influential criteria: Parent focus is personal coupled with minimal structural variables coupled with increased process variable focus for both parent and child. Parent personal (flexibility) + structural (meals; safety; staff) + process variables (staff enthusiasm and commitment to families). Child structural (well being = process (staff qualities demonstrated through positive interactions and practices).</td>
<td>The obvious enthusiasm and commitment of staff towards the well being of the child. The professional structure of the centre in terms of quality of carer, provision of top quality meals, flexibility to fit with our own needs. We didn't take the cheapest option, we are paying a fair price to entrust our child's safety and development to a very capable team (5:9).</td>
</tr>
<tr>
<td>5</td>
<td>Influential criteria: Parent focus is personal coupled with structural variables and process variable for both parent and child. Parent personal (emotional security) + structural (qualified staff, open door policy; resources; play space) + process (open communication, friendliness of staff). Child structural (individual programming) + process (staff responses to children).</td>
<td>Willingness to answer all my questions and to make both my child and myself secure in our decision. The centre met all the criteria I felt to be important: open door policy, friendliness, individual programming, qualified staff, good equipment, suitable outdoor areas (3:23).</td>
</tr>
<tr>
<td>6</td>
<td>Influential criteria: Parent focus is personal coupled with structural and process variable focus for both parent and child. Parent personal (philosophy) + structural (program implemented) and process variables (philosophy, values; quality of care and programs; evident philosophical links between service and home) Child structural (program) + process (quality of care and programs; consistency of values between service and child's home.</td>
<td>Quality of care and programs. Program being implemented. The philosophy of the centre and its ideals complemented the values that we felt were important in the development of our children (7:42).</td>
</tr>
</tbody>
</table>
Table 5.2 identifies six levels, ordered hierarchically, highlighting different aspects of service quality that ultimately influenced parents' choice of service for their children. The variation in factors parents viewed as influential when determining quality when selecting services are evident. The mapped parents' comments show how each subsequent level incorporated more criteria than the preceding one.

At level one, parents defined quality in relation to satisfaction of their individual needs. Then at each succeeding level parents indicated increasing numbers of structural and process variables, till at level six, parents reported a complex array of professional practices indicative of quality and service choice. At this level the components influencing parent selection of services were more complex, involving an interplay of philosophies between parents, staff and the services themselves. This interplay enables parents and staff to work together to provide continuity between the child's home and the service attended.

Thus the outcome space in Table 5.2 categorises qualitatively, parents' personal and individual perspectives of quality, which have been influential in their final choice of service. The comments distil the criteria which parents have used to justify this.

In the first level the criteria for choice of service was personal, focused on location and the cost benefits of work based service provision. No structural or process variables were evident.

At level two an interplay between parents' personal needs related to service location and their observed impressions of children and staff were evident. Some structural and process variables were also identified in parents' comments. The structural variables related to play areas which are determined under licensing standards (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1 Licensing standards (Clause 15)) 1 Space requirements for centre based

In level three, parents' personal criteria, included location and hours of service operation and flexibility of the service. In addition, one parent gave a comparative assessment of service provision based on her observation of several services. At this level process variables were also evident and focused mainly on children's experiences. These related to positive staff behaviours (QIAS Principles 3, 4 & 7, NCAC, 1993) and children's education (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2: Code of Conduct (Clause 15) 8 Service Program [1] & [2] 9 Interactions with Children [1 a-d] & [2 a-g]; QIAS Principles 17; 18; 19; 20; 21; 25; 31 & 32, NCAC, 1993). Other process variables addressed the cleanliness of the environment (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1: Licensing standards (Clause 15) 14; Premises cleanliness, maintenance and repairs [1]-[4] and QIAS Principles 39; 40; 42; 44 & 45) and the foods available to children (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2: Code of Conduct (Clause 15) 3 Food and Drinks [1] – [8]; QIAS Principles 36 & 37, NCAC, 1993).

Level four was determined by following comments which indicated a clear movement away from considerations of a purely personal nature such as cost of services. Here parents indicated their understanding of quality in terms of the professional structure of a service and a range of process variables. These were described by parents as flexibility and staff's commitment to children's well-being (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2: Code of Conduct (Clause 15) 1 Arrival and Departure [1 & 5], 2 Child health [1 - 3],

At level five the focus was not only on the family’s or child’s needs but was determined if parents spoke about the policies behind the practices of service staff. The structural variables identified in comments related to qualified staff (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Part 5: Child Numbers and Staffing Standards- 35 Qualified Staff [1] & [3]), play spaces and resources (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 1 Licensing Standards (Clause 15) 1 Space requirements for centre based child care services [2] & [4], 17 Play equipment [3], 21 Equipment to support program [1 & 2]), while process variables identified included open communications and information sharing (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Part 3: Administrative Procedures - 24 Information for parents and other persons responsible for children [1a-m]; QIAS Principles 6, 11 & 14, NCAC, 1993) and staff friendliness (QIAS Principle 2, NCAC, 1993).

Policy implementation was identified as a process variable addressed through regulatory and accreditation processes (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Part 2: Licences- 12 Service Policies [1] & [2 a - r]; QIAS Principles 44 & 45, NCAC, 1993). At this level parents also identified
process variables related to children's individual educational requirements (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2: Code of Conduct (Clause 15) 8 Service Program [1] and [2]; QIAS Principles 17; 18; 19; 20; 21; 25; 31 & 32. NCAC, 1993). Level five not only addressed all components mentioned at previous levels, but introduced the notion of feeling secure or having 'trust' in staff. This trust it was noted was engendered through service's ability to address parents' initial concerns.

Finally level six was categorised using parents' comments which noted how services' philosophies and 'shared values' were influential in service selection. These 'process variables' link to regulatory and accreditation criteria (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Part 2: Licences-12 Service Policies [1] & [2 a-h]; QIAS Principles 1-13 &16-21, NCAC, 1993). Comments highlighting the importance of children's care and education linked with other process variables (Centre Based and Mobile Child Care Services Regulation (No 2), 1996. Schedule 2: Code of Conduct (Clause 15) 8 Service Program [1] & [2]; QIAS Principles 17-21, 25-31 & 32, NCAC, 1993). Level six demonstrates parents' identification of the integration of a broad range of elements, which when combined, are said to provide continuity between the practices and values of home and services. Such continuity is said to provide children with personal security and promotes a sense of belonging which is necessary for children's development (Bronfenbrenner, 1979; Maslow, 1968) and is synonymous with high quality service provision (Bredekamp, 1989; Culkin, Morris, & Helburn, 1991; Howes, Phillips, & Whitebook, 1992; Peisner-Feinberg & Burchinal, 1997; Schweinhart & Weikart, 1997).

When staff demonstrated the practices that complemented parents' ideals, the opportunity to forge trusting relationships were present, as indicated by the following comments, staff with genuine interest - values like ours. It (this service) was the only one we felt truly comfortable with (2:106) and another saying, I felt
comfortable and I could trust them with our son (15:118). The building of an effective and mutually satisfying partnership between services and homes where staff and parents work together, caring for and educating children requires trust and respect (Gelfer, 1991).

When parents were seeking services to address their family’s care and education needs they nominated components which were in the main, personal. These focused predominantly on structural variables although some parents made comments indicative of process variables at the highest level of the outcome space. However, when reviewing the factors which were influential in making a final decision about where to send their children, they were found to have focused increasingly on process variables. This does not mean that personal or structural variables were not listed, they were, but it would appear that parents were influenced far more by staff behaviours than they had imagined they would be.

The outcome spaces identified in Tables 5.1 and 5.2 and their levels of description, reflect the qualitatively different ways parents in this investigation initially thought about and then thought through their experiences with early childhood care and education services to define quality (Trigwell, 1997). Walsh, Dall’Alba, Bowden, Martin, Masters, Ramsden and Stephanou, (1993) explain that reporting and categorising these qualitative explanations are the process by which the outcome space is achieved. These outcome spaces report and categorise the qualitative explanations of parents’ reflections of their personal and individual perspectives of quality early childhood care and education (Walsh, et al., 1993). Their conceptions of quality are based on criteria which in some cases are purely personal and pragmatic. Other criteria however were found to be synonymous with quality measures identified by the early childhood profession and the NCAC through the QIAS (Bredekamp, 1990; Dahlberg et al., 1999; Doherty-Derkowski, 1995; Howes et al., 1992; Kieff & Wellhausen, 2000; NCAC, 1993; Peisner-Feinberg & Burchinal, 1997; Powell, 1998; Schweinhart, Barnes & Weikhart, 1993).
Frequency of Conceptual Themes

Important to this investigation was the drawing together of different words and combinations of terms parents used to convey similar ideas describing their experiences and understandings. The frequency of ‘ideas’ and ‘like terms’ were calculated to identify similar criteria.

This enabled the identification of three different perspectives. First, it facilitated the categorisation of the different criteria parents used when looking for and then selecting services. Second, it allowed easier examination of how frequently parents used these same criteria in their selection processes. Third, concepts drawn from the pool of meanings were able to be linked to quality through structural variables identified in state child care regulations and process variables addressed through the national accreditation system.

Once the words parents used had been reviewed it was apparent that there were recurring themes in their descriptions of early childhood services. The themes corresponded to four distinct areas of service operation. These address: (1) interactions, occurring between staff and children, staff and parents, children and children and staff and staff, (2) service provision, (3) physical attributes of services and (4) individual parent requirements. The criteria parents nominated across these four areas were identified and then linked to correspond to criteria recognised as process and/or structural variables (See Chapter 2 Regulations and Accreditation). Beyond this, univariant analysis of ‘like terms’ expressed as similar ideas was identified and frequency counts indicated.

**Theme One: Interactions**

The theme “interactions”, displayed by service staff and children were criteria most frequently mentioned by parents, when seeking and finally selecting a service. Parents appeared to look ‘for’ and looked ‘at’ various aspects of positive interactions when choosing services. Parents were mindful or aware and took note of
staff attitude, friendliness, communication skills and personal warmth. These positive interactions, sought by parents are clearly aligned to early childhood professionals’ values.

According to Willer (1989, cited in Ooms & Herendeen, 1990), the early childhood profession draws attention to the necessity for positive interactions and responsive staff behaviours because they are important indicators of service quality. These interactions and behaviours are referred to as process variables (Bredekamp, 1990; Dahlberg et al., 1999; Doherty-Derkowski, 1995; Howes et al., 1992; Kieff & Wellhausen, 2000; NCAC, 1993; Peisner-Feinberg & Burchinal, 1997; Powell, 1998; Schweinhart et al., 1993). Interestingly, interactions are also identified in state regulations and are acknowledged as a structural variable, one of many which are necessary for quality services to be developed (Centre Based and Mobile Child Care Services Regulation (No 2), 1996 Based Child Care Regulations No.2, 1996: Schedule 2: Code of Conduct (Clause 15) 9 Interactions with Children [1a-d] & [2a-g]).

The following tables (5.3; 5.4; 5.5 and 5.6) provide an overview of the comments of 152 parents in relation to the need for staff to demonstrate positive interactions and behaviours towards their children (process variables). As previously noted state regulations and QIAS principles nominate a range of structural and process variables. These are numerically identifiable and are used by services and the NCAC to determine service quality. The tables, comprise five columns, the first of which indicates the criteria parents specified when looking for a service. In the second column these criteria have been linked to regulations (structural variables) or matched to specific QIAS principles. Column three indicates the number of comments related to that criteria found amongst the 152 parent respondents and column four indicates the number of parents who indicated that this criterion was influential in their decision making. The final column indicates the number of parents who both nominated and then found that criteria.
Table 5.3 shows the five distinct attitudes/behaviours displayed by staff during interactions with children. These were based on patterns which emerged through interview and questionnaire responses from 152 parents.

Table 5.3

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Regulatory and QIAS criteria</th>
<th>Sought</th>
<th>Influenced decision</th>
<th>Matched criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff attitude, commitment and competence</td>
<td>Regs. Part 2:10 [2] QIAS Pr. 3:4:7</td>
<td>50</td>
<td>71</td>
<td>39</td>
</tr>
<tr>
<td>Friendly and/or caring staff</td>
<td>QIAS Pr. 2</td>
<td>63</td>
<td>48</td>
<td>30</td>
</tr>
<tr>
<td>Happiness of child and/or staff</td>
<td>QIAS Pr. 9;14</td>
<td>43</td>
<td>34</td>
<td>20</td>
</tr>
<tr>
<td>Communicative and informative staff</td>
<td>QIAS Pr. 6; 11; 14</td>
<td>20</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Warmth, feeling and atmosphere</td>
<td>QIAS Pr. 1; 5; 9</td>
<td>38</td>
<td>34</td>
<td>22</td>
</tr>
</tbody>
</table>

While Table 5.3 shows that parents more frequently looked for ‘friendly and caring staff’ it was ‘staff’s attitude and demonstrated competence’ that most influenced parents’ choice of service.

Altogether parents used 214 descriptors when speaking of the kinds of staff interactions they sought in services, and then used 216 descriptors when discussing the behaviours that influenced their decisions. Parents’ perceptions of staff interactions were also highlighted by Williams and Ainley (1994) in their investigation. They compared parents’, child care workers’ and tertiary supervisors’ perspectives of quality in child care services and noted that parents consistently nominated staff interactions as indicative of quality. Moreover, they rated such practices more highly than staff did when asked the same question.

While comparisons between the responses of staff and parents cannot be undertaken with the data collected in this investigation, the nomination by parents of positive and complex staff practices does indicate an awareness of their importance. Such awareness is reflective of current research extolling the benefits of parent:staff
interactions (Brand, 1996; Caulfield, 1996; Davies, 1997; Epstein & Sanders, 1998; Gellens, 1998; Hepworth-Berger, 1996; Powell, 1998; Rockwell, Andre & Hawley, 1995; Swick, Grafwallner, Cockey, Roach, Davidson, Mayor & Gardner, 1997). The interactions identified related broadly to staff attitude and competence, their friendliness and caring abilities, identified as process variables (Dahlberg et al., 1999; Doherty-Derkowsky, 1995), which correspond to QIAS principles used to determine service quality. Selected quotes from parents' interviews and questionnaires have been used to exemplify the recurrent ideas they conveyed.

Staff attitude, commitment and competence.

Parents used the terms 'committed staff' and 'professionalism' to describe desired staff disposition or attitude. Staff attitude and competence related to adult:child relationships, encompassed teaching expertise and specific personal and professional qualities described as commitment.

The term 'attitude' can and does mean many things such as manner, demeanour, bearing, approach or feeling. These were terms used by parents to express their individual meanings. Terms such as, 'staff approach', 'people personal skills' and 'teachers' attitudes to children', indicated the attention given by parents to staff dispositions when they were reviewing services. Table 5.3 shows that whilst 71 parents said staff's dispositions influenced their final decision 50 parents had indicated that they would observe this when selecting a service. Of these parents, 39 said that it influenced their choice of service.

Personal qualities were seen as important as they were viewed as being synonymous with staff providing child friendly environments which demonstrated their expertise. This is illustrated by the following comment, the professionalism, the quality of the staff, the professional attitude that can be heard, that everyone seems to be trying to do the best for the children (Code 5) and, initially staff attitude...their interest in your child and their aptitude (2:61).
Relations between staff members, was also thought to be an important indicator of quality. As one parent said, she looked to determine the, attitude of teachers towards each other (7:35). Staff attitudes are integral to the emotional climate of an adult's work environments according to Doherty-Derkowsky (1995). Some parents noted this because of its impact on their own child's experiences.

The link between staff relationships and employment satisfaction, with children's well-being, has been identified by some parents in this investigation and is raised in the literature (Berk, 1985; Doherty-Derkowsky, 1995; Sebastian, 1986; Willer, 1990). According to Jorde-Bloom (1988) attitudes, interactions and staff's personal qualities set the scene for the overall service climate. Parents' awareness of the way such influences impact directly on children is important and encouraging, given that previous research had indicated that most parents' criteria for service selection was based on cost and location (Kisker, Maynard, Gordon, & Strain, 1989; Rodd & Millikan, 1994: Silverberg, 1988).

*Friendly and/or caring staff.*

Other frequently mentioned aspects of interaction were 'friendliness' and the 'caring nature' of staff. Both terms were used to describe the conviviality of staff and their positive responses to children and parents alike. As shown in Table 5.3, of the 63 parents who sought this aspect of quality, almost half indicated that this was influential in their final decision. As well, an additional 18 parents listed these qualities as being influential in their final choice of service. Comments by parents highlighted their desire for staff who cared about children, who involved themselves with the children, played with them and provided emotional support. A desire for these human qualities are evident in the following parent comments, *(I wanted) Friendly and caring staff who at all times put the child's best interest first* (9:91). Friendliness and the caring nature of staff, although frequently noted simply as 'friendly and caring staff' was more thoughtfully described by the following
comment, (I looked for) the level of attention they (staff) pay to children regardless of the time of day & where they position themselves amongst the children (2:61).

Other comments made suggested that there was a desire for staff to demonstrate to parents the same friendly and supportive qualities shown to children. As one parent noted, (the) Owner (was) very warm (had a good gut feeling about her) & her vision of her centre. Very willing to answer & show & have me as a parent understand the importance of such things as: in-house cook, equipment, staff, accreditation etc (2:60).

Parents appeared to recognise that their visits to services disrupted routines and used this time to assess staff responses, which they saw as relevant to them as potential clients. One parent noted, acceptance of an unannounced enquiry (myself) (8:6) while another parent explaining her experience queried, did the Director have the time of day to meet me as a new prospective parent with children? (Code 8). Such comments not only highlight parents' expectations but also their positive regard for staff who extend friendliness and care to potential future clients.

The evident happiness of children and staff, the communicative nature of staff and the overall warmth and atmosphere of the service were also nominated as important when choosing services. Each of these is linked to interactions and according to the parents participating in this investigation, can be assessed by listening to staff responses to children and adults and by observing staff interactions with those around them.

Happiness of child and/or staff.

The observance of staff and children's apparent happiness was also noted by parents and used as an important indicator of the quality of service provided. While 43 parents listed happiness as important, an additional 14 parents included it as important to their final decision. How parents determined happiness differed, yet the terms used conveyed a shared meaning. Some parents observed interactions, while
others listened for children’s voices as a means of assessing the quality of interactions between staff and children.

Although the statement, ‘happiness of children and staff’ was most frequently used, some explained this further as exemplified by the following comments. Caring happy children, staff that really did care for the children, who do more than what is required e.g. Hugs, take a real interest in the children and really know your child (6:83). Another parent phrased her observance as, were the staff members pleasant, did they enjoy being there, having interactions with the children that were already there? (Code 8), or, generally a whole happiness and importance of the child (5:71). These comments drew attention to observations made about the happy nature of the personal experiences children and staff shared when together each day.

One parent explained distinctions in children’s behaviour saying, the children had to look like they were having fun or were busy, I know children cry, but there is a difference between a tantrum to say a child sad and sobbing ‘cause they feel so bad (Code 3). For another parent, her own child’s reaction to the staff and the situation was significantly influential in the decision making process. She said, my child was happy the moment we walked in (2:26).

Parents in this investigation recognised the need for their children to be attended to and cared for by responsive caregivers. One parent looked for a service for her child, where she’s going to get the right attention, I don’t want her in a centre where she’s stuck in a pram for, say the first six months of her life ‘cause it’s too hard (for staff) to do anything else with her (Code 4).

Parents also observed children already enrolled in the services they visited, to imagine how staff would react to their own children in this environment, were they to attend. This allowed for reflection on staff expertise and an assessment of children’s emotional well-being whilst attending services. As one parent remarked, the way I saw the children reacting, you know, the rapport they had with the teachers, if they talked to the teachers and the teachers talked to the children. How
the children played, with each other (Code 3). For another parent, the obvious enthusiasm and commitment of the staff towards the well-being of the child (8:9), was a decisive factor in service selection.

The importance of positive interactions between adults and children attending early childhood services as noted by parents is also emphasised in the QIAS handbook where the first 8 principles of accreditation relate specifically to this (NCAC, 1993). The ‘word pictures’ created by parents in this investigation, to explain the concept ‘happy children’ is far more complex than an over simplification of what is generally thought of as ‘happy’ as was identified by Long, Wilson, Kutnick and Telford (1996).

The early childhood profession has long been aware of the influence of positive staff:child interactions on children’s well-being and development (Howes et al., 1992; Willer, 1989, cited in Ooms & Herendeen, 1989), and such practices are seen as crucial contributing factors to service quality (See Chapter 2 Structural and process variables). Parents in this investigation have also demonstrated their awareness of the significance of the quality of relationships between their children and the staff who care for and educate them.

More recently, “brain research” has highlighted the critical importance of positive personal interactions during children’s early years of life. The affirming events encountered by children have the potential to set in place the ‘hard wiring’ for future interactions and relationships (Caldwell, 1998; Lally, 1998; McCain & Mustard, 1999; Nash, 1997; Shore, 1997).

**Communicative and informative staff.**

Parents looked for staff with whom they felt at ease in respect to communication and thereby with whom they could share information. As shown in Table 5.3 some (20) parents indicated that this was what they sought while an additional 19 parents indicated that the observance of these staff skills had
influenced their final decisions. That parents regarded communication as being important is consistent with beliefs that meaningful ongoing communications are an essential component of early childhood service quality (Doherty-Derkowsky, 1995). Yet to develop shared meanings, service staff and parents need to communicate using agreed symbolic messages (Hughes & MacNaughton, 1999). Barker and Gaut (1996) and Hughes and MacNaughton (1999) explain how effective communication involves the development of shared meanings, a point which was raised by parents in this investigation.

Parents, as already mentioned, looked at the responses of staff when they inquired about services. Parents wanted to be able to communicate with staff who were active in assisting them feel at ease when leaving children in care which would then validate their decision about the care and education service chosen. For one parent, staff demonstrated their communication skills thus, the Director spent a lot of time explaining to me how the service operated and answered all my questions. So I felt that what was important to me, was considered by the teachers at the centre too (Code 3). As well, the ability of staff to convey both a professional and personal interest in children and to demonstrate to parents their willingness to work together with them (the parents) were noted aspects of perceived quality service. As one parent stated, very important was the open communication between parents and teachers (6:83), while the following comment, willingness to answer all my questions and to make both my child and myself secure in our decision (3:25) and willingness to work with us (8:9), draws attention to parents’ needs for staff to engage in shared communication with them. Mc Bride (1999) explains how good communication skills enable staff to truly collaborate with families and therefore provide individualised services that address families’ needs. While such communication can take various forms according to Brand (1996), it must be a two way process where information is shared back and forth between staff and parents.
Warmth, feeling and atmosphere of service.

A final dimension of human interaction which influenced parents' decisions about services was raised by 38 parents and related to 'warmth', 'feeling' or 'atmosphere'. This nebulous concept was mentioned without explanation, by a total of 34 parents as being influential in their final decisions. As shown in Table 5.3, of these 34 parents, 12 had not initially considered this as an aspect of the service to be explored. 'Atmosphere' was identified by a number of different phrases such as, a gut feeling (2:56; 2:104; 3:33), or by describing the tone or mood of the service they were inspecting noting the, feel of the centre (2:59) or, an instant good feeling (7:36). One parent explained what this felt like after finding the service with which she was satisfied, saying, that feeling when I walked through the door. I need to feel like I trust where they (my children) are. Where I trusted everything they were doing. When I walked through the door there was something intangible about the centre. It just felt good. Because I've been to lots of places and thought I'd never leave my child here' just without saying or talking to anybody, so to me that's (the feeling) important (Code 6).

'Atmosphere' is somewhat difficult to define although it is said to relate to the pervading tone or prominent mood. In this investigation the 'atmosphere' was identified as a very real and tangible criterion used to determine service choice by a small number of parents. Many parents simply listed 'atmosphere' among other criteria while others identified the nature of the tone or mood as a happy atmosphere (4:13; 12:63) or warm and friendly atmosphere (8:7). One parent explained how the atmosphere of the centre influenced her choice of service saying, The atmosphere of the centre was inviting, calm, friendly. I felt at ease about leaving my child in their care (6:62).

Although 'atmosphere' might be an ambiguous concept and difficult to define parents are not alone when they select the atmosphere of services as a criteria of quality. The QIAS principle number 9 relates specifically to staff creating a
pleasant atmosphere and identifies how such atmospheres are created by staff practices and interactions with children and adults (NCAC, 1993).

Results show that parents participating in this investigation were most concerned about the personal relationships between children, staff and parents' on a daily basis. The content and frequency of comments made by parents about seeking placement in early childhood services for their children, have focused on the positive quality relationships between all parties, children and adults alike.

The QIAS pays particular attention to the quality of relationships between staff, children and parents. Part A – Interactions, of the QIAS lists 15 principles specifically designed to address the relationships occurring in early childhood services. Nine principles relate to interactions between staff and children, four principles focus on interactions between staff and parents, a further two principles focus on staff:staff interactions and as already mentioned one principle relates to the atmosphere of a service which is said to be created by staff practices and interactions with children (NCAC, 1993). Many practices nominated in these principles were criteria identified by parents as being important. Parents were particularly concerned that interactions between staff and children were ‘warm and friendly’ which relates to the first principle of accreditation. The expectation for staff to accommodate children’s individual needs and individual differences, corresponds with QIAS Principles 2 and 3 (NCAC, 1993).

The characteristics of staff, valued by parents when selecting services for their children were discerned through their personal interactions. Parents appear to view these interactions as the basis on which potential relationships between families and service staff can be built. This is an important point given that the rearing of children has become, for some families, a collaborative endeavour undertaken by parents and staff working together sharing the child rearing role as children move back and forth between their homes and the early childhood services they attend (Larner & Phillips, 1994; Phillips & Howes, 1987). For this reason it is essential that
parents are comfortable with the attitudes, behaviours and practices of staff employed in the services they use, and confident that staff will endeavour to do all they can to provide quality service.

**Theme Two: Service Provision**

The second theme, encapsulated by the term ‘service provision’, related to the legislative responsibilities of the licensee and/or authorised supervisor of the service. Such responsibilities include the educational program, employment of staff with the required qualifications and staff:child ratios, service philosophy, policies and procedures and the daily routines as well as the provision of nutritional foods. These criteria, when mentioned by parents, were grouped together because they are regulatory requirements for licensed centre-based early childhood services (See Chapter 2 Regulations and Accreditation). Accreditation of services was also linked under this heading as the accreditation process is initiated by service staff and undertaken collaboratively by parents and staff working together. The criteria and how they relate to QIAS principles are shown in Table 5.4.

When seeking services for their children, parents observed a number of aspects related to service provision. They could be identified through scrutiny of documents such as written programs for children, child development records, service policies and timetable routines, certification of service (licence and accreditation certificates) or were noted by parents as they considered the environment and practices. Column 1 of Table 5.4 shows the criteria nominated by parents. Column 2 shows the related regulatory requirements and specific QIAS principles. The number of parents who initially looked for the nominated criteria are shown in Column 3. Column 4 shows the number of parents who were influenced by the criteria when selecting a service for their children and finally the number of parents who both nominated and found the criteria they had identified is listed in Column 5. The
'sought and subsequently 'found' criteria have been identified as 'matched' comments.

Table 5.4

Educational attributes sought by and influencing parental choice of service
(N = 152)

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Regulatory and QIAS criteria</th>
<th>Sought</th>
<th>Influenced decision</th>
<th>Matched criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational program</td>
<td>Regs. Part 2: 8 (1) (2) QIAS Pr. 17;18;19;20;21;25;31</td>
<td>63</td>
<td>49</td>
<td>32</td>
</tr>
<tr>
<td>Staff:child ratios and staff qualifications</td>
<td>Regs. Part 5: 34 (1) (2) 35 (1) (2) (3) 36 (1) (2)</td>
<td>19</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Philosophy, policies and routines</td>
<td>Regs. Part 2: (1) (2) (a-r) QIAS Pr. 44; 45</td>
<td>11</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Quality foods and nutrition</td>
<td>Regs. Part 2: 3 (1 - 8) QIAS Pr. 36; 37</td>
<td>20</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Accreditation of service</td>
<td>All 52 QIAS Principles</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 5.4 identified the criteria mentioned by parents that relates to aspects of children’s daily experiences. Responsibility for their presence is held by the licensee and/or authorised supervisor of the service. All criteria related to QIAS principles (process variables) and indeed accreditation itself has been identified as a desired criterion by a small number of parents. Other than accreditation, which is a result of QIAS review in its own right, all other areas are subject to regulatory review (referred to as structural variables).

**Education: Teaching and learning.**

The educational program provided to children was the most important aspect of service provision identified by parents (See Table 5.4). Parents included more comments about the need for educational opportunities to be incorporated into children’s daily experiences than about any other related area of service provision.
Children's early educational and learning experiences are clearly identified by both structural and process variables.

The key words indicative of parents' concern for an educational program included 'education', 'learning' and 'programs'. While 32 parents actively sought the educational component of the services they reviewed, a further 17 parents were influenced by the educational opportunities afforded their children in the services selected.

Few parents included detailed descriptions of what they meant by education, however, one parent graphically described what s/he identified as an early childhood educational program saying: it must give something to the children, you know education. Not like school but learning through different things. Being able to listen to music and play musical instruments, not real ones like trumpets but you know, like shakers and drums and bells. But better quality than the ones you buy for the children to play with at home, you know, more like real ones. Teachers should read to children and talk to them and show them wondrous things like caterpillars and butterflies...you do these things when you are at home with your kids. Well, I expect staff to do these things too but with all the children, help them be excited about the things in the world (Code 3). This vivid illustration of 'education and learning' reflects Walker's (1968) description as the changing of behaviour as a direct result of experiences rather than a natural process.

Although other parents' comments were less detailed, they still conveyed the importance of children being provided with educational programs as shown by the following comments. One parent looked for a service to demonstrate, the importance of learning, (4:44) while another wanted, learning activities and preparation for school (4:15). One parent looked for and found a service to address the child's needs saying, an environment in which he can grow and develop, from a learning and developmental point of view (Code 2).
It is evident from these comments that parents look for staff to provide educational opportunities and encouragement for their children. This finding is consistent with what has already been identified as a component of service quality, that is, to include positive interpersonal interactions, stimulating environments and planned programs (Dahlberg et al., 1999; Doherty-Derkowsky, 1995; NCAC, 1993).

Sonestein (1991) has also commented on parents’ concerns about early education, noting their desire for an environment to promote learning. In this investigation many parents identified education as being important and nominated appropriate activities indicative of learning. An excerpt taken from one comment noted, *age and stage appropriate activities to enhance child’s development...* (9:91). A more comprehensive explanation of the desire for education was articulated by one parent who said, *because I work Monday to Friday, there’s a lot of hours that he’s spending in that day care centre. If he can’t continue to grow and develop while he’s in day care he’s lost an enormous opportunity just because of the hours he has to spend there. So what I’d like it to also be is an environment in which he can grow and develop from a learning and developmental point of view* (sic) (Code 2). In this situation the child was just a toddler, yet, the parent was very aware of the need for appropriate educational opportunities for her child.

*Staff: child ratios and staff qualifications.*

Staff qualifications and adult:child ratios were noted as important criteria by a small number of parents and were included under the umbrella of staffing issues. Table 5.4 indicated that only 19 parents initially commented on staff qualification or the ratio of staff to children. Thirteen of these parents identified this component as being influential in their final decision, along with an additional three parents. Even though parents mentioned staff issues there was little explanation of what was meant by ‘trained teachers’, ‘qualified staff’ or ‘qualifications of teachers’. One parent commented, *I checked staff qualifications (4:15) however there was no mention of*
what was actually considered appropriate. Of the parents listing ‘qualifications of staff’ as important only one parent indicated that she was aware that there was an early childhood teacher there (Code 2).

The remaining parents gave no indication as to whether the qualifications they were seeking were early childhood teaching degrees or if staff training was early childhood focused in any way. The importance of staff:child ratios was indicated by comments such as, *Children to teachers (ratio) 1 teacher/10 children (8:4)* which is very specific and is regulated by the New South Wales child care regulations (Centre Based, Part 5: 35 [1] [2] [3]; 36 [1] [2] & Part 5: 34 [1] [2]). One parent was concerned with *consistency in staffing* (6:50) but did not elaborate further on this.

*Philosophy, policies, procedures and routines.*

A smaller group of 11 parents nominated various organisational aspects of service functioning which they termed ‘philosophy’, ‘policies’, ‘procedures’ or ‘routines’. This group indicated that they wanted to know about these prior to selecting a service, but only seven parents indicated that these were considered in service selection. An additional five parents subsequently identified these elements as important to them when making decisions about the service for their children.

The philosophy behind the practices was deemed to be important and one parent sought to understand the *philosophy of care* (16:129), while another looked for services’ *philosophy and aims of care* (13:23). Policies were also identified as important when reviewing services for their children. One parent was interested in *the teachers’ knowledge of policies, procedures and programs of the centre* (7:37), while others simply indicated a need for services to have identified *policies, routines or procedures* (2:61; 8:7; 10:85 and 18:139).

Policy development and implementation is an integral aspect of service licensing (Centre Based and Mobile Child Care Services Regulation (No 2), 1996,
Part 2: 12 [1; 2 a-r]) and as such, all staff are required to be aware of the policies being implemented in the services in which they are employed. In high quality early childhood services, staff are expected to be aware of and actively involved with the development of policies. They are also encouraged to involve parents in this important aspect of service operation. Such practices promote shared understanding and provide a basis for later evaluation (Farmer, 1995).

Quality foods and nutrition.

A relatively small number of parents mentioned food amongst the criteria when seeking services. Table 5.4 shows that 20 of the 152 parents whose comments were reviewed looked at the provision of meals when seeking a service, and 16 of these parents included this as one of the criteria in their rationale for service choice. For one parent not having meals supplied was important and was happy to Provide own lunch – as this is what my own child will be taking to school – not necessary to have a ‘hot lunch’ as at other long day care centres (7:37). Yet, generally speaking it would appear that there was neither an expectation nor requirement for children to be provided with meals. However, where meals were provided they were identified as another positive aspect of service provision. The terms used in relation to this aspect of services included ‘food’, ‘meals’, ‘menus’ and ‘nutrition’. One parent only elaborated saying Meals – good variety, ‘simple’ home cooking with fresh ingredients. (1:26).

Once children attended services the benefits of having meals provided were acknowledged by parents. The meals are good they have hot meals. They cater well nutritionally, like she eats better at preschool than she does at home. She’ll eat vegetables at preschool that she won’t eat at home. I find I’m happy if she eats, munches on something for tea, it doesn’t bother me so much, because I know she has a good hot meal, and normally fruit and everything throughout the day (Code 1). This comment clearly exemplifies parents’ assessment and positive regard for the
quality of the meals provided, which link to QIAS principle 37 (NCAC, 1993). This principle relates directly to the promotion of healthy and nutritional habits in early childhood services.

**Accreditation of service.**

While accreditation has been a major initiative on the part of the Federal Government to ensure quality in early childhood services, only five of the 152 parents nominated accreditation as a preferred criterion, with 3 year accreditation (3:29) mentioned. Moreover, the two parents who included accreditation as important when making the final decision about a service for their children had not nominated it in their original list of requirements. Only one parent initially sought an accredited service and identified this as being influential in the final decision.

It may be that operation in accordance with legislative licensing requirements is simply implicit when parents are choosing services for their children. Few, if any adults for example, question the credentials of schools or hospitals which are also required to meet government standards. Whilst regulations and accreditation in relation to early childhood services are different, they may be perceived by the general public as ‘government regulations’ and therefore if applied, then also ‘approved’. Parents’ knowledge and understanding of the Australian QIAS is an aspect of this investigation, and will be discussed later (Results and Discussion Chapter 8).

**Theme Three: Physical Attributes of Services**

The next theme to emerge from parents’ comments related to physical aspects of services. These were noted as ‘facilities’ and ‘resources’ and included the safety and security precautions implemented by service staff, the ‘appearance’ of buildings and the resources available to children. Table 5.5 shows the criteria nominated by parents in Column 1, and draws attention to the related QIAS principles and regulatory requirements in Column 2. The frequency of comments
made about criteria when parents were looking for services and those influential in service selection are noted in Columns 3 and 4. As well, when parents sought and were subsequently influenced by a criterion it was recorded as a matched comment and noted in Column 5.

**Table 5.5**

**Physical attributes sought by and influencing parental choice of service**

(N = 152)

<table>
<thead>
<tr>
<th>Attributes</th>
<th>Regulatory and QIAS criteria</th>
<th>Sought</th>
<th>Influenced decision</th>
<th>Matched criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness of Service</td>
<td>Regs.Schedule 1: 14 (1 – 4)</td>
<td>58</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>QIAS Pr. 3:4:7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities and equipment</td>
<td>Regs.Schedule 1: Licensing standards</td>
<td>47</td>
<td>40</td>
<td>19</td>
</tr>
<tr>
<td>Safety and security</td>
<td>Regs.Schedule 2: Code of conduct 1 (1) (2) (3) (5) Schedule 1: 9 (1 - 6); 10 (1 - 3) QIAS Pr. 42</td>
<td>22</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>Appearance</td>
<td>N/A</td>
<td>9</td>
<td>25</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 5.5 shows that parents were more concerned with the cleanliness of services than they were with other physical aspects. The cleanliness of services has often been identified as an important component of parental assessment of services (Williams & Ainley, 1994; Worihm; 1998). Parents’ comments about the physical aspects of the service related to both regulations and QIAS principles which are the structural and process variables contributing to ‘quality’.

**Cleanliness of service.**

Table 5.5 shows that 58 parents nominated ‘cleanliness of the environment’ in some form as an important consideration when looking for early childhood services, yet only 22 of these parents cited this as influential in their final decision. A further eight parents noted cleanliness as being influential in their final decision, although only one parent indicated that a, clean environment (4:11) was the single,
most important factor. Most merely identified cleanliness among other criteria which together influenced their choice of service. This was expressed by one parent who wanted a, very clean and hygienic centre. Happy communicative staff. Numerous activities and outdoor play (4:11).

What was meant by ‘clean’ was explained by one parent saying, it had to look clean and, oh, feel clean. You know not smell of old things (Code 3). Statements about cleanliness were related to the environment, children, rooms or equipment and were generally used with other descriptors of quality. As one parent said, it fulfilled the criteria: Good educational structure, close proximity to home. Enthusiastic and caring staff, hours available, flexibility, clean, menu. Better than others (8:10).

Parents’ concerns for a clean, safe environment are well founded because when large groups of children are cared for together, there is a greater chance of infection transference. For this reason it is important for sanitary practices to be implemented, creating healthy environments (Robertson, 1998).

The Centre Based and Mobile Child Care Services Regulation (No. 2) 1996, and QIAS have criteria which relate to the safe and hygienic practices associated with quality care and education of young children. In this investigation parents looked for such practices and noted when they found hygiene procedures in place (8:8) and (good) Hygiene eg. (in) Food and toilet (areas) – cleanliness (4:12).

Facilities and equipment.

Table 5.5 shows that the facilities housing services and the equipment provided for children’s play and learning were nominated as important criteria by 47 parents who were selecting early childhood centres for their children. These same criteria influenced the decisions made by 40 parents, however, the facilities sought were rarely described in graphic detail. Comments such as, well presented centre with plenty of equipment and resources. Real grass outside (3:30) or, outlay of service – 1 or 2 rooms for age groups (7:37) provide images of the types of building
environments parents were expecting to find. *Large outdoor area* (2:58), describes the space nominated as important for outdoor play opportunities for children.

Parents mentioned 'facilities' or 'resources' amongst other criteria as shown by the following comment, *segregated, age appropriate rooms, purpose built for childcare. Staff well presented, communicative & professional. Hours/location suited. Great outdoor play yard. Security system* (6:52).

**Safety and security.**

In Table 5.5 the safety and security practices in place at services that influenced their choices were noted by parents. Of the 22 parents who had included this as criteria for selection only 16 said it influenced their decisions. The remaining seven parents said that this was a determining factor in service selection. Criteria were described by parents as safety features, including child-proof locks on gates, fire escape plans and secure fencing. However, most parents simply listed “safety” as being something to be observed.

One parent provided a framework for describing safety which appears relevant to all parents' comments. As this parent explained, *the one thing that is absolutely foremost in my mind is that my child is safe. I need to know that the environment my child is in, is a safe environment. Now obviously I would like it to go much broader than that, but if that first premise wasn't met, if I thought that my child was unsafe the rest doesn't count, doesn't even come into the issue* (Code 2). This comment brings into clear focus the fact that a safe environment is a fundamental requirement. Whilst not all parents mentioned safety, it cannot be assumed that this was not an issue of concern. Rather parents expect that their children will be safe and well cared for when placed in licensed services. Safety is a 'given'.

**Appearance.**

Table 5.5 shows that nine parents were initially concerned with the
‘appearance’ of the centre staff, building and the equipment, yet twenty five parents reported this as being influential when choosing a service. Standard comments were brief as in, appearance of centre and teachers (8:5) or the fact that it was new and immaculate in presentation (1:104). These comments were merely parts of larger lists of requirements and offered little in the way of detailed explanation.

Theme Four: Individual Parent Requirement

The final theme to emerge from parents’ comments related to individual families’ needs. In Column 1 of Table 5.6 seven particular areas parents nominated as being important are listed. These addressed the location of the premises, cost of service, hours of service operation, trust, child with special needs, recommendations and a general heading, other. As with previous tables, Column 2 identified links with regulations or QIAS if applicable, Column 3 indicated the number of comments relating to parents’ initial requirements and Column 4 shows the number of parents who made decisions based on the criteria listed. Column 5 indicated the match between desired criteria and ultimate selection.

Table 5.6

Identified individual parent requirements

<table>
<thead>
<tr>
<th>Parent requirements</th>
<th>Regulatory and QIAS criteria</th>
<th>Sought</th>
<th>Influenced decision</th>
<th>Matched criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>N/A</td>
<td>25</td>
<td>75</td>
<td>21</td>
</tr>
<tr>
<td>Hours of service operation</td>
<td>N/A</td>
<td>17</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Cost</td>
<td>N/A</td>
<td>13</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Child with additional needs</td>
<td>QIAS Pr. 32</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Trust and confidence in staff</td>
<td>QIAS Part A: Goals</td>
<td>2</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>Recommendation</td>
<td>N/A</td>
<td>3</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>N/A</td>
<td>2</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>

While none of the criteria in Table 5.6 relate to structural (regulatory) variables three areas link specifically to process variables. Although location was
raised frequently as a parent consideration it was overwhelmingly influential in final service choice. Parents listed service hours as an important consideration and one that was influential to their final decisions. The cost of services was the next most frequently listed consideration identified initially by 13 parents and nominated by seven. A further two parents identified cost of service provision as a decisive factor in their selection of services.

Location.

Table 5.5 shows that 25 parents initially raised location of the service as important. Of these 21 subsequently indicated a match between choice and decision while a further 54 parents identified location as influential in their final decision. Again, many parents simply included “location” as one of a number of requirements. Only one parent identified location as the only criteria relevant to their requirements saying he/she wanted to be, close to the child’s environment (1:16).

In respect of location parent’s place of employment, residential address, or simply convenience were factors. A number of parents qualified their statements and the following three quotes explain parents’ considerations. One parent said, a work based service and salary sacrifice makes it much cheaper, care for my child with competent staff, centre was safe, close to work in case there was a problem (1:54). The second parent noted, the centre was on the way to work, and, the centre was convenient being under a shopping centre (2:58). Another parent said, I had to think about location, you see, my mother-in-law minded my two children but the eldest child was very interested in everything and always talking and the younger one was still much of a baby so I wanted to find a place for the older child where she (my mother in law) could still be involved but not have to do so much on the days she minded the children. By finding a service close enough for her to walk to it meant that she could still have her grandchildren on the days I worked but, she could, she could also have space in her days with them (Code 3).
For the first parent financial and geographical benefits were important. In the second instance, convenience as integral to the whole day, including transporting the child to and from the service, working and shopping were vital. By comparison, the location considered convenient for the third parent was neither close to home nor the work location, but was related to family circumstances.

Location of services was of major concern as identified by one parent, whose own discomfort was secondary to the best outcome for her child. This mother inspected two services, one close to work and the other close to the location of the home the family were moving into in the future. Both location options were seen as viable and the child's name was placed on both services' waiting lists. A placement offer was made by the service closest to the future home which meant a round trip of an additional 54 kilometres every day. This practice continued for 7 months till the family could relocate to their new residence. The parent commented that the continuity of staff and quality care and education provided for her child was well worth the effort it took in transporting the child each day.

Rodd and Milikan (1994) in their study of parental perceptions of early childhood services for pre-primary children, found that parents indicated availability of services in their local areas as important, although in this investigation location appears linked to a range of parental considerations not simply residential location. This is perhaps because long day care services are designed to address working parents' needs and as such many parents looked for accessibility relevant to the circumstances of the family. In the examples cited above and in other explanations where location is perhaps the most desirable aspect of service accessibility, it conceivably becomes more pertinent once parents have a number of services from which to choose.
Hours of service operation.

The hours of operation in long day care are an important 'given' in early childhood services catering for working parents. These services operate between eight and 12 hours per day yet the hours of service operation were of particular importance for a small number of parents, of whom three provided explanations. Two parents indicated that they were shift workers, commenting, time of operation especially for shift worker (2:59) and PM shifts (18:141) were important. The third parent stated that the time centres open/close (6:53) is a consideration. Alternatively, with limited numbers of parents noting hours as a consideration it could be concluded that parents are more able to take advantage of flexible work hours and may have greater transportation options. Yet the need for early childhood services to be able to offer fixed but extended hours remains an important aspect of service and quality when operational hours are designed to address parents' needs.

Cost.

Previous research undertaken internationally has shown that the costs associated with enrolling children in formal early childhood services are considerations families take into account when choosing to use such programs (Cost Quality and Outcomes Team 1996; Farquhar, 1990a: Long, et al., 1996; Ogbimi, 1992; Ross & Milikan, 1994). Contrary to these earlier studies only a small number of parents in this investigation included cost as a consideration. Whilst 13 parents raised it initially, only nine said the cost was influential in final decisions made.

Financial assistance from the Federal Government is available to low and middle income families accessing registered services (centres registered with the NCAC) to 'off-set' the full cost of young children's care and education. The availability of this funding could account for the 'cost' factor being less significant to parents than had been previously reported. The following parents' comments provide insight into two perspectives related to cost. One parent said, as far as cost
was concerned I knew I was on the highest level of Child Care Assistance. I would not have even been looking at it if I didn’t get that full fee relief because I just could not have afforded it. Even then it cost me an arm and a leg (Parent Code 6), and another said, you can’t put a price on your child can you? You pay what you have to and you find the money (Parent Code 4). Neither of these parents said they looked for a ‘cheaper’ option and both ‘found’ the money necessary to meet the costs.

While cost had been part of criteria one parent initially identified it did not remain a priority when finally selecting a service. This parent commented, \textit{...price (this didn’t make a lot of difference as it turned out to be one of the dearer ones)} (3:33). Even when the cost of service provision remained an important consideration it was always part of a broader spectrum of requirements.

\textit{Child with additional needs.}

Table 5.6 shows that three parents initially looked for services able to accommodate their children’s additional needs. Of these three parents only one indicated that the service’s ability to address the child’s needs was influential in service choice. For some families, their children’s additional needs meant that the services they inquired about needed to be able to demonstrate knowledge as well as interest in working with their children, a point evident through QIAS principle 32 (NCAC, 1993). Staff disposition and competence to work with children with an additional need was noted and expressed by parents as, \textit{willingness and ability to deal with special needs baby} (9:92), and \textit{a preschool that caters for children with a disability} (5:89).

\textit{Trust and confidence in staff.}

Trust and confidence in the service staff was initially indicated by only two parents as being a component of service provision when reviewing services. An additional 26 parents however, cited this as affecting their final choice of service.
One parent reported, *I felt comfortable and I could trust them with our son* (15:118), 
while another commented on *the confidence that I was given that my child would be 
well looked after* (2:107) and a third parent said, *I especially felt comfortable leaving 
my child with the staff* (9:64). The necessity for parents to be confident in their 
choice of service requires 'trust' and 'confidence' in staff. Feeney, Christensen and 
Moravcik, (2001) say these are essential aspects of 'good relationships' which are 
clearly demonstrated by the following comment. *This was only the centre that looked 
after me as well as my child. They really took the time to find out what I wanted* 
(9:68). The thoughtfulness and attention staff paid to this parent at the time of 
service selection did much to engender this parent with confidence in the staff and 
the service (Feeney et al., 2001; Hughes & McNaughton, 1999).

**Recommendation.**

Table 5.6 shows that three parents sought recommendations prior to visiting services 
and each used the information to assist them in the final decision. A further thirty 
parents also sought opinions from other parents, relatives, friends and neighbours 
when finally considering a particular service. As one parent explained, *this centre 
was highly recommended by my neighbour whose child had been at the centre for 1 
year* (3:77). Another noted, *it was highly recommended by a family friend, as well 
as other parents who live in the area* (4:46).

Parents' reliance on recommendations by a trusted "other" is consistent 
with findings by Larner and Phillips (1994). Larner and Phillips explained that once 
parents decide to use non-familial care arrangements for their children they seek 
advice from friends, relatives and neighbours rather than use more formal sources 
available to them. Long et al. (1996) identified how parents, in their study, often 
relied on conversations and the sharing of information among friends to aid them in 
the selection of services. One parent explained how informal discussion occurring 
between friends was, for her, a natural progression of sharing different parenting
experiences. The discussions she engaged in did not necessarily constitute recommendations but were focused on the sharing of information between friends in similar situations. This parent said, another thing too that I guess was influential was that because my friends had been looking for child care for their children we would talk child care expectations, you know, how when you're a mum with young children, you talk babies and feeding and sleeping, well this was sort of the next stage of being a parent and looking at and comparing child care centres (Parent Code 3).

In this investigation, discussions with peers and recommendations appear to have supported parents' decisions but were only ever included as one aspect of selection criteria. As another parent explained, well-presented centre with plenty of equipment & resources. Real grass outside. Staff polite, interested and interacted with my child on initial visit. Recommendation from a friend (3:30). As demonstrated by these comments the choice of service was further endorsed by the recommendation of a trusted peer.

It is important for the early childhood field to understand and appreciate how the informal discussions taking place between parents are an effective process for community education. More informed parents share their own knowledge and experience with less experienced parents. Segal (1989, cited Ooms & Herendeen, 1990) advocated both parent education and parent choice as being the most effective ways to improve the quality of care and education children receive. In this investigation parents attempted to find out more about others' perceptions of quality through informal discussions utilising resources and services available to them in what appears to be an educational endeavour enabling parents to actively select services to address families' needs.
Table 5.6 indicates that three parents included criteria not previously listed. One parent wanted, *what was best for my child and the family* (7:36) but did not include any further information to explain what would best suit the child or the family. Another parent wanted the service to have a waiting list, thereby demonstrating that others wanted their child at this particular service too (16:129). The third parent wanted a service which would ensure *controlled food intake* (15:121) as her child was lactose intolerant.

**Summary of parents' requirements when looking for and then selecting early childhood services**

This chapter has reported on the criteria parents identified as important when reviewing and selecting early childhood services to meet individual families' needs which was one of four major areas of study within this investigation. The criteria parents sought and those that were influential in parents' final decisions were analysed using phenomenographic methods. The resultant outcome spaces highlighted numerous categories of description which were then linked to components associated with quality service provision.

The outcome space of criteria parents sought were mapped and seven hierarchical levels of description were identified (See Table 5.1).

- **Level 1** parents focused only on their own needs.
- **Level 2** parents focused on their own needs and introduced minimal structural requirements for their children.
- **Level 3** parents' needs were identified and increasing structural requirements for children were nominated.
- **Level 4** parents' needs were augmented with a process variable and requirements for children increased although they remained structural in nature.
- **Level 5** parents' needs, process variables and increased structural
variables for children were included.

Level 6 parents' needs decreased, increased process and structural variables for children noted.

Level 7 parents' needs now include process variables relevant to both children and parents.

This outcome space has demonstrated the range of criteria parents sought when initially selecting services to address their families' needs. The criteria ranged from meeting parents' needs only to seeking services which could address both parents' and children's needs.

The outcome space identifying criteria which was influential in parents' service selection contained six levels which have been categorised thus (See Table 5.2).

Level 1 parents' needs were accommodated.

Level 2 parents' needs were accommodated and structural variables (safety and service facilities) and process variables relevant to the child and parent were evident.

Level 3 parents' needs were accommodated, few structural variables noted and an increased number of process variables (observed staff practices) and qualities identified as being superior to other services.

Level 4 child focused process variables and identification of child benefit overriding parent focused components.

Level 5 identified a shared parent and child component related to the emotional safety of the family, structural variables and increased number of clearly identified process variables related to policy, individualised programs for children and positive staff attitudes.

Level 6 parents selected services with philosophies synchronous to their own family values.
At the first level only, the parent’s needs were identified as criteria needing to be met while at the sixth level parents said they wanted a comprehensive service which included positive learning experiences for children whilst supporting parents in their roles of child rearing and education (See Table 5:2).

Parents’ comments identified criteria used to determine the quality of early childhood services which in this investigation ranged from a single statement specifying a single criterion as in requiring a, clean environment (4:11) to criteria addressing a comprehensive range of components which included positive interactions between staff and children, educational opportunities, children’s positive reactions to the environment and acknowledgment of parents as partners of staff in children’s early childhood care and education.

The broad range of criteria nominated by parents were grouped and regrouped and eventually classified into four themes addressing general areas of service provision. These included interactions, service provision, physical attributes of services and individual parent needs. Within these four broad areas, three specific criteria were most commonly noted by parents.

1. Interactions were the most frequently listed criteria with descriptions noting staff dispositions and behaviours.
2. The developmental appropriateness of the educational program provided to children.
3. The cleanliness of the facilities.

Generally speaking, parents wanted their children to receive a developmentally appropriate education in services that were clean and well presented but more importantly they were looking for staff who would work with them by sharing the caring and education of their children. This consideration is synonymous with Bronfenbrenner’s (1979) ideas that it is the supportive links between any two child rearing settings that impacts positively on the developmental potential of both settings.
When parents were initially seeking services for their children they focused mainly on structural or measurable aspects such as resources and safety. However, when finally selecting services the significance of process variables related to the personal qualities of the staff and the subsequent sharing of care and education was more important and influential. Services addressing these needs are identified by McBride (1999) as ‘family-centred’ programs. These programs or services are not defined by particular procedures but are identified by the ability of staff to embrace values that are respectful of and collaborative with the families who are their clients (McBride, 1999). Therefore, the criteria parents nominated for determining quality address both individual family needs, as well as process and structural variables. The significant role of parents in their children’s development and in their relationships with teachers and staff in early childhood contexts is well recognised in the historical roots of early childhood education. Such knowledge has emerged from movements which recognised the rights of families as consumers of early childhood services and from research which has identified the multiple influences of children’s development (Bronfenbrenner, 1979; Feeney, Christensen & Moravcik, 1996; McBride, 1999).

It would appear that what parents looked for and what they found were congruent, with many parents finding more than they had expected. For most, the ‘first impression’ of a service was not gleaned from the buildings or surroundings (the structural variables) but from their experiences and interactions with staff (process variables). Parents looked for services able to meet individual family needs and for staff who would respected them as parents as they catered to the emotional, developmental and educational needs of their children. Parents’ ‘first impressions’ of staff, their friendliness, helpfulness, professional approach and appearance were salient reasons for choosing services.

The following comment creates a clear word picture of a parent reaction to the first impression: *Willingness to answer all of my questions and to make both my
child & myself secure in our decision (3:25). This comment highlights the positive impression generated by staff which inspired confidence about the choice made.

An open and welcoming approach to parents, inviting trust does much to alleviate the stress often felt when initially placing children into early childhood care and education programs. Children, parents and teachers all benefit from the connections established between homes and the services (Gelfer, 1991), and it is during initial contacts that staff set the stage for continuous relationships with parents (Bronfenbrenner, 1979; Catron & Allen, 1999).

Parents were also conscious of the ‘happiness of the children’ in services. This was evident amongst children already attending services and in their own children’s responses to the new environment. It would appear that children’s spontaneous emotional responses are seen by parents as contributing indicators of service quality. For this reason it appears to have been an important consideration included in criteria for assessment of services.

Overall, what parents initially wanted when looking for a service to meet their families’ needs focused in the main on varying degrees of regulatory requirements identified as structural variables. Yet, when choices were eventually made parents indicated how process variables, those practices and behaviours that determine ‘quality,’ were the most influential factors. This finding, although not completely at odds with previous research broadens understanding about what parents look for and notice when reviewing and selecting early childhood services for their children. Further to this, whilst specific criteria may have been applied in the selection of services there is the possibility that other considerations may have come into play once services were actually used.

In summary, in this chapter the qualitatively different ways parents reviewed and assessed the phenomenon of quality as it relates to various aspects of early childhood services provision have been discussed. The links between parents’ concepts of quality and criteria identified by the early childhood profession and
QIAS have been considered in an attempt to determine where links exist. The following chapter will report on parent satisfaction of services used.
CHAPTER 6: RESULTS AND DISCUSSION - PARENT SATISFACTION WITH EARLY CHILDHOOD SERVICE PROVISION

Introduction

In this chapter parents’ satisfaction with various aspects of the provision of early childhood services is reported. According to Dahlberg, Moss and Pence (1999) parent satisfaction is an indicator of ‘product performance’ hence it was considered prudent to review parents’ satisfaction and the assessment methods they used when reviewing services used.

As explained in Chapter 4 (Methods), a questionnaire was employed during phase two of the investigation to probe parents’ satisfaction with the quality of the physical and emotional care provided for their children, and the educational program implemented. In addition, parents were asked to rate their satisfaction with the communication systems in place at the services used, the management and organisational procedures implemented and the warmth and pleasantness of the atmosphere of the service as it related to their individual families and children. These components are all important aspects of quality service provision (National Childcare Accreditation Council (NCAC), 1993). Parents’ comments explaining how they assessed the quality of services received by their children are also reported and discussed.

The internal consistency of the questionnaire was established (See Chapter 4 Reliability of Questionnaire) and descriptive statistics were used to determine the level of parent satisfaction of services. The frequency of criteria parents’ nominated when assessing services was summarised in frequency tables (Huck & Cormier, 1996).
Cryer and Burchinal (1997) believe that parents assume that the things they want to be evident in programs are actually provided and as a result they note that parents’ assessment of services are based on hopes and desires for their children rather than an objective assessment. In stark contrast to this however, Segal (1989) believes that parents can be good program monitors as they have daily contact with services. What Segal has noted though, is that parents need to be educated about what constitutes quality in early childhood care and education.

An objective of the Quality Improvement and Accreditation System (QIAS) is for staff and parents together to undertake self evaluation, to meet context specific needs of both children and their families and to improve the quality of the service provided (NCAC, 1994). The accreditation process is designed to involve parents and staff in decision making relevant to the education and care provided because such collaborative opportunities like this promote shared understandings of quality. Involvements in this way are thought to enable parents to make more informed judgements about the services provided to their children.

All services in this investigation were 3 year accredited by the NCAC. One service awaiting review was awarded 3 year accreditation during the collection phase of the questionnaires. As 3 year accredited services are acknowledged by NCAC as providing high quality it was considered important to determine how parents undertook their assessments of the services they used. Understanding how parents contributed to, evaluated and conveyed any dissatisfaction with the service provided was also explored.

As already explained parents were asked to rate their satisfaction with specific areas of service on a four point scale. Parents were also asked (open ended question) to explain how information is communicated between themselves, children and staff. Through this process it was expected that some light would be shed on the practices and information parents used to assess the quality of daily care even though they had only limited daily contact.
Duration of Children's Enrolment

Participants reported having used their current services from less than one year to more than four years. Parents who had used a service in excess of four years had either enrolled the child soon after birth and remained in the same service till ready for formal schooling or had had subsequent children attending the same service over a number of years. Table 6.1 indicates duration of enrolment at the current service.

Table 6.1

Duration of children's enrolment at current service (N = 143)

<table>
<thead>
<tr>
<th>Duration of enrolment</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>57</td>
<td>40%</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>32</td>
<td>22%</td>
</tr>
<tr>
<td>2 to 3 years</td>
<td>24</td>
<td>17%</td>
</tr>
<tr>
<td>3 to 4 years</td>
<td>15</td>
<td>10.5%</td>
</tr>
<tr>
<td>More than four years</td>
<td>15</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

Table 6.1 shows that the greatest single cohort of children (40%) had been enrolled in their current early childhood service for less than a year. A further 39% of children had been attending their services between one and three years and the remaining 21% had used the same service for more than 3 years. Yet this does not necessarily reflect the time children in this investigation may have attended early childhood services. As the question only asked how long parents had been using the current centre, the situation could have been that children had attended other services prior to the one currently used, as identified by the following comments. *Was recommended by a social service worker via the previous preschool (5:93); Fees lower than previous centre (10:84) and, used it before and felt comfortable to reuse (15:120).* These comments indicate that the service currently used was not the first experience some parents had had with
early childhood services.

Parent Satisfaction with Children’s Care and Education

The following section details parents’ satisfaction with the care, development and education provided to their children. Parents reported on their satisfaction of children’s physical needs being met, the emotional support given to children and the nurturing of children’s interest in learning through the educational program provided. Parents reported that they used either a single method or incorporated a number of different methods to assess staff practices and the service provided.

Physical well-being.

The following table (Table 6.2) indicates the statements parents rated to address different aspects of children’s physical well-being. These statements are directly linked to a number of QIAS principles promoting quality service provision.

Table 6.2

Question set 1 statements. Parents’ satisfaction with staff’s ability to support children’s physical well-being (N=143)

<table>
<thead>
<tr>
<th>Satisfaction Statement</th>
<th>QIAS Principles</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate food and drink</td>
<td>36</td>
<td>4 (3%)</td>
<td>33 (23%)</td>
<td>106 (72%)</td>
<td></td>
</tr>
<tr>
<td>Clean, fresh hygienic environment</td>
<td>42</td>
<td>1 (1%)</td>
<td>27 (19%)</td>
<td>115 (80%)</td>
<td></td>
</tr>
<tr>
<td>Appropriate clothing</td>
<td>35</td>
<td>2 (1%)</td>
<td>28 (19%)</td>
<td>112 (78%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Supervision</td>
<td>46</td>
<td>4 (3%)</td>
<td>45 (32%)</td>
<td>93 (65%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Protection from injury</td>
<td>40; 41</td>
<td>3 (2%)</td>
<td>44 (31%)</td>
<td>139 (97%)</td>
<td>4 (3%)</td>
</tr>
</tbody>
</table>

The reliability of the internal consistency of the statements in Table 6.2 was established with the alpha score of .7856 (Nunnaly, 1978; Santos, 1999). Table 6.2 indicates that most parents were very satisfied with the physical care provided in terms of the aspects nominated. Although no parent was ‘very dissatisfied’, eight
parents recorded 14 counts of dissatisfaction with some aspect of the physical care provided. One area of dissatisfaction was mentioned by five parents, two parents were dissatisfied with two additional areas of physical care and the eighth parent was unhappy with four areas of service relating to the physical aspects of care.

A total of 112 parents recorded comments about children's well-being and of these, only four of the eight dissatisfied parents included any statement explaining the root of their dissatisfaction. The dissatisfaction of three parents related to the inadequacy of food and drink in some way while the fourth parent was dissatisfied with the supervision of her child.

One parent commented, My child never comes home hungry, I believe s/he is given enough to eat. S/he always comes home thirsty in hot weather. I know s/he is given drinks with meals, but I also know s/he dislikes water – which is what they are allowed to drink on demand. I am not satisfied with this (11:48). Another commented, I feel perhaps a variety of foods could be provided regularly. Not just ham, devon, cheese sandwiches. Or variety like egg, tuna, chicken etc. or more hot meals (4:13). For the third parent the dissatisfaction had only recently occurred Have only become unhappy with meals/ food due to recent staff turnover – new cook (9:67). At the time of the investigation the service associated with this comment had recently employed a new cook lacking the skills of the previous one and as a result corrective measures were being undertaken to rectify the complaint. This parent rated all other areas at the level of 'very satisfied'. The fourth parent was dissatisfied with supervision and noted, my child can come home with a lot of bruises, scratches etc. I will be told that s/he had an accident yet no-one can tell me how it happened. I know carers can only be in one place at a time, but they should be able to watch and advise (6:51).

Counter to these comments, most parents were satisfied with the service provided to their children as exemplified by the following. I can see staff interacting with other children, how they resolve issues etc. Staff appear to enjoy their work &
children. Care is taken to avoid injury but allow children to explore & experience (mats under small climbing frames etc). Variety of activities each day (listed in day book). My child has played music, 'painted 'a dish for father's day etc. Most importantly, she likes it there. Bounces up & down and laughs as we walk up to the centre (16:26).

Parents' Assessment Methods for Evaluating Children's Physical Well-Being

Staff took time to talk with parents and ensured that detailed written information related to children’s physical well-being was made available to them. Whilst such information was available for all, parents chose particular methods for assessment that suited them individually. An individual approach to parents is an important part of the 'quality' equation, says McKim (1993).

Parents used two distinct approaches to assess services. The first approach relied on a single method of assessment. For some parents communicating verbally with staff and children was sufficient, others undertook observations of 'happenings', noting staff behaviours and the procedures implemented. Other parents said they reviewed the written information available to them.

The second approach to assessment used by parents involved a combination of methods. Observation combined with review of documentation, or observation combined with communication with children or staff, or combining communication with documentation were popular. A more complex approach taken by other parents used a combination of all three methods.
Table 6.3

Parents’ assessment method for determining children’s physical well-being
(N = 126)

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>N</th>
<th>Comment example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation only</td>
<td>12</td>
<td>Parents are allowed to sit and watch for as long as possible. Hats are always on the kids. I see the food on the trolley. It (the service) provides soy milk and fruit (13:24)</td>
</tr>
<tr>
<td>Communication only</td>
<td>11</td>
<td>General discussion when collecting children, conversation with staff and your child (2:61)</td>
</tr>
<tr>
<td>Documentation only</td>
<td>15</td>
<td>Made aware through notices, newsletters and menu displayed (1:16)</td>
</tr>
<tr>
<td>Communication and Documentation</td>
<td>15</td>
<td>Newsletters, daily menu, notice boards, talking with staff, talking with my child (4:43)</td>
</tr>
<tr>
<td>Observation and Documentation</td>
<td>29</td>
<td>Menus available for viewing. Hats available for kids. I’ve witnessed nappy changes (18:139)</td>
</tr>
<tr>
<td>Observation and Communication</td>
<td>20</td>
<td>Apart from being able to see for myself, my child is old enough to answer any questions I may ask. Staff are also readily available to answer any questions I have. (3:25)</td>
</tr>
<tr>
<td>Communication and Documentation</td>
<td>24</td>
<td>Staff communication, verbally &amp; book. Environment always looks and smells clean (6:3)</td>
</tr>
</tbody>
</table>

Table 6.3 shows that the most frequently used method of assessment combined observation with a review of the documented information presented in services. The next most frequent approach taken by parents was a complex triangulation of information using communication and observation which was then verified by a review of the written information available to them. Of the 143 questionnaires returned 126 parents included comments. These comments provide some insight into the methods parents use to assess the broad range of complex components incorporated by staff to address children’s physical well-being.

Parents appeared to be keen observers of their children’s total environment at services. Twelve parents took note through personal observation of staff behaviours, the meals and drinks provided, the organisation and arrangement of activities and the maintenance of the health promoting practices modelled and encouraged. Such observations took place during brief contact periods commonly called ‘drop off’ and
‘pick up’ times and when parents were able to spend longer at services.

A further 11 parents took advantage of the time they had to converse with staff. Some parents also talked with their children and used children’s comments to assist them in their assessment of services.

Fifteen parents took note of the written information available to them believing this was an important way to keep informed about practices in general and about specific aspects and behaviours of their own children. The detailed nature of information available for parents through daily sleep/eat/toileting charts and weekly menus was clearly identified in the comments made. Newsletters and noticeboards were also identified as sources of information related to children’s experiences in services. A total of 38 parents relied on a single method of review to assess the provision of children’s physical needs.

A further 64 parents combined two methods to assess the service provided. Combining observations with a review of the documentation provided appeared to be the most frequently used method to determine how staff met children’s physical needs. The next most frequently used combination of assessment methods was observation coupled with communication. Parents took note of the environment and discussed the happenings of the day with staff and their children.

The remaining 24 parents arrived at their assessment by relying on observation, documentation and communication. For these parents, assessments were made by talking with their children and staff, observing procedures and spontaneous behaviours as well as reading information available to them. These more comprehensive approaches enabled many parents to make what they believed were informed and authentic assessments about the quality of physical care provided to their children.

Although the necessity of meeting children’s physical needs are well acknowledged, children’s emotional needs must also be met if they are to grow and develop (Maslow, 1970). How parents reviewed a service’s ability to address
children’s emotional needs were reviewed and are reported here.

*Emotional well-being.*

This section reports on parents’ assessments of the emotional support given by staff to children. Parent satisfaction with staff as they provided emotional security and affection to promote children’s sense of belonging were again rated and opportunity was provided for comment. In the following table (Table 6.4) the alpha score was .9209 indicating internal consistency and reliability for these grouped statements which together measured parental satisfaction with staff’s ability to support children’s emotional well-being (Nunnaly, 1978; Santos, 1999).

**Table 6.4**

**Question set 2 statements. Parents’ satisfaction with staff’s ability to support children’s emotional well-being (N=143)**

<table>
<thead>
<tr>
<th>Satisfaction Statement</th>
<th>QI/AS Principles</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive emotional relationships with staff</td>
<td>1; 2; 3</td>
<td>43 (23%)</td>
<td></td>
<td>110 (77%)</td>
<td></td>
</tr>
<tr>
<td>Positive approaches to guidance and discipline</td>
<td>4</td>
<td>1 (1%)</td>
<td>34 (24%)</td>
<td>108 (76%)</td>
<td></td>
</tr>
<tr>
<td>Participating in achievable tasks</td>
<td>18</td>
<td>3 (2%)</td>
<td>30 (21%)</td>
<td>95 (66%)</td>
<td>15 (11%)</td>
</tr>
<tr>
<td>Care and support</td>
<td>7</td>
<td>1 (1%)</td>
<td>34 (24%)</td>
<td>106 (74%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Respect and response to children’s emotional needs</td>
<td>5</td>
<td>1 (1%)</td>
<td>37 (27%)</td>
<td>105 (73%)</td>
<td></td>
</tr>
<tr>
<td>Staff initiating and maintaining respectful communications with children</td>
<td>6</td>
<td>1 (1%)</td>
<td>39 (27%)</td>
<td>102 (71%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Encouraging friendships among the children</td>
<td>19</td>
<td>1 (1%)</td>
<td>36 (25%)</td>
<td>95 (66%)</td>
<td>9 (6%)</td>
</tr>
</tbody>
</table>

Table 6.4 indicates that the majority of parents are very satisfied with staff’s ability to support children’s emotional well-being. The positive emotional relationships staff encouraged with children were rated highest by parents with 110 (77%) very satisfied and 43 (23%) satisfied. This was the only area where all parents were satisfied. Overall parents were more than simply satisfied although six parents, each from different services, identified eight counts of dissatisfaction. Interestingly,
only three of these parents included comments. Two parents were dissatisfied with two areas and the remaining four were dissatisfied with only one area. Of these, one simply stated, *I’m not sure what their tasks are* (2:58), while another said, *Ideally I would like to see more feedback on my child’s activity, development of the day. Unfortunately, sometimes staff are too busy with the children* (13:21). The third parent included a comment, part of which simply stated ‘*Friendship - this is tricky – no feed back here!!!*’ (13:23). The negative ratings appear to relate to parents’ limited knowledge of what is incorporated into the program to address children’s emotional development rather than dissatisfaction with staff’s provision for children.

Positive comments abounded and parents indicated that children’s emotional needs were met and evidenced by children’s reactions to staff. Comments like, *my child loves his/her teachers, you cannot fool a three year old. At the end of the day my child gives the teachers a hug and kiss, no one asks the child to do that and my child would not if s/he did not want to* (3:34), and *Staff often mention any particular friendships s/he has made during the day, also often written in daily book. I can see staff interacting with other children, how they resolve disputes etc. Staff appear to enjoy their work & children* (16:26), were commonplace.

**Parents’ Assessment Methods for Evaluating Children’s Emotional Well-Being**

The comments recorded above also provide information about how parents assessed the emotional support given to children. Parents again used either one or a combination of methods available to them. Comments were reviewed and the frequency of responses calculated. The results are reported in Table 6.5.
Table 6.5

Parents’ assessment method for determining children’s emotional well-being
(N = 105)

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>N</th>
<th>Comment example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>40</td>
<td>I see it in the mornings when I drop my child off (holding hands with a child if they need it – really listening is a child is talking to them and also if another child is upset they might suggest so &amp; so go and play or just start two children off in a game (11:47).</td>
</tr>
<tr>
<td>Communication</td>
<td>9</td>
<td>Teaching staff give daily update on our child’s behaviour and activities during the day. Our child also tells us about the day at kindy (3:32).</td>
</tr>
<tr>
<td>Documentation</td>
<td>1</td>
<td>Again through the accreditation process and through the child’s book which shows their development (1:54).</td>
</tr>
<tr>
<td>Communication and</td>
<td>6</td>
<td>Communication book and verbal by the teacher and my child (12:1).</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>38</td>
<td>Child very helpful at home due to influences at preschool and care for other children. Supportive of sun care eg. Slip, slip, slap and dental care. Staff openly kind and caring to children, and observed child and child’s needs – and expressed to me concerns at times. Child and teachers especially teachers always say ‘hi’ and ‘bye’. Teacher will mention who child is playing with – whether they are happy and any new friendships formed. This is important to teachers as well as parents (7:37).</td>
</tr>
<tr>
<td>Observation,</td>
<td>9</td>
<td>Being there to see what happens, talking with staff, progress report, my child’s reaction to the centre (2:57).</td>
</tr>
<tr>
<td>Communication and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6.5 shows parents’ observations of children and staff interactions as being the most consistent method used to determine their children’s emotional well-being. Parents observed how staff interacted with their children and noted how comfortable their children appeared when attending services.

Important indicators of children’s emotional well-being were confirmed by some parents through conversations with staff, noting important aspects of the environment and regarding children’s behaviours and interactions with others. Children’s general happiness and willingness to attend services were considered as indicators of children’s emotional security.
As evident, parents use a number of methods to appraise their children’s emotional well-being, however, children’s happiness and state of settlement when entering services each day appears to be the most telling behaviour parents took note of. As one parent said, *With my second child in the centre, I know they are happy because the older child is happy to go and tells me all about his friends & the baby willingly goes to staff for hugs* (1:18).

*Education: teaching and learning.*

Statements about staff teaching, respecting and supporting children’s individuality and interests were incorporated into the questionnaire. All seven statements invited responses rating parents’ level of satisfaction from ‘very dissatisfied’ (1) to ‘very satisfied’ (4) on a four point scale. The alpha score for this set of statements was .9229 indicating that there was internal consistency and reliability for the statements grouped together as shown in the following Table 6.6.

**Table 6.6**

**Question set 3 statements. Parents’ satisfaction with staff’s promotion of children’s education (N = 143)**

<table>
<thead>
<tr>
<th>Satisfaction Statement</th>
<th>QIAS Principles</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage children to learn new skills</td>
<td>8</td>
<td>4 (3%)</td>
<td>37 (26%)</td>
<td>101 (70%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Staff teach and share knowledge about the world</td>
<td>8; 21</td>
<td>3 (2%)</td>
<td>39 (27%)</td>
<td>96 (67%)</td>
<td>5 (4%)</td>
</tr>
<tr>
<td>Staff respect and support children’s individuality</td>
<td>31</td>
<td>2 (1%)</td>
<td>37 (26%)</td>
<td>101 (71%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>Staff plan individualised activities for children</td>
<td>25</td>
<td>12 (8%)</td>
<td>57 (40%)</td>
<td>67 (47%)</td>
<td>7 (5%)</td>
</tr>
<tr>
<td>Staff plan for children’s interests</td>
<td>26</td>
<td>9 (6%)</td>
<td>51 (36%)</td>
<td>77 (54%)</td>
<td>6 (4%)</td>
</tr>
<tr>
<td>Staff accommodate individual differences</td>
<td>2</td>
<td>12 (8%)</td>
<td>54 (38%)</td>
<td>75 (52%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Staff encourage children’s independence</td>
<td>7</td>
<td>7 (5%)</td>
<td>41 (29%)</td>
<td>93 (65%)</td>
<td>2 (1%)</td>
</tr>
</tbody>
</table>
Table 6.6 shows parents' general satisfaction with the educational opportunities provided for children. Notwithstanding 49 counts of dissatisfaction which were recorded by 15 parents from 6 different services.

One parent was dissatisfied across four areas, six were dissatisfied with three areas, four parents were dissatisfied with two areas and the remaining four parents were dissatisfied with only one area. However, few of these parents made negative comments.

In all, 115 parents included comments explaining how they determined their satisfaction of children’s early education. Twelve parents indicated that they were dissatisfied with individualised planning to meet children’s learning strengths and 10 included comments with one parent explaining his/her dissatisfaction noting, “I am quite unsure that there are activities set out for an individual basis. From speaking to the teachers, I am under the assumption that activities are done on a group basis and I feel at times that my child is not progressing” (6:51).

Four parents were also dissatisfied with the planning implemented to address children’s interest with one parent saying, the children are encouraged to do what they like most ie. My child does cooking, sand play and painting. Given choices but could do more (14:24). This parent perhaps wanted a greater range of learning experiences provided for her child to choose from.

Parents who indicated that they were ‘very satisfied’ or ‘satisfied’ explained how they were aware of the teaching and learning being implemented. Comments from satisfied parents were numerous with detailed explanations of the individual programs offered. Comments included, in the first few months my child was assessed. The skills (that) needed improvement have been worked on eg. S/he did not know his/her shapes, the staff worked on this and now s/he does (3:34), and Teacher aware child needed more cutting skills – programmed shapes. Numbers exercised. I was surprised one day when my child knew ‘left’ and ‘right’ – all due to preschool. Child enjoys free time to play on bike, story time, songs etc. Teacher will comment if
child does things differently – whether to be improved or promoted or encouraged.

Child allowed to choose task s/he would like to try and children given ample freedom to express own individuality through activities and painting etc (7:37). Such comments indicated that on the whole, parents were satisfied with the educational programs developed for their children and were appreciative of staff when they shared information concerning their children.

Parents' Assessment Methods Evaluating Children's Education: Teaching and Learning

Parents again used various approaches to determine the educational opportunities provided for their children. These approaches included talking to staff, reading the information presented around the room and talking to their children. The following table (Table 6.7), shows the frequency of methods parents employed.

Table 6.7

Parents' assessment method for determining children's education (N = 111)

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>N</th>
<th>Comment example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>37</td>
<td>Through implementation of theme activities &amp; creation of a fun learning environment which has been witnessed first hand (4:75).</td>
</tr>
<tr>
<td>Communication</td>
<td>10</td>
<td>Through conversing with the teachers about his/her activities and whether s/he is lacking in any areas or advancing in any areas (6:51).</td>
</tr>
<tr>
<td>Documentation</td>
<td>12</td>
<td>The teachers keep a detailed book with photos and stories on my child's progress. And every week or so one teacher observes my child closely for a day (12:1)</td>
</tr>
<tr>
<td>Communication and Documentation</td>
<td>10</td>
<td>I speak to my child's carers about daily activities, the room's walls tell you exactly how broad their teachings are (2:58).</td>
</tr>
<tr>
<td>Observation and Documentation</td>
<td>14</td>
<td>The program is displayed each week &amp; the children's work displayed throughout the room and labelled when it was done and why. The program is designed to focus on specific needs etc. (8:7).</td>
</tr>
<tr>
<td>Observation and Communication</td>
<td>10</td>
<td>Watching the staff relating to the children and meeting the staff and reports in books - daily activities and talking to staff (16:127)</td>
</tr>
<tr>
<td>Communication, Documentation and Observation</td>
<td>18</td>
<td>Participation in in-house excursions, child showing what it has learnt. Development skills report, observation at home and communications through leaflets in pigeonholes &amp; verbal with staff, displays around the room (2:61).</td>
</tr>
</tbody>
</table>
Table 6.7 shows that the majority of parents, who responded to this question relied on their own observations to determine children's learning gained at the early childhood service. Parents believed they were well informed about the learning opportunities provided for their children using their own assessment methods. Whilst parents relied primarily on their own observations, a number also based their assessments on a combination of methods to assess programs developed for their children.

Parents in this investigation were conscious of their children's personalities and individual patterns of growth. The individual differences between children appears to be known, acknowledged and respected by the staff who work with them and this appears to be an important contributing factor in parents' satisfaction. The informal and focused observations parents undertook of the programs provided were then verified by reviewing children's individual records, talking with staff or the perusal of documentation evident in services.

Parent Satisfaction with Staff:Parent Communications

Parent-teacher communications are said to be important to the development of quality early childhood programs as it is through this process that parents and staff can share knowledge and expertise which supports both parties in their different, yet shared roles (McBride, 1999). Importantly, such communication and interaction ensures continuity for children between the home and the centre. Respect for cultural and family values then provides children with personal security and promotes a sense of belonging which is necessary for children's development (Bronfenbrenner, 1979; Doherty-Derkowsky, 1995).

How well parents and staff are able to share information relies on the communication exchanged between them. It was important therefore to seek indications of parent satisfaction with the communication strategies implemented by
services. The alpha score for the set of statements identified in Table 6.8 was .8026 indicating that there was internal consistency and reliability for the statements.

Table 6.8 lists the statements concerning communications between parents and staff. Parents were asked to rate these statements on a four point scale from 'very dissatisfied' (1) to 'very satisfied' (4).

Table 6.8

Question set 4 statements. Parent satisfaction with staff:parent communications (N=143)

<table>
<thead>
<tr>
<th>Satisfaction Statement</th>
<th>QIAS Principles</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open two way communication</td>
<td>11</td>
<td>4 (3%)</td>
<td>33 (23%)</td>
<td>105 (75%)</td>
<td>1 (1%)</td>
<td></td>
</tr>
<tr>
<td>Written and verbal communication</td>
<td>10</td>
<td>1 (1%)</td>
<td>8 (6%)</td>
<td>49 (34%)</td>
<td>84 (59%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Staff responsiveness to parent questions or suggestions</td>
<td>13</td>
<td>3 (2%)</td>
<td>36 (25%)</td>
<td>103 (72%)</td>
<td>1 (1%)</td>
<td></td>
</tr>
<tr>
<td>Provision of information on request</td>
<td>11</td>
<td>4 (3%)</td>
<td>29 (20%)</td>
<td>107 (75%)</td>
<td>3 (2%)</td>
<td></td>
</tr>
<tr>
<td>Staff handling of parental concerns</td>
<td>16</td>
<td>1 (1%)</td>
<td>4 (3%)</td>
<td>44 (31%)</td>
<td>93 (65%)</td>
<td>1 (1%)</td>
</tr>
</tbody>
</table>

Table 6.8 indicates there was evident satisfaction with the communication systems implemented at the early childhood services involved in this investigation. While there were two recordings of 'very dissatisfied' and 23 counts of 'dissatisfied' these comments were from a small pool of 13 parents from 9 services. One of the two parents who recorded 'very dissatisfied' with one area of communication was also 'dissatisfied' with another area too. The second parent who indicated s/he was 'very dissatisfied' was 'dissatisfied' with three other statements as well. Two additional parents were 'dissatisfied' with respect to two communication areas and the remaining 10 parents were dissatisfied with one aspect of communication only.

In total 52 parents included comments although only areas indicating concern
were recorded. Two of these related to written communications with one parent noting, *I guess personally I think that more formal written systems would be beneficial in my opinion any way to get the feedback about my child’s progress over time in the centre* (13:23). The other parent simply said, *sometimes written communication can leave a little to be desired* (3:28).

Two comments were directed at staff’s verbal communication with one parent commenting, *some staff are less taciful than others and seem to handle some situations differently to other staff members* (8:6). Criticisms also addressed communication limitations, with parents commenting, *I heard other parents say medication for child was not administered even though paper work has been filled out. I encountered my special instruction on my child’s diet was not followed* (13:21) and *With shift work hours - can be hard to obtain details if major carer has left for the day* (12:112). From these few comments it appears that *some parents want more information than is currently available to them and want a communication system implemented that will ensure important information is adequately and correctly conveyed to all staff members.*

Such negative comments and subsequent ratings appear justified given the nature of the communication breaches, however the majority of parents were indeed ‘very satisfied’. Numerous comments mentioned staff’s willingness to talk with parents and to provide documented forms of information as well. One detailed comment provides insight into various communication strategies implemented in the service used *Staff always say hello and always willing to talk about child’s day. Phone calls to centre are always answered and never a problem to discuss issues. Frequent newsletters and clear information re shows, date, time, costs etc. Staff know what is going on in the centre and readily can access information if asked. Information is available at sign-in desk eg. Policies and procedures, and have notice boards. Have seen staff happy to discuss concerns and answer questions openly* (7:37). The strategies implemented in this service and noted by this parent as
well as the openness identified would contribute to parent trust in staff as surely as the remiss practices experienced by dissatisfied parents would contribute to and inhibit parent confidence and overall satisfaction (Gelfer, 1991).

Parents' Satisfaction with Staff's Encouragement to Participate in Service

The next set of questions asked parents how satisfied they were with the way staff encouraged them to participate in the service. Questions related to opportunities such as contributing to planned children's programs, policy development and review, participation in information evenings and the management of services.

The alpha score for this set of questions shown in Table 6.9 was .8245 indicating that there was internal consistency and reliability for the questions grouped together measuring parental satisfaction with participation opportunities afforded them (Nunnaly, 1978; Santos, 1999).

Table 6.9

Question set 5 statements. Parent satisfaction with staff's encouragement to participate in service (N=143)

<table>
<thead>
<tr>
<th>Satisfactory Statement</th>
<th>QIAS Principle</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information in the</td>
<td>52</td>
<td>1</td>
<td>12 (8%)</td>
<td>64 (45%)</td>
<td>63 (44%)</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>management of service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inviting,</td>
<td>48</td>
<td></td>
<td>18 (13%)</td>
<td>63 (44%)</td>
<td>57 (40%)</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>encouragement to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>contribute and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>evaluate the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>planned programs for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inviting parent input</td>
<td>44</td>
<td></td>
<td>18 (13%)</td>
<td>54 (38%)</td>
<td>67 (47%)</td>
<td>4 (3%)</td>
</tr>
<tr>
<td>into policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>development and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of</td>
<td></td>
<td></td>
<td>11 (8%)</td>
<td>49 (34%)</td>
<td>77 (54%)</td>
<td>5 (4%)</td>
</tr>
<tr>
<td>information evenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 6.9 shows two counts of ‘very dissatisfied’ with two areas of participation in services, both of which were recorded by the same parent and related to being encouraged to participate in service management and the provision of information evenings. A further 24 parents nominated 59 counts of ‘dissatisfaction’. Comments were made by 119 parents representing all 18 services, although dissatisfaction was only linked to 11 services.

Parents’ contributions to and evaluations of planned programs and their input into policy development and review, significantly impact on the early education developed for children attending services. These are two significant areas where parents’ values and ideals could be incorporated but, for 24 parents representing 11 services, this was not perceived as possible.

Notwithstanding so many parents’ dissatisfaction only four negative comments were recorded. One parents said, no, I don’t contribute as there isn’t really any means by which parents can become involved (5:93).

Another parent, dissatisfied across all areas included this comment. I have been informed of a few after hour evening meetings. Unfortunately, being a working parent, 7:00pm to attend a meeting [is] just not the thing I wanted to do after a nine hour work day (13:21). This comment relates more to the parent’s personal time and preparedness to participate, rather than a lack of service invitation. It does highlight the need for alternative times and opportunities for participation however, as this could be a common factor amongst many working parents. Six parents who had indicated dissatisfaction with respect to various opportunities to participate, actually commented positively about areas in which they did participate.

One parent said, I participate in as many as I can. General meetings I have been unable to attend due to no sitter. I have an interest in all aspects of my child’s education and well-being (6:51). Another wrote Yes. [I participate] Management of service. Input into policy development (13:20). These positive comments tend to be anomalous with the notion of dissatisfaction. Further investigation suggested that the
most dissatisfaction arose amongst parents, wanting to, but not being encouraged to have input into children's programs and their evaluation. Parents also seemed to indicate a desire for more information evenings. In my previous study on the related topic of parent perceptions of early childhood services (Elliott, 1996), parents indicated that they had little opportunity for contributing to planning or evaluating programs and it would appear that this is still the case some four years further on.

Parents' Satisfaction with the Effective Management of the Service to Create a Warm and Pleasant Atmosphere

Many parents mentioned the atmosphere or the feel of the services they visited when seeking services for their children. This awareness of a nebulous or intangible emotional warmth and feeling appears to be an important aspect of how parents responded to services as a whole and influenced their initial decision. Parents identified that such warmth promoted a personal confidence and security in the decisions made at services. The alpha score for this set of questions was .8285, indicating that there was internal consistency and reliability for the questions grouped together. These related to parental satisfaction with the management and atmosphere staff create at the service.
Table 6.10

Parent satisfaction with service management and staff creating a warm and pleasant atmosphere (N=143)

<table>
<thead>
<tr>
<th>Statement</th>
<th>QIAS Principles</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
<th>Omitted</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveying a sense of happy involvement between staff and children</td>
<td>9</td>
<td>1 (1%)</td>
<td>30 (21%)</td>
<td>110 (77%)</td>
<td>2 (1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modelling behaviour staff want children to develop</td>
<td>9</td>
<td>1 (1%)</td>
<td>45 (32%)</td>
<td>95 (66%)</td>
<td>2 (1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive non-verbal communication staff share with children</td>
<td>7</td>
<td>4 (3%)</td>
<td>41 (29%)</td>
<td>93 (65%)</td>
<td>5 (4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methods used for conflict resolution between individuals</td>
<td>4</td>
<td>3 (2%)</td>
<td>44 (31%)</td>
<td>90 (63%)</td>
<td>6 (4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff aware of individual children’s strengths and interests</td>
<td>2</td>
<td>1 (1%)</td>
<td>5 (4%)</td>
<td>40 (28%)</td>
<td>6 (4%)</td>
<td>5 (4%)</td>
<td></td>
</tr>
<tr>
<td>Efficient daily organisation of the service</td>
<td>52</td>
<td>3 (2%)</td>
<td>30 (21%)</td>
<td>105 (73%)</td>
<td>5 (4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exchange of relevant information between staff members</td>
<td>14</td>
<td>1 (1%)</td>
<td>6 (4%)</td>
<td>41 (29%)</td>
<td>74 (52%)</td>
<td>10 (7%)</td>
<td>11 (8%)</td>
</tr>
</tbody>
</table>
As shown in Table 6.10 the majority of parents were ‘very satisfied’ with the management of services. Seven parents, all using different services, each identified one area of their service’s atmosphere they were dissatisfied with. However, the majority of parents appeared to be satisfied with staff practices in these areas. As this set of questions did not invite open comment inference can only be drawn from the ratings awarded.

The majority of parents were very satisfied especially with what appears to be the pleasant or happy involvement between staff and children. A large number of parents were also very satisfied with the non-verbal communication between staff and children, however, this one area was also the most frequently poorly rated area noted. Modelled behaviours by staff also received positive ratings although one parent did record dissatisfaction.

The area registering most ratings of ‘dissatisfaction’ (6) related to information exchange between staff. This was a point raised in an earlier question by two parents when commenting on satisfaction of staff:parent communications. In these instances, information given to a staff member was not adequately forwarded to other staff. Staff communication with each other is a quality indicator and parent confidence in staff can only be developed when important information is relayed to other staff members.

Services employ staff to cover daily hours of operation and maintain regulatory requirements. As a result, morning shift personnel are not usually on duty at the close of the day. As a consequence, parents rely on staff to exchange information with others on later shifts to keep their children safe and well cared for. Any breakdown in communication resulting in misinformation or omission of important knowledge jeopardises parents’ trust in staff and at worst, places the health and safety of children at risk.
Two open-ended questions asking "What does your child's service do best?" and "In what way could your child's service improve?" gave parents opportunity to include their ideas and family values not explored through other questions.

**What Does Your Child's Service Do Best?**

Parent responses to this question conveyed many personally held values. A total of 122 comments were recorded which, when analysed revealed a number of main themes. These themes have been identified as (a) the provision of care and education, (b) the promotion of children's confidence and learning, (c) the promotion of children's emotional well-being, (d) the understanding staff have of working parents' needs and (e) parent confidence in the service. A selection of comments associated with these themes has been included in Table 6.11 to demonstrate the positive outcomes for children attending the services investigated from the perspectives of parents.

**Table 6.11**

Themes based on parents' comments reporting what services 'do best'

<table>
<thead>
<tr>
<th>Theme</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide care and education</td>
<td>They provide a caring environment where my child can learn develop and enjoy the day (2:56).</td>
</tr>
<tr>
<td>Staff promotion of children's confidence and learning</td>
<td>Helping my son feel at ease &amp; learn (2:98). They create a calm, fun atmosphere for secure learning to encourage children to develop emotionally, physically and intellectually (2:29).</td>
</tr>
<tr>
<td>Understand needs of parents</td>
<td>Understand issues related to working parents (1:17).</td>
</tr>
<tr>
<td>Emotional well-being of the child</td>
<td>Care and attention to child's individual needs. Generally they do a variety of things very well but my oldest child was experiencing some social interaction problems when we started and what I was particularly impressed with the was the centre took note of that and provided a number of ways for my child to develop his self confidence and interaction skills (12:2).</td>
</tr>
<tr>
<td>Parent confidence</td>
<td>My child wants to go to child care each week so I know my child is happy and my child tells me. This alone helps me work with ease and I drop my child off with full confidence and no guilt. (2:53)</td>
</tr>
</tbody>
</table>
Additional comments relating to learning included one comment which expressed it thus, *they create a calm, fun atmosphere for secure learning to encourage children to develop emotionally, physically and intellectually* (3:29).

Staff’s concern for children’s emotional well-being was further exemplified by this comment *The warm, caring atmosphere children & families at the centre is so evident. We are all greeted by name on arrival. The staff are always keen to listen to the children & respond appropriately. Each day is ended with a good bye hug for the children* (3:77).

‘Happy’ was a term used frequently to explain children’s responses to staff and their enjoyment with programs developed for them. A parent explained this saying [the teacher] *Helps my child learn, play, be honest, make friends & enjoy being a nice person & HAPPY* (8:4).

Others praised the expertise of staff, *in understanding issues relating to working parents* (1:17). This promoted parent confidence, enabling them to undertake work without fear or guilt at leaving their children. Comments like, *My child wants to go to childcare each week so I know my child is happy and my child tells me. This alone helps me work with ease and I drop off my child with full confidence and no guilt* (2:58) demonstrate this.

**Service Improvement**

Ninety five parents responded to the question ‘In what ways could your child’s service improve?’ (Table 6.12) by writing comments. These ranged from “No improvement necessary” to specific improvements across *five areas* of service operation.
Table 6.12

Parents’ comments for service improvements (N=143)

<table>
<thead>
<tr>
<th>Suggested Service Improvements</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omitted response</td>
<td>48</td>
<td>34</td>
</tr>
<tr>
<td>No improvement necessary</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>Improve communication</td>
<td>28</td>
<td>20</td>
</tr>
<tr>
<td>Improve educational program</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Staff Practices</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Improve Meals</td>
<td>5</td>
<td>3.5</td>
</tr>
<tr>
<td>Improve facilities</td>
<td>5</td>
<td>3.5</td>
</tr>
<tr>
<td>Additional staff</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Unsure</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 6.12 shows 48 parents omitted to respond to this question however, it is likely that they believed that no improvements were thought to be necessary. Thirty three parents however were sufficiently pleased to indicate this. Even so, a large number of parents indicated that they would prefer some change to the services they currently use. More written and verbal feedback about children was seen as one way services could improve. How much more written communication would be preferred is explained by the following comment. *I know it is time consuming but I would love a more detailed comment in my child’s communication book. I call my child’s father and we discuss it on the way home, we love to know exactly what our child has been doing and talk with our child about it, this also helps the child* (2:58).

While another noted, *I feel it is important to know the activities done each day so I can discuss this sometimes. I’m never sure if the displayed program was followed* (1:103). Parents wanted more information and suggested staff *Organise more information/open evenings like the popular school readiness* (12:78).

Nine parents suggested improvements to the educational program. The
following comments demonstrate the diversity of parent expectations. One parent
desired, Some more outdoor activities (3:29), while another wanted staff to, only
concentrate on the individuality of the student and encourage individual skills. Eg.
Music or art. But I imagine this would be very hard to do in this type of environment
(9:91).

Seven parents identified changes in staff practice as a way of improving
services used. Two parents again noted the problem with the exchange of
information between staff members resulting in incorrect action undertaken.
Comments included, make sure all staff follow up on information requested by
parents (3:30). Another parent was critical of staff’s verbal interactions with children
during her presence saying, after spending one and a half hours there the other day,
perhaps not so much raised voices disciplining the children. I realise its probably
needed at times but I felt a lot of verbal interaction was an authoritative, cranky tone
& as that is used sparingly at home, I didn’t like that (2:59).

Five parents commented on the need for changes in meals provided with one
parent explaining the circumstance clearly saying, the quality of the meals has
deteriorated since the last cook left the position. The current cook appears to lack
the skills needed for this position. This is evident through my child’s sudden
disinterest in centre food and being hungry when picked up (9:69). Other comments
simply indicated that food could be better (9:67).

The suggestion to improve facilities was noted by five parents and included,
speed humps in the parking area to slow down thoughtless parents (12:63) or an
intercom button outside (in the playground (13:95), to commenting that the outdoor
needs a make-over (16:126). The employment of additional staff was noted as, I
think extra staff for paper work and cleaning etc. to make it easier for some of the
teachers to watch the children more (5:93).

Three parents indicated that they did not believe they were in a position to
comment with one parent saying, not sure yet, haven’t been at the service for a long
enough period to judge (6:3). The remaining two parents noted other improvements one related to increased hours of care and the other suggested a lowering of fees.

Criticisms

As has been shown, parent assessment of service provision was not always positive as critical comments like the following show. *My child can come home with a lot of bruises, scratches etc. I will be told that s/he had an accident yet no-one can tell me how it happened. I know carers can only be in one place at a time, but they should be able to watch and advise* (6:51). Another parent was very aware of the lack of internal communication as shown by this comment. *Make sure all staff follow up on information and requests given by parents* (3:30). While these critical assessments are of concern, they regrettably were not necessarily discussed with staff as a way facilitating change.

Asking parents how services could improve also demonstrated the kind of input they should have services. So, whether such concerns or ideas had been shared with staff was queried. All parents, those interviewed (9) and parents completing questionnaires (143) were asked about recommendations made to services and any resultant outcomes.

Table 6.13

Parents' recommendations for service improvement (N=152)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>46</td>
<td>30</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td>Not yet</td>
<td>28</td>
<td>18</td>
</tr>
<tr>
<td>Omitted</td>
<td>33</td>
<td>22</td>
</tr>
</tbody>
</table>

As shown in Table 6.13 only 46 parents indicated that they had made formal recommendations, however, of these only a limited number expanded on the results of their input. For a number it appears that their suggestions had fallen on 'deal
ears'. As one parent noted, *I still find excess sand in my child’s socks and between toes* (13:21). Another said, *I was informed that the report card would be instigated but still haven’t seen it yet!* (13:23). While these parents had attempted to convey their concerns there appeared to be little response from staff.

For other parents seeking changes, there had been positive results. One parent seeking more music in the program noted the following changes saying, *it changed markedly. There’s heaps of music arrangements now ...* (Parent Code 5). The program for infants at another service also changed to include ‘tummy time’ for all infants as a result of parent input (Parent Code 4). In every case suggested changes once implemented raised the quality of service provided. Many parents whose suggestions appear to have been implemented, were not notified of the significance of their contribution to service quality. Of an informal comment about a child accessible door handle, one parent diminished her own input saying, *I’m sure a lot of other parents would have mentioned it as well* (Parent Code 2). Nevertheless, changes apparently were implemented only after this comment despite the service having been in operation for a number of years. Informal chats are used with staff to convey parental concerns rather than more formal procedures. This is supported by Elliott and Wiley (2000), whose own research confirmed that information and concerns are more likely to be raised informally than in artificial situations such as parent-staff meetings.

**Summary**

In summary, it would appear that the majority of parents are satisfied with the services they have selected for their children and hold staff in high regard as they provide for their children’s care and education. Even so, of the 143 parents who completed the questionnaire, 45 were dissatisfied with some aspects of the service provided. In addition to this, parents are confident they know what happens when they are not present because they take notice of many aspects during their brief
visits. Parents gathered information by observing their children, assessing the environment and noting staff practices. They also observed interactions between each parent's own child and staff, between other children and staff, between staff and parents and staff with staff.

Some parents also reviewed written documents and communications such as daily diaries, day books, reporting boards, individual child development records, newsletters, parent information sheets, educational programs and menus. Verbal communication provided feedback to parents when they initiated discussions with their children, with staff and with other parents. Observations, review of print based information and discussions were therefore used by parents to monitor and evaluate the quality of care and education provided to their children.

It could appear that what parents want for their children in terms of 'quality' can be identified as positive staff:child interactions and appropriately qualified staff able to develop suitable learning opportunities which enhance children's social skills and cognitive functioning. To date, from this investigation these points demonstrate parents' knowledge and understanding of quality in early childhood care and education services, which as Segal (1989) has noted, is likely to have enabled them to effectively monitor the services they used.

The following chapters (Chapter 7 and Chapter 8) detail parent engagement with services and their knowledge and use of QIAS information services respectively.
CHAPTER 7: RESULTS AND DISCUSSION - PARENTS' PERCEPTIONS AND ASSESSMENT OF ENGAGEMENT

Introduction

The previous chapter presented an analysis of parents' perception of various aspects of early childhood services. This chapter highlights parents' perceptions and assessment of their engagement with services. Transcripts from parent interviews (phase one), comments noted on questionnaires (phase two) and discussion notes generated through focus groups (phase three) have captured parents' voices, which have been brought together and analysed. These data were examined, recombined and categorized using two processes. The first, phenomenographic method, was used to report parents' perspectives of their engagement with services and clarify what parents wanted services to do for their children (Marton, 1994). The second involved an analysis of data to determine trends and patterns related to parents' perspectives of their engagement with services.

Defining Parent Engagement

Dahlberg, Moss and Pence (1999) claim that parents should be invited to participate and add their voices to various aspects of the services they purchase. Opportunities to participate directly relates to the quality of the care and education their children receive. All opportunities available to parents to contribute their voice or participate in services are referred to as parent engagement in this investigation. Engagement has many guises from intentional, active, accountability related to the legislative and financial responsibilities of the service to informal discussions where information is exchanged on an ad-hoc basis between parents and staff (Coleman, 1997; Elliott & Wiley, 2000; Fish, 1998; McBride, 1999). Such engagement is often
identified as the ‘family focus’ of the service.

Research has clearly highlighted the need for links between families and services (Huntsinger, Huntsinger, Ching & Lee, 2000; Turbiville, Umbarger & Guthrie, 2000; Powell, 1998). Moreover, parents’ engagement in early childhood services is seen to be an important component of and contributor to quality (Bryce & Johnson, 1995; Creaser, 1994; Powell, 1998; Zigler & Styfco, 1993). Such engagement is necessary under the Australian Quality Improvement and Accreditation System (QIAS) requirements. However, there is a lack of a clear definition of what actually constitutes parent engagement (Coleman, 1997). In this investigation, engagement has been identified as those opportunities available to parents that encompass a variety of service related activities. These activities may include parents volunteering in the classrooms, participating in parent conferences, written and phone communications between service staff and parents, parents attending service functions or assisting with fundraising, special events or participating on advisory or management boards or committees (McBride, 1999).

In many instances engagement is identified by staff as parent attendance at staff initiated meetings. Such meetings include information nights, social events and cultural celebrations or family functions and parent:child interviews. Other opportunities staff make available to parents, include encouraging them to become members of committees dealing with service operation, such as policy development, accreditation, and fundraising. In community based services it is the parents who accept legislative and financial responsibilities for service operations (Elliott & Wiley, 2000; Fish, 1998; McBride, 1999).

Although opportunities to participate are available for parents, in most cases (albeit unconsciously) staff limit parental involvement. For example, few invitations actively encourage parental involvement in the evaluation of existing programs and/or to produce insights for developing or contributing to programs in ways that may influence service goals and philosophy (Elliott, 1994). Moreover, to date, little
research has explored how parents could engage with staff and contribute to services in ways that will ultimately support them in the care and education of their young children.

Parental input is said to improve the planning and design of programs for children and is an important determining factor of 'quality' in services (Cromwell, 2000; Powell, 1998; Zigler & Styfco, 1993). The goal of parent-teacher interactions is to involve parents in the development of a shared caring, rearing and educational experience for children (Coleman, 1997; Klass, 1999; McBride, 1999; McGurk, 1997). However, as Klass (1999) points out, it takes time and consistency for parents and staff to develop trusting and open relationships, and factors in the lives of families and management of services often work against the establishment of genuine engagement.

Parents and early childhood service staff each possess valuable information about children attending services and it is important that this information is shared to ensure the best interests of all children are served through joint decision-making (Coleman, 1997; Karrby & Giota, 1996; McKim, 1993; Powell, 1998). Families are unable to effectively review and evaluate services being provided if they have not been engaged with staff in the development of their philosophies, service goals and program objectives. Consequently, changes needed may not occur and unsuitable service goals or program objectives may be retained rather than improved. While many services hold a rhetoric of partnership, it is often only the staff who determine when and how such opportunities are made available (Katz, 1994).

**Parents' Experiences**

Parents in this investigation were asked if they participated or contributed in some way to the services their children attended. Comments made by parents across all three phases of the investigation were 'pooled' and phenomenographic methods applied (Tigwell, 1997). As explained in Chapter 4 phenomenography is used to
report and categorise the qualitative explanations of others’ reflections of their personal and individual perspectives of phenomena which is seen as an integral part of the way phenomenon is understood by the individual (Walsh, Dall’Alba, Bowden, Martin, Masters, Ramsden & Stephanou, 1993). This method of qualitative investigation aims to reveal and classify the many and varied ways that parents in this investigation saw, experienced, understood and conceptualised their engagement with the staff and the early childhood services their children attended (Gerber, Boulton-Lewis & Bruce, 1995).

Parents’ understandings of ‘engagement’ were mapped and an outcome space was developed. The outcome space comprised nine hierarchically stratified levels which summarised parents’ perceptions. The hierarchy is based on the extent to which parent engagement had the potential to impact on the quality of the service delivery. The nine levels of engagement ranged from ‘no engagement’ through to ‘active intentional responsibility for the quality of the service provided’. Each of the nine levels was categorised by a descriptor. Examples of parent comments that reflected their conceptions of engagement were then assigned to each descriptor. All nine hierarchical levels are connected or related to each other due to their placement within the outcome space. The ordered levels summarise the qualitatively different forms of engagement which parents believed were made available to them and/or adopted by them (Marton, 1988).

Again, as noted in Chapter 5, this summary (outcome space) is empirically determined based only on the comments of parents participating in this investigation and therefore may not be exhaustive or generalisable across the population. For example, some parents in the broader community may use different terms for engagement with early childhood services to those described here by these participants (Trigwell, 1997). Table 7.1 shows the extent of parent involvement reflected in the hierarchical categories of descriptions and examples of parent comment. Whilst all parents were able to select or decline opportunities to engage
with services, all identified that opportunities were developed by staff and responded to by parents.

At the first four levels, parents are either not invited or chose not to become engaged with the service or were perceived by staff as resources. At levels five and six, parents’ engagement was defined as parents attending services where staff provided information about a topic of interest or conducted parent/staff consultations in respect to individual children. At levels seven and eight, parents were invited to contribute their ideas and opinions to staff initiated sessions related to service functioning. At level nine parents took on the responsibility of managing the service.

Table 7.1

<table>
<thead>
<tr>
<th>Level</th>
<th>Categories of Description</th>
<th>Parent Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No engagement</td>
<td>No as there isn’t really any means by which parents can become involved (5:93) or No (5:72)</td>
</tr>
<tr>
<td>2</td>
<td>Staff initiate parent engagement where parent is a resource</td>
<td>Mowing lawns (10:65)</td>
</tr>
<tr>
<td>3</td>
<td>Staff initiate parent engagement in service program as a resource contributing time/resources</td>
<td>I was asked if I could assist in broadening other children’s views on our cultural background – and I agreed that on a particular festive day I may bring some sweets for the kids to try out (7:35)</td>
</tr>
<tr>
<td>4</td>
<td>Staff initiate parent engagement in committees as a resource</td>
<td>Fundraising committee (2.57)</td>
</tr>
<tr>
<td>5</td>
<td>Staff initiated information evenings</td>
<td>Information evenings (12:113)</td>
</tr>
<tr>
<td>6</td>
<td>Staff initiated formal parent conferences</td>
<td>Parent interview evenings about my child’s progress (Parent Code F3:A).</td>
</tr>
<tr>
<td>7</td>
<td>Staff initiate parent engagement via questionnaire responses</td>
<td>Leave comments on parent survey sheets for policy development (14:24).</td>
</tr>
<tr>
<td>8</td>
<td>Staff initiate meetings to engage parents in discussions related to service provision</td>
<td>Parent nights, in house excursions where possible, accreditation committee participant (2.61)</td>
</tr>
<tr>
<td>9</td>
<td>Service management and staff initiated parent engagement in committees undertaking legal responsibility for service provision involving active engagement of quality of service provision decisions.</td>
<td>I’m on the board of the centre so we are legally responsible for the management of the centre and actively participate in decisions related to accreditation of the centre. As committee members we ratify decisions related to the service operation and things relate to service quality through the accreditation process (Parent Code F2:A).</td>
</tr>
</tbody>
</table>

Table 7.1 summarises the phenomenon of engagement with services as experienced or conceptualised by parents in this investigation. The outcome space
maps nine qualitatively different levels ranging from no engagement to parents undertaking service management responsibilities directly related to employing staff, ratifying budgets, accepting government funding and shouldering legislative responsibilities and quality service provision decisions (Wheeler, 1994). While not all parents would choose to be so engaged or commit to such responsibilities as identified at level nine, there were, according to the comments made, various opportunities for parents to engage with staff albeit on terms determined by staff.

Two important aspects of parents’ engagement relating to services are highlighted within the nine levels of engagement in this summary. The first is associated with the choices parents can make about whether or not they engage with services. The second is related to the range of engagement opportunities afforded parents by service providers. This outcome space and the identified levels highlight the variations of how the phenomenon of ‘engagement’ was experienced, understood, conceptualised and explained by parents in this investigation (Entwistle & Entwistle, 1991).

Parents’ choice about engaging with services to the extent to which they are comfortable is important (NCAC, 1993) and the pool of comments collected highlighted the varying degrees of engagement parents were afforded or chose, according to personal time constrains and desire for involvement. At the first level parents were either not invited or chose not to engage with services. At levels two, three and four parents felt they were perceived by staff as resources for the service. Parents’ resource roles included contributing to the service function by providing physical labour, providing ‘other’ experiences for children by contributing their time and expertise or by contributing their ideas and effort to raise funds to support the service. This form of engagement does not involve collaborative partnership, rather it provides “extra hands” when required (Hepworth Berger, 2000). Such a restricted approach to parent engagement fails to provide opportunity for them to influence the
quality of children’s experiences and join with staff to share in the care and education of their children.

At level five, parent engagement is defined as parents attending services where staff provide information about a topic of interest and at level six, parents attend an organised parent/staff conference where staff discuss a child’s development and progress. While parents are appreciative of these opportunities to gain greater insight into children’s development and their own children’s progress there is often no opportunity for parents to actively contribute to these sessions other than asking questions.

At level seven parents were able to directly contribute ideas or provide feedback to staff about care and education issues by completing questionnaires. Nonetheless, these questionnaires still related to particular staff initiated questions.

Level eight identified opportunities for parental engagement through the contribution of ideas related to the service operation. While the purpose of staff engaging parents in policy development and the accreditation process may be to provide a forum for parents to proffer their views and share their values, the organisation and design of these opportunities still rests with staff and occurs as a staff initiated activity.

At level nine, parents could take on the shared responsibility of managing the service. This highest level of engagement included parents having responsibilities related to the operational management and licensing of services. Parents collectively shared the determination of ‘quality’ through their decision making, which in some services (community based services), related also to the hiring of staff. Invitations were extended to all parents to engage fully in services. This level of engagement gives greater opportunity to parents to influence all aspects of quality. Professional practices however, according to Fish (1998) are based on the application of formal theory and encompass experience, knowledge, feelings, expectations, assumptions, attitudes, beliefs and values. While parents may have tacit knowledge about some
aspects of the provision of services it is generally insufficient for them to be able to objectively evaluate or contribute to discussions about 'quality' in terms of practices and the educational programs provided for children. Yet if parents are provided with sufficient background information about what is planned and implemented and why it is important for children's growth, development and education, their opinions relevant to their own values could be effectively contributed.

While parents appreciated the need for their assistance in working bees and the like, they also suggested that these could be somewhat social functions enabling interactions and enjoyment by sharing lunch or afternoon tea. A better response would come from invitations seeking parents' assistance in 'working bees' if the experience was viewed two ways, and parents could also benefit from the experience. The self-satisfaction of having completed a task on the weekend is insufficient. Parents in this investigation wanted to spend their leisure time with their families. The opportunity to mix work with pleasure in this 'time poor' society is perhaps a consideration when deliberating parent engagement with services.

Constraints to Engagement

Family constraints are influential in the decisions parents make related to how, when or if they respond to invitations to engage in services as demonstrated by the following comment. I have been informed of a few after hours evening meetings. Unfortunately, being a working parent, 7.00 pm to attend a meeting just was not the thing I wanted to do after a nine hour work day (13:21). Another parent noted, I am unable to attend evenings. I would be into more written information/pamphlets but I never feel like a nuisance if I have questions or suggestions (5:71). This comment describes one parent's view of engagement as attending "Information" sessions or reading information provided by the staff while others perceived engagement as being able to influence the service provided to their children by contributing ideas or comments when solicited.
**Benefits of Engagement**

For the majority of parents, engagement required additional effort such as in their attendance at meetings or being physically involved in the service in some way. The following comment demonstrates this well. *Parent accreditation. Class time doing dancing or reading with children. Attend information evenings & special days (6:63).* Yet, informal discussions with staff when ideas about various aspects of the service were conveyed were also seen as important methods parents could use to contribute to programs, assuming of course their views are heard. Such engagement is demonstrated by this comment. *When my child first started (at the centre) I said I was hoping that they could do more music because I come from a musical family and music is important to us* (Code 5). Acting on such comments can ultimately influence the quality of services provided to children. If staff hear, reflect and act on comments made by parents, then they are more able to respond to families' contributions and increase the level of quality of service provided (Elliot & Wiley, 2000).

**Parents’ Expectations**

Early childhood services are said to be designed to address families’ needs, therefore, the next area of investigation dealt with the expectations parents held for the services they used. A general question, ‘What would you like this centre to do for your child?’ was posed to parents during all three phases of the investigation and was designed to encourage parents to detail their expectations.

Responses to the question were detailed in the main, however, in summary parents indicated that they wanted services to teach and genuinely care for and care about their children. Parents wanted services to prepare their children for school when the time came in many different ways. Parents’ comments identified their desire for staff to work with their children, to develop children’s positive attitudes to
education and learning, to promote children's self esteem, to encourage children's pro-social behaviours and to maintain links between services and the home.

Again all comments were 'pooled' and meanings mapped to determine the breadth and complexity of parents' perception of what they wanted early childhood services to 'do' for children. The outcome space in this table comprises six hierarchically stratified levels which summarise in increasing complexity parents' expectations. Each level was again categorised by a descriptor and exemplified by a parent comment. The outcome space highlights the breadth of parent expectations which ranged from meeting children's basic needs and encouraging social relationships to service staff working collaboratively with parents to assist each child reach self actualisation (Maslow, 1970). All six hierarchical levels within the summary are connected or related to each other according to their placement within the outcome space and the ordered levels summarise the qualitatively different expectations parents held for the services.

In the following Table 7.2 at level one, parents focused on their children's safety and wanted staff to promote children's social skills. At level two, parents wanted the service to maintaining the predictable positive experiences and interactions they and their children engaged in. At level three, parents focused on opportunities that promoted their children's development and learning. Level four highlighted parents' expectations for staff to continue to address and promote children's development and learning but now included the desire for children to develop positive attitudes to learning and for staff to focus on school readiness. Level five drew attention to parents' desire for children to engage in positive interactions with others and for staff to encourage in children a positive attitude to learning and the valuing of relationships. At level six, parents viewed the staff and the service as their partners. Together parents and service staff support and encourage the child to become his/her own person who will become autonomous, capable and competent.
Table 7.2

Summary of descriptions of what parents wanted services to ‘do’ for their children

<table>
<thead>
<tr>
<th>Level</th>
<th>Category of Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Meet children’s physical, safety and security needs and promote social relationships</td>
<td>Keep my child happy and safe. Teach my child to respect others and develop healthy relationships (12:63);</td>
</tr>
<tr>
<td>2</td>
<td>Meet emotional security needs of child through warm interactions and predictable practices.</td>
<td>The morning rituals of staff “Welcoming me and children” a warm introduction to the day which I think sets the tone of the day. Explaining to the children the types of activities they will be able to participate in (Parent Code 7).</td>
</tr>
<tr>
<td>3</td>
<td>Meet and promote children’s physical, social, emotional developmental needs and address academic development.</td>
<td>Provide a learning environment that encourages the social, emotional and academic development of my child (7:42).</td>
</tr>
<tr>
<td>4</td>
<td>Meet and promote children’s physical, social, emotional developmental needs. Address academic development and encourage positive attitudes to learning and teach for school readiness.</td>
<td>Provide a safe and happy learning environment. Encourage appropriate social behaviour, sharing, respect. A love of learning. Help develop skills in readiness for school (ie. Number and letter concepts, writing, etc) (7:41).</td>
</tr>
<tr>
<td>5</td>
<td>Meet and promote children’s physical, social, emotional developmental needs and address academic development as belongingness and affection promote respect for self and others’ needs. Encourage positive attitudes to learning and the valuing of relationships.</td>
<td>For my child to have fun while at the centre, to encourage self confidence, to make my child aware of appropriate social behaviour, to expand my child’s learning &amp; to encourage my child to enjoy learning new things. For my child to develop friendships &amp; interact with other children happily (2:57).</td>
</tr>
<tr>
<td>6</td>
<td>Joint venture developing foundations for life enabling child self actualisation</td>
<td>If my child comes out at the age of 5 years and is his/her own person then I think the centre and I have worked together to help make a self-reliant, able to participate wonderful individual (11:49).</td>
</tr>
</tbody>
</table>

As indicated in the above table (Table 7.2) parents wanted services to keep their children safe and to purposefully develop children’s self esteem and self-confidence. They wanted staff to teach tolerance and acceptance of differences, encourage social skills and foster children’s positive attitudes to learning, now as young children exploring the world around them. The development of positive attitudes and dispositions was seen to be influential in future success both related to interactions with others and school success in the future. At the highest level, parents wanted to work together with staff in the shared rearing, caring and education of children to encourage and promote the unique potential of each child.
Positive Outcomes for Children

Parents were mindful that children’s self esteem and confidence is developed when they feel safe and secure in the environment and within positive early childhood relationships. Parents said they wanted their children to be happy, not so much in a joyous sense but rather ‘happy’ as a result of being comfortable and confident whilst in their ‘out of home’ environment. Parents used different words and at times focused on specific points pertinent to individual family values, yet time and time again the same ideas emerged from parents’ comments. They indicated that the types of opportunities and experiences they wanted for their children were congruent with those advocated by the early childhood profession. Opportunities included the provision of positive learning environments and communicative staff who encouraged and nurtured children’s social, emotional and intellectual development.

Parents’ Strategies for Evaluating Early Childhood Services

This investigation used a range of a data collection tools to gather information from parents with young children enrolled in early childhood care and education services. The third and final phase of the investigation, the implementation of focus groups, was designed to document the opinions and ideas parents expressed about the opportunities and processes they identified that would enable them to have a greater voice in their children’s care and education. Data collected were analysed to determine themes occurring across the various groups. To distinguish these themes, consideration was given to the words used, the internal consistency of the points raised across all the groups, the frequency of issues raised and discussed, contexts highlighted by comments, the extensiveness and the specificity of responses and ideas generated (Anderson, 1990; Krueger, 1994). The following results and discussion concentrated on parents’ voices collected through focus group
discussions.

At each focus group session ground rules were established. According to Krueger (1994) ground rules are important to ensure the focus of group discussions remain 'on track'. These rules were outlined by way of an explanation that the investigation sought parents’ opinions about contributing or participating in the services they used. It was clearly explained that this was not an evaluation of staff or services. To maintain service anonymity parents were asked not to name the service their child/ren attended, nor to discuss particular staff at these services. Parents were asked to introduce themselves by first name only and to explain their link to other group participants by identifying the number of children they had attending a service.

The Outcome of the Focus Groups

Thirty-six parents self selected to participate in one of five separate focus group discussions. Careful and systematic analysis involved examining and categorising data collected that identified parents’ perceptions of ‘engagement’ with services. It also detailed their contributions to programs. Further to this, parents explained their views about what they believe constitutes ‘sharing information’ as it related to the care and education their children received and to the approaches they thought should be implemented to foster such interactions between themselves and staff. Parents also identified opportunities they wanted made available to them that would enable a reciprocal or two-way shared approach to their children’s care and education.

Communication

Parents reported that they were informed about aspects of the services they used by staff using verbal and written formats. On enrolment parents were given service information and shown the policies of the centre (parents from three services
were provided with copies). All services published a handbook which gave other general information including payment of fees, detail of when children should not attend the service (health issues) and the penalties parents may incur (late fees or paid absences).

Daily information was communicated to parents through notices in services' foyers or within children's rooms. Newsletters were published and distributed individually to parents (placed in parents' communication pockets) although the regularity of such publications were service specific. Three services prepared newsletters bi-monthly while others distribute them quarterly. As well, information specific to families was communicated to parents through individual or personalised notes, which were placed in parents' communication pockets. Five services also invited parents' written feedback via daily diaries or jottings in services' communication books. Although parents were able to explain about committee membership and two parents were current sitting members on services' committees, most parents were not interested in this way. Most indicated that they preferred to attend information and family social evenings rather than formal or regular meetings.

**Opportunities for Engagement**

Engagement has been used as a broad term encompassing all kinds of interactions occurring between parents and staff which are specifically related to services. Parent engagement in services was reported by all focus group participants as being committee membership, attendance at meetings and family social functions such as celebrations or cultural evenings. Parents also said they were able to submit ideas or proffer comments by responding to staff initiated questionnaires or by initiating and writing their own ideas or comments which were then submitted via suggestion boxes. Informal discussions were yet another way parents were able to communicate their ideas to staff. Parent engagement through incidental conversations took place when parents and staff both had time and opportunity to
talk. However as one parent commented, the communication (from staff) is more
direct when related to health rather than full life issues like what my child is
learning and his interests (Parent code F4:N). This point was raised by Elliott and
Wiley (2000) when they noted that the incidental conversations between staff and
parents tended to focus on children’s well-being or their daily bodily functions,
rather than conversations about the teaching and learning children were experiencing
whilst attending services. Parents attending focus group discussions identified many
incidental conversations as ‘lost opportunities’, saying they were only provided with
perfunctory information by staff. Furthermore, this information was one-way as staff
did not engage in reciprocal conversations.

Initially parents were very positive about their children’s daily experiences
and were forthcoming about the opportunities made available to them to engage with
services. Yet, as focus group discussions continued they changed, when
conversations turned to how parents contributed to service goals and educational
programs, and how they evaluated the care and education provided to their children.
Parents moved from reporting positively about the opportunities available to them, to
questioning each other about their personal experiences with services.

Emergent Themes

Analysis of data collected during these discussions in the focus group
highlighted five distinct themes. The first was that services take time and staff are
painstaking in their efforts to inform parents about the things staff consider
important, although this is generally reported rather than through communicating
with parents. The second theme was that services don’t share the type of information
parents are really interested in. The third theme was about omitted information and
parents not being heard, and the fourth, according to the parents in these focus
groups, related to ‘lost opportunities’ resulting in a lack of connectedness between
children’s home and service experiences. The lack of connectedness was attributed
to limited meaningful communication between staff and parents. The fifth theme focused on parent censure of service practices.

**Theme 1: Reporting vs Sharing Information**

For many parents the orientation and information evenings which services organised tended to report to parents information about the running of centres. These sessions addressed the management of services and daily operational functions. Time was spent explaining the ‘rules’ which parents were expected to observe and sessions provided detailed information about the roles and responsibilities of staff and the organisation of rooms. Parents’ criticism about such evenings was that they were boring and simply reiterated information already available in handbooks and information packs. As one parent said, *information evenings and orientation sessions should answer parents’ questions not simply tell us (parents) what they (service staff) want us to know* (Parent Code F1:S).

Parents in the focus groups were very specific about what information should be shared and who should share what, with whom. Parents indicated that what they wanted were information evenings that would help them understand their children better. This understanding related to the body of knowledge staff were seen to hold about ‘child development’ and ‘early childhood education’. Parents in each focus group took time to share ideas about what they each believed these concepts meant and finally reached agreement. Generally speaking, parents said that child development knowledge held by staff related to how children grow and change in their physical, social and intellectual abilities. Early education was thought to be how children learn and what staff ‘do’ to encourage this learning.

**Theme 2: Parent Desire for Guidance and Knowledge**

As a group, parents identified the process through which they developed their own understanding of children’s growth and development, as being a gradual
process. They reported this to be a painful and difficult experience which consumed them. As one parent noted, as parents we learn about child development day by day as our children are growing and developing we don’t know it with out first child (Parent Code F2:V).

Parents then drew attention to the point that staff at the centres their children attended were more informed than they were about children in general. Parents with a number of children pointed out that children are all very different even when they are siblings in the same family, and as a result, there were still times of angst related to being a parent. At these vulnerable time in their lives parents commented that they wanted both reassurance and guidance from those who were more informed than themselves. Parents believed service staff could help them some aspects of knowledge relating to their children, but usually did not. As another parent said, The staff at these centres must be knowledgeable and/or qualified to do their jobs or they wouldn’t be employed in their positions would they? It’s up to them to share the knowledge they have about children with us the parents so we can gain other insights into our children (Parent Code F1:M2). The same statement was raised albeit using different terms in each of the five focus groups and was a theme echoed by all parents present at each meeting.

**Theme 3: Omitted Information**

Parents were very aware of the ‘learning’ taking place at the services their children attended. Parents repeatedly explained how they were initially surprised at the knowledge their children demonstrated after attending services. As one parent said, you know I hadn’t really thought of my child as going to the centre to learn, I thought it was just for care while I worked. Then I realised she would tell me the colours of things or say I want to wear the red top today that I realised that they actually purposefully taught her things! (Parent Code F5:L). Statements such this lead, overwhelmingly in all focus group discussions, to parents stating that they
wanted an explanation and a long-term picture of their children’s proposed education while at services. As one parent stated, *They should have information evenings where the staff explain children’s development and learning and they should explain what they are going to teach your children over the next term or the whole year so you can follow on at home* (Parent Code F1:1). Yet another parent commented, *I want to know all about my daughter’s progress on an individual level. I want to know whether it is only care or care and education they provide for her* (Parent Code F3:F).

It would appear that many parents would welcome a sharing of the knowledge staff have about children’s development and how they learn. Parents agreed that an overview of the proposed educational focus for their children would be of great benefit. This was exemplified in the comments of one parent who said, *You know what we want? A framework of the curriculum telling us what each room will be working towards each term or whatever time frame services use. And an explanation of how the staff are going to work towards this* (Parent Code F1:G).

Discussion also focused on information about children’s daily experiences. *We would like to know which books the staff are reading to the children this week, today. What songs are the favourite ones this week? Tell us so we can share our child’s day* (Parent Code F1:R). Parents indicated that they are unaware and uninformed about the education proposed for their children and about children’s daily experiences in the classroom. Brand (1996) also reported how parents wanted feedback from teachers about children’s daily experiences and how parents wanted to understand the relationship between classroom activities and curriculum goals.

### Theme 4: Lost Opportunities

Parents repeatedly raised communication as an issue of distress and/or annoyance because with a lack of information they saw lost opportunities to vicariously share their children’s day. A common statement was, *I see the program*
but how do I know my child did all or any of those things today? (Parent Code F1:M1). Parents also identified limitations in some service practices noting, you know you get a painting and try to talk to your child... gee this is a beautiful painting did you do this today? And she says 'No.' When you look it was painted 2 weeks ago. My kid can't remember yesterday so how can she remember 2 weeks ago. It's been up on the wall on display but so have lots of others - so I didn't see it and she is used to her work being displayed so its no big deal for her (Parent Code F1:S). Furthermore one parent said, look I don't know if I'm expecting too much to ask them to explain the education they're providing to my child to me but I really am interested to know but I don't know how to ask and they don't offer me the information (Parent Code F3:K).

The focus group situation helped parents clarify their thinking about communication with staff and they indicated very clearly that they wanted to know how activities planned linked to children's growth and development. They also wanted to understand the sequence for introducing information to children, have their questions answered about children's play and how and when early learning and literacy began. As one parent commented, It's only now that my daughter is 4 that I can see how her playing has been important to her learning. At the time no-one explained to me why different activities were provided (Parent Code F2:E). The focus groups demonstrated that parents wanted more than simple information. They wanted knowledge, knowledge they could use in their own daily interactions with their children.

Newsletters were also commonly criticised as being of limited value. They were thought to lack real information and be too general to help parents understand the educational significance of experiences provided at services. The kindy farm visited and the children enjoyed the animals... what good is that? I need to know children got to bottle-feed a piglet and pat a calf or touch a chicken. These are experiences I can talk to my child about even after the event... but I need detail. It
wouldn’t take much to write a bit more and explain why the kindy farm was brought into the service and it would be very informative for us (Parent Code F1:G).

**What Do the Documents Say?**

An area of vexation for parents was the written weekly program. Whilst open for observation, it rarely provided adequate information or real knowledge. Animated discussions took place in all focus groups, with the following comment a distillation of the collective discourse. *I look at the program but you know I don’t get the end result. It’s like the book is open but you can’t turn the page. You know it’s written there but what went before, what happened in these activities? Did my child participate? How did he go? What was the point of the activity? It’s all very secretive. There is a code on the program C3 but I don’t know what that means, is it my child? What is it there for? Who knows what it means?* (Parent Code F4:R). Whilst parents felt that staff in services followed the letter of law in respect of written, open documentation the provision of such information without additional explanation meant that parents could not assess or in some cases even comprehend the program developed. Parents even considered ways of overcoming what they saw as limitations, saying, *they (the staff) could report back to parents, you know not necessarily individually, but say in the Newsletter, saying this is what we intended to teach and this is what we did teach* (Parent Code F1:D).

**Is Anybody Listening?**

Parents had, in all focus groups and interviews listed the many opportunities available to them to provide suggestions to staff. They mentioned questionnaire responses, suggestions boxes and other media yet, during the focus group discussions parents became critical of staff responses to their attempts to contribute ideas or suggestions to enhance their children’s progress. As one participant said, *yeah, it appears everyone has suggestion boxes. But what I want to know is—does*
anybody ever read them?' You put suggestions in the box and it's like a 'black hole'; nothing ever comes out. Why couldn't the suggestions be discussed at monthly meetings and reported back? You know like 'the most often asked question this month. Just to know someone is reading our suggestions would be a help even if they (staff) couldn't do it or if my suggestion was off the wall, just explain it to me... I'll listen it's my child I'm thinking of' (Parent Code F1:G). Another parent reflected in a similar way, Yes you fill in the questionnaires they send out but I have no idea what the outcome was to any of them. Over the years I reckon I've filled in quite a few. I wonder if anyone reads them? (Parent Code F3:A).

In summary then, parents were critical of staff requests for 'feedback' because they never knew what happened to the feedback once given. The closed nature of these 'communications' inevitably contributed to why parents think they cannot evaluate services or engage in the development of programs, or contribute to the setting of goals for services.

Some parents felt that their attempts to contribute to programs were considered not worthy by staff, or if included were serendipitous inclusions not necessarily a direct result of their contributions. I am forever telling them what my child is interested in, in the hope that they include it in the daily activities. Sometimes I see things that I have mentioned like he is really interested in blocks this week and there might be blocks out the next day but I never really know if they listened to me or it was already part of the program (Parent Code F4:R).

In previous research (Elliott, 1996) I noted that parents said they had little, if any opportunity to contribute to the educational programs provided for their children, nor were they invited to participate in evaluations. In this investigation parents were again asked how they participated in the services, and again very few parents felt that they could participate in this manner. Moreover, parents were unaware that when they completed questionnaires or submitted ideas through suggestion boxes they were in fact contributing to services' evaluations. Without any
indication that their comments were ever read parents had no idea whether their
views informed or changed practices which enhanced service quality.

**Theme 5: Parents’ Perceptions of the Lack of Connectedness Between
Centre and Home**

Parents explained that the quality of care their children received when
attending services was evident to them because they had their own criteria by which
to assess it. Yet they did not know about children’s development or about the early
educational opportunities being planned and provided in settings. Parents indicated
that they wanted to understand the educational experiences by staff sharing their
knowledge. As one parent said *A lot of kids live at day care. My daughter is there
more often than she is at home. She comes home and has dinner then goes to bed. I
need to know what she is learning in her other home at day care where she is awake

Very pointed comments directly related to the connectedness that develops
through sharing children’s care and education were made by parents at all focus
groups and exemplified by the following quote. *We want to be a part of our
children’s education… we want to know what happens at kindy so we can follow up
at home – that’s how we can contribute to their learning and maintain the links
between kindy and home, by following on what they learn there* (Parent Code
F1:M2). The connectedness between early childhood services and homes, parents
saw as being related not only to what children were learning about the world and the
skills they were developing but all areas of children’s development.

A lack of connectedness between experiences in children’s homes and
services was a critical point of discussion for parents, yet the literature is strong on
the necessity for links to be forged between the two environments (Kearby & Giota,
1996; McGurk, 1997; McKim, 1993; Powell, 1998). Too often however, this is
simply interpreted as staff needing to understand children’s backgrounds which
include family values and each child's health history. Parents took a different perspective in this investigation and expressed the necessity for links between practices at the centre and home just as much as between home and the centre. As one parent pointed out, *they asked me about my child's toileting routine as the service wanted to begin toilet training. I said, you tell me what you do. You have 40 little people here every day, let's be realistic, you haven't got 40 separate routines. Tell me what you do and I'll do it at home too. Then it can be consistent* (Parent Code F1:M2).

The importance of linking one environment (the centre) with the other (home) was also seen to be instrumental to children's growth, development and learning. *Why can't they tell us what the children are learning about and where the staff are getting information from. If it is the web most parents can follow up information if staff give us guidance and direction. You know if they are learning about the planets then at least I could find out the names of them and talk with my child about them* (Parent Code F1:S), said one parent. Others nodded in agreement.

Parents indicated that they wanted to understand their children's development better to enable them to prepare for future changes and increasing abilities. Parents also wanted to know how they could participate in their children's education through follow up at home. Current communication from staff did not achieve this, rather it was seen as information reported to them, it was not an exchange and sharing of ideas. One comment encapsulates this well. *When you think about it the information should run in a circle, not parallel* (Parent Code F4:R). Another parent, also critical of the lack of knowledge exchanged between staff and parents said, *make it a loop* (Parent Code F4: J).

**Questioning Staff Communication**

As indicated previously, initial comments and statements made by parents during the focus group discussions were positive, highlighting the opportunities
available to parents to give and receive information relevant to the services used. This was largely consistent with the information generated in Parts A and B of the investigation as well. However, as the focus group discussions progressed and parents moved from making statements to asking questions, they became critically aware of the limitations of the engagement afforded them at the services their children attended. Unquestionably information was made available to them and certainly parents could contribute to the services their children attended but, in the main, they wanted different information to that provided. Furthermore, some had, on occasion asked specifically for answers and were not satisfied with the responses. I don’t feel that the staff really listen to you or answer your questions (Parent Code F2:E) said one parent. She went on to say, I saw a computer time table pasted on the window showing when each child was to have time in the computer centre, my child’s name was on the list for that day so I asked her if she had been playing on the computer. She said ‘no’. So I asked the staff member how the roster worked and what were the children working on when having computer time, because I wanted to understand what they were teaching and what the children were learning. The staff member talked but didn’t actually answer the question. I gave up and the next day the roster was not on the wall. It had been taken down (Parent Code F2:E). When a direct question was asked this parent did not find an answer. As another parent noted, the communication (from staff) is more direct when related to health rather than full life issues like what my child is learning and his interests (Parent Code F4:N).

**Theme 6: Parent Censure**

As discussions continued in the focus groups parent censure of the way staff responded in settings emerged. As one parent said, it’s like services are child centred but not family friendly. When you enrol your child you’re invited to spend time at the centre, you know you can sit on the lounge and watch as your child goes off to play.
It's terrific you see how they mix in and become part of the group but then once our child starts at the centre it's drop them off and go... it's like there is no place for you as a parent to be a part of their day (Parent Code F1:S). These views were consistent across most groups to greater and lesser degrees and although not all parents felt they were expected to leave quickly all parents admitted that they did not overstay their time at services at any time. Being part of their children’s day was deemed to be very important by all parents, yet there were a limited number of ways in which parents could access the detail of children’s experiences unless they were present themselves. Watching children’s social interactions and being able to observe them during activities and routine times was an important part of the initiation of parents into the world of early childhood services. It was not an everyday accepted practice however, for parents to stay and participate in their child’s day.

The focus groups allowed parents to articulate clearly what they perceived as limitations in the methods and content of communications. At the same time they spoke positively of some of the ways they were able to engage with the services they used. Studies have shown that children achieve better, have a more positive self image and higher self esteem and fewer discipline problems when families are visible and contributing to programs (Galinsky, 1988; Greenberg, 1989). Services which use handbooks, newsletters, daily information charts and central bulletin boards to communicate with families go some way to bridging the communication gap. However, this investigation has found that the communication methods currently used by services are generally ‘one way’, and as such do not promote shared understanding, intersubjectivity or social connections.

Summary

The parents’ comments reported here from focus group discussions, raise two issues that have the potential to impact on the delivery of children’s services. Firstly,
parents see limitations in the opportunities made available to them to engage in services and therefore influence the quality of the care and education provided to their children. Parents see communication as the key but currently they are locked out of their children's daily experiences. If turned, this key could allow them to actively engage with staff and enter into meaningful dialogue with their children. Open and meaningful dialogue, according to parents is necessary to help build bridges between children's homes and the services attended. Above all parents want to share their children's daily experiences in order to carry these experiences into their homes.

Secondly, parents discussed ways they could engage with staff which would overcome the limitations evident in the communication systems they experienced. This has significant implications for improving quality. Parent suggestions have been used to develop a model drawn from their voices which is presented in the final chapter (Chapter 9) of this thesis.

The following chapter (Chapter 8) details parents' knowledge and use of QIAS information services. The data were collected through phases one and two of the investigation and parents' views on the accreditation process have been reported to provide a forum for their voices to be heard.
CHAPTER 8: RESULTS AND DISCUSSION - PARENTS’ KNOWLEDGE OF QIAS

Introduction

Chapter eight presents the last of the results and discussion and reports on parents’ knowledge of QIAS and their use of the information services provided by the National Childcare Accreditation Council (NCAC). The Quality Improvement and Accreditation System (QIAS) was implemented in Australia by the Federal Government in 1994 in an attempt to address quality issues nationally in early childhood care and education services. It was considered important to inform the public about QIAS and provide information to parents about registered and accredited early childhood services through a range of support information services. The NCAC information services include a website (www.ncac.gov.au), a brochure *Introducing Quality Improvement & Accreditation in Childcare*, a telephone service (02 92991611) including a toll free hot line (1800 655 545) and Facsimile (02 9299 4435). Services also include an Email address (qualitycare@ncac.gov.au) and a quarterly newsletter ‘Accreditation Update’. This newsletter has recently been renamed ‘Putting children first’. The newsletter was the only service not freely available to the general public but distributed to service providers, validators and reviewers by the NCAC.

Parents, when interviewed during phase one of the investigation, were asked if they knew about QIAS while parents in phase two, those completing the questionnaire, were asked five questions related to QIAS and the NCAC information services. Parents were asked to rate their awareness of the accreditation system on a four point scale ranging from ‘unaware’ to ‘very aware’ with space for comment. Parents were also asked to indicate the accreditation level of the service they were
using and to comment on whether accreditation procedures had improved or contributed to its quality.

**Parents’ Knowledge and Use of NCAC Information Services**

Parents were invited to indicate this awareness and use of the range of information services established by the NCAC and the results are recorded in Table 8.1.

**Table 8.1**

Parents’ knowledge and use of NCAC services (N= 143)

<table>
<thead>
<tr>
<th>NCAC Services</th>
<th>Aware of service N</th>
<th>Aware of service %</th>
<th>Used Service N</th>
<th>Used Service %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web site</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Brochure</td>
<td>9</td>
<td>6</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Telephone</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Email</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Accreditation Update</td>
<td>26</td>
<td>18</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>Multiple NCAC</td>
<td>25*</td>
<td>18</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>NCAC + other</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Omitted</td>
<td>57</td>
<td>40</td>
<td>79</td>
<td>55</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not aware</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

* represents sole reference used.

Seventy three (73) parents (51%) indicated their awareness of at least one of the NCAC information services. Parents aware of only one service totalled 45 (31%) whilst the remaining 28 (20%) were aware of two or more services.

As indicated by the asterisk in Table 8.1, although aware of multiple services, one parent used the information brochure ‘Putting children first’ as a sole resource. The email address (qualitycare@ncac.gov.au) was the only information support service participants appeared unaware of initially when answering this question.
Only five parents who responded to the question indicated that they were unaware of the NCAC information services available to them. However, 40% of parents overall omitted any response to these questions. It is possible that parents looked for and found information using means other than that available through the NCAC information services, but more likely that they were unaware of any services and therefore chose not to respond to the question.

The second question, seeking information about the NCAC information support services parents had used, was also included in Table 8.1. As shown, more than half of the respondents omitted to answer. Only 64 parents (48%) included any information. Of these responses 15 parents (10%) indicated that they had used two or more of the services and 41 parents (29%) indicated that had used one of the available support information services. Three parents (1%) used ‘other’ information services and the remaining five parents (3%) indicated they were unaware of these services.

The most frequently known and used information service was the ‘Accreditation Update’, identified by 26 parents as being known to them, and used by 23 parents. The ‘Accreditation Update’ is a quarterly newsletter distributed to services by the NCAC. As this newsletter is not available to the general public, it was surprising that many parents not only were aware of it but said they had used it.

In the year 2000 the NCAC conducted a reader survey to review the ‘Accreditation Update’. Results from 1,500 long day care centres reportedly found the newsletter “very” or “mostly” easy to read and identified the most important communications as information about QIAs principles, review visits and services’ self-study reports (Accreditation Update, (3) 2000). As service providers appear to find this newsletter easy to read, and given the relevance of the topics addressed, it is likely that staff displayed the newsletters with other parent information literature. It is plausible, if this is the case, that parents take note of the content to assist them develop an understanding of QIAs and the components relevant to quality in early
childhood services.

Of the six parents who responded to the 'other' category, one cited "Sydney's Child" a free newspaper as a source of QIAS information, while another parent mentioned a Parenting Mag (15:115). Two parents became aware through their employment situations. One parent had conversations with work colleagues noting that she first became aware when talking to other mothers at work before (her) child was to attend formal day care (13:23). The other said her employer, a state government department, contracted a non government organisation (NGO) to provided child care places for employees and they then provided information to parents about the accreditation of services. Another parent noted how her partner downloaded lots of stuff on what to look for/requirements for running childcare centres, from the internet – think these were Australian, but don't know the site he used (16:126). The sixth parent mentioned the telephone directory as the information source used saying I discovered this when searching the Yellow Pages for child care facilities. Then used the facilities to help find an accredited centre (12:63).

These comments demonstrate a range of different methods used for gathering information about services. When early childhood services advertise their accreditation status in the telephone directory, they appear, by one parent's comment, to positively inform and influence potential clients. Discussions undertaken with colleagues and friends, the method used by another parents is, according to Long, Wilson, Kutnick and Telford (1996) an information gathering processes for parents.

Parents' Awareness of QIAS

All services participating in this investigation had been or were in the process of being were accredited for 3 years. As indicated earlier, all parents who participated in phases one or two of the investigation were asked to rate their awareness of the Quality Improvement and Accreditation System (QIAS). The
resulting pool of data included responses from 152 parents. Data were summarised on this single dependent variable to determine the frequency and distribution of parents' awareness of QIAS.

Table 8.2

Parents' awareness of QIAS (N=152)

<table>
<thead>
<tr>
<th>Awareness of QIAS</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were aware</td>
<td>45</td>
<td>30%</td>
</tr>
<tr>
<td>Were very aware</td>
<td>54</td>
<td>36%</td>
</tr>
<tr>
<td>Knew very little</td>
<td>28</td>
<td>18%</td>
</tr>
<tr>
<td>Unaware</td>
<td>25</td>
<td>16%</td>
</tr>
</tbody>
</table>

As can be seen in the Table 8.2, most parents (66%) indicated that they were aware of the accreditation process. All nine parents interviewed answered the accreditation questions posed although only 57 of the 143 parents responding to questionnaires amplified this awareness further. This meant that comments about accreditation of early childhood services were collected from 43% (66) of the 152 parents, those who participated in the first two phases of this investigation.

Processes for Sharing QIAS Information with Parents

The majority of comments explained how parents had learned about QIAS. For most parents their knowledge of accreditation came through their conversations with staff, personal involvement with services once their children began attending, by reading literature about QIAS and talking with others. A small number of parents indicated that services provided QIAS information, but they did not explain the format used for sharing this information with them. It was noted however, that opportunities provided by staff to inform parents of QIAS included both formal and informal conversations, discussions, meetings and the dissemination of printed information materials.
Parents noted, *yes I am (aware of QIAS) I just sat down with the teachers and went through them all* (4:74), and *has been discussed at parent & staff meetings and all information the staff has on this (QIAS) is openly available to parents* (8:7).

**Written Information**

Services appear to have provided a considerable amount of written information to parents about the accreditation process through newsletters and notices displayed throughout centres. Parents’ appreciation of this is exemplified by the following comments. *We were given lots of information by the director through newsletters* (9:68), and *made aware via accreditation (information) posted on the wall of centre* (4:46).

**Service Credentials**

Parents completing the questionnaire were asked to identify the accreditation level of the service caring for and educating their children. Whilst each service in this investigation had been accredited for three (3) years, parents perceptions varied considerably. Parents’ responses were reviewed and are displayed in the following table.

**Table 8.3**

Parents’ awareness of services’ accreditation period (N=143)

<table>
<thead>
<tr>
<th>Awareness of Accreditation</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergoing accreditation</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>One year</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Two years</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Three years</td>
<td>72</td>
<td>50</td>
</tr>
<tr>
<td>Don’t know</td>
<td>44</td>
<td>31</td>
</tr>
<tr>
<td>Omitted response</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

As shown in Table 8.3, parents’ knowledge about the level of accreditation awarded to services was limited. Only 72 parents (50%) were aware that the services they used had been accredited for 3 years while 44 parents acknowledged their lack
of awareness about this issue. Ten parents from one centre said their service was undergoing accreditation at the time of the investigation and seven of these parents were actively aware of the process of review. So, it would appear that although parents are becoming more informed about the accreditation process they are not necessarily aware of the credential of their own services. This in turn must influence parents’ assessment of ‘quality’, and the nexus with quality education and care provided to children.

**Service Improvement as a Result of QIAS**

On a four point scale ranging from ‘no improvement’ (1) to ‘much improved’ (4), parents were asked to rate the level of improvement in service quality as a result of QIAS being implemented. Open comments were also invited and the results are displayed in Table 8.4.

**Table 8.4**

Parent ratings of QIAS as a service improvement system (N=143)

<table>
<thead>
<tr>
<th>Quality Improvement as a result of QIAS</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much improved</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>Improved</td>
<td>49</td>
<td>34</td>
</tr>
<tr>
<td>Some improvement</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>No improvement</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Omitted response</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>35</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>143</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 8.4 indicates that the majority of parents (67%) perceived QIAS and the associated processes as not only having contributed to the quality of services used, but was a conduit for improvement. The following comments illustrate these views. *Accreditation sets high standards that centres have to meet and maintain, therefore ensuring quality care (4:46)* and, *my current Centre is very proud of its accreditation, and took the time to take me through it upon my initial visit. The procedures are open for parents to view (12:63).* Another parent explained the nature
of improvements saying, the staff and the Director will often mention if accreditation, regulations or procedures are behind many decisions or activities/planning etc. Even after accreditation this year, action has been taken to improve the quality of the service eg. Security locked screen doors, helmets for bikes. I didn’t know if this was related to comments from accreditation or not — but at least up grades are being done (7:37).

Three parents, whose responses indicted that they perceived there were no improvements as a result of QIAS all included comments which contrasted with the ratings they awarded. The first comment to illustrate this notes, I believe the procedures have contributed to ensure the high standards are maintained. The centre has always held very high standards and are extremely caring and respectful in their attitudes (7:42). The second simply states, service and care have remained the same (13:20) and the third noted the centre seemed always of a high quality & accreditation process seemed to come & go unnoticed as all/most principles were being met daily (8:6). Such comments reiterate parents' positive perceptions of the services used although whether these can be attributed to QIAS is not clear.

Almost a quarter of the parents completing the questionnaire said they were unable to attribute improvements to the accreditation process as they were unaware of any at the time of the investigation. Given that 40% of parents had attended their current service for less than one year (See Table 6.1) it is unlikely that they could make comparative assessments about the effect of QIAS on service quality.

**Parents’ Comments about QIAS**

Numerous open questions about QIAS provided opportunity for parents to voice thoughts not covered in the general questionnaire. Parents' impressions of how accreditation was instrumental in promoting quality education and care were examined to reveal a number of themes. These themes have been identified as, service focus, collaborative practice, parents' personal experiences, parents'

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experience with other accreditation systems, parent statements and parent assessment of QIAS.

Theme 1- Focused Attention

Parents’ impressions of how accreditation was instrumental in promoting quality education and care were evident in comments such as, it makes the centre focus on teaching (and observing) the children not just looking after them”, (1:54), and, accreditation keeps management and staff focused (3:34). Parents noticed how staff attention was purposefully directed at specific aspects of the service provided which was presumably as a result of the self-review process (Doherty-Derkowsly, 1995).

Theme 2- Collaborative Practice

Parents’ positive views about the collaborative process which QIAS promotes were identified in comments related to sharing of interests and involvement of all parties. For example one statement talked about, involving owners, staff and parents [which] should ensure continuing improvement of services (2:76). Another statement noted that, it [accreditation] highlights areas of weakness & allowed parents’ critical input into the service (9:65). These comments are aligned with one of the aims of the accreditation process which is to have parents and staff work together to develop the quality of the service provided (NCAC, 1994). As Bloom, Sheerer and Britz (1991) point out collaboration is the vehicle for change enabling individuals to influence organisational change.

Theme 3-Personal Experience

Eleven parents indicated that they had had experience and involvement with the QIAS process. Comments related to these experiences included, I have participated in two reviews as a parent myself (8:6), and I am currently involved in an accreditation, the centre is currently going through accreditation (2:56). Such
involvement is central to the accreditation process and seen to be a process for educating and informing parents about the work of early childhood professionals engaged in the care and education of children (NCAC, 1994).

**Theme 4-Personal Experience with Other Accreditation Systems**

Two parents reported having been involved with accreditation relevant to their own professions and saw links between those and the processes for accreditation in early childhood. One parent remarked that s/he was a health care worker [and therefore was] already aware of the importance of QI & accreditation systems for own services (2:59). Another parent said, as a primary teacher I've been through accreditation [and I] assume the same would be for pre-schools (3:30). For such parents, their awareness of accreditation as a quality review process is important, however, awareness of other accreditation systems does not automatically ensure that parents are aware of the criteria by which the quality of care and education in early childhood services is determined.

**Theme 5-Parent Statements**

While some parents indicated that the early childhood services they used provided information to them, although the vehicle by which QIAS information was shared was not explained. Statements included, our centre underwent accreditation this year (3:34) and the centre is preparing for accreditation. There is a panel of parents meeting every 3 weeks to review the centre’s principles and have relevant discussions (2:28) but how parents knew this is unclear.

**Theme 6-Parents’ Assessment of QIAS**

Although parents’ responses did not indicate how they had become aware of QIAS, what was apparent was indicated their positive regard for the scheme as an assurance of quality. Such a view is demonstrated by the following comments, it [accreditation] ensures quality care is given in the best way possible. Also service is
constantly being reviewed (10:96) and Accreditation has formalised things. Example, brought in a written, documented code (13:23). Other parents noted it as a system parents could use for assessing service quality saying, its a good way of giving a standard to a centre so a parent has a scale to go by (sic) (2:60). Several parents focused on the benefits QIAS afforded children attending accredited services as evident in the following statement saying, I believe this is a necessary service to enable pre-school children to be given opportunity to grow and develop in the best possible surroundings (7:42).

Theme 7-Short-Comings of QIAS

In contrast to these responses above there were a number of comments identifying perceived short-comings of the QIAS review and validation process. The limitations were characterised by the following comments. [I] feel it is a good system, but should do spot checks throughout the year and/or unannounced visit every centre can do well when they know you are coming (7:39). I think it's very good for the fact that its getting more centres up to scratch and things like that, but I don't think it's realistic the way its actually done because of the way they only come out for 2 days and I mean you hear of centres that are out there that are just shocking, but I mean any one can put on a good show for 2 days basically (Parent 4). Some centres only polish up for days of review then fall back to usual standards (sic). On the spot checks needed. However not where my child attends (4:10). These comments although critical do not censure the QIAS self review process but are critical of the external validation component of the system suggesting that more could be done which would ensure the quality improvements evident would be maintained.

One comment related to the perceived professionalism or lack thereof of staff. The parent said, I feel they have improved centres that are 'already professional and excellent centres' as they already have commitment to quality childcare, but it is too
easy for centres that are not so committed to put on a good show & get 3 years accreditation (9:67). Another explained his/her view of the accreditation process this way noting, my feeling is the service (QIAS) is under resourced, utilises insufficient random auditors and accordingly cannot monitor consistency of standards (12:78).

An additional comment at the end of the questionnaire summed up some feelings. As this said, anyone can work hard for a period of time to attain accreditation, it is a very repetitive and involved process which could be re-defined with more ‘spot visits’ & ‘assessments’ done of the centre allowing for a longer term of accreditation. Strict administration would ensure compliance & if that was breached, it should be more difficult to obtain next time & only given in that case for a short period if re-approved (2:61). These comments again draw attention to the infrastructure supporting QIAS not the process itself. The comments would suggest that parents have formulated their own opinions about the review and validation process implemented by NCAC but believe that the current system needs policing. Changes suggested by parents relate to the review process. These include unannounced review visits and a change in the frequency and duration of these. Based on parents’ comments it is likely that such changes would benefit children and enhance the accreditation process currently implemented thereby ensuring quality services for children.

**Theme 8- Other Opinions**

Although nine parents did not respond to the question seeking parent views of QIAS as a service quality improvement system (See Table 8.5) five of these parents included comments on the questionnaire. Three comments addressed the high standards already provided, hence, the idea of improvement was seen as irrelevant. One parent said, the standard was quite high so there was no need for a lot of improvement. The quality of the service has been maintained (3:26). Another reflected the parent’s own lack of knowledge about accreditation. He/she said, I still
don't know much about it but feel that this can only benefit the industry & its standards (2:56).

Parents' Experiences with the QIAS Process

Since the introduction of QIAS in 1994 it is presumed that many parents with children under school age attending long day care services have experienced an initial accreditation process. Many are likely to have also participated in the subsequent reaccreditation of services. In contrast to this, new parents may be novices with limited knowledge and experience. This is a meaningful point to note as parents who have had children enrolled in services for a limited period of time may have had little opportunity to participate in an accreditation review process and as a consequence may not have experienced QIAS generated change in service practices.

Of course not all parents noted changes in service practices as a direct result of the accreditation process. Yet the comments parents included on a number of questionnaires and during interviews suggested that QIAS could be a process for promoting positive changes in quality.

No Experience

Twenty five parents indicated that they, 'didn't know' if accreditation had improved the services they used although ten explained that as they had not had experience with services previously they could not comment on improvements related to the QIAS process. I can't comment, said one parent, as I did not have a chance to see what the service was like before accreditation renewal (13:21). This exemplifies many such statements made by parents.
Comparisons

Of course parents who had observed practices prior to service accreditation were able to make comparisons. Their comments are summed up thus, it’s definitely made a difference because you’re looking at, like, quality interactions, you’re actually getting staff to note what they are saying to the children, and what they’re doing with the children. Also things like health and hygiene, I think have improved dramatically since accreditation’s come in (Parent Code 4).

Maintenance of Quality Practices

For a number of parents, the accreditation procedures simply served to maintain the already high quality of service being provided. Comments such as, the standard was quite high so there was no need for a lot of improvement. The quality of the service has been maintained (3:26), and this centre already, in our view, had a very high standard and quality of service when we enrolled our child (3:32) exemplified this. Other parents noted fervent activity preceding the external review and commented, during the time immediately prior to accreditation the centre was obviously making an extra effort to get it right. Our centre does however, usually have a high standard at all times (3:27).

In overview it would appear that parents in this investigation view the accreditation process as being both instrumental and important to the quality of care and education provided to their children. Quality in part, is seen to be the result of accreditation which encourages parents’ engagement with centres and the development and implementation of policies and procedures.

Staff and Parent Engagement

The links between staff and parents and the ‘shared understandings’ developed as a result were clearly identified by parents as attributable to QIAS. Comments like, it has made everyone, staff and parents, far more aware of the accreditation and
requirements (8:7) and the staff and director will often mention if accreditation, regulations or procedures are behind many decisions or activities/planning etc. (7:37). Parents also noted how quality improvement was contingent upon raised staff awareness of quality practices and individual parents’ needs saying, I feel it does make the centre more aware of issues (7:39) and [staff] understand issues relating to working parents (1:17) and I certainly believe accreditation pushed centres to consider the needs of children and their families (2:57). Such comments indicate parents’ awareness of the changes in both staff practices and parent/staff relationships.

**Procedures Developed and Implemented**

The procedural aspects of QIAS were commented on by a number of parents as being instrumental in the provision of quality services. As one parent noted, I feel it does make the centre more aware of issues (7:39), while another said, I believe procedures have contributed to ensure high standards are maintained (7:42). Finally another parent stated how QIAS had contributed to service quality noting, it would have to, as standards must be maintained & procedures put into place should be followed (3:77).

Originally, when QIAS was introduced there were 52 principles with accompanying descriptions of attitudes, activities and practices (NCAC, 1993). Review of QIAS has meant that under the newly developed system there are 35 principles addressed through 10 quality areas of service provision. The criteria in both the original QIAS process and current system are recognised by early childhood professionals as necessary for quality. The purpose and role of the National Childcare Accreditation Council is to help early childhood staff and parents evaluate the quality of programs in order to make real and lasting improvements (NCAC, 1993).

There is little information available which describes parents’ concepts of
quality care and even less information identifying the differences in understanding about what constitutes quality practices between parents and professionals (Elliott, 1996; EPAC Task Force Final Report, 1996; Long et al., 1996). As Moss (1994) states, defining quality involves the interplay, negotiation and possible conflict between stake holder groups, who may have different perspectives and priorities arising from different values and beliefs. Long et al. (1996) have also argued that solicitation of parental knowledge about quality issues and perceptions of care should be objective to ascertain their actual beliefs. Such objectivity enables parents' views of quality to be considered against the aggregated backdrop of knowledge which is related to child development, learning theories and the identification of individual needs of children within group care contexts.

Parents were asked about their knowledge and use of NCAC information services and their knowledge of the accreditation process. More parents in this study made use of NCAC information services than did not. The information services most regularly used was the NCAC Accreditation Update newsletter which was distributed to services, but not openly available to families not yet enrolled or attending accredited services.

What was surprising especially since all services were three year accredited, was that parents were not well informed about the period of accreditation of services their children attended nor how such time frames were related to service 'quality'. Whilst services are sharing some information with parents there is a great deal not being communicated. Explanations of the relevance of periods of accreditation and the associated level of quality of service provided has not being communicated as well as other general accreditation information.
Conclusion

In conclusion, the questions discussed in this chapter have revealed parents' awareness and assessment of QIAS and include their views about the process and criteria used for determining quality care and education. Whilst staff appear to want to share their knowledge of the QIAS principles used for determining quality, and to this end, are engaging parents in the accreditation process it appears that parents' actual knowledge about QIAS is limited to the existence of the accreditation process and some identification of the criteria used.

However, many parents in this investigation were unable to identify the period of accreditation of the services they used. While staff are reportedly sharing information about some aspects of QIAS with parents, they are not providing full detail of the quality assurance program, and important information has clearly been omitted. Parents appeared uninformed about the duration of accreditation and the criteria by which one, two or three years (at the time of the investigation) between reviews were awarded. Absent too was parents' knowledge of the link between the credentialled periods of services and the assessed quality of the education and care provided to children.

Given the changes in the QIAS process implemented in 2002 it is important that staff build on the knowledge parents already have of QIAS. Staff also need to explain how 'quality' in early childhood care and education is determined and/or reviewed and how accreditation decisions are determined.

In the following chapter (Chapter 9) the investigation will be drawn to a close with a summary of the central points of the thesis and implications for future practice and research.
CHAPTER 9: IMPLICATIONS OF THE INVESTIGATION-
THE COMMUNICATION ACCRETION SPIRAL

Introduction

Chapters 5, 6, 7 and 8 have presented parents’ perceptions of ‘quality’ in early childhood services. Parents currently using three (3) year accredited early childhood services were asked what they were looking for when selecting services and how they determined which service would best meet both their children’s and families’ needs. The determinants of ‘quality’ parents identified were then compared with criteria identified by the National Childcare Accreditation Council’s (NCAC) Quality Improvement and Accreditation System (QIAS). Parents’ engagement with staff in the development and assessment of services’ philosophies, goals and educational programs were explored and finally parents’ knowledge of QIAS and the awareness and use of NCAC information services were reviewed.

This chapter now considers the implications of the findings as they relate to stakeholders in the field of early childhood education and provides an interpretative model for promoting communication between staff and parents. The stakeholders include parents, staff, regulatory and statutory authorities and the tertiary institutions responsible for the education of early childhood teachers and qualified childcare workers. Parents’ voices, previously missing from much of the research in this area, have informed the development of the accretion model of communication.
While a diverse range of parents' perceptions of quality were identified in this investigation an examination of all responses across all three parts suggested common issues were also evident which can be classified under four key areas. These four key areas have implications for stakeholders:

**Common perceptions of ‘quality’ between parents and QIAS.**

➢ Parents were selective about the services they used and the criteria applied to their selection processes were synonymous with the criteria identified by the NCAC when determining quality using QIAS.

**Parents’ perceptions of early childhood service provision.**

➢ Parents believe that early childhood services provide positive care for their children and should promote early educational experiences.

**Parents’ critical review of service provision.**

➢ Parents indicated that they lacked awareness of the educational focus of programs because they were rarely articulated by staff.

**Parents’ criticisms of services’ communication processes.**

➢ Parents identified a broad range of communication strategies implemented by staff, however they felt that communication processes and the opportunities for engagement identified by staff were too limited.

Each of these key areas will now be discussed in greater detail. Implications drawn from the investigation will then be identified and a proposed model to address these implications will be introduced and explained.

**Consistency of Definitions of ‘Quality’ between Parents and QIAS**

The first key area that has implications for stakeholders relates to the
common perceptions held by parents and early childhood professionals about conceptions of quality in services. Initially, parents said they looked for services to provide more than just 'care' for their children, requiring staff to address children’s social and emotional needs as well as providing for their physical well-being. Parents believed it was staff's responsibility to support children's development and to encourage learning.

Many parents considered a number of service options prior to making their selection. In some cases parents knew, or thought they knew what they desired in a service when making inquiries. Interestingly however, some parents clarified their thinking and refined their criteria for selection once they had visited services. Whilst their children's safety and care was initially perceived as paramount, it was staff’s attitudes and their demonstrated commitment and confidence with children which had the greatest impact on parents. When finally selecting services for their children, matching their revised expectations with service delivery became the criteria by which choices were made.

Of course, parents did not dismiss the importance of providing for their children's safety and well-being. Indeed, as many reported, these requirements are fundamental and vital for protecting children’s vulnerability. The regulations governing early childhood services’ licenses are based on this premise and criteria identified by regulations are referred to, by early childhood professionals, as structural variables. However, as can be seen in Tables 5.1 and 5.2 in Chapter 5, parents changed their foci once they had compared services, from the purely physical (structural) to a focus on the demonstrated professionalism of staff (process variables) evident in staff’s interactions with children and others. The observed practices ensured the promotion of children’s social and emotional well-being in addition to physical care. This change in focus appears to have come about in part, when parents observed and experienced ‘quality’ practice in a fuller sense, although as can also be noted, parents’ conceptions of ‘excellent quality’ encompassed practices not yet evident in many centres. At the time of
the investigation freedom of choice was available because of a surfeit of early childhood services (information based on the work of Liu, Yeung & Farmer, 2001).

Parents' Views about Early Childhood Service Provision

The second key area relates to parents' perceptions of the foci of early childhood services based on their experiences. This investigation has demonstrated that parents are generally satisfied about the way staff promote and maintain children's care and well-being. This is consistent with previous investigations where parents' perceptions of service quality focused solely on children's happiness and safety (Long, Wilson, Kutnick & Telford, 1996; Williamson, 1998). However, simply focusing on 'happiness and safety' misses the point as an analysis of comments in this investigation demonstrated. For example, parents' comments relating to 'children's happiness' were not just about children having fun, but incorporated their emotional security as a result of the trust developed with staff. 'Safety' implied not just freedom from harm, but related to children's sense of self-confidence and being empowered to try new things and 'take risks'.

Parents' descriptions of the attitudes and dispositions they required of staff were more specific, complex and aligned to the professional view of 'quality' than has been previously identified in the literature (Long et al., 1996). Their comments indicated a desire for staff to respect and value their children as individuals, and not merely focus on routine physical care.

What this investigation has shown is that early childhood services are generally proficient in promoting 'quality' in terms of meeting the standards established by licensing regulations and certain aspects of QIAS. To this end, parents who participated in the investigation identified their satisfaction with the safety and well-being of their children in the accredited services. Moreover, parents indicated that they are sufficiently knowledgeable and capable with respect to assessing the
quality of those attributes that were relevant to the maintenance of their children's safety and well-being. These attributes correspond to Maslow's (1968) deficiency needs (physiological needs, safety and security and belonging and affection), as outlined in Chapter 1.

Also apparent from the investigation was that parents perceived their access to information about their children's daily experiences (related to health and well-being) enabled them to assess the quality of these aspects of the service provided. Parents explained that staff used a range of written communication formats for this purpose. What was also notable from parents' comments was their desire for communication at a higher level, which related not only to reports about children's care, but to information and knowledge about the early education of their children. It was communication about this aspect of quality in services that parents identified as lacking.

Parents' Critical Review of Service Provision

Parents' lack of awareness about the educational content of early childhood programs is the third key area to be highlighted by the results. Whilst there appears to be a range of communication avenues used to disseminate certain information to parents, details of the educational program and explicit aspects of children's daily experiences are not shared as well as they might. Parents indicated there was scant information to help them understand children's ongoing educational experiences. Whilst they looked at charts, viewed photographs of their children's engagement in activities and attempted to speak with staff, they felt they remained ignorant of the teaching focus and rationale for the use of certain materials and approaches. Because of this, parents said they lacked the confidence to assess the educational content of the daily program. Furthermore, they said they lacked the knowledge to ask the questions that would elicit meaningful responses. As one parent said, *look I don't know if I'm expecting too much to ask them to explain the education they're*
providing to my child to me, but I really am interested to know but I don’t know how to ask and they don’t offer me the information (Parent Code F3:K).

From comments such as this it could be concluded that the written documentation displayed at centres (programs) often made no sense to parents and as children were too young to remember their daily experiences without relevant prompting, information was rarely forthcoming. In this situation parents thought their ability to share their children’s learning and education was hindered by inadequate communication.

Given this limited understanding of the teaching and learning planned and implemented, parents repeatedly said they did not contribute to the educational programs developed for their children. As a result, parents raised concerns about a lack of connectedness between children’s services and their homes. For example, as one parent noted, they need to involve us more, tell us what to follow up at home (FG4:R).

Parents’ Criticisms of Services’ Communication Processes

The fourth and final, most significant point raised through this investigation was that of parents’ perceptions of the limitations of communication processes used by services. Parents reported they while they were informed about children’s daily dietary, toileting and play experiences or other happenings, no communication response from them was generally required. Parents noted that there was little evidence, if any, that their attempts to communicate their ideas or suggestions with staff were heard much less acted upon. Parents perceived the communication within services as being largely ‘one-way’ with staff making information available to them. Moreover, whilst the organisation and management of various aspects of children’s daily care were ‘transparent’, as information was written and displayed on charts or in day books, there was a feeling that these information formats were proscribed or restricted for parent consumption. Information about the educational content of
programs or service philosophies and goals, was rarely displayed. Given that a service’s philosophy and goals are central to the QIAS process (NCAC, 1993) it is of concern that parents in this investigation appeared unaware of the important educational foundations underpinning services’ practices, goals and objectives identified in respect to their own children.

In summary, communication at the centers in this investigation involved the transfer of information between parents and staff and notification to parents by staff of events and ways they could assist services. However, effective communication involves the establishment of solid, trustworthy relationships. Just as children need to develop trusting and loving relationships with their caregivers, so too must families feel comfortable and trust the staff who care for and educate their children (Duff, Thompkins & McClellan, 1995). Yet, Hughes and MacNaughton (2002) report on studies which note that “early childhood staff often find communicating with parents stressful and problematic” (p.14), and it would appear from this investigation that this may well be the case. In spite of the difficulties staff experience with communication, Brand (1996) points out that teachers are the most important link in home-school collaboration efforts, a point which was reflected in the views of parents participating in this investigation.

Duff et al. (1995) state that it is the parents themselves who must assume responsibility for being well informed about such matters. They note that parents must take it upon themselves to be advocates for quality and provide formal feedback to service providers and staff based on their families’ experiences.

In this investigation, formal communication methods (such as completing questionnaires) offered parents limited opportunity to provide feedback to staff. Informal approaches such as conversations with staff were most frequently used by parents. However, whilst parents commented that they offered suggestions (gave positive input), or made judgements about service practices (negative reviews), they felt their comments were rarely acknowledged, nor did they appear to influence staff
practice or service provision in any way. As a result parents felt that their ideas and suggestions were not valued.

Parents’ Voices Influencing Change

Parents in this investigation said they wanted to add their voice to discussions in order to influence decisions related to their children’s care and education but felt unable to communicate effectively with staff. Davies (1997) explains that boundaries exist between spheres such as those of staff and parent. Parents were critical of their restricted opportunities to contribute to programs or influence change due to the communicative limitations between staff and themselves. Davies (1997) also noted that staff are critical of parents whom they perceive as not involved in their children’s care and education. It would appear that both parties see the shortcomings of the other, yet neither appear to know how to change the situation. Bertacchi (1996) notes that whilst early childhood services are relationship-based organisations requiring links between parents and children as clients of services, and staff as service providers, these links are not always well established despite this being an essential aspect of quality service.

To gain service providers’ responses to parents’ attempts to communicate ideas, they were asked how they responded to parents’ critical comments or complaints. The following excerpt from my diary verifies parents’ belief about the communication issues raised during the investigation.

Staff, during feedback sessions stated that informal that criticism or suggestions made by parents were rarely acknowledged although they were considered and frequently acted on without further discussion or explanation. To give an example, (See Diary notes Appendix 3d) staff in one centre had continually expressed concern that medical staff and patients at a hospital used the car parking spaces dedicated for use by the early childhood service, despite many discussions with individuals and letters to the hospital board. Staff admitted that it was a parent
who finally thought of a solution when he/she suggested that management enlist the support of security staff. As a result of this, parking problems were partially alleviated when security staff patrolled the car park and 'moved on' incorrectly parked vehicles. While the outcome ensured greater safety for parents, children and staff, this parent's idea was never privately or publicly acknowledged.

Similarly, staff at another service commented that when a parent remarked about the very young children (babies room) having grubby faces when collected, the discussion following this resulted in action which led to change and more positive outcomes. Daily schedules were revised following review of the comment and face washing was then incorporated with hand washing into all toileting procedures throughout the day. The resultant changes meant that children practiced self-help skills as they learned about personal hygiene practices. The new routine had all children, with the help of staff, washing hands and faces before and after all meal and snack times resulting in clean faces when parents arrived. Whilst again, it was a parent's critical observation and passing comment which increased quality, information was not shared with parents as a group, nor with the parent whose comment had promoted the change.

A third example focuses on a parent's interest in how science was discussed in the centre, when noting signs about maths on the walls. As a result of this parent's inquiry, staff took photos of children's science experiences, incorporating them into a display describing the content and demonstrating children's participation and enjoyment. Once again however, staff confessed that there was no acknowledgment that the new photo display was in response to a parent inquiry.

Other services identified changes too. These related to increased building maintenance, changes to programming (to ensure children's safety) and redeveloped curriculum focus designed to cater for children's interests and build on their strengths. While acknowledging that these changes were directly attributable to parental input, staff also revealed that they had not credited parents with them.
The way ‘communication’ was effected and the content of such communication appeared to be instrumental in parents’ engagement in services, which in turn either enabled or restricted their contributions to ‘quality’. As already noted, central to the findings of this investigation and therefore the focus of any implications for future research and practice, is ‘communication’.

As Davies (1997) has explained, when parents offer worthwhile suggestions or desire more detailed information than teachers are willing to impart, there is a crossing of an ‘invisible boundary’ into teachers’ professional realms. ‘Boundary crossing’ is a term coined by Davies (1997) to explain the practice of reaching out and connecting with others so as to be able to successfully communicate with them.

**Boundary Crossing**

Davies (1997) explains that boundaries exist between spheres such as roles of staff and parents and between contexts, as in services and children’s homes. Davies’ concept of ‘boundary crossing’ helps explain why parents’ contributions are rarely acknowledged by staff. In these instances parents crossed one of Davies’ (1997) invisible boundaries into staff’s professional realm, which albeit unacknowledged, contributed to positive ‘quality’ changes in services.

Parents desired reciprocal communications involving boundary crossing because they saw the benefits of staff sharing child developmental information with them and explaining how children learn about the world around them. Parents want to contribute to their children’s care and education. A possible barrier to such engagement however, is staff’s perception of parents’ needs which are assessed in relation to centre capabilities. As a result staff edit their communications with parents to what they, as staff, believe parents want and need to know. While espousing a rhetoric of partnership, staff are prepared to cross into the family’s sphere and comment on approaches to parenting based on a theoretical knowledge of children’s growth and development, yet these same staff were not so receptive when
parents crossed into their professional realm to comment on the care and education they provided to their children.

Epstein and Sanders (1998) point out that teachers should regard parents’ eagerness for information and their critical review of practices as a strength which supports quality, not an annoyance intended to undermine their authority. Powell (1998) and Tansey (1997b) have noted that parents do influence quality in early childhood services through participating or providing feedback. Whilst not publicly acknowledged, this certainly appears to be the case in this investigation. What is disappointing however, is that parents are unaware that their contributions are influential. During interviews and focus groups, parents began to question the purpose and validity of their contributions with respect to their children’s care and education. As a result parents in this investigation felt they were in no position to influence service quality or contribute to their children’s education in meaningful ways.

All parents recognised the importance of staff obtaining information on their views of service quality and operation through questionnaires, interviews and the like and commented on the value of informal exchanges of information. However, these methods of communication did not, in their view, constitute full communication or what I term reciprocal engagement with staff. Reciprocal engagement refers to the mutual action of give and take between committed parties like staff and parents as they work together for the benefit of children attending services.

Reciprocal engagement enables staff and parents to cross Davies’ (1997) invisible boundaries and is essential for the development of successful partnerships between services and families. Interestingly both staff and parents in this investigation have identified honest, trusting and genuine communication as necessary for them to meaningfully engage with one another. These qualities lie at the heart of reciprocal engagement between parties. To this end, without mutual
recognition and reciprocal engagement between staff and parents, there is little opportunity for each party to develop shared understandings, and as a result the issues outlined in this investigation will continue rather than be alleviated.

Implications for Change in Communication Practices

According to parents in this investigation the current communication practices implemented in early childhood services are too limited. Such limitations prevent parents from supporting their children’s early education and inhibit attempts to make links between the service and the child’s home. Whilst staff provide information about the daily routines in which children engage, this information is insufficient to enable development of continuity of practices and education for children between service and home contexts. Further to this, parents believe they are unable to influence changes which would promote such continuity for their children.

Reciprocal engagement is a tenet central to changes which need to be considered for staff and parents to collaboratively contribute to children’s care and education in early childhood contexts. A communication process that is purposefully developed for mutual benefit (child, parent and staff) requires parents’ voices to be openly influential. In this way parents and staff jointly engage in a process of reciprocal engagement based on committed communication practices.

Fish (1998) highlights how professional practices are based on the application of formal theory and encompass experience resulting in “informed knowledge” (Newman & Pollnitz, 2001). Parents ‘knowledge’ of children however, is based on experience and general information. Both these perspectives need to be taken into account when service staff and parents engage in dialogue about professional practices in relation to staff working with young children. The perspectives of both staff and parents in respect of practice, theory and experience need to be recognised as valid and critical to children’s well-being. Only when both parties come together and agree on what defines or characterises that which is
considered essential for children’s care and education, can aspects of ‘quality’ be determined. Moreover, quality also needs to be assessed with understanding and appreciation of its contextual nature within individual services (Dahlberg, Moss & Pence, 1999).

For both staff and parents, communication is a developing and evolving process. Not only does it involve crossing invisible boundaries, which divide the previously dichotomised realms of the private home and family on the one hand and the professional school and teacher on the other, but it exposes one to the other. The way each views their roles in children’s education has changed over the years. Initially parents were expected to be supportive of education but it was the teacher’s responsibility to teach while parents remained outside the classroom. Parents then moved beyond the realm of spectator to that of resource, relieving teachers of menial tasks to free them for the business of teaching (Hepworth Berger, 2000). The idea that parents should be partners with teachers in their children’s education has only emerged more recently, from a greater understanding and appreciation of how children’s whole of life experiences influence their growth and development (Caulfield, 1996).

Today both staff and parents speak of the importance of developing and maintaining links between homes and settings, a point highlighted in the literature (Bromer, 1999; Coleman, 1997; Morrison & Rodgers, 1997; Powell 1998). However, while the literature emphasises recognition of the cultural and social values of families and urges respect and support for children’s home experiences and the positive opportunities these offer in the promotion of development and learning (Bromer, 1999), the parents in this investigation gave additional insight to this issue. Although parents said they wanted strong links with staff they also said that they wanted more information to flow from services to their homes, specifically in relation to their own children. While parents appreciated the importance of providing information to staff about their families’ cultural values, there was a group who
believed that strengthening cultural values was the responsibility of families, not staff. Moreover, parents felt that staff in turn only provided them with information about their children’s daily care and well-being and not about the service’s values (philosophy), goals or educational focus. With greater knowledge about these, parents felt they would be better able to contribute to their children’s whole of life experiences.

This investigation has shown that many parents are unable to enter into shared meaningful dialogue with staff because staff (whether intentionally or otherwise) limit the amount and kind of knowledge given. Numerous studies have highlighted the degree to which “staff-parent relationships are suffused with knowledge-power relationships” (Ashton & Cairney, 2001; Hughes & McNaughton, 2002, p. 14). This in turn limits the degree to which parents can involve themselves in decision making and consequently limits their influence on the care and education provided for their children. This is contrary to the goals established by the QIAS, where quality services are said to be those that share information with parents and engage them in decision making related to the philosophy and goals of programs (NCAC, 1993).

Promoting Reciprocal Engagement through a Process of Communication Accretion

Reciprocal engagement cannot occur until the boundaries between service and home and staff and parents are crossed. As previously noted, the attributes determining ‘quality’ in early childhood settings, in terms of meeting children’s physiological needs, safety and security, as well as belonging and affection correspond to Maslow’s (1968) deficiency needs. Meeting these needs (structural and process variables) is necessary prior to achievement at a higher order level. Moreover, communication with parents about children’s safety, health and well-
being is generally perceived as being satisfactory according to the parents in this investigation.

What is of concern however, is the impression that staff communication with parents is limited to that which only addresses those areas which correspond to the requirements established by government policy and legislation for accreditation and licensing purposes (Centre Based and Mobile Child Care Regulations (No 2) 1996; NCAC, 1993). Whilst the QIAS has done much to promote quality and improve the standard of care and education for young children and their families, and the inclusion of parents in decision making and open communication has been welcomed, this investigation suggests that it does not go far enough. Indeed, as Morgan (1996) notes, while licensing and regulations create standards which minimise harmful, unacceptable practices, they can never guarantee anything more than “good-enough” quality. Morgan actually goes on to suggest that a rigid interpretation of regulations and quality indicators may in fact inhibit quality processes from being initiated.

Good parent-staff relationships essentially underpin all that defines quality and yet as Hughes and MacNaughton (1999b; 2002) have said, these relationships are often the most problematic and as such have prompted a considerable amount of research. Ironically, despite the interest and rhetoric around issues relating to parental involvement and effective interactive communication, much of the research highlights not so much the benefits, but rather the concerns associated with it (Hepworth Berger, 2000; Johnson, 1996). However, if the inclusion of families in decision making is an integral component of quality services and the service’s role is to complement families in their child-rearing roles (Doherty-Derkowski, 1995; Dahlberg et al., 1999; Powell, 1998) then early childhood staff need to rethink the way they engage families. It is insufficient to complain about the lack of parental commitment to their children’s care and education (Davies, 1997). Instead, staff must recognise what parents do, and publicly acknowledge their efforts. That is, they
need to see parents as their partners in children's daily experiences whilst attending services. Such a partnership enables both parties to contribute knowledge and expertise in a shared approach to children's care and education.

In 1999 Hughes and MacNaughton noted that three views of parent involvement, with respect to their children's education and care, dominated the literature. Firstly was the idea of "parents as teachers" and numerous formalised programs were established to capitalise on this notion. Secondly, was the view of parents as program collaborators, working with staff to educate and care for their children and thirdly, parent involvement was viewed as democratic decision making in the management of services.

Like the concerns raised in this investigation however, there were numerous issues highlighted by Hughes and MacNaughton (1999b), which indicated a rethinking of how parent partnership might best be effected. Their work provides a way of explaining or interpreting that while there were some staff concerns over parental demands for inappropriate education and parental concerns about staff ignoring their wishes, the most significant factor inhibiting effective parent-staff relationships arose from "conceptions of expert knowledge [which] create tensions ... and discourage parents from becoming involved in early education (1999b, p.28).

To this end, Hughes and MacNaughton (2002) note that effective parent partnerships are more likely to develop when staff create "sustainable, equitable relationships" (p. 14), which recognise three important factors. Firstly, they must recognise that expertise establishes a hierarchy of power, which either privileges parents or staff or alternatively discredits and/or ignores them. Secondly, staff must recognise the need to manage staff:parent relationships in ways that give parents a genuine voice, without threatening staff professionalism. Finally, staff need to collaborate with parents to build "sustainable, interpretive communities based on shared understanding of each child" (p.14).
Parents' desire for reciprocal engagement through communication would afford them a greater understanding of the philosophies underpinning the offering of particular experiences, the value of certain aspects of play and in particular how all this relates to their individual children. Such communication and engagement requires staff to allow parents to cross over the invisible boundary into the realm of knowledge held sacred by professionals.

Maslow's hierarchy of needs provides a structure upon which to base interpretations of "quality" in early childhood settings and a pathway to cross the invisible boundary. As already noted, this investigation has demonstrated that children's base needs are being met in most early childhood settings and communication with parents on the whole appears to be effective in this area. However, as this investigation also demonstrates, while there are sufficient formal and informal channels of communication available for interaction between parents and staff, it is not so much 'how' communication is effected but 'what' is being communicated and the lack of opportunity for reciprocal engagement that is at the crux of the issue. Such knowledge, of course, has the power to impact on the development of the higher order attributes or 'growth needs' noted by Maslow, which are necessary to ensure the best possible outcomes for all children and their families.

Not only did Maslow argue that children need adequate food, warmth and shelter, safety and security as well as love and a sense of belonging and affection, but that to develop as a whole person, requires a great deal more. Individuals must acquire self-respect and a healthy self-esteem based on a sense of being valued by others. It is only then, according to Maslow, that individuals, children and their families, are able to develop the desire to reach their fullest potential or self-actualise. It is to this point that all attempts at providing 'quality' in early childhood services must be directed. In order to achieve the kind of 'quality' service, implied
by Morgan (1996) as ‘excellent’ for the promotion self-actualisation, communication must be better effected.

Hughes and MacNaughton (2002) highlighted some of the entrenched problems and barriers hindering effective communication between staff and parents in early childhood settings. While it was noted that parents disclosed information about their children, only rarely did staff exchange and negotiate information about them. For the most part staff ‘informed’ parents. They told parents that their decisions were based on their professional knowledge and reflected appropriate behaviour. They kept parents informed of happenings and ‘forced’ communication with those who were reticent for a variety of reasons.

As with the parent responses highlighted in this thesis, Hughes and MacNaughton (2002) have suggested that staff are unwilling to credit parents with holding valuable knowledge about a specific child which is at least as valuable as the professional and expert knowledge staff have about children in general. They note the direct challenge to staff and the threat to their status, as they use systematic and theory-based models to create ‘truth’ about children. Parents however, recognise that the ‘truth’ about their particular child is that which they experience on a day by day basis.

The implications of the understandings gained in Hughes’ and MacNaughton’s investigation are far reaching and in fact overlap significantly with the investigation reported on in this thesis. What is required is a model to support effective communication between staff and parents which will generate intersubjectivity or shared knowledge about children, knowledge guaranteed to set new standards of quality as it moves children beyond the safety, health and well-being levels of care and education in services, to that which will enable them to reach their fullest potential.
A Proposed Model of Communication to Enhance Early Childhood Service Quality

The implications of this study suggest that without better communication, 'quality' in early childhood services will still be compromised. Influenced by parents' strong desire to have their voices heard, these implications have lead to the development of a model for achieving better communication between staff and parents which will enable reciprocal engagement to be intentionally promoted. Underpinning any model devised to support a proposal for enhanced communication must be a genuine desire on the part of the participants to ensure its success. Traditional models of staff development which offer 'training' in the implementation of somebody else's ideas or a 'top-down' model, have been found to be of limited use (Abbott, Walton, Tapia & Greenwood, 1999; Lieberman, 1994).

More effective are models which involve all participants, in this case, both parents and staff, and require honest appraisal of current models, reflection of their efficacy, a commitment to change and an evaluation and reassessment of progress made (Abbott et al., 1999; Daley, 1999; Lieberman, 1994; Marieneau, 1999; Pascal, 1999; Ritchie, 1999; Woods, 1994). In this way, not only does communication ensure that the knowledge held by all parties is shared, for the ultimate good of the children in care, but it ensures that the problems, previously associated with much tension in settings, are aired, and hopefully, reduced.

Grey (1999) speaks of holding a vision, which in turn can inspire people to focus on goals and energise them to work proactively for their achievement. She notes that all relationship-based organisations must be characterised by respect for individuals, sensitivity to contexts, commitment to evolving growth and change, mutuality of shared goals, open commitment to reflection and setting standards for staff concerning values and ethics (p. 2).

The movement towards the vision is not necessarily linear but can be achieved be through a cyclical process where knowledge accrued is developed and
new knowledge is gained, extending the cycle into a spiral. Moyles (1989), in her explanation of the development of mastery through play, uses a spiral to demonstrate a process of accretion or an accrual of information and knowledge built up over time. In a similar way, in this proposed model, information and knowledge about children, families and staff is accrued over time. It begins with exchange of the most basic, specific information which is built upon to the point where effective, honest communication results in trusting interactions at a broader, more abstract level between individuals. Accretion occurs as parties reflect on knowledge, use it to inform experiences and dealings with each other, gain new knowledge, reflect further and continue, albeit non-sequentially, the communicative process.

The following model has been constructed with the promotion of reciprocal engagement and shared understanding in mind. Whilst it necessarily describes a process in a linear fashion, it is recognised that daily encounters with others are rarely linear but rather weave and twist to influence further communication. They help with the building of trust and mutual understanding which, when interwoven with knowledge developed over time, grows and strengthens to the point where intersubjectivity becomes a characteristic of the interactions.
Model of Communication Accretion Spiral

Stage 1
Communication about physiological and safety

Stage 2
Communication about belonging

Stage 3
Communication about esteem

Stage 4
Communication about knowing and understanding

Stage 5
Communication: Based on self-actualisation and reciprocal engagement

Figure 9.1
The model displayed in Figure 9.1 is based on a spiral process of initiated conversations. These conversations are, in the beginning, focused on communication exchanges about children's physiological and safety needs.

As parents and staff develop a relationship around the child, the exchange of information given begins to change. Conversations move beyond the child's physiological state into communications about the child's individuality and the family as a whole.

Then as parents share more information and become more aware of staff's relationships with their children another change occurs. Parents begin to appreciate the relationships their children have with staff. As well, staff appreciate parents' insightful contributions about their children and begin to recognise the importance of children's family contexts. Partnerships built on a mutual acceptance of the responsibility for children's care and education develops and this is integral to the reciprocal engagement process as boundaries between professional and personal realms are bridged.

Bridges enable boundaries to be crossed and reciprocal engagement to develop. Communications become more specific and focused as parents and staff seek and share information in order to gain greater understanding about home and service contexts and the inherent values of each.

As boundaries are eliminated, information is freely shared to promote mutual understanding between staff and parents about children's care and education. In this way both parties work together in a spirit of mutual respect to forge links between the service and the child's home. The reciprocal engagement generated through the stages of communication engaged in by staff and parents impacts on outcomes for children and ultimately influences 'quality' in early childhood settings.

The model links clearly with Maslow's classic hierarchy where parallels can be drawn between communication attempts and each level of need to produce the best outcomes for children and which thus determine one conception of 'quality'. At
the base level Maslow notes the importance of satisfying the physiological, safety, love and esteem needs before being able to move forward and attain growth at an intellectual level. The model shown in Figure 9.1 identifies five stages of communication. These are:

1. Communication about physiological and safety needs;
2. Communication about belonging needs;
3. Communication about esteem needs;
4. Communication about the need to know and understand and
5. Communication based on self-actualisation and reciprocal engagement.

The first two stages exemplify the type of communication apparent in most early childhood settings. Communication about these needs is identified by QIAS and regulations (Centre Based and Mobile Child Care Regulations (No 2) 1996; NCAC, 1993). This investigation has suggested that the third stage, communication about esteem needs, is not always as effective as it might be, as parents are not encouraged to feel motivated, nor are they equipped to feel confident about contributing in settings.

Stages four and five deal with communication leading to growth. This investigation however, has highlighted some problems associated with this area and the need to address the way communication is effected and what is being communicated between parents and staff. These stages are described in detail and reported in table format as follows:

**Stage 1. Communication about physiological and safety needs.**

The first stage reflects initial inquiry, whether at the time of seeking a placement or at enrolment. This stage corresponds to numerous aspects of the communicative process currently evident in early childhood settings. The first time information is shared is likely to be at this stage. It is here that parents and staff begin a relationship, which can grow and develop to provide the best possible
experience for child and family alike or, communication may be truncated at this point, with little further communication promoted even after the child’s commencement at the centre. Either way, communication is likely to have significant consequences for the child. Failure of each party to impart knowledge to the other in this stage is not only likely to result in serious health, legal or social problems, but breaches the requirements of the regulations (Centre Based and Mobile Child Care Regulations (No 2) 1996) and does not correspond to quality care and education (NCAC, 1993).

Table 9.1 displays the nature of communications engaged in by parents and staff at the initial stage of the communication accretion spiral.

Table 9.1

Stage 1 - Communication about physiological and safety needs

<table>
<thead>
<tr>
<th>Communication (parent)</th>
<th>Communication (staff)</th>
<th>Desired outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Inform staff of child’s:</td>
<td>➢ Inform parents of mandatory regulations governing:</td>
<td>Children’s basic needs accommodated satisfactorily in settings</td>
</tr>
<tr>
<td>➢ Health</td>
<td>➢ Health issues</td>
<td>Families’ satisfaction provides security for children</td>
</tr>
<tr>
<td>➢ Dietary/feeding patterns</td>
<td>➢ Professional conduct</td>
<td>Families feel secure in knowing centre is meeting their needs</td>
</tr>
<tr>
<td>➢ Sleeping</td>
<td>➢ Meals and rest procedures</td>
<td>Staff feel secure that they have important health related information from parents about child</td>
</tr>
<tr>
<td>➢ Toileting</td>
<td>➢ Toileting procedures</td>
<td></td>
</tr>
<tr>
<td>➢ Specific requirements</td>
<td>➢ May request information about:</td>
<td></td>
</tr>
<tr>
<td>➢ May request information about:</td>
<td>➢ Specific needs</td>
<td></td>
</tr>
<tr>
<td>➢ Safety</td>
<td>➢ Contact details</td>
<td></td>
</tr>
<tr>
<td>➢ Program</td>
<td>➢ Limited access</td>
<td></td>
</tr>
<tr>
<td>➢ Hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Other requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Fees etc</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As shown in Table 9.1 the focus of parents’ communications at this level relates to ensuring their children’s health and safety is assured. Staff correspondingly provide information to parents about legal and policy responsibilities such as immunisation details required by services and provide them with information about menus and service procedures and practices. Satisfactory communication at this stage ensures that the level of quality established by QIAS and regulations is
maintained and results in satisfactory management of children's early experiences.

**Stage 2. Communication about belonging.**

The need for a sense of belonging and love is a strong human characteristic shared by staff, children and families alike. It is essential for children if they are to attain independence and a sense of autonomy to help them achieve their potential, and necessary for parents, for the motivation and sense of ownership required to contribute effectively to services. Communication at this stage builds on what has been learned regarding physiological and safety aspects in stage 1.

Table 9.2 shows the next stage (Stage 2) of the communication accretion spiral where communications change form as information exchanged is at a more personalised level.

### Table 9.2

**Stage 2 - Communication about belonging needs**

<table>
<thead>
<tr>
<th>Communication (parent)</th>
<th>Communication (staff)</th>
<th>Desired Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform staff of child's:</td>
<td>Demonstrate to parents:</td>
<td>Shared appreciation of child’s individuality.</td>
</tr>
<tr>
<td>➢ Characteristics</td>
<td>➢ Interest in child</td>
<td>Acknowledgment and support to address family’s unique needs</td>
</tr>
<tr>
<td>➢ Strengths</td>
<td>➢ Affection</td>
<td>Child’s sense of belonging within service context is enhanced</td>
</tr>
<tr>
<td>➢ Interests</td>
<td>➢ Building on family information</td>
<td>Families’ culture/religion/family values and opinions are acknowledged and respected</td>
</tr>
<tr>
<td>➢ Likes, dislikes</td>
<td>➢ Importance of child in setting</td>
<td></td>
</tr>
<tr>
<td>➢ Cultural/religious values</td>
<td>➢ Respect for parents’ needs/culture</td>
<td></td>
</tr>
<tr>
<td>May share information about:</td>
<td>Communicate:</td>
<td>Staff’s professional knowledge appreciated and respected</td>
</tr>
<tr>
<td>➢ Home life</td>
<td>➢ Aspects of child’s socialisation</td>
<td></td>
</tr>
<tr>
<td>➢ Child’s family and friends</td>
<td>➢ About culture/religious events</td>
<td></td>
</tr>
<tr>
<td>➢ Family’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Community events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9.2 shows how parents and staff, once they engage in a more personalised information exchange, become more informed and knowledgeable about the child within each ‘other’s’ context. This occurs as parents share their insights into their children’s individual personalities and introduce information about family units. In response, staff should acknowledge and respect information
provided by parents and provide more detailed information about the child as an individual within the service context.

For staff to better understand children and their families, and parents to gain confidence in staff interaction with children, communication must convey a sense of genuineness and a desire to really understand and respect others' points of view. A sense of belonging or being loved rarely develops at a first meeting and therefore communication about this affective dimension must not only occur over time but must be honest, reciprocal and circular if it is to be of value and improve the ‘quality’ of early childhood services.

**Stage 3. Communication about esteem needs.**

This next stage of communication involves further development and now constitutes a sharing of information between the two parties, relevant to practices within the dual contexts of the child’s life. Within these conversations parents and staff seek information to better understand each situation, thereby intentionally promoting continuity between the service and the child’s home. As one parent said, *they asked me about my child’s toileting routine as the service wanted to begin toilet training. I said you tell me what you do. You have 40 little people here every day. Lets be realistic, you haven’t got 40 separate routines. Tell me what you do and I’ll do it at home too. Then it can be consistent* (FG1:M).

Table 9.3 displays the nature of communications engaged in by parents and staff at Stage 3 of the communication accretion spiral.
Table 9.3

Stage 3 - Communication about esteem needs

<table>
<thead>
<tr>
<th>Communication (parent)</th>
<th>Communication (staff)</th>
<th>Desired Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Share with staff, child's:</td>
<td>- Share with parents:</td>
<td>Confident, motivated children able to take risks</td>
</tr>
<tr>
<td>- Skills</td>
<td>- Evidence of child's strengths and skills</td>
<td>Social children</td>
</tr>
<tr>
<td>- Strengths</td>
<td>- Positive happenings and events in child's day</td>
<td>Parents who feel their opinions are valued and respected</td>
</tr>
<tr>
<td>- Happenings and events in child's life</td>
<td>- Experiences which foster sense of self</td>
<td>Parents and staff working together to promote children's self-esteem</td>
</tr>
<tr>
<td>- Triumphs and successes</td>
<td>- Social aspects</td>
<td></td>
</tr>
<tr>
<td>- May share and/or request information about:</td>
<td>- May request information about:</td>
<td></td>
</tr>
<tr>
<td>- Parenting strategies</td>
<td>- Way child learns at home</td>
<td></td>
</tr>
<tr>
<td>- Aspects of behaviour</td>
<td>- Behaviour</td>
<td></td>
</tr>
<tr>
<td>- Ways to encourage child</td>
<td>- Child's confidence in social and learning situations</td>
<td></td>
</tr>
<tr>
<td>- Ways to help child feel confident and motivated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9.3 identifies the communication between staff and parents which now has a focus on exchanging individualised and specific information about the child within each context. These conversations contribute to each parents' positive sense of self as exchanges with staff become more informative for both parties.

A sense of being loved and belonging goes some way toward the development of a healthy sense of self, and positive self-esteem. Self-esteem refers to the way we evaluate our own characteristics, skills and abilities (Slavin, 1997), and develops primarily as a response to the way we perceive we are valued by others. Its importance for parents, staff and children cannot be overemphasised as it not only influences motivation for a range of learning and related tasks, but has significance for the way people communicate with one another, the crux of the issue.

Like the sense of love and belonging, self-esteem develops over time and is contingent on the response of others in various situations. The value placed on ourselves by others is acquired as a result of prolonged interaction, where strengths, attributes and skills can be discerned, analysed and critiqued. Communication between staff and parents is essential to enable children's esteem needs to be met. More than that however, communication is essential for the meeting of parents' own
esteem needs. Effective staff and parent communication which is based on mutual respect and trust encourages both parents and staff to see themselves and each other as valued contributors to children’s care and education and does much to allay many parents’ anxieties about leaving their children whilst they work.

**Stage 4. Communication about the need to know and understand.**

The next shift in the development of communications between staff and parents occurs at Stage 4. At this stage of the accretion spiral, staff and parents are motivated to initiate ‘boundary crossing’ in order to reach out and connect with each other to promote meaningful communications. Parents will be encouraged to ask questions about children’s learning and the educational experiences planned whilst staff will be able to gather pertinent information about children from their families.

As the parents in this investigation found, a lack of communication lead to them not knowing or understanding the purpose of their children’s experiences, nor the learning opportunities promoted. This lack of understanding had a detrimental effect on parents’ ability to contribute to their children’s daily experiences when attending early childhood services. Furthermore, the lack of understanding prevented even the most elementary questioning, as parents noted that without even the most basic information, they did not know what questions to ask.
Table 9.4

Stage 4 - Communication about the need to know and understand

<table>
<thead>
<tr>
<th>Communication (parent)</th>
<th>Communication (staff)</th>
<th>Desired Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents cross the boundary into the professional realm when they express their desire for knowledge about:</td>
<td>Staff must cross the boundary between professionalism and family life to share with parents:</td>
<td>Confident, motivated parents armed with the type of knowledge which enables them to support their children at home based on information from settings</td>
</tr>
<tr>
<td>&gt; Educational value of experiences</td>
<td>&gt; The educational value of daily experiences</td>
<td>Continuity between service and home</td>
</tr>
<tr>
<td>&gt; Philosophies underpinning events at centres</td>
<td>&gt; How experiences from home are valued and how new experiences at settings build on these</td>
<td>Parents confident to contribute in an informed manner, to the philosophy, goals and planning at the centre</td>
</tr>
<tr>
<td>&gt; Links between theory and practice</td>
<td>&gt; How parents ideas are valuable, respected and necessary to support children’s learning</td>
<td>Parents confident to contribute to the evaluation of the service</td>
</tr>
<tr>
<td>&gt; How own children’s actions can be interpreted effectively</td>
<td>&gt; Their own knowledge about children in general and specific children</td>
<td>Strong relationships between parents and staff as they work together to provide best outcomes for children</td>
</tr>
<tr>
<td>&gt; How they can learn to maximise their children’s potential</td>
<td>Staff need to seek and acknowledge:</td>
<td>Shared understanding (intersubjectivity)</td>
</tr>
<tr>
<td>&gt; How they can contribute effectively to policy and decision making</td>
<td>&gt; Parents’ contribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Parents’ knowledge of own children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Parents’ ideas and suggestions</td>
<td></td>
</tr>
</tbody>
</table>

Table 9.4 highlights how staff and parents, when seeking information and providing insights to each other about children, cross the boundaries separating the family and professional realms. Staff must recognise that while their professional opinions and knowledge are valuable and indeed many parents stand in awe of teachers, this knowledge must be shared with parents in ways that are meaningful to them and relate specifically to their children. It is this type of communication that empowers parents to support their children’s education and enables them to contribute to decision making in settings which symbolises ‘quality’.

Through the previous four stages of communication parents and staff have engaged in a process of accretion or an accumulation of knowledge as they exchanged information and developed new understandings by building on what was
previously known. Reciprocal relationships are established as boundaries are crossed.

**Stage 5. Communication based on self-actualisation and reciprocal engagement.**

Only when staff and parents communicate and establish relationships built on mutual respect, honesty, trust and a recognition of the valuable role each has in the care and education of young children, can self-actualisation occur. According to Maslow (1968) it is at this point that individuals accept themselves and others, are open and spontaneous, yet deep and democratic in their dealings and interactions. Self-actualised people are creative, enjoy a sense of humour and a sense of individuality and independence. The following Table 9.5 gives an overview of the positive outcome of parents’ and staff’s communications resulting in reciprocal engagement and self-actualisation.

**Table 9.5**

**Stage 5 – Communication based on self-actualisation and reciprocal engagement**

<table>
<thead>
<tr>
<th>Mutual respect, honesty, trust, appreciation and recognition of knowledge and roles within contexts</th>
<th>Outcomes (parent)</th>
<th>Outcomes (staff)</th>
<th>Desired Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt; Parents understanding of the educational value of experiences and philosophies underpinning events at centres enables them to contribute effectively to planning and decision making in settings</td>
<td>&gt; Unequivocal support from parents</td>
<td>Shared understanding (intersubjectivity) between staff and parents</td>
</tr>
<tr>
<td></td>
<td>&gt; Can recognise links between theory and practice as they relate to own children</td>
<td>&gt; Friendship and respect</td>
<td>Planning, programming and evaluations underpinned by an understanding about home, culture and values</td>
</tr>
<tr>
<td></td>
<td>&gt; Trustful of staff with information to maximise their children’s potential</td>
<td>&gt; Better relationships with families based on greater understanding</td>
<td>Children’s experiences meaningful to them</td>
</tr>
<tr>
<td></td>
<td>&gt; Can build on understanding of practices in settings to support children’s care and education at home</td>
<td>&gt; Greater knowledge of unique characteristics of children</td>
<td>Continuity between service and home</td>
</tr>
<tr>
<td></td>
<td>&gt; Improved outcomes for children</td>
<td>&gt; Shared responsibility for planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Higher standards of quality</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9.5 identifies the outcomes possible for all parties, once parents and staff
cross the invisible boundaries and share their knowledge. Communication for self-
actualisation would mean that staff were no longer fearful of having their
professional judgement undermined, or of losing the sense of power inherent
amongst holders of knowledge. Communication for self-actualisation would also
mean that parents were no longer merely the recipients of prescribed information,
but would enable full understanding for those who chose to pursue it. Moreover, or
perhaps of even greater importance, communication for self-actualisation ensures
that children are given the best opportunities to maximise their potential. Effective
communication which encourages the building of interpretive communities for the
development of intersubjectivity or a shared understanding (Rogoff, 1990), promotes
a culture of excellence. Such excellence reveals itself in a standard of quality far in
excess of that prescribed, and therefore necessarily limited by regulations. In this
case “quality” is exemplified by mutual respect, openness, generosity and genuine
friendship on the part of all stakeholders in a shared approach to the care and
education of young children.

Interactive partnerships between families and staff, result in reciprocal
engagement which entails the crossing of boundaries (Davies, 1997) between
teachers’ professional and parents’ personal worlds. Such engagement is crucial in
the promotion of high quality programs. The model reflecting a communication
accretion spiral discussed here demonstrates how the best possible outcomes may be
achieved for parents, children and staff alike, whilst exemplifying a level of quality
not generally able to be achieved by an adherence to regulations or participation in
QIAS alone.

Irrespective of this, there are limitations with the model, as with any model,
as no one concept holds true for all people. Moreover, as Moss and Pence (1994) and
Farquhar (1990b) have noted, ‘quality’ in early childhood centres and in respect to
education is subjective, value laden, socially and culturally constructed and dynamic
rather than an objective reality applicable to all. For this reason, communication
between parents and early childhood centres must be effected with consideration of the unique characteristics of each setting and each individual within settings.

Implementing the Model

To promote the kind of change which will ensure growth for children and families alike and thereby increase 'quality' in services, staff and families together must work toward a shared focus. As previously noted, effective communication is achieved by adopting strategies and practices which, rather than being linear in nature, are complex, multifaceted and interwoven, building on, contingent upon and influencing interactions between persons. Like Maslow’s hierarchy of needs, interaction generally results from communication at a base level, upon which further communications grow. Unlike Maslow’s hierarchy of needs however, mutuality of ideas, respect, shared concerns and understandings can emerge at any point and may be triggered by remarks, personalities, questions, or expressions of interest. Whilst some interactions result in spontaneous relationships, others take longer and require effort and commitment. This is likely to be the situation in early childhood settings where the service provider/client, professional/lay, teacher/parent role presents an automatic dichotomy and thus a natural barrier to communication. Overcoming that barrier is essential to ensure excellence in quality and excellence in care and education for children in early childhood settings.

Mindful of the value of collaborative dialogue, it is logical that the stakeholders in any proposal to increase and create more effective communication systems, engage in such debate. Implementation of such a plan must include: 1) a joint evaluation of current practices by collaborative partners; 2) planning priorities for action based on this evaluation; 3) implementation of new ideas and strategic plans, coupled with an openness to innovation and a willingness to consider new possibilities; and 4) reflection and review of the process (modified from Pascal, 1999).
Reflection and review of any process involves a capacity for self-reflection which is marked by four key attributes according to Marienau (1999). The first is that “intentional self-assessment is a powerful instrument for learning from experience” (p. 143). The second attribute is that self-assessment strengthens a commitment to better practice and provides the motivation to continue monitoring attitudes and behaviours which ensure that better practice is maintained. Thirdly, self-assessment enhances the higher-order thinking skills (setting and monitoring goals, seeking and offering feedback, enhancing problem-solving, decision-making and critical thinking skills) necessary for functioning in the workplace. Lastly, self-assessment fosters self-perception and authority which is demonstrated in a shift from an external to an internal locus of control (Marienau, 1999).

With this in mind, the reciprocal engagement developed as staff and parents engage in communication for an accretion of knowledge supports the dialogues between them. Such engagement is needed for both parties to begin to think about the issues around shared communication for shared understanding. Self-reflection by staff and parents is needed in order to consider the strengths and shortcoming of each in respect to communication. It’s not until this occurs that collaboration between parents and staff can promote mutually agreed upon goals and objectives upon which to base the model.

The first step is the acknowledgment of parents’ voices. This can in part be achieved through the dissemination of the findings and implications drawn from this research. Further to this, Regulations and QIAS need to clearly identify the necessity for reciprocal communication between staff and parents. Such reciprocal communication would require staff to move beyond the mere reporting and recording of information and knowledge about children’s development and growth and the activities provided. Staff must also be required to document and explain both the purpose and focus of the educational opportunities afforded children and to show
evidence of the processes implemented to ensure that parents and staff accurately reflect each service’s values and goals.

Institutions engaged in pre-service teacher education need to engage students in the accretion process. This can be achieved by incorporating an explanation of the model and then working with the model so that students engage in the processes involved in reciprocal communications within their course of study.

Finally, NCAC can promote the communication accretion model within their publications about QIAS and in the selection process for choosing quality early childhood services. The inclusion of the model in these publications can assist parents’ understanding of the processes involved in the development of reciprocal engagement and how this positively influences the quality of children’s early childhood care and educational experiences.

Study Limitations

While this investigation has highlighted some important findings and identified a range of implications for future practice, notably in respect to communication, there were limitations which require mention. Firstly, the three parent groups participating in the three phases of the investigation all self-selected from services that agreed to disseminate information. Whilst in most situations the invitations and questionnaires were available to all interested parents, this may not have been a totally representative response. Further to this, while parents were representative of the socio-economic and culturally diverse Australian population there was an over representation of ‘anglo-Australian’ families and of parents with post secondary and tertiary qualifications. Because parents were drawn from a limited range of respondents, this became an opportunity sample (Long et al., 1996)

Secondly, as the invitations and questionnaires were written in ‘English’ they may have excluded parents who were illiterate or who had low levels of literacy as a English was not their native language. As funds were not available for interpreter or
translation services in this investigation such constraints were inevitable. 
Nevertheless, all parents with children enrolled in early childhood services should be 
invited to add their voices to the research, and to accomplish this, further investigation should cater for non English speaking parents.

Thirdly, all focus groups were conducted during the evenings as most parents were employed. Furthermore, as child care was not available, participation was problematic for many parents. As a number of parents were inevitably excluded as a result of these limitations, attention should be paid to the time and organisation of participant groups in future investigations.

Further to these considerations is a point raised by Trigwell (1997), who explained that when using phenomenographic methods the summaries of data (outcome spaces) are always empirically determined. Each situation has its own ‘relevance structure’ according to Marton (1994 p.4427) and therefore parents’ perceptions and definitions of ‘quality’ were not seen in terms of a dichotomy (aware/unaware), but were identified and characterised by each person’s own differentiated figure-ground structure. Certain aspects of the care provision were in the foreground for some parents whilst other things remained in the background. As a result, parents’ perceptions based only on the comments of individual participants demonstrated a more or less continuous variation of the notion of ‘quality’ across individual services and across all services. Hence, these perceptions are not exhaustive or generalisable across a population. In this case therefore, whilst giving valuable insight into thoughts and feelings of a number of participants at a point in time, the results cannot be seen as universal.

Implications for Further Research

This investigation has identified parents’ perceptions of quality in early childhood services and has highlighted concerns about the opportunities available to them to contribute to and influence their children’s early education. Of significance
has been the question of communication, not so much in terms of ‘how’ information is shared, but ‘what’ is imparted to parents. For this reason, further investigation into the ‘content’ as well as the ‘intent’ of communication between staff and parents is necessary. As power is often manifest in teachers’ professional discourses (Atkin, Bastiani & Goode, 1998; Macbeth, 1988; Salis, 1988), further investigation into barriers to effective parent:staff communication could be of value. Previous research has suggested that staff’s rhetoric may intentionally or unintentionally mask the ideology behind the discourse (Ashton & Cairney, 2001). Bruner (1990), Rogoff (1990) and Vygotsky (1978) explain how ideology is transmitted through language during conversations. While perhaps not a deliberate action by staff to omit sharing important information with parents, it does raise questions about the content and intent of the dialogue they use. As Atkin et al., (1998), Macbeth (1988) and Salis (1988) have noted, in school settings, teachers have traditionally controlled parental engagement by telling parents no more than it was essential for them to know thereby keeping them on the periphery of their children’s education.

Whilst a model for the development of effective parent:staff interaction has been suggested in this final chapter, and a process of parent:staff development for its implementation has been briefly outlined, it is at this point in embryonic form. A detailed presentation of how best to ensure that all parties are committed to reform of communication processes in early childhood settings is essential if the findings of this study are to be of any long term value. Future research must then evaluate the model and the way it is implemented to determine it effectiveness.

Conclusion

The outcomes from this investigation have provided new information about parents’ perceptions of early childhood service quality. More importantly, the investigation has highlighted the fact that while parents want to contribute to their children’s care and education, limited recognition is given to their message.
Effective communication is vital to ensure excellent ‘quality’ in services and early childhood staff must not only encourage parents, but they must acknowledge their contributions and build on the knowledge gained.

To facilitate parent:staff interactions, a model of communication based on accretion or an accumulation of information has been proposed. In many respects the communication process in early childhood settings mirrors the needs hierarchy of Abraham Maslow. Whilst QIAS and regulations have done much to improve standards and ensure quality, this investigation has found that communication in settings (a mandatory bureaucratic requirement and indicator of quality) is generally limited to reporting on children’s basic needs, consistent with Maslow’s deficiency needs. What appears to be missing, according to the parents in this investigation, is communication about those aspects of children’s care and education which fosters their educational development and allows them to work towards their highest potential. It is this level of communication, which relates strongly with Maslow’s growth needs, which lead to self-actualisation.

Whilst quality is a concept which is subjective, culturally determined and evolving in the light of new standards, new revelations and new ways of thinking, its importance to early childhood cannot be underestimated. Moreover, perceptions of quality are created by the individuals who are most affected by it, in this case the parents and children represented in early childhood settings. Quality will continue to be an issue as staff are expected to be more accountable for their actions than ever before. Public comment in response to newly proposed regulations for services in NSW is currently being sought. The importance of communication which serves not just to meet QIAS and regulatory requirements but which promotes interactions enabling the best possible outcomes for both children and their families, must be a consideration in these debates. This investigation is timely therefore, in that the findings, especially in relation to communication, point to the necessity of new directions for a new millennium where quality can reach unprecedented heights.
Postscript

Parents' interest in participating in this investigation was evident by their willingness to share openly and unrestrained. The opportunity given to them to have their voices heard was personally significant for many parents as exemplified in this comment.

I’ve come here because when you have your first child, you learn day by day... you don’t know what you want for your child because you are so busy learning something new every day about him, his development, his person. By the time you have a second child you know a lot more about children and you believe that by participating in these sorts of things that you can change things for that child and others that come along later... your own and others' children. That’s why I’m here.....

for tomorrow (F1.G).

To the parents who shared their thoughts, frustration and joys. Here is your voice! Thankyou.
Appendix 1a

Date

Dear Licensee,

I am writing to seek your centre’s formal agreement to participate in a study of parents’ perceptions of quality service provision. My name is Roslyn Elliott and I am a staff member from the School of Learning Development and Early Education at the University of Western Sydney. I teach in the Early Childhood program and am conducting this investigation as part of a study program. I am responsible for the design, organisation and implementation of this research project.

As you are aware the Quality Improvement and Accreditation System introduced nationally by the Federal government was aimed at developing quality programs for children attending long day early childhood care and education programs. This study is important because it is one of the first Australian investigations of the perceptions of parents who have children attending accredited services.

The benefits to services participating in this project will mean that you as service providers will gain greater understanding of parents’ perceptions of quality and therefore the reasons for choices made when parents select an early childhood services to meet their family needs. The findings of this investigation will also benefit the field of early childhood as educators, policy makers and associated professionals will have a greater understanding of the criteria parents use when selecting care for their children.

Through an investigation incorporating interviews, questionnaires and focus groups I am asking parents about their perceptions of what they believe constitutes quality in an early childhood context and how they identify the priorities they consider when selecting a service for their children.

All information on individual respondents of a personal or identifying nature will remain confidential and information generated by the individual questionnaires will be aggregated to develop categories of description of quality early childhood care and education. Publications and presentations reporting on the outcomes of this study, will ensure that individuals and sub groups are not identifiable.

What I am seeking at this point is agreement in principle that your early childhood care and education service will participate in the study by cooperating with the distribution of information about the study to parents of children attending your service.

Should you require any additional information about the study please contact me directly at the university on 0247 360 270 or phone 02- 9622 6627. I will be happy to talk with you. I am looking forward to working with you in the near future.

Yours sincerely

Roslyn Elliott.

NOTE: This study has been approved by the University of Western Sydney 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 Officer (tel: 0247 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 1b

Date.

Dear Parent

As a parent of a child/children enrolled in a licensed and accredited early childhood centre you are invited to participate in a study intended to identify parents' engagement in their child's early childhood service. My name is Roslyn Elliott and I am conducting this investigation as part of my PhD study program. I am responsible for the design, organisation and implementation of this research project. I am a staff member at the University of Western Sydney, and teach in the Early Childhood program.

The purpose of my research is to achieve a reliable and valid description of the myriad ways parents contribute to, and/or participate in services. I am also seeking ideas of other possible involvement formats parents would like services to consider. The investigation will be conducted through a number of in-depth interviews which will be undertaken at a time and location convenient to you.

The information collected will be useful to service providers in three ways:

Parent views about input into programs and service goals;
Parent identified strategies for evaluating programs and service goals; and
Parent preferred engagement with services.

Findings will contribute to the understanding of high quality early childhood programs.

Parents participating in this investigation will not be requested to disclose highly personal information and all information provided will remain confidential. No attempt will be made to identify individuals or the services children attend. Non-participation will not affect your child's care and education in any way. Should you agree to participate but change your mind you are free to withdraw without explanation at any time.

A consent form and agreement to record the interview is attached. If you are interested in participating please complete the response information sheet, seal in the addressed envelope provided and post into the locked box in the administration office at your centre or return it by pre-paid post. If you have any questions about the investigation please phone me on 9622 6627 or 0247 360270.

Your views are valuable, please consider participating in an interview. Thank you for taking the time to read this letter.

Roslyn Elliott

NOTE: This study has been approved by the University of Western Sydney 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 Officer (tel: 0247 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 1c

Consent Form

Parent engagement in early childhood services

I am interested in participating in an interview to discuss parent participation and involvement in early childhood services.

My name is (please print) ________________________________________________

My address is (please print) ________________________________________________

I can be contacted during the hours of __________________________ and __________________________

Phone: __________________________ (home) __________________________ (work) __________________________ (mobile) __________________________

The preferred day of the week for a meeting is __________________________

The preferred time of day is __________________________

My preferred location is: ________________________________________________

I agree to be interviewed and for the interview to be recorded on audiotape. I understand the interview may take as long as an hour and that I will not be requested to disclose highly personal information and the information I provide will remain confidential. No attempt will be made to identify me or the centre in the project.

Should I agree to participate, I understand I am free to withdraw my consent at any time without explanation or prejudice. I am aware that I am at liberty to contact Roslyn Elliott if I have any concerns about the research. I agree that Roslyn Elliott has answered all my questions fully and clearly. I agree that the research gathered from this project may be published in a form that does not identify me in any way.

signed __________________________ date ____________

Thank you for agreeing to participate, I will contact you shortly.

Roslyn Elliott
Contact numbers: (02) 9622 6627 or (0247) 360 270

NOTE: This study has been approved by the University of Western Sydney 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 Officer (tel: 02 4570 1136). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 1d

Interview Question Guide.

What do you see as the primary function of the service your child attends?

When you first decided to place your child into child care what were the issues you considered?

Can you prioritise your considerations?

What prompted you to choose the particular child care service your child/ren now attend?

Are there particular criteria you see as important for a program to demonstrate before you would enroll your child/ren in it?

What provisions are made for you to have opportunity to comment or make suggestions to the centre about any aspect of the service provision?

Did or do you ever make any suggestions?

How do you think your suggestions have/will enhance the quality of the service provided?

What features of the service your child attends do you particularly like?

What changes to the current service provision would you make if you could?

What can you tell me about the Quality Improvement and Accreditation System your centre has participated in?

Do you think QIAS makes a difference to the quality of the service?

How do you identify "quality" in an early childhood service?
INTERVIEW: PARENT C

What do you see as the primary function of the service as it provides for your child? What were the things that you thought were important to find out about, to initially choose a centre?

The way I chose a centre ... I chose ... number 1 was cleanliness. It had to look clean and ...Oh feel clean. You know not smell of old things or dust.

Second was the way I saw the children reacting, you know, the rapport they had maybe with the teachers ... you know, if they talked to the teachers and the teachers talked to the children. How the children played, you know, with each other and the, games and equipment they had to play with. Where and when the children played. You know outside or inside what toys there were for them to choose from.

Then I had to think about location, you see. My mother in law minded my two children but the eldest child was very interested in everything and always talking and the younger one was still much of a baby so I wanted to find a place for the older child where she ... my mother in law could still be involved but not have to do so much all day on the days she minded the children. By finding a service close enough for her to walk to it meant that she could still have her grandchildren on the days I worked but she could also she could have space in her days with them.

What do you see as the primary function of the service that your children attend?

Well, now both the children are attending the centre I couldn't send the younger one till she was two years old but at that time when my son first started I wanted a place for him to be able to interact with other children and adults in a place that would ... ar... provide him with lots of interesting things to do yet help him learn to become part of a group of children. He was used to being the centre of attention and when his sister came he was good but wanted her to do more things with him. I have a large group of friends and before we each went back to work we used to meet regularly for the kids to play with each other or we minded each other's kids so my son had liked having other kids around ... and then due to circumstances ... the opportunities decreased and when I choose to work part time ... even though my mother in law was great I felt he needed more interactions with other children... or perhaps more children than just his sister to play with.

By the time my daughter was old enough to start at the centre I already knew the staff and the service so I didn't have the initial queries or concerns that I had had to contend with when I was initially looking for a centre for my son.

So how did you select the service you now use for your children?

Well ... as I said I needed something close to Mum but I still wouldn't have chosen just anything. I had to feel that it was OK. Like I said it had to be clean, and the children had to look like they were having fun or were ... you know busy. I know children cry ... but there is a difference to a child crying because they want something you know ... like a tantrum ... to say ... a child sad and sobbing cause they feel so bad. Well this centre looked clean there weren't children crying although there was a fight between two children on the day I was there and ... the lady I was talking to excused herself and walked to the children, she got down near to them and held their hands and talked to them. I don't know what she said but the children stopped fighting over the toy one got it and the other one was given a choice of something else ... any way the fight stopped and so the the crying ... I thought this was good because it is what I do at home.

Another thing too that I guess was influential was that because my friends had been looking for child care for their children we would talk child care and expectations, you know ... how when your a mum with young children you talk babies and feeding and sleeping well this was sort of the next stage of being a parent and looking at and comparing child care centres.

What did ... or do you see as the primary purpose of the child care centre?

For me it is a place when my children can be cared for in a clean and safe environment but that's not all it must also give something to the children you know some education ... not like school but learning through doing different things. Being able to listen to music and play musical instruments ... not real ones like trumpets but you know ... like shakers and drums and bells ... But better quality than the ones you buy for the children to play with at home ... you know more like real instruments. The teachers should read to the children and talk to them and show them wonderful things like caterpillars and butterflies ... you know how you do this when you are at home with your kids ... well I expected the staff to do these types of things too but with all the children, help the children be excited about the things in the world.
Appendix 2a

Date

Dear Parent,

As a parent of a child/children enrolled in a licensed and accredited early childhood centre you are invited to participate in a study intended to identify parents' concepts of quality care and education for under school aged children. I am interested in the priorities you considered when selecting your child's current early childhood care and education arrangements. My name is Roslyn Elliott, I am a lecturer in Early Childhood within the School of Learning Development and Early Education at University of Western Sydney. This project is being conducted as part of a study program.

Through this study I hope to achieve a reliable and valid description of the components and criteria parents consider important when choosing a centre for their children. The study will be conducted through a questionnaire and parents are invited to participate.

The information collected from parents will be useful to service providers as they will gain a more detailed picture of parents' perceptions of quality and the factors influencing choice parents exercise when selecting an early childhood service to address their family needs. The findings of this investigation will also contribute to the field of early childhood and our current understanding of what is important to parents when selecting a service to provide care and education for their children.

You are being invited to participate in this study by completing the enclosed questionnaire. You will not be requested to disclose highly personal information and the information you provide will remain confidential. No attempt will be made to identify individuals.

The questionnaire can be completed at any time or location convenient to yourself. Once completed please seal in the addressed envelope provided and post into the locked box in the administration office at your centre. If you have any questions about the study at any time, please ask me. My name, address and telephone number appear below.

Please consider participating in the study and thank you for taking the time to read this letter and the attached questionnaire.

Roslyn Elliott

Phone (0247) 360270 or Phone (02) 9622 6627
UWS PO Box 10, KINGSWOOD NSW 274

NOTE: This study has been approved by the University of Western Sydney 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 Officer (tel: 0247 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
# Appendix 2b

## Questionnaire

Parent perceptions of criteria defining quality early childhood care and education service provision.

Your cooperation in participating in this survey is appreciated and your answers will provide important information about perceptions of quality care and education provided to children in licensed and accredited early childhood services.

This questionnaire seeks information about what you as a parent believe constitutes quality early childhood care and education and what you look for when selecting an early childhood service for your child. I would be grateful if you would agree to take part in this study by answering all questions and returning the questionnaire to Roslyn Elliott.

<table>
<thead>
<tr>
<th>Question 1: How long have you been using your current child care centre? Please tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year □</td>
</tr>
<tr>
<td>Between 3 and 4 years □</td>
</tr>
</tbody>
</table>

How many services did you inquire about before choosing your current service?

---

Question 3: How many services did you visit before choosing your current service?

---

Question 4: What did you look for in the services you visited?

---

Question 5: What was it about this service that made you choose it for your child?
The National Childcare Accreditation Council provides parents with information about the Quality Improvement and Accreditation System. This information is available through a range of services indicated below.

Question 6
Please tick (✓) the services you are aware of:
The NCAC website www.ncac.gov.au
'Accreditation Update' newsletter
Telephone service
'Putting Children First' brochure
Other:

Question 7
Please tick (✓) the services you have used:
The NCAC website www.ncac.gov.au
'Accreditation Update' newsletter
Telephone service
'Putting Children First' brochure
Other:

The following questions relate to the accreditation of early childhood services by the Australian National Childcare Accreditation Council.

Please rate the following question on the scale 1 to 4 by circling your response:

<table>
<thead>
<tr>
<th>unaware</th>
<th>very aware</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Question 8: Are you aware of the Australian Quality Improvement and Accreditation System for assessment of early childhood services?

Comment:

Question 9: Please tick (✓) the service or child attendance has been accredited for:

- 1 year
- 2 years
- 3 years
- 4 years
- Don't know

Please rate the following question on the scale 1 to 4 by circling your response:

<table>
<thead>
<tr>
<th>no improvement</th>
<th>much improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Question 10: Do you feel that accreditation procedures have improved the quality of your early childhood service in contribute to the quality of the service provided?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
</table>

Please comment:
The following questions are seeking information about your perceptions of early childhood centres and your overall satisfaction of the centre your child attends. These first questions focus on your child’s needs, then the next series of questions look at how the centre meets your family’s needs.

Please rate the following questions by circling a number according to the following scale:

<table>
<thead>
<tr>
<th>very dissatisfied</th>
<th>very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

**Question 11:** How satisfied are you with the staff of your centre providing for your child’s physical needs in terms of:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) adequate food, sufficient drinks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) clean fresh hygienic environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) nappies changed regularly or sun safe practices and appropriate clothing according to weather conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How are you made aware of these things
Please comment:

**Question 12:** How satisfied are you with the staff of your centre providing for your child’s emotional and environmental safety in terms of:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) supervision at all times</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) a positive emotional relationship with staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) positive approaches to guidance and discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) adequate protection from injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) participating in achievable tasks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How are you made aware of these things
Please comment:

**Question 13:** How satisfied are you with the staff of your centre providing affection and promoting your child’s sense of belonging in terms of:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) care and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) respect and response to emotional needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) initiate and maintain respectful communications with children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) encouraging friendships among the children</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 14: How satisfied are you with the staff at the centre promoting the development of self esteem and encouraging positive approaches to your child's learning in terms of:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) encouraging children to learn new skills</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) teaching and sharing their knowledge about the world with children</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) respecting and supporting children's individuality</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How are you made aware of these things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Question 15: How satisfied are you with the staff considering your child's needs for individual creativity and self expression in terms of: |
| a) planning individualised activities to meet child's learning strengths | 1 2 3 4 |
| b) planning for child's interests | 1 2 3 4 |
| c) accommodating individual differences | 1 2 3 4 |
| d) encouraging child's independence | 1 2 3 4 |
| How are you made aware of these things |
| Please comment: |

| Question 16: What would you like this centre to do for your child? |

The following questions are asking you about which aspects of this service provision are most important and affect you as a parent using this service.
Please respond to the following questions by circling your response.

### Question 17: Why do you use an early childhood service for your child?

<table>
<thead>
<tr>
<th></th>
<th>Not important</th>
<th>Very important</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I work</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>I study</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>I feel it is important for my child's development</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>It gives me a break</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>I have other younger children at home</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>The geographical location of the service is suitable</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>It gives my child opportunities to meet and play with other children</td>
<td>1  2  3  4</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Other comments

These following questions relate to the service as it is provided. Please identify how well your service meets your family's needs in the following areas:

Please rate to your answer by circling a number according to the following scale:

<table>
<thead>
<tr>
<th></th>
<th>very dissatisfied</th>
<th>very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

### Question 18: How satisfied are you with staff encouraging communication between yourself and themselves in terms of:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) two way open communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) written and verbal communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) staff responsiveness to your questions or suggestions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) provision of information to parents on request</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) how staff handle concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment
**Question 19:** How satisfied are you with the staff at your centre encouraging you as a parent to participate in the service in terms of:

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) participation in the management of service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) inviting and encouraging contributions and evaluation of the planned programs for your child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) inviting parent input to policy development and review</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) providing information evenings for parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you participate in the service?  
In what ways do you participate?

**Question 20:** How satisfied are you with staff at the centre creating a warm and pleasant atmosphere for children and families in terms of:

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) conveying a sense of happy involvement between staff and children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) modeling behavior staff want children to develop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) the amount of positive non-verbal communication staff share with children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) the methods used for conflict resolution between individuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 21:** How satisfied are you with the staff at your centre demonstrating effective management and organisational procedures in terms of:

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) being aware of individual children's strengths and interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) efficient daily organization, systems and procedures being clearly evident such as following medical/other procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) the exchange of relevant information between staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 22:** What does your child's service do best?  Please comment:

**Question 23:** In what way could your child's service improve?  Please comment
Question 24: Have you informed the staff at the centre about areas you feel could be improved?  
Yes ☐  No ☐  Not yet ☐

Question 25: If you have discussed these or other issues with service staff was there an acceptable outcome?

The following questions assist in determining the demographic profile of families participating in this study.

<table>
<thead>
<tr>
<th>Male ☐</th>
<th>Female ☐</th>
<th>What is your current or last paid job:</th>
</tr>
</thead>
</table>

Number and ages of children in family

<table>
<thead>
<tr>
<th>Age of first child</th>
<th>Age of second child</th>
<th>Age of third child</th>
<th>Age of fourth child</th>
</tr>
</thead>
</table>

Other children

Cultural Background of family

Educational Background: Please tick (✓)

- Completed high school ☐
- Completed a TAFE course ☐
- Equivalent TAFE course ☐
- Completed a Tertiary degree ☐

If you have any other comments you would like to add to the information collected please include in this space

Thank you for completing this questionnaire. You have provided important information that will help service providers and policy makers. If you have any additional comments you wish to include please do so in the space below. To ensure confidentiality please return this questionnaire in the envelope provided, seal it and put it into the locked box marked "Parent questionnaires" at your centre. Thank you once again for your participation.
### Question 5: What was it about this service that made you choose it for your child?

<table>
<thead>
<tr>
<th>Centre Code</th>
<th>Parent Code</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>Access to child, can be involved, environment/staff.</td>
</tr>
<tr>
<td>1</td>
<td>17</td>
<td>The centre was worked base at my place of work. Its benefit afforded by work base child care centre.</td>
</tr>
<tr>
<td>1</td>
<td>18</td>
<td>My husband was employed by the company &amp; we live close by. I started work here 6 months ago after our child started here and it has been very convenient.</td>
</tr>
<tr>
<td>1</td>
<td>19</td>
<td>Convenient, close to work, friendly staff.</td>
</tr>
<tr>
<td>1</td>
<td>54</td>
<td>A work based service and salary sacrifice makes it much cheaper, care for my child with competent staff, centre was safe, close to work, in case there was a problem.</td>
</tr>
<tr>
<td>2</td>
<td>55</td>
<td>Presentation of facilities, happiness of children, first impression of teachers/carers.</td>
</tr>
<tr>
<td>2</td>
<td>56</td>
<td>My child was happy the moment we walked in</td>
</tr>
<tr>
<td>2</td>
<td>57</td>
<td>We first met the owner/Director out of the centre &amp; they were friendly before we knew that they were opening a centre, a positive thing from initial contact. The centre is close to home &amp; work. It was an inviting centre - new equipment &amp; obviously well planned. We chose the centre before it officially opened.</td>
</tr>
<tr>
<td>2</td>
<td>58</td>
<td>The Director was friendly and confident and has another centre. All of the above questions (children’s activities/meal) were displayed. The centre was on the way to work. The centre was convenient being under a shopping centre.</td>
</tr>
<tr>
<td>2</td>
<td>59</td>
<td>Fairly new, friendly staff - it had a vacancy for my child, changing type of child care from FDC to long day care to allow my child to have a school environment with more stimulation/interaction than FDC provides, as my child was turning 2 at the beginning of the year.</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>Owner very warm (had a good gut feeling about her) &amp; her vision of her centre. Very willing to answer &amp; show &amp; have me as a parent understand the importance of such things as in-house cook, equipment, staff, accreditation etc., convenience of location, cleanliness, friendliness, meals, quality of equipment, staff ratio to children, visually stimulating to be in.</td>
</tr>
<tr>
<td>2</td>
<td>61</td>
<td>The fact that it was new &amp; custom built for childcare. Bright, clean, friendly and helpful but knowledgeable staff, agreeable policies eg. Sun, discipline, food and education, Hours of operation.</td>
</tr>
<tr>
<td>2</td>
<td>76</td>
<td>My child and I both felt immediately comfortable.</td>
</tr>
<tr>
<td>2</td>
<td>98</td>
<td>Convenient location, We know someone who works at the centre. A good environment for my child to learn, play and interact with other kids.</td>
</tr>
<tr>
<td>2</td>
<td>99</td>
<td>Friendly staff, Location, Cost.</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>Close to home</td>
</tr>
<tr>
<td>2</td>
<td>101</td>
<td>Staff and child relationships. The children seemed happy. The activities stimulating.</td>
</tr>
<tr>
<td>2</td>
<td>102</td>
<td>Sense in awe is one of the teachers.</td>
</tr>
<tr>
<td>2</td>
<td>103</td>
<td>Liked the staff and the &quot;look&quot; of the centre</td>
</tr>
<tr>
<td>2</td>
<td>104</td>
<td>The fact that it was new &amp; immaculate in presentation. A general “gut” feeling that it was a good centre, reinforced by talking to the director.</td>
</tr>
<tr>
<td>2</td>
<td>105</td>
<td>The positive sense I gained - referring to Security for my child, education program, good communication and ability to express to teacher as well as my child without prejudice. Good children’s environment, where I sense that my child is comfortable and confident with honesty between teachers and parents.</td>
</tr>
<tr>
<td>2</td>
<td>106</td>
<td>Friendliness-cleanliness-care-development program- environment-fun-nutrition-stuff with genuine interest - values like own. It was the only one we felt truly comfortable with.</td>
</tr>
<tr>
<td>2</td>
<td>107</td>
<td>Teacher’s wonderful attitude. The centre itself and the wonderful equipment. The confidence that I was given that my child would be well looked after.</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>Willingness to answer all of my questions and to make both my child &amp; myself secure in our decision. The centre met all the criteria I felt to be important (open door policy, friendliness, individual programming, qualified staff, good equipment, suitable outdoor play areas).</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
<td>The program established for pre-schoolers plus the long day care.</td>
</tr>
<tr>
<td>3</td>
<td>27</td>
<td>The teachers appeared to be happy. The children appeared to be happy. Pleasure classrooms and a nice environment. Reasonably good play facilities. Word of mouth recommendations from other parents. Sound Safety and Nutritional procedures. The centre locality and hours of operation.</td>
</tr>
<tr>
<td>3</td>
<td>28</td>
<td>Caring attitude of management and staff, safe environment, location to home, educational content, fun content.</td>
</tr>
<tr>
<td>3</td>
<td>30</td>
<td>Well presented centre with plenty of equipment &amp; resources. Real grass outside. Staff polite, interested and interested with my child on initial visit. Recommendation from a friend.</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>Good reputation, environment pleasing.</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>Great teaching staff. Happy children/staff. Detailed information evening for new parents. Word of mouth advice.</td>
</tr>
</tbody>
</table>
Date
Dear Parent
As a parent of a child/children enrolled in a licensed and accredited early childhood centre you are invited to participate in a study intended to identify parents' engagement in their child’s early childhood service. My name is Roslyn Elliott and I am conducting this investigation as part of my PhD study program. I am responsible for the design, organisation and implementation of this research project. I am a staff member at the University of Western Sydney, and teach in the Early Childhood program.

The purpose of my research is to achieve a reliable and valid description of the myriad ways parents contribute to, and/or participate in services. I am also seeking ideas of other possible involvement formats parents would like services to consider. The investigation will be conducted through a number of focus group discussions which will be held on weekday evenings at local community venues in the Hills district, Western Sydney areas of Blacktown and Penrith and the Inner West area. A focus group is a special type of group made of 7 to 10 participants who are invited to come together because they share certain characteristics. In your case, this is because your child attends a service in the target area.

The information collected will be useful to service providers in three ways:

Parent views about input into programs and service goals;
Parent identified strategies for evaluating programs and service goals; and
Parent preferred engagement with services.

Findings will contribute to the understanding of high quality early childhood programs.

Parents participating in this investigation will not be requested to disclose highly personal information and all information provided will remain confidential. No attempt will be made to identify individuals or the services children attend. Non-participation will not affect your child's care and education in any way. Should you agree to participate but change your mind you are free to withdraw without explanation at any time.

A consent form is included with details of the focus group sessions proposed. If you are interested in participating please complete the response information sheet, seal in the addressed envelop provided and post into the locked box in the administration office at your centre or return it by pre-paid post. If you have any questions about the investigation please phone me on 9622 6627 or 0247 360270.

Your views are valuable, please consider participating in the focus group discussion. Thank you for taking the time to read this letter.

Roslyn Elliott

NOTE: This study has been approved by the University of Western Sydney 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 Officer (tel: 0247 360 169). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Consent Form
Parent engagement in early childhood services

I am interested in participating in a focus group to discuss parent participation and involvement in early childhood services.

My name is (please print)________________________________________
My address is (please print)______________________________________

I can be contacted during the hours of __________ and __________

Phone (home)____________________ (work)_____________________ (mobile)__________________

The preferred day of the week for a meeting is: (Please circle)
Monday Tuesday Wednesday Thursday Friday Weekend

The preferred time of day is____________________________________

My preferred location is: (Please circle)
Marrickville Penrith The Hills District Blacktown

I understand that I will not be requested to disclose highly personal information and the information I provide will remain confidential. No attempt will be made to identify me or the centre in the project.

Should I agree to participate, I understand I am free to withdraw my consent at any time without explanation or prejudice. I am aware that I am at liberty to contact Roslyn Elliott if I have any concerns about the research. I agree that Roslyn Elliott has answered all my questions fully and clearly. I agree that the research gathered from this project may be published in a form that does not identify me in any way.

signed________________________date________________________

Thank you for agreeing to participate, I will contact you shortly.

Roslyn Elliott
Contact numbers: (02) 9622 6627 or (0247) 360 270

NOTE: This study has been approved by the University of Western Sydney 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 Officer (tel: 02 4570 1136). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 3c
First focus group:

13 replies will attend. Have booked the Crestwood community centre between Balaklavia Hills and Seven Hills it’s a central location and there is ample parking as well as a well-equipped kitchen.

Only seven parents turned up... But what a discussion. Monica wrote for me and we both took notes. I followed the format designed and approved by ethics committee at UWS. We used large sheets of butcher’s paper to record participant comments and ideas. Each participant was given pen and paper to record ideas or thoughts during discussions. Those notes were collected at the end of each session. To conclude sessions, the butcher paper notes were reviewed with participants to ensure comments had been accurately recorded and to provide further opportunity for additional participant comments.

Two important points for me:

1st. Parents were excited that their ideas would have a voice. The participants didn’t want to go home... They wanted to attend other sessions and asked if these could be held twice yearly... they liked the sharing of ideas from other services. They were interested in other approaches to their own experiences.

2nd. It’s like its inside out - From the parents perspective they see all the information going only one way their comments to the centre and nothing comes back to them...about the planned educational experiences or the purpose of planned play experiences their suggestions don’t go anywhere or if they do influence staff parents are not informed, they don’t hear back from staff about their ideas or suggestions.

Quotable quotes:

I've come here because when you have your first child you learn day by day... you don’t know what you want for your child because you are so busy learning something new every day about him, his development, his interests. By the time you have a second child you know a lot more about children and you believe that by participating in these sorts of things that you can change things for that child and others that come along later... your own and others' children. That's why I'm here....for tomorrow" (Grant).

"Information evenings and orientation sessions should answer parents' questions not simply tell us what they want us to know" (Sandy.)

"You know what we want? A framework of the curriculum... telling us what each room will be working towards each term or whatever time frame services use. And an explanation of how the staff are going to work towards this" (Grant verbally supported by others around the table). This idea seemed to catch fire as parents then began to question what was happening each day in their children's lives and identifying what they didn't know.

"We want to be a part of our children's education... we want to know what happens at Kindy so we can follow up at home - that's how we can contribute to their learning and maintain the links between kindy and home, by following on what they learn there" (Melissa).

"We don't know the significance of the activities children do each day... we need staff to tell us" (Matthew) "We would like to know which books are the staff reading to the children this week, today... What songs are the favourite ones this week... tell us so we can share our child’s day" (Rhonda)

"Look I'm an accountant, I'm qualified to do a particular job... and I'm employed for that purpose. I don't expect others to know how to do my job or be able to do it as I am required to... but I can and do explain things when I'm asked questions. The staff at these centres must be knowledgeable and/or qualified to do their jobs or they wouldn't be employed in their positions would they? It's up to them to share the knowledge they have about children with us the parents so we can gain other insights into our children."

"Verbal agreement around the table with lots of head nodding."

"You need to look at the information staff are giving you, not all staff are qualified, this doesn't mean they aren't great at their job but it does mean that the comment may have a particular focus" (Melissa and Lynne).

"It's not that you only want to talk to the teacher but with staff change overs each day it helps to know who is doing what in the room so you know who you have to speak to" (Sandy & Melissa). Parents suggested services have staff photos with related qualifications listed hanging outside each room. They thought this would add to the professional appearance of services and help parents know who each staff member was. This would also benefit parents to be able to direct their questions to about various aspects of the child's day to the relevant staff member.

"I see the program but how do I know my child did all or any of those things today?" (Grant and Lynne) "You know you get a painting and try to talk to your child gee this is a beautiful painting did you do this today? And she says 'No' When you look it was painted 2 weeks ago... my kid can't remember yesterday so how can she remember 2 weeks ago... it's been up on the wall on display... but so have lots of others - so I didn't see it and she is used to her work being displayed so its no big deal for her" (Sandy).
Appendix 3e

Focus group Discussion Questions

1. Would each participant please introduce yourself to the group by your first name and share with the group the age/s of your child/ren attending long day care?

2. What opportunities are available for parents to participate in the service your child currently attends?

3. In what ways are you involved in the service you use?

4. In what ways do you contribute to the educational program planned for your child?

5. How do you participate in the development of the services goals for the centre your child attends?

6. What processes are there in place for you to have input into the programming and evaluation of the educational content of the program developed for your child?

7. Can you think of different ways you and other parents could contribute to the planning and evaluation of the services you use?

8. How would you like the staff to support you in the education and care of your child/ren?

9. Of all the points we have discussed which are the ones of most importance to you?

10. Are there any further points you would like to add to the discussion?

11. Have we missed anything?
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