Public spaces in private places:

Quality review in the context of family day care

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I dedicate this paper to the women in this study, for their honest willingness to engage in the public space offered as part of the Quality Review process, and to share their truths and time, often in conditions that required them to confront difficult issues for themselves and others around them. I hope that by bringing their private world further into the public domain as research, greater understanding of their experience may be gained and their voices will be heard.

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INTRODUCTION

This paper explores an encounter between public and private worlds in a family day care (home-based early childhood education) network as caregivers and co-ordinators took part in a process of quality review based on *The Quality Journey/He Haeranga whai hua* (Ministry of Education, 2000b*)*. The coming together of these worlds into a shared framework supported the participants to investigate a range of diverse values and beliefs.

Family day care, or 'home-based early childhood education', is an early childhood 'care and education' service provided by caregivers/educators in their own homes. Initially administered as a social welfare support service in Aotearoa/New Zealand, formally-organised family day care services now come under the administrative umbrella of the Ministry of Education, sharing a funding and curriculum framework with other early childhood education services (Ministry of Education, 2000a; 1996a). The description 'home-based early childhood education' has replaced 'family day care' in government documents to reflect this changed perspective.

My interest in both family day care and quality review arose from my experience as a family day care co-ordinator, as a parent with children in family day care and from my role, at the time of this study, as professional development adviser. As a professional development advisor, I was concerned to facilitate an experience of quality review that highlighted the uniqueness of family day care and took account of the complexities of the service. I also hoped to support caregivers and co-ordinators in having their voices heard, and to present their reality of experience.

For the purposes of this paper, the terms 'family day care' and 'caregiver' have been used in preference to the terms, 'home-based education' and 'educator', because this was the language used primarily by the participants in this study when describing themselves and also by their employer organisation.

The structure of family day care in Aotearoa/New Zealand

The structure of family day care in Aotearoa/New Zealand consists of networks of caregivers, with a maximum of 60-80 children to each network. A qualified co-ordinator, holding a Diploma of Teaching (ECE), supervises each network of caregivers[1]. In networks where there are large numbers of caregivers involved, a co-ordinator may work in partnership with colleagues on a part-time or full-time basis.

Caregivers are required to have some (minimal) training: At the time of this study this minimum consisted of one module of a Family Day Care Certificate (Ministry of Education, 2000a). There is a specified maximum of four children to be cared for by a caregiver at any one time.

Quality assurance is provided through the selection of appropriate caregivers and the provision by the co-ordinators of ongoing supervision, support and resources for caregivers, children and whaanau/families in each network.

In Aotearoa/New Zealand, the majority of family day care networks are positioned within a national welfare-based organization. However, the emergence, over recent years, of a number of alternative home-based early childhood education providers is challenging the welfare discourse that has, until now, underpinned the provision of family day care. Everiss and Dalli (2003) note that the shift from a welfare focus developed from philosophical differences that grew among providers of family day care and that this has contributed to a greater emphasis on education within family day care. These changes are reflected in the change in current terminology from 'caregiver' to 'home-based educator'.

Within the welfare-based organisation responsible for the family day care network involved in this study, caregivers were classified as 'volunteers',

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[1] To date, the Diploma of Teaching (ECE) is a three-year early childhood qualification. There are no family day care/home-based education practicum experiences offered as part of this qualification.

receiving recompense for expenses incurred, rather than a salary for their work as educators. Recent changes to employment legislation, embodied in *The Employment Relations Act* (2001), have since challenged this view, as the Act specifically includes a 'home-worker' within the definition of an employee. This has posed a dilemma for low-income caregivers, who have relied on their status as 'volunteer' providers of education and care in the privacy of their own homes to take advantage of income and social welfare benefits, which would not have been accessible to them if they had been waged.

Quality review in the Aotearoa/New Zealand context

Quality assurance systems have been in place for family day care in Aotearoa/New Zealand since the development of legislation at the end of last century that determined minimum standards of practice (Meade, 2003). As a result, a discourse of quality is not unknown to co-ordinators and caregivers (Moss, 2003). In 1999 a resource to support quality review in early childhood education services, *The Quality Journey/He Haeranga whai hua* (2000b), was developed by the Ministry of Education for the early childhood sector. The resource was specifically designed to support early childhood education services to engage in quality review processes and to investigate aspects of quality through a process of action research. Although the resource focuses predominantly on centre-based early childhood education services, consultation with a small number of family day care providers, prior to its publication, concluded that the resource could also be applied to family day care with minimal, cosmetic amendments.

However, although the document has now been trialled and reviewed within centre-based services (Depree & Hayward, 2001; McLachlan-Smith, 2001a; Wansbrough, 2002) there has been no such review to date within family day care.

The concept of quality review, using processes such as those identified in *The Quality Journey*, is also supported by the Education Review Office (ERO) as

being complementary to their external review process for early childhood education services. Recent ERO literature (Education Review Office, 2004) indicates an increasing expectation that internal quality review processes as well as external review will be in place for *all* early childhood services - including family day care - as a key mechanism for internal measurement and evaluation of aspects of practice in its diverse forms.

The public nature of *The Quality Journey/He Haeranga whai hua* (2000), supported by the growing expectation of the Education Review Office that the range of early childhood education services will engage in self-review processes, presented a unique opportunity to use the document to investigate the private, home-based world of family day care within an increasingly demanding professional (and public) early childhood education landscape.

The emergence of family day care onto the public stage

Family day care has been viewed as a paradox in early childhood education (Petrie and Burton, 2000; Pollard, 1991) due to complexities inherent in the provision of a public early childhood care and education service in private homes. It has also incurred significant feminist critique, particularly surrounding aspects of domesticity (Coney, 1980; Julian, 1981; Petrie, 1992).

Much of the previous research into family day care has been based on indicators of quality derived from centre-based criteria (for example, the Harms-Clifford rating scale) which focus on activities and environments that are not commonly indicative of the family day care context (Stonehouse, 2001; see also Wright, 2003). Kyle (1997) suggests that these traditional views of family day care create a divisive binary between the private and public worlds of the service.

In a study of Canadian caregivers, Kyle (1999) identified, among other things, the ways in which caregivers created an interface between these private and public worlds through their work with children and families. Viewing the private and public discourses surrounding family day care as a continuum, rather than a

dichotomy, was seen by Kyle as a helpful approach to understanding some of the complexities of family day care as an early childhood education service.

In Aotearoa/New Zealand, an understanding of private and public dimensions of family day care is particularly significant at this time, as the service is undergoing a process of 'professionalisation' (Moss, 2003), seeking to affiliate with other early childhood education services while concurrently seeking to position itself as a unique service with a distinct pedagogy (Karlsson, 2003; Stonehouse, 2001; Wright, 2003).

This professionalisation process is accentuated by the inclusion of family day care with other early childhood education services under the one regulatory[2] and curriculum umbrella (Ministry of Education, 1998a; 1996a; 1996b), as described by Everiss and Dalli (2003). Administrative accountabilities, such early childhood funding criteria (Ministry of Education, 2000a), are reinforced by the mandatory requirements of early childhood legislative documents, such as *The Revised Desirable Objectives and Practices* (DOPs) (Ministry of Education, 1996b), which require all services, including family day care, to meet standards of practice and to demonstrate their ability to do so in written as well as oral forms.

Training for caregivers and expectations of quality

In family day care, however, professionalisation in terms of the caregivers is not yet supported by professional standards, such as those established for other early childhood services, for example the strategic plan for trained teachers, outlined in *Pathways for the Future/Nga Huarahi Aratake,* Ministry of Education, (2002*)*. Everiss and Dalli (2003) point out that this inconsistency poses a dilemma for family day care in Aotearoa/New Zealand.

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[2] At the time of writing *The Home Based Care Order* regulations apply to family day care whilst *The Early Childhood Regulations* applies to centre-based services. However the funding and regulatory framework is currently under review as discussed earlier (Ministry of Education, 2004).

The importance of training for caregivers was identified by Nicholson (1996) in a study completed shortly after the implementation of the draft early childhood curriculum *Te Whaariki/He whariki matauranga mo nga mokopuna o Aotearoa: Draft Guidelines for developmentally appropriate programmes in early childhood services* (Ministry of Education, 1993). Nicholson found that, without adequate training, caregivers had some difficulties in engaging with the early childhood curriculum.

An Education Review Office report (2001) was also critical of family day care, citing a lack of emphasis on 'educational' activities in family day care homes. The report recommended increased expectations of caregivers' practice as the ones directly working with children on a day-to-day basis.

Kyle (1999) has noted that caregivers are intentionally silenced by professional discourse that marginalizes them. In the Canadian context, she found, caregiver voices were seldom heard in family day care research but were often offered by proxy of other well-meaning advocates:

> [It] is not simply an accidental oversight, but rather reflects specific value assumptions, derived from the dominant discourses that govern how home child care is generally viewed and how child care research is carried out. (Kyle, 1999, p.11)

In Aotearoa/New Zealand, because of the private nature of their work, a lack of training, and as well, the 'volunteer' status of those caregivers who receive only a tax free reimbursement[3] for their services, many caregivers do not have access to professional codes of practice and may not align themselves with a professional discourse (White, 2003).

Further to this, while training standards for caregivers remain at a minimal level, training benchmarks for family day care co-ordinators have been increased (Podmore, 2002). It could be postulated that the gap between co-ordinator and

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[3] This tax-free reimbursement, at the time of the study, was capped for family day care caregivers working within the organisation. A majority of the caregivers in this study were, however, under the threshold. This meant that they were also able to access various government benefits. At the time of writing this paper, some aspects of The Employment Relations Act (2001) are under review, so this economic influence remains a "moveable feast".

caregiver is likely to be heightened where increased training for co-ordinators is required but little or no expectation is established for caregivers (beyond one module or lower level certificate[4]).

Several international and national studies have investigated the difference that various types of training can make and the impact that these differences are likely to have on outcomes for children (Burchinall, Howes and Kontos, 2002; Clarke-Stewart, Vandell, Burchinal et al, 2002; Kontos, Howes & Galinsky, 1996). Increasingly, a more complex picture is emerging from current research to suggest that attitudes (Foote & Davey, 2003) and psychological well-being (Weaver, 2002) are also important contributors to quality outcomes. Further, Foote and Davey (2001) found that the training process in itself had a positive and empowering effect on caregivers in family day care.

These findings suggest that, to better understand quality, we need to look at the ways in which caregivers are involved in providing education and care in the privacy of their own homes and to acknowledge that these ways are not necessarily the same as portrayed in traditional professional (and public) discourses. Rather, the complex interrelationships between people and places in home-based education need to be understood if we are to progress our understanding of family day care as an early education service.

The Early Childhood 10-year Strategic Plan/Nga Huarahi Aratake (Ministry of Education, 2002) acknowledges the importance of research-based understandings of quality for family day care services, as for other early childhood services. The staged plan includes support for enhanced quality and a review of funding and regulation within two years, as well as the increased expectation for family day care co-ordinators in terms of training and teacher registration.

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[4] This is a small number of credits of the level 5 New Zealand Qualifications Authority qualifications scale compared to a Diploma of Teaching at the equivalent of level 7.

Exploring perceptions of quality in public and private spaces

It was within this complex historical and current context that I chose to explore how Aotearoa/New Zealand family day care caregivers and co-ordinators might view quality in the 21st century, as members of the broader early childhood sector with similar early childhood legislative requirements and sharing the same curriculum.

Hughes & McNaughton (1999) suggest that quality exists in dissonance as well as agreement, where mutual understanding is desired. Family day care offered this complexity, and provided an opportunity to bring together private places, primarily the home-based world of the caregiver, and public spaces, such as the increasingly professionalised world of the broad early childhood sector.

The Quality Journey/He Haeranga whai hua (2000b), as a self-review resource, sits within this public space whilst seeking to collaborate with the private places that are inhabited by caregivers, children and their families in family day care.

As a professional development advisor at the time of this study, I was particularly concerned to facilitate an experience of quality review that highlighted the uniqueness of family day care and took account of the complexities of the service. At the same time I was keen to support caregivers and co-ordinators in having their own voices heard, and to present the reality of their experiences.

METHOD

A co-facilitated professional development programme based on *The Quality Journey/He Haeranga whai hua* (2000b) was used to sit alongside and provide a base for the research project. The programme included 12 caregivers, nine co-ordinators and two management representatives from six networks within one welfare-based organisation, which provided family day care services on a

national basis. The networks spanned a wide geographical area and included communities with decile ratings[5] ranging from 2 - 10.

Co-ordinators from each of the six networks involved in the project invited those caregivers to participate who, they felt, would cope well with the professional development programme that sat alongside the research.

In addition to the professional development, I wanted to address any potential issues of power that derived from the hierarchical nature of the network. For this reason I decided to meet with participants in focus groups, as well as in the cluster groups which constituted the professional development programme. The research design meant that caregivers and co-ordinators would work together to construct reviews but would also be given opportunities to meet as separate groups, to discuss their views about quality. I was interested to see how quality was viewed and what role *The Quality Journey/He Haerenga hua whai* (2000b) would play in these discussions. The discussions were audiotaped where appropriate. I also took field notes and completed a researcher reflective diary.

Due to geographical constraints, I met with two caregiver groups separately at the pre-review meeting. All caregivers met as one focus group following the final professional development evening.

Cluster groups

Cluster groups formed the basis for the professional development programme. These comprised a series of evening meetings spanning a three-month period between December 2002 and February 2003. The initial two meetings were designed to introduce all the participants to quality review and to develop topics and quality indicators for review. The co-ordinators and caregivers then worked in separate cluster groups within each of the six networks.

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[5] At the time of writing, decile ratings were based on socio-economic status of the community in which the provision of care takes place. These ratings are determined by the local school and are derived from Ministry of Education figures (2003). The basis of decile ratings is under review.

The cluster groups met several times over the three-month period, as they developed their review. The review topics were selected as aspects of quality that already existed or had the potential to contribute to quality in the network:

 i) the role of outings in family day care

 ii) parent-caregiver interactions

 iii) parent-co-ordinator/parent-caregiver relationships

 iv) sources of inspiration for caregivers

 v) the extent to which family values were upheld

 vi) informing parents of their children's progress.

A further evening meeting at the end of the three-month process provided participants with an opportunity to share the results of their reviews with one another.

Focus groups

The focus groups comprised pre and post focus group meetings with co-ordinators/management and caregivers in separate groups. These focus groups were video-taped and audio-taped. Participants had the choice of being involved in the professional development alone, or participating concurrently in the research. All chose to be involved in both research and professional development. Each participant was invited to select a pseudonym, for anonymity, and where one was not chosen, I selected the name of a flower.

Focus groups are considered to be a useful vehicle to provide a voice for minority groups of women (Madriz, 2000). They are also considered useful when exploratory research into beliefs and values is the focus (Modigliani, 2003). I felt that the collaboration necessary for the groups to work together embodied the guiding principles of *DOPs* - a public accountability for the service - whilst supporting more private styles of communication (such as conversation). Indeed,

this proved to be a very important element, in particular for caregivers, who consistently highlighted the relevance of the focus group forum for discussion. Not only did they view focus groups as an opportunity to explore ideas, but there were also numerous examples of caregivers exchanging ideas, giving and receiving practical advice and supporting one another in their work.

Data management and analysis

The transcribed interviews were coded and sorted using the computer package – *NVIVO* – as a tool for managing a large volume of data. Since there were no pre-determined themes, the codes emerged from the data itself and these were subsequently analysed using a Boolean matrix. Whilst the focus group interviews had several key questions, these were fluid and responsive to the direction of the conversation from within the group.

DISCUSSION AND IMPLICATIONS

The focus groups, particularly where caregivers met as a separate group, revealed some hard-hitting interpretations about practices in their organisation that compromised the caregivers' vision of quality. There was an emphasis on aspects of the service, in particular, working conditions and the importance of the caregiver's family and lifestyle. Both of these were key incentives for caregivers' involvement in their work and, they believed, distinguished between low quality and high quality.

For the caregivers, the support offered to caregivers by the family day care organisation, and the caregivers' lifestyle, including economic benefits (through tax avoidance due to volunteer status) were central to quality and integral to the resulting passion that they felt for their work. If the reimbursement received from the organisation enabled caregivers to work from the privacy of their home

whilst receiving a modest income, they felt supported and able to offer a high quality of service.

The co-ordinators did not mention these issues in relation to quality for family day care, but they did predict that these issues would be likely to be important for caregivers. The figure below highlights several elements of caregiver perceptions of quality that emerged from their dialogue.

Figure 1: Quality support for caregivers
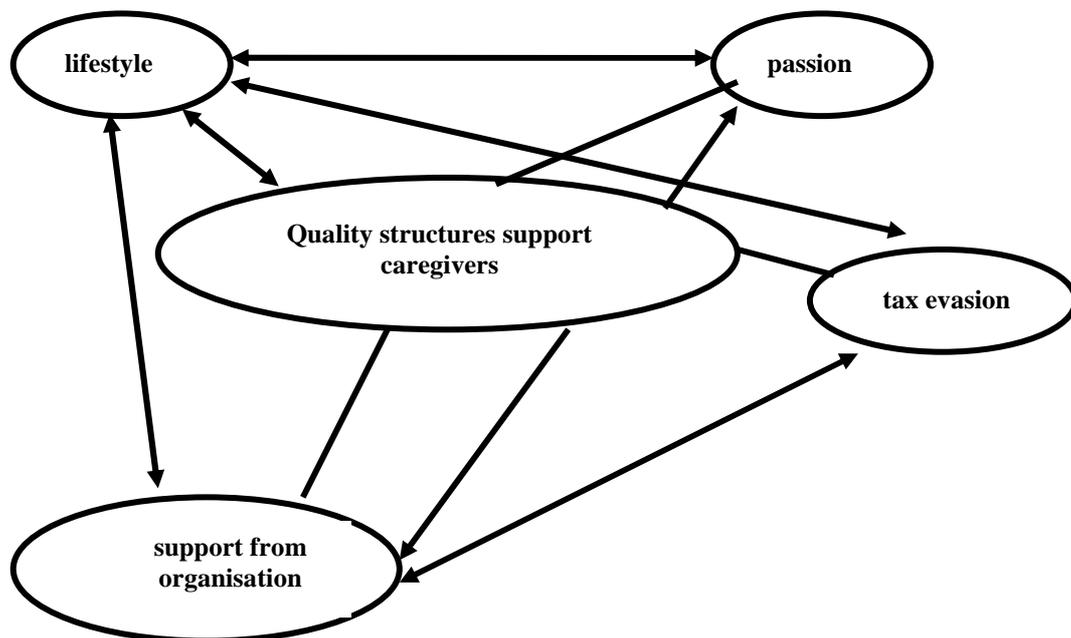
Private places: caregivers' and families'

The family-centred approach to family day care dominated caregivers' discussions. Caregivers felt that their ability to be passionate about their work was largely determined by the way in which their lifestyle was upheld by being able to work in their home and to care for their own families in the process. Several caregivers felt strongly that their care-giving role with their own families contributed to their role as family day care caregivers, but that this was largely unrecognised in the public domain.

Stonehouse (2003) suggests that taking family out of 'family day care', fails to recognise a unique strengths of the service - this was confirmed by the caregivers:

> *Orchid:* A lot of it comes down to the families as well though because half the time, you know, the people who are really looking after the children are my children. And often when it comes to Christmas or birthdays I've made it very clear to my children that, you know, they're getting a little bit extra because they've worked all year helping me look after the children.

This private element of their work, together with their ability to access public funds (such as income support benefits, tax avoidance), and their enjoyment of the work itself, held greater importance than public recognition. The following comments by caregivers in the focus group show the breadth of reasons behind caregivers' decisions to work in family day care:

> *Briar:* You want to be at home for your own kids but at the same time you want a little bit of extra money – a little bit of something to keep you ticking over rather than vegetating at home (laughs)

> *Lisag:* Yeah, the money that you actually do get doesn't interfere with any other income… you can get it because it's a reimbursement, nothing to do with WINZ [Work and Income]. It's not a wage that we're earning…it's a reimbursement for expenses.

> *Pansy:* My children are older and I've got a younger one so it was good socially because otherwise she would have been at home, one on one with me and it was good social skills for her so that had its benefits….

> *Rose:* My kids were all at school when I started doing this. We run a business and for me to go out and work it would have been secondary taxed and I was looking at doing something…

> *Lavender:* …I do it because I enjoy it, not because I have to do it….

> *Camellia: I* can work from home and I could still be there for mine, it's just, there's no stress over school holidays and stuff.

Caregivers felt a lack of access to professional guidelines, knowledge and resources and appeared to find it difficult to understand the broader accountabilities of their umbrella organisation. Their conversations revealed a

belief that they were often at the whim of the co-ordinator. The focus group discussion highlights this aspect:

> *Lily:* Well I said to them 'cos they're getting a bit ridiculous on safety of the house, that was on my last visit, and I said "apart from being pathetic and leaving cups of hot tea around - they've got to learn."
>
> *Sue:* And do the parents do what we have to do?
>
> *Lavender:* I mean there's the sensible things like cooking
>
> *Orchid:* But doesn't a lot of it come down to the quality of the caregivers - you've got a lot of these rules because the quality of care is so poor with some caregivers that they have to have rules to cover themselves whereas …
>
> *Camellia:* They go a little bit overboard
>
> *Lily:* They are going overboard. And you've gotta pay for all these things - I was told I need a bloody gate for these stairs - not the bottom, just the top. What's the point in that?

Public spaces: co-ordinators' perception of their role

Co-ordinators viewed themselves as 'interpreters' and advocates for children and their families, as well as providing support for caregivers. They saw their own role as being pivotal and felt supported by management.

Overwhelmingly, co-ordinators perceived their role as interpreting requirements and supporting caregivers to do the same. This created a tension amongst the co-ordinators between wanting high quality educational provision - described as 'thinking caregivers', who offered high standards of education and care and were able to articulate this - and caregivers who did not meet that criteria but who were nevertheless popular with parents for a range of reasons, for example, the location of their home and their age.

The co-ordinator/management focus groups were frequently concerned with the quality of the caregiver and of associated processes and systems used to select and support caregivers. However, co-ordinators also spoke of the conflicts in this regard, citing difficulties, such as caregivers wanting more children in their home

than the allowable limit in order for them to pay personal expenses such as hire purchases.

The co-ordinators' emphasis on external outcomes of quality, focused on roles, rules and routines and underpinned by the early childhood curriculum, contrasted with the caregivers' focus on the support that they were able to access from the organisation.

The following model, Figure 2, illustrates the relationship perceived by co-ordinators between quality outcomes and professional documentation and criteria, that is, *Te Whariki* and the organisational groundwork identified in *The Quality Journey/He Haerenga whai hua* (2000b):

Figure 2: Quality in organisational processes
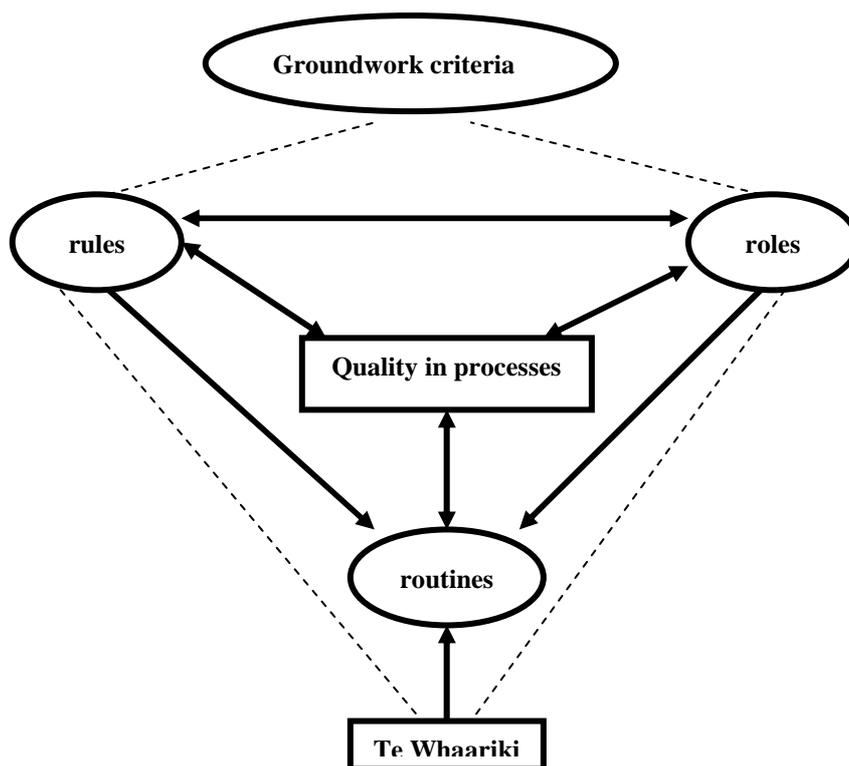
Note: Groundwork criteria refers to the organisational groundwork identified in *The Quality Journey/He Haeranga whai hua* (2000b)

Co-ordinators felt that they played a key role in supporting parental choice, and in helping caregivers describe what they did from an educative perspective, and to make links between their practice and the early childhood curriculum**.** This process often involved interpreting on behalf of caregivers, whilst at the same time assessing their progress:

> *Sam:* Well, sometimes what we're doing too is assessing, by coming back to the office and actually thinking about what we've seen and writing it up and taking that time for reflecting then we'll discuss between us what we've seen and how we can, um, set about any changes or progress that might need to happen. Yeah. So it mightn't seem obvious at the time but it does happen often - quite subtle.

Co-ordinators found the notion of a high quality caregiver difficult to describe, since it was dependent on the context. Tamsyn described Lily (one of the caregivers) as 'everything, all the strands of Te Whaariki'. Here the greatest feature of quality is seen to be the caregiver herself, her personal qualities and ability to communicate, and her desire to want to know more. This finding is consistent with that of Weaver (2002) who has suggested that intentionality, personal agency and psychological well-being are important characteristics of quality caregivers. This element was also seen as important by the caregivers, who believed that they were central to quality in the network.

For co-ordinators, national requirements were often difficult to interpret in terms of family day care, rather than in terms of the centre-based early childhood education, a scene they were more familiar with. This tended to lead to a narrow view of what constituted quality. This is not to say that the national requirements themselves were rigid but the interpretation (usually made on behalf of, rather than with, the caregivers) was restricted by the co-ordinator's own (centre-based) training and their ideas of what constituted quality early childhood education provision.

One of the co-ordinators who worked in a low decile community, described her experience of coming to an understanding of quality in family day care:

> You've got to have a concept of what you want. In some areas, it's easier to see...ours is more piecemeal. Initially, what I saw was really shocking - you know, houses with

bare boards - but you get oblivious and immune to that after a while. I do see that we're also expecting things from people with and without diplomas - and with *DOPs* as well - but you still actually see it [quality]. You've got to recognise that, in their homes, it's great - you see it. So you have to shut away the house and the trappings. I'm starting to see more; maybe I'm making myself see it so I start off in little ways. You've got an idea of where you want them to go but its very subtle.

Differences and consensus: caregivers and co-ordinators

The idea of co-ordinators providing education for caregivers was not seen as a reality by caregivers and there was a clear difference of opinion in terms of roles and relationships between the two groups. For example, caregivers expressed the opinion that the co-ordinator visit was more social than educational:

> *Orchid:* Nine times out of ten they'll talk about what my child and what their child is doing, nothing to do with the kids that are placed.

> *Jayne:* The co-ordinators would probably see that dialogue as part of training.

> *Briar:* That's rubbish

> *Lily:* Not at all, it doesn't happen

Co-ordinators, on the other hand, perceived their role as training. This was often discussed in relation to the recording of observations and relied on a degree of prerequisite knowledge.

> *Ella*: …*our* education comes into it because we're trained at a higher level, our understanding of children's development is a lot higher…..

Co-ordinators also saw their role in terms of developing the caregiver as a person, as described by Kyna:

> It's almost like working with a child, you know, you work on a child's strengths and bring it up, work them up to build confidence and self esteem in them and sometimes with our caregivers it's finding that strength and, like, building their confidence.

Caregivers scoffed at the idea that visits from the co-ordinator played any role in regard to their training. Moreover, they did not always feel that the standards of their fellow caregivers were indicative of quality, describing the way children

were spoken to in playgroups, including instances of swearing, and what they saw as an overzealous application of standards.

Facilitating relationships with parents

An area of consensus between caregiver and co-ordinator participants in this research was the importance of the way that relationships with parents were facilitated within the network. It was felt that if relationships went well, high quality was achieved. One of the caregiver anecdotes gathered as part of a review investigating the nature of caregiver-parent relationships, highlights the reciprocal nature of parent-caregiver communication. In this case, the two-way support offered between the caregiver and parent was evident in their exchange of skills and resources as they shared a mutual interest in each other's family as well as a shared focus on the child:

> We had a talk about what the children did at kindy and how X had given one of the mums there a cuddle. We talked about some of the new things that X is doing at home and the new words that he is learning. We talked about how Z had got soaked at kindy and how hot the day was. Then we talked about J's school dance and P showed me how to tie a tie that she has loaned my son for his dance. Then we talked about Christmas shopping. We also talked about games that we play to get X to say new words.

However, if a relationship was deemed to be unlikely to work, the caregivers had a great deal of control over who entered their home or who stayed there.

> *Lisag:* one of my children I haven't liked the parents and unfortunately it clashed and I ended up not having the child.
>
> *Briar*: They move on very quickly when things don't work.
>
> *Lisag:* I must admit, it was only with one and I actually moved them along really fast.

The matching process, linking families with caregivers, highlights a central dimension of quality, which has been identified, in the work of Waayer (2001) and Stonehouse (2003), as a feature of family day care that warrants further investigation. While the co-ordinators involved in this project saw the matching

process as based strongly on parental choice, the caregivers believed that they were the ones who made decisions on access to their family day care setting.

These caregivers were experienced providers who had well developed reputations in their own communities and were therefore in a position to make choices about who did or did not come into their homes. Their motivation for work based on their lifestyles meant that they were keen to see a match in terms of their own families as well as themselves as caregivers. Lisag, for example, talked about the life-long relationship her daughter had formed with a child who came into her home for family day care. When this occurred, there were benefits for the caregiver and her family which, from the caregiver's perspective, represented quality.

Caregiver and co-ordinator strengths and relationships

What emerged strongly in this study was the strength the caregivers held in their private worlds, and the strength held by co-ordinators in the public domain. Many of the caregivers were able to maintain autonomy in determining the care they provided, the way it would be provided, and the nature of the relationships they developed.

Co-ordinators, on the other hand, served a role as the interpreters of professional knowledge, the experts on public accountability and the mediator between the organisation , the caregivers and families.

Co-ordinators frequently spoke about the difficulties they experienced in working between these worlds, where different priorities were held, and where the expectations they could place on caregivers were limited as a result of caregivers' private (volunteer) status. Co-ordinators' ability to demonstrate quality in the care arrangements was also heavily determined by their relationships with the caregivers and this meant that it frequently resulted in compromises.

At the final focus group several of the co-ordinators proffered the information that they were not able to check up on caregivers daily and that, as a consequence, a great deal of trust was involved in the caregiver and co-ordinator relationship. Co-ordinators were able to reconcile this with their belief in the strength of relationship that they had developed with each caregiver. One co-ordinator described this as a 'trusting relationship':

> If we're building a trusting relationship with caregivers and ourselves and we're doing our utmost to support them. …we're helping them reduce the workload and, you know, a trusting relationship. That's what I would be hoping it would be.

The quality review process as a continuum

The quality review process offered a shared space for participants to meet at various points along a continuum of public and private worlds. In particular, the inclusion of caregiver perspectives enabled alternative 'private' voices to speak about their interpretations of quality in family day care. Caregivers embraced this professional development opportunity wholeheartedly and frequently spoke of the value they placed on this experience, since they believed they had a practical perspective to contribute whilst learning more about the public face of the network.

It should be noted that caregivers did not receive any reimbursement to attend the training sessions, the review discussions and associated work, or the focus group discussions (although I tried to plan them at appropriate times and provide as much comfort as possible).

The shift in their discussions as the process unfolded, was dramatic. They felt much more confident in grappling with professional documentation, since they felt it had been de-mystified as part of the professional development process. However, they maintained their original resolve that they needed support in order to provide high quality care for others, unanimously expressing reluctance to become 'employees', which would mean a loss of tax-free status.

The caregivers articulated the importance of their potential, as groups of women, to meet and share ideas. This is described by Briar:

> That's where we came up with the workshop idea because there is such a vast difference between people like myself, who have just started doing care giving, and people like Rose and Jasmine and Lisag and Pansy who have been doing it for years and they have got so much experience to give to someone like me, but yet I'm left to trip over the same rocks and the same hurdles that they had to and find my own way around them.

One of the caregivers' greatest fears, which they discussed at the final focus group, was that the findings from this quality review would be 'swept under the carpet'. They felt that the cyclic nature of quality review, described in *The Quality Journey* as ongoing and systematic, would be a worthwhile enterprise.

The co-ordinators felt that they had gained knowledge and insight from working alongside caregivers. They considered that this had enabled them to realise a different level of partnership and that, through this process, they had increased their expectations of caregivers and recognised their potential to contribute in a more public way. For one participant in the study, recognition of alternative ways of looking at quality was evident in her contribution at the final co-ordinator focus group:

> If you get the processes right you can really get that kind of determination of quality coming 'up' rather than say an organisation necessarily saying "this is what quality is, go out and make it happen". So it's a partnership thing rather than imposed on them - sometimes when you say, "this is quality" you can actually look at it in two ways.

Figure 3 (below) provides an overview of the features of the quality review that both impacted on, and were influenced by, the review process. Several of these features have also been noted by researchers working with quality review processes in centre-based early childhood education centres. Wansbrough (2003), for example, suggests that the organizational groundwork criteria, as a prerequisite for work with *The Quality Journey/He Haeranga whai hua (2000)(2000)*, require the existence of a critical culture.

Figure 3: The role of The Quality Journey/He Haeranga whai hua (2000)
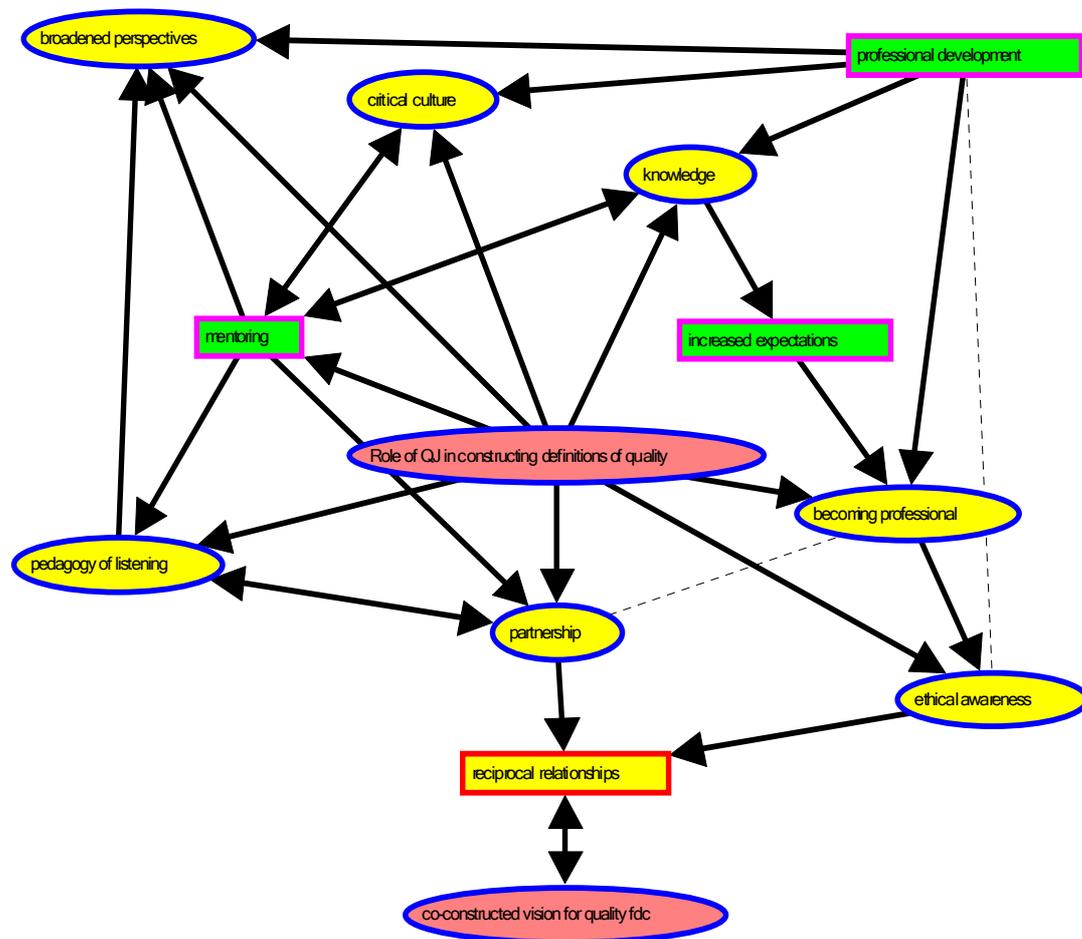
While the existence of a critical culture and other elements were not immediately apparent for all of the participants, the process of quality review served the purpose of developing the necessary groundwork through respectful and reciprocal relationships. In this way, quality review did not remain in the sole hands of knowledgeable professionals. Nevertheless, it did require a culture of willingness to learn, significant levels of professional development support and an ability to enter into partnership (as defined by *DOPs*).

CONCLUSION

Family day care offers huge potential for the investigation of multiple perspectives within early childhood education. The issues discussed in this paper not only revealed differences between co-ordinator and caregiver beliefs about quality but also demonstrated the importance of inclusive review processes as a vehicle for bringing private and public worlds together. The review process became an important mechanism for sharing diverse views, so that the provision of a shared public space for the process of *meaning-making* (as described by Dahlberg, Moss & Pence, 1999) was achieved.

In this study, the complex relationships between professional and private worlds of caregivers and co-ordinators, as they worked both separately and collectively to construct quality, showed how the process of a quality review could be a useful professional development tool for family day care, offering opportunities for recognition of alternative, sometimes challenging, perspectives. Not only did participants gain increased knowledge about their practices, but they also gained a heightened awareness of their public accountabilities within the private world of the home.

The different perspectives that emerged from this study can be partially attributed to the existence of private and public worlds in family day care which were influenced by both historical and current values and beliefs and derived from experience, background, training and associated discourses.

The interface between private and public worlds, and the challenges of listening to alternative voices is certainly not foreign to other services in early childhood education as well. For example, Hughes and MacNaughton (1999) suggest that there are challenges in centre-based early childhood services to realise true partnership with parents, in a busy professional world. Ebbeck (2001; see also Rosenthal, 2002) has also signalled that alternative non-professional voices, including those of children, should be part of our constructions of quality.

Defining and investigating issues of quality

One of my dilemmas as a researcher investigating two different perspectives on quality, was how to acknowledge not only both positions but also the complex variations in between. That is, not all caregivers always thought the same way - neither did all co-ordinators share the same professional discourse. These internal differences require a much deeper and broader exploration than the scope of this paper allows, however, one aspect of difference that I noted was focussed around the geographical location of the networks. Caregivers working in lower decile areas, for example, spoke of feeding children since families couldn't afford to do this; about care ceasing due to an inability to pay; and of providing a 'service to the community'. Caregivers in high decile areas, on the other hand, more readily embraced the professional documentation, saw their work as a business, and were more likely to select children for inclusion in family day care based on their ability to fit in with their home. Similarly, some co-ordinators placed great emphasis on documentation whilst others perceived that it was nothing more than an accountability exercise.

The process of defining and investigating aspects of quality was an important mechanism for sharing diverse views. The issues that arose not only revealed differences between co-ordinator and caregiver beliefs about quality, but also demonstrated the importance of inclusive review processes as a vehicle for bringing private and public worlds together.

The provision of a shared public space for the process of *meaning making* (as described by Dahlberg, Moss & Pence, 1999) was achieved through the review process. Not only did participants gain increased knowledge about their practices, but they also gained a heightened awareness of their public accountabilities in the private world of the home.

Self-review: bringing together private and public worlds

This study was based on a small number of participants working within one welfare-oriented organisation, but the findings show the importance of self-review as a process that confronts espoused (public) and actual (private) practices within an organisation. A quote from one of the co-ordinators emphasises the importance of processes that empower all participants to engage in public spaces, and that offer potential for constructed definitions of what matters most for family day care:

> [They] should be allowing more time for reviews to be put into process. Instead the changes are still coming from the top and they are not the ones doing the hands on, and what would quality or quality review mean to them? The review made me look underneath and behind - like what is happening here? How can I find out? How do we know this is what they want? I have also realised that we could and should be involving the caregivers in decisions - reviews because we are probably devaluing their input and feedback much the same as is happening to us.

When looking back on the process at the final focus group, one of the caregivers reflected on her experience of being able to contribute to the organisation:

> The caregivers that we've been, you know, those of us who have been doing it for a long time and that are probably feeling that this is the first time that we've actually…we might have something to say, that we're actually being listened to.

The results of the study suggest that isolating public and private worlds either literally (by limiting caregiver access to professional knowledge) or figuratively (where one is seen as more important than another) is not helpful in progressing our understanding of family day care. Rather, we should consider increased opportunities for bringing together the unique blend of both worlds in family day care, and the potential for greater awareness of alternative perspectives. In this way, both worlds are acknowledged and brought together so that a shared vision of quality in diversity emerges.

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