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Quality Across Competing Business Structures**

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# Examining parental and staff perceptions of childcare service quality across competing business structures

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This article explores parental and childcare staff perceptions of quality across alternative childcare governance structures in Australia. A total of 21 childcare staff currently working within both 'non-profit' and 'for-profit' long day care centres were interviewed. In addition, 20 interviews with parents of children attending community-based, independent-private and corporate chain centres were conducted. Significant differences between the quality perceptions of parent and staff cohorts were found. In addition, inter-group differences were also observed. The results tentatively suggest that both parents and staff attach importance to both structural (regulated and flexible) and procedural elements of childcare service delivery—although parental age and caregiver experience appear to moderate the levels of importance assigned to identified quality dimensions.

## Introduction

Both non-profit and for-profit centres provide long day care services in Australia. These include community-based providers (non-profit), independent private operators (for-profit) and corporate chains (publicly listed for-profit entities). Each structure has markedly different strategic and operational approaches, which has led researchers to question the relative merits of each organisational arrangement, in terms of the service quality provided. For-profit organisations are said to follow a 'business orientation', focusing on cost and efficiency, while the 'humanistic orientation' of non-profit centres is said to be more effective in developing beneficial attachment relationships with children through accommodating individual needs (Goodfellow, 2005). Of particular concern is the recent trend towards the corporatisation of services, which has been viewed by critics as resulting in poorly managed businesses, reductions in the quality of staff and significant decreases in the overall quality of services provided (Nyland, 2001). Proponents suggest that privatised operations result in cheaper and more efficient service provision, the injection of new resources, and subsequent financial relief on the public system (Kruger, 2009). However, the recent demise of the largest publicly-listed owner of childcare entities, ABC Learning, has renewed concerns regarding falling quality standards in corporate long day care centres. Given these concerns, it is surprising that the relationship between childcare service quality and governance structure has only received limited attention in the literature. To the best of the authors' knowledge, only one other study has considered this issue—albeit only from a single stakeholder's (childcare worker) perspective (Rush, 2006). To this end, this research extends current understanding of service delivery in childcare through examining quality perceptions (of both parents and childcare staff), within the context of alternative childcare management and ownership structures.

## Literature review

### Service quality

Service quality in childcare remains a subjective construct (Ceglowshi & Bacigalupa, 2002). From a parental perspective, service quality is usually defined in relation to the needs of the child and family, with the most important aspects relating to the childcare service outcomes (including affordability aspects) and physical childcare settings (Emlen et al., 1999). Although quality assessments are often influenced by the demographic characteristics of the parents (including age, cultural norms, reference groups and socioeconomic background) (Noble, 2007), prior research has shown that, overall, parents consistently rate the emotional warmth (nurturing), health and safety dimensions of care above all else (Cryer & Burchinal, 1997).

From a researcher's perspective, there appears to be three contextual factors that assist in the promotion of

high-quality care: regulation, funding and auspice. Firstly, regulations have been found to be related to quality, with better regulations equating to better staff–child ratios, lower rates of infectious illness, better-trained staff, appropriate child interactions and lower staff turnover (Phillips et al., 1995). Similarly, funding has also been found to relate to staff ratios, staff morale and turnover, levels of staff training, working conditions, and staff–child interactions (Scarr et al., 1994). Finally, in a Canadian study, auspice (ownership structure) was found to impact upon the quality of childcare services, with non-profit centres exhibiting better staff–child ratios, better employment conditions, lower staff absences, reduced turnover and lower work-related stress (Doherty-Derkowski, 1995). However, the role of corporate structure and childcare service quality has received scant attention in the early childhood literature, despite continued debate regarding the relative merits of childcare privatisation and corporatisation (Rush, 2006).

## **Corporate structure**

Market driven childcare provision in Australia continues to inspire much debate. Proponents of the ‘economic rationalist’ approach to service provision view privatisation and corporatisation of public services as a valuable innovation (Love et al., 2000) resulting in the injection of new resources, cheaper and more efficient services, and needed financial relief on the public system. In support of this, the recent privatisation of Australian prison systems has resulted in significant construction and operational savings (Love et al., 2000). Furthermore, there is some evidence that the entrance of commercial operations often encourages greater performance in public-sector enterprises, through mutual benchmarking activities (Pataki et al., 1998). However, critics suggest that privately-owned (and, in particular, publicly-listed) childcare services encourage poorly managed businesses, due to their focus on appeasing shareholder demands (Nyland, 2001). In addition, concerns have been raised regarding the capacity of corporate chains to exert influence over smaller competitors, manipulate accreditation outcomes and influence the direction of public policy (Rush, 2006; Sumsion, 2006a).

In a recent study, childcare staff appraised quality outcomes associated with for-profit and non-profit long day care centres (Rush, 2006). The findings suggest that community centres offer the highest levels of care and that independent private operations significantly outperform corporate chains when considering the quality of physical equipment, food and nutrition, staff–child ratios, and the provision of environments conducive to the development of children (Rush, 2006). However, parental perceptions of quality within the context of alternative operating structures have not been investigated—which is curious, given that the results of prior studies of parental perceptions have been shown to both reinforce and extend current conceptualisations of childcare service quality (Cryer & Burchinal, 1997; da Silva & Wise, 2006). To this end, this research will extend the current early childhood development literature through investigating the following research questions:

RQ1. To what extent are there differences in the perception of consumers (parents) and providers (staff) in relation to quality in childcare service delivery?

RQ2. To what extent are there differences in the perception of consumers (parents) and providers (staff) regarding service quality across different operating structures?

## **Method**

### **Research design**

Given the nature of the research problem, a realism research design was adopted to facilitate understanding, capture the complexities of this subject area and triangulate multiple perceptions about the nature and form of reality—so as to arrive at analytically generalisable results (Yin, 2003). In this research, sample selection was purposive (Gubrium & Holstein, 2001), and parents and childcare staff within regional and urban areas of south-east Queensland were interviewed to limit extraneous variation in collected data (Eisenhardt, 1989). A snowball sampling technique was used, in which each respondent was asked to suggest another person with similar characteristics (that is, a person working within the childcare sector, or with a child enrolled in a centre) (Aaker et al., 2005). Nominated participants were then contacted by phone or email and sent an information sheet via fax or email explaining the purpose of the research and inviting them to participate in the study.

A research protocol was used to enhance validity through ensuring broad consistency across cases. Initial questions covered background and demographic facts. The second section of the interview protocol focused on respondent perceptions of quality in childcare centres. Respondents were initially asked to detail their current understanding and expectations regarding childcare quality and then further probing questions (for example, 'Could you describe what childcare service quality means to you?' and 'Why is accreditation important to you?') were used to elicit greater meaning and detail. Questions were deliberately broad in scope. Finally, interviews were conducted until data reached a point of saturation and no new themes emerged (McMurray et al., 2004).

As a result, a total of 21 semi-structured in-depth interviews were conducted with childcare staff currently employed within community-based, independent-private and corporate chain long day care centres. In addition, a further 20 interviews were conducted with parents of children attending long day care in community, independent or corporate chain centres. Of the 41 semi-structured interviews, nine were conducted face-to-face in a variety of settings (mainly within respondents' homes or workplaces in the south-east Queensland region). The remaining 32 interviews were conducted by telephone, with respondents located throughout south-east Queensland in Australia. Generally, interviews lasted from 45 minutes to 1 hour and 20 minutes. The sample was diverse in its characteristics, and these are shown in Table 1.

Table 1. Profile of sample

Parents	Age	Range 20–44 years	
		Under 35 years	N = 12
		35 years and over	N = 8
	Income	\$25,000 to \$75,000	
	Type of care	Corporate chain	N = 6
		Independent-private	N = 9
Community-based		N = 5	
Staff	Age	Range 22–49 years	
	Experience	Less than three years	N = 8
		Three years or more	N = 13
	Type of care	Corporate chain	N = 6
		Independent-private	N = 9
		Community-based	N = 6
	Qualifications	University degree	N = 5
		Diploma	N = 10
Study in progress		N = 6	

### Thematic analysis

The data-mining tool Leximancer was used to analyse the interviews and develop a conceptual map for each category of analysis. Leximancer undertakes a form of automatic content analysis (Smith & Humphreys, 2006), thus reducing potential researcher bias (Nisbett & Wilson, 1977). The transcripts were formatted as Word files and entered into Leximancer for content analysis. Thematic analysis consisted of two phases, including conceptual seeding and relational (semantic) analysis. First, frequently used concepts such as 'caregiver staff relationship' and 'provider responsiveness' (around which other terms cluster) were identified. For example, terms such as 'communication', 'knowledge' and 'culture' congregated around the concept of 'caregiver staff relationship'. Second, the co-occurrence of concepts within the text was assessed, and two concept maps were generated to depict staff and parental perceptions of service quality. Concept reduction resulted in the generation of 'prototypical' thematic circles that encompassed all other concepts in each map. The concept maps included the three main focal points of interest:

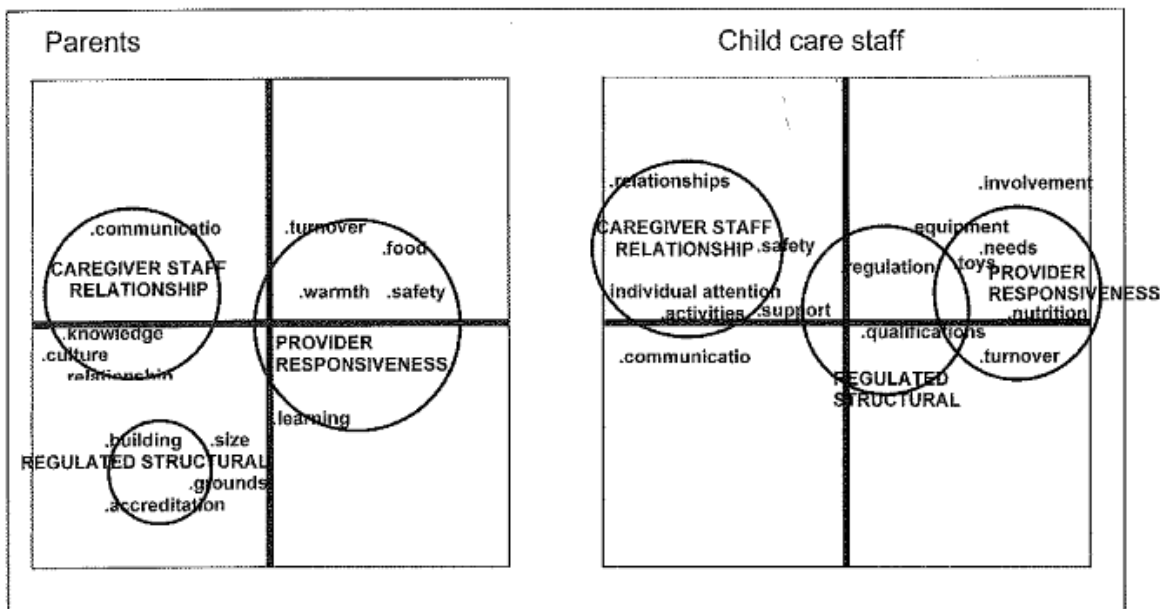
- caregiver-staff relationship
- regulated structural
- provider responsiveness.

The intersections of the thematic circles indicated specific linkages between identified concepts (such

as 'regulated structural' and 'provider responsiveness') in the childcare staff concept map.

The themes (and associated sub-themes) that emerged from the interviews were categorised into three areas of quality. The first area, labeled 'Centre', included sub-themes relating to accreditation, group sizes, (caregiver) qualifications, safety (of building and grounds), toys and equipment, and government regulations. The next theme, labeled 'Process', included sub-themes relating to the emotional warmth of staff and child interactions, safety and health, stimulating toys and equipment, developmental activities, staff turnover (stability), and food and nutrition. The final theme was labeled 'Interaction' (by staff) and 'Relationships' (by parents), and included sub-themes relating to childcare staff knowledge and relationships with children, childcare staff knowledge of parental needs and expectations, parenting support and flexibility, and sensitivity to children's cultural values. These categories (and many of the sub-themes) were found to be broadly consistent with previous categorisations of parental caregiver perceptions of childcare quality (for example, da Silva & Wise, 2006). Following assessment of the themes and associated sub-themes, the researchers re-labeled the theme descriptors to improve reader comprehension and highlight commonalities with previous research (for example, da Silva & Wise, 2006). In particular, the 'Centre' dimension was re-labeled 'Regulated structural dimensions of quality'; 'Process' became 'Provider responsiveness to developmental needs'; and 'Interaction' (staff or 'Relationships' (parents) was re-named 'Caregiver staff relationship with parents and children'. Concept maps depicting childcare staff and parental perceptions of quality in childcare are shown in Figure 1.

Figure 1. Concept maps depicting staff and parental perceptions of service quality



## Findings

### Differences in parental and childcare staff perceptions of regulated structural dimensions of quality across alternative childcare service delivery governance structures.

Previous research into the early childhood literature suggests that regulated structural aspects of childcare inform likely processes for quality outcomes (Phillipsen et al., 1997). In particular, staff-child ratios, group sizes and caregiver qualifications have consistently been shown to influence how caregivers interact with children in nurturing and intellectually-stimulating ways (for example, Whitebrook et al., 1989). In this study, a small number of childcare staff (11 in total) nominated structural dimensions of quality as important in this regard. In addition, seven out of eight experienced childcare staff (who had in excess of three years experience) (Australian Institute of Health and Welfare, 2005) nominated structural issues as important components of childcare service quality. For example:

*Quality is all about the infrastructure. Things like group sizes, building standards, the programs and having qualified staff to run them. (Childcare worker, community-based, six years experience)*

In comparison, only three of the parent interviewees self-identified structural elements of quality (including toys and equipment, nutritious food, group sizes and centre accreditation) as important when assessing quality outcomes. For instance, one respondent stated that:

*After talking with my sister, we knew how important it was for centres to be accredited ... supervise small classes and have trained staff; otherwise quality is bound to suffer. This is exactly what happened to my sister after she had enrolled her children in a church-run centre in Sydney. (Parent, private-independent)*

When considering structural dimensions of service quality, a strong majority of childcare staff considered community-based centres and some high-quality, independently-operated private organisations to offer the best levels of care. Although only nine staff had worked in, or had previously been employed in, community-based centres, a total of 14 respondents ranked community-based centres above corporate chains, and on par with high-quality independent operations—in relation to the administration of staff–child ratios, capping group and class sizes, and recruiting professionally qualified staff (as opposed to training staff in-house). The next quotation is indicative of these responses:

*The difference between community and some private centres is that community centres are run by the government or managed by committees. We are not in it to make money, which means that they have the funding to make sure that we can employ the right kind of people and provide the right type of environment for children. When I was working in a private centre, we had poor changing facilities, which made hygiene issues a nightmare. Sometimes our staff wouldn't check to see that no children were left behind at the end of the day. The owners kept on operating, which shows that there are real problems with monitoring [the] centres out there. (Childcare staff, community-based centre, eight years experience)*

However, when prompted, 14 parents nominated that independent private care offered higher levels of (regulated) structural dimensions of childcare service quality than centres administered by community or corporate governance structures. However, most parents commented that the structural dimensions of care in community centres were better than those offered in corporate chains. For instance:

*I spoke with a lot of my friends before sending our child to [an independent-private centre], and we found that the recommendations were correct. Small classes and qualified directors and supervisors. I know that community centres offer this as well, but it can be really variable depending on who is running them. But they are definitely better than the [corporate chains]. I would think that [a corporate chain] would not manage these things as well, because they focus on expanding rather than managing any of their businesses. (Parent, independent-private)*

### **Differences in parental and childcare staff perceptions of 'provider responsiveness to developmental needs' across alternative childcare service delivery governance structures.**

The dimension of 'provider responsiveness to developmental needs' was rated by both parents and childcare staff as an important aspect of service quality in childcare service provision. This dimension related to the quality of services provided above legal minimum stipulations. A strong majority of interviewees equated quality with the emotional warmth of the caregiver staff; the provision of safe, clean environments and nutritious food at regular intervals; stimulating equipment; appropriate developmental activities; the use of inclusive group activities; and low levels of staff turnover. For example:

*Safety is very important, but the way in which the centre and the staff present is equally important ... I mean it defines the quality of care ... I looked for staff that were warm, friendly and approachable. This makes me feel that they will go beyond doing just what they consider they 'have to do'—much like what my children get at home. (Parent, corporate chain)*

Although all childcare staff nominated this quality dimension as important in high-quality service delivery, it became apparent during the interviews that the more experienced staff nominated and emphasised the importance of many elements within this dimension (such as nurturing, proper nutrition, age-appropriate activities and safe work practices) in guiding the children's developmental activities, and in defining their roles within the centre. In comparison, staff with less professional experience often tended to nominate one or two areas, mostly those concerned with safety and hygiene. The following statement is indicative of a majority of

the more experienced caregiver responses:

*We have an important role in developing young minds ... and having the procedures in place to assist in their development. Just today, one boy in my three-to-five age group wasn't getting involved with any of the other children. I spoke with him and we found out that he didn't like painting on his bag, so we just painted on some paper and he was happy. So if I had to make everyone paint on bags to finish the activity, we would have had a problem. It's about understanding what the policies mean and being flexible enough to ensure that individual children aren't lost in the paperwork ... [S]ome centres are better at doing this than others. (Childcare worker, corporate chain, five years experience)*

When comparing this quality dimension across different childcare centre governance structures, younger parents associated quality with independent-private long day care centres, rather than community-based centres and corporate chains. A total of 12 parents aged less than 35 years believed that independent private centres were more responsive to the developmental needs of children. For example:

*Private day care is like a tight family unit. This is different to the community ones or [corporate chains], because the staff are focused on providing the right equipment and activities to suit the children. You can talk to them about your child's learning style ... the larger [centres] are more about uniform procedures and profit. Everything's about the look of the centre and the brand. (Parent, private-independent)*

In addition, a majority of more experienced childcare staff held similar views. For example:

*I would rate community and private care as generally the same when considering how in-tune the childcare centre is to a child's individual needs. Having worked in a big chain, I know it's all about adhering to the accreditation guidelines. They have observation checklists and so much paperwork to prevent any accidents, like child-biting or bullying. I don't think it's about ... nurturing the child as much as it is about making the minimum standards and avoiding being sued. (Childcare worker, independent-private, five years experience)*

In comparison, a majority of less-experienced childcare staff perceived that 'provider responsiveness to developmental needs' was superior in independent-private operations, when compared to community-based centres or corporate chains.

### **Differences in parental and childcare staff perceptions of 'caregiver staff relationships with parents and children' across alternative childcare service delivery governance structures.**

Both parents and staff agreed that a close and personal relationship between caregiver staff, children and parents was necessary for providing high-quality outcomes for children. A recurrent theme (revealed during the interviews) related to the need for staff approaches involving close behavioural observation and age-sensitive communication, so as to inform the appropriateness of current and future care and learning approaches. In particular, most parents and childcare staff alluded (both explicitly and implicitly) to benefits associated with staff and child interaction in developmental activities—which lends support to previous research examining the advantages of 'joint attention episodes' in childcare (Smith, 1999). For example:

*I think that the number one thing in caring for children outside of the home is the warmth and friendliness of the staff. It's all about leaving your children with people you can trust, people that will talk to your children and understand them. (Parent, independent-private)*

In addition, a majority of childcare staff and parents agreed that by involving parents in daily activities, long day care centres were demonstrating an interest and commitment to their child's development and wellbeing. For example:

*I like how they get us to fill in a sheet about what we would like the children to be involved in, what they would be interested in. (Parent, community-based)*

However, the interviews revealed that the more experienced staff tended to suggest that individual needs and centre sustainability were reliant upon promoting and maintaining close relationships with parents. In comparison, just over half of the less-experienced staff cautioned against excessive parental involvement in activities, as it resulted in unrealistic demands for additional programming flexibility, which in turn impacted upon developmental outcomes. For example:

*I'm well aware of how important it is for parents to have a say in our programs, but it can go too far. I'm still new at this, but I've already seen how you get too much input, and not all of their demands are realistic. This makes it really awkward for us. I think sometimes parents think that they are qualified to run the centre, but they really aren't. There are certain guidelines we have to stick to and we can't have all of the group activities that are raised in our suggestion box. (Childcare worker, independent-private, seven years experience)*

When prompted to discuss the quality of the relationship between parents and staff within the context of different childcare management models, a majority of parents and childcare staff believed that independent-private centres offer the highest level of care. Importantly, on many occasions, parents made a distinction between sole traders and private company ownership in independent day care operations. Sole traders were viewed as small family-run enterprises not comprising more than two centres. Larger independent-private centres were viewed as having three or more centres. A majority of parents believed that larger private centres encourage high levels of staff turnover and greater central administration, which impacts upon staff interaction with children, the involvement of parents in learning and development activities, and centre flexibility. For example:

*In my experience, privately-owned centres definitely provide the best opportunity for parents to provide some input into class programming. But it has to be the right one. Our original place was 25 years old and owned by a lady who was really good with us. Then she bought three more centres through her company and all of the staff disappeared, and we found it hard to find someone to talk to. It all became increasingly confusing and the activities were changed and didn't suit our child. So we left. It was a lot better when it was a smaller and more approachable business. (Parent, community-based)*

Childcare staff rated the provider and customer care service dimension higher within independent-private centres, due to the perception that they offered better pay and conditions and more staff involvement in centre decision-making. However, community centres were rated as similarly effective in this regard.

## **Discussion**

The findings suggest that both childcare staff and parents identified and attached importance to the procedural elements of childcare service delivery. In comparison, while most childcare staff self-identified (regulated) structural elements of childcare service delivery, only a small minority of parents rated these as important. This suggests that parents tend to associate quality with observable childcare experiences—such as child interactions with staff and peers—rather than classroom and centre structural elements. This is curious, given that structural dimensions (such as caregiver qualifications, group sizes and staff–child ratios) have been shown to predict childcare quality (Phillipsen et al., 1997) and are often detailed in the media in reported allegations of breaches in childcare service quality (Karvelas, 2007). In relation to staff perceptions, the more experienced childcare staff nominated structural issues as important measures of service quality. This may be a reflection of job tenure and an increasing emphasis on regulation and accountability in the Australian childcare sector. In support of this contention, recent studies confirm the impact of changing regulations and quality-assurance practices on job satisfaction, teaching performance and perceptions of acceptable teaching practices (Hatch & Grieshaber, 2002; Sumsion, 2006a).

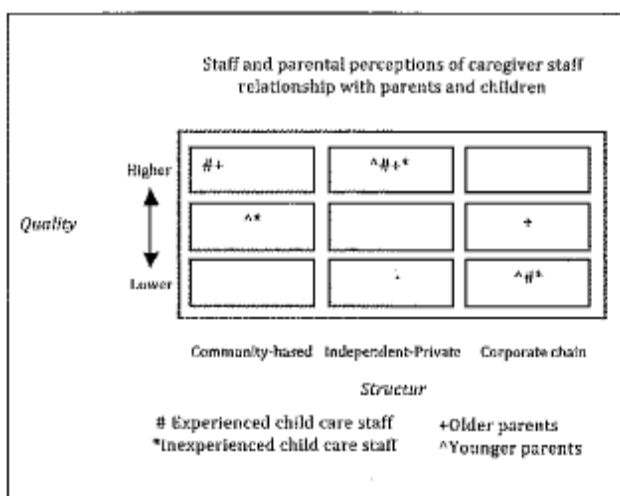
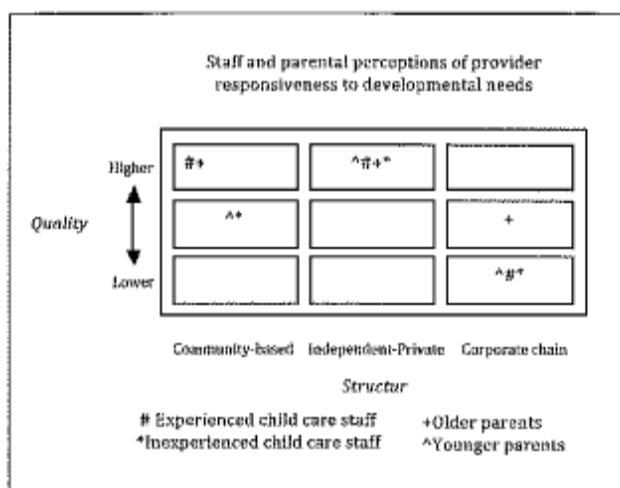
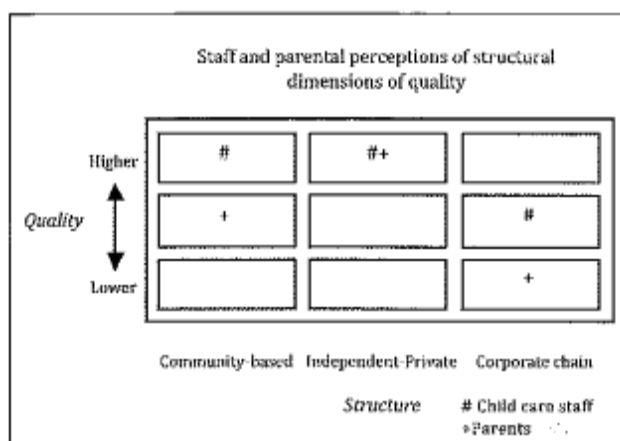
The dimension relating to the relationship between childcare staff and parents and children was perceived as the most important measure of quality in childcare services. Both parents and childcare staff believed that ongoing communication and observation was important in gauging the effectiveness of current learning approaches and identifying areas for improvement, so as to accommodate individual learning demands. Importantly, most interviewees suggested that 'joint or shared attention' episodes were important features of high-quality classroom environments. In particular, a majority of parents and staff believed that children's learning outcomes are significantly improved when activities include shared experiences, warm interaction and meaningful conversation—a concept which has some prior support in the literature (Smith, 1999). When considering the relationship between staff and parents, most agreed that open communication between the childcare provider and parents assisted in meeting the daily needs of the children. However, less-experienced



childcare staff placed clear limits on the extent of parental involvement in activities, citing difficulties in accommodating unrealistic demands on program content and delivery. This is a surprising result given the close contact that staff have with parents but may be indicative of increasing client and distractive demands placed upon childcare staff (Fenech et al., 2006).

When considering different organisational governance structures, clear distinctions between childcare worker and parental perceptions of quality were evident (Figure 2). Overall, parents consistently viewed independent-private and community-based centres as providing the highest levels of care, in relation to regulated structural dimensions of service quality. Although both centres were rated favourably on all structural dimensions, independent-private centres were viewed as marginally superior in meeting (and exceeding) minimum regulatory stipulations (higher numbers of qualified staff per child and smaller class sizes across age groups), as they were generally owned by a sole proprietor who had a significant financial and operational stake in the centre. Moreover, parents perceived that private centres also offered the highest levels of care in promoting hygienic and safe learning environments for children; providing nutritious food, and stimulating toys and equipment; developing appropriate developmental activities; and administering group activities. In addition, private centres were viewed as providing financial and professional development incentives that were effective in retaining experienced staff, who are thus able to develop close relationships with parents and children. However, older parents nominated community-based care as providing similar levels of high-quality care in relation to provider responsiveness to developmental needs and staff relationships with parents and children.

Figure 2. Staff and parental perception of quality dimension across alternative governance structures.



In comparison, childcare staff perceived community-based care to be of marginally higher quality than independent-private centres, as they often exceeded minimum state regulations regarding staff-child ratios, numbers of qualified and experienced staff, class sizes, and physical infrastructure (in particular, playground facilities and outside areas). In terms of provider responsiveness to developmental needs, the amount of staff-member experience in the industry influenced quality perceptions—less-experienced staff perceived that independent-private operations provided higher levels of quality, largely due to a belief that staff had some decision-making involvement with the directors in relation to the policies governing staff duties and responsibilities. At the classroom level, the more experienced staff believed that community centres were marginally better in providing nutritious food at regular intervals (and in appropriate quantities), sourcing and replacing new toys as required, maintaining safe and clean environments across all age groups, and designing developmentally sound developmental activities.

The results suggest that corporate chains are perceived by both parents and childcare staff as providing lower levels of service quality than both non-profit community-based and for-profit independent-private childcare

centres. Generally, corporate chains were rated lower on all factors, due to a general perception that they focused on generating profits, rather than on service provision. Although a few examples of poor-quality care were discussed in relation to independent-private centres, numerous concerns about corporate chains were raised—including compliance with minimum staff–child ratios and class sizes, employment of excessive numbers of unqualified staff, employee job dissatisfaction, absenteeism, staff turnover, and an over-reliance on relief staff. When considering the responsiveness of the centre to the developmental needs of children, most interviewees cited concern with the prominence attached to corporate brands and the physical appearance of the centres, rather than the learning program structure and activities. Similarly, the standardised nature of centre operations was viewed as restricting staff time with children (due to their excessive paperwork requirements), thus limiting the potential to establish and nurture secure attachment relationships with the children, which has some support in prior research (Rush, 2006). In addition, the structure of corporate chains was often perceived by interviewees as limiting staff involvement in the management of daily activities and precluding staff contributions to centre policy reviews and formation.

### **Limitations and future research directions**

A key limitation of this study is that only a small sample of caregiver staff and parents were interviewed, and not all respondents had direct experience with each of the non-profit or for-profit centre variants examined within this research. This limitation could be overcome in future studies through investigating the perceptions of a larger sample of parents and childcare staff. In addition, as the research was conducted using a realist paradigm and qualitative methodology, analytical (and not statistical) generalisability may be claimed (Johnson, 1997; Yin, 2003). While different regulations do apply throughout the states and territories in Australia, this research sought to identify general perceptions of quality in long day care service provision. Future research should be collected from a broad geographic spread of areas (urban, inner and outer regional, remote and very remote communities) and investigate the role of centre size, economic status and cultural influences on these perceptions (Bergin-Seers & Breen, 2002; Sims, 2003). Furthermore, as this research focused on comparing quality perceptions of caregiver staff and parents (who may or may not fully appreciate the nature of developmental programming activities), the findings strongly reflect relationship and procedural elements of childcare service delivery. Future research should investigate associations between children's developmental activities and service quality perceptions.

### **Conclusion**

This article sought to explore and compare parental and childcare staff perceptions of quality, within the context of different childcare organisational governance approaches. Quality appears predicated upon system size, the centralisation of management, and stakeholder responsibilities. While independent-private owner-operators (operating one or two units) were applauded for actively generating flexible and responsive approaches to achieving quality outcomes for children, corporate centres were viewed as following a business model that abrogated both direction and responsibility to centralised operations, far removed from the individual centre operations. The resultant perceptions of inflexible, remote and exclusive management practices, shareholder responsibilities and demands, and the overriding value attached to brand-building and generating profits, all question the applicability and role of corporatised services in childcare. Perhaps a more critical, ethical review of childcare corporatisation, as proposed by Sumsion (2006b), is warranted to establish the current and future role of corporatised childcare services and inform public policy, so as to ensure consistent high-quality service provision, regardless of ownership or the management structure of childcare centres.

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