

STAKEHOLDER PERCEPTIONS OF QUALITY OSHC

Background

Australia's child-care sector has grown considerably over the past decade and continues to support growing numbers of children in care. Outside School Hours Care (OSHC) includes before school care, after school care and vacation care, providing leisure and play-based activities for children approximately aged 4-13. Specifically, Jindalee School Age Care Program (JSACP) is an OSHC service operated by a parents and citizens association, with 225 licensed spaces and 32 staff. This service provides care to children from Jindalee State School as well as students from the local high school and special schools.

OSHC services are often described in the literature as critical for the working families who use them (Simmoncini, Caltabiana & Lasen 2012, Winefield et al. 2011) but little is known about how parents perceive and prioritise quality care, this still remains a subjective construct (Ceglowshi & Bacigalupa, 2002). We were interested to know if parents merely view OSHC as a convenient option to support their participation in the workforce, or whether more consideration goes into a deliberate choice of quality care providers?

This research seeks to identify what stakeholders perceive and value as quality care in OSHC, with the view of using these outcomes to communicate quality and advocate for the profession. Following our assessment and rating in 2018, the team at JSACP spent a lot of time trying to define and articulate quality in the context of this process. The team had ongoing reflective discussion regarding parents' perceptions of quality and also referred to ongoing media reports (typically less than favourable) about "quality standards in childcare". In order to raise the profile of the profession, the team felt it was important to understand what stakeholders consider to be quality care – specifically the major stakeholders of children, educators, parents & the approved provider. We felt this information would be useful in articulating quality outcomes in meaningful, reciprocal language in a targeted advocacy and education program.

Research Questions

In order to explore the various stakeholder perceptions of OSHC, we worked with the following questions to guide our research:

How do parents define/measure quality care in OSHC?

How do school staff define/measure quality care in OSHC?

How do the ideas of parents and educators compare with policy,

Research Method and Data Collection

This study adopted purposive convenience sampling to recruit participants from two groups.

Parent Participant Group: Participants were suitable for inclusion if they were currently utilising JSACP as their primary provider of care services. From this group, 43 parents completed the survey.

Educator Participant Group: The participants in this group reflected the general population of OSHC Educators, in that they are predominantly casual staff, working towards a relevant qualification for Queensland. The group included males and females across a diverse age range. Prior to data collection, written informed consent was obtained. Participant were de-identified to ensure anonymity and confidential storage of data.

Data was collected using an online questionnaire and focus group. The cross-sectional online questionnaire was informed by available research and literature. Combined descriptive quantitative questions (multiple choice and rating questions) supported by open qualitative questions, encouraged participants to reflect on how they determine quality care for their children. Opportunities for short responses were provided for elaboration and any additional information. The survey was distributed to all Jindalee SACP families via email or the newsletter. Of these 43 parents responded.

Focus groups were facilitated by the researchers which lasted on average thirty minutes. Research and literature informed a semi-structured interview which was used in data collection. This was designed to enable participants to describe their experiences and share thinking about quality care in OSHC. Audio recordings of focus groups were transcribed and participants were de-identified to protect anonymity. Transcript data was summarised to identify the main themes raised in the discussion before being emailed to participants for member checking. Participants indicated that the summaries were an accurate representation of the focus group.

The approach to data analysis for the focus groups was informed by 'Data Analysis in Qualitative Research' procedure as described by Creswell et al (2009).

Following each focus group, recordings were transcribed in full and read multiple times to increase familiarity. With each reading, notes were made to summarise and highlight significant points. The themes were then listed and referenced back to the verbatim transcript, to make sure they captured the essence of the participant's response. Themes were then referenced between the two sessions and grouped accordingly.

For online questionnaires, quantitative data was collated while open ended questions were coded and assigned to themes. Results were cross-tabulated to identify the impact age of parent had on perceptions of quality care.

Theoretical Framework

Child care quality is typically recognised in two forms: structural quality and process quality. Structural quality refers to observable and regulated components of care; staff ratios, group sizes, educator training & physical environment. Process quality is a construct that is difficult to measure and incorporates the quality of relationships and interactions that develop between educators, children, families and communities.

Research consistently links the quality of child care to children's development and highlights the long term benefit of high quality care. Research has found that both process and structural quality have been consistently found to predict children's cognitive, language and social development. Indicators such as caregiver training and education, group sizes & physical environment has a demonstrated relationship with quality outcomes such as the development of social skills and vocabulary. Often it is hard to isolate exact indicators of quality, as elements of structural quality (e.g. group sizes) are often investigated along side process quality (e.g. relationships).

Findings

Findings from focus group and survey data were interpreted through the process of thematic coding, resulting in the emergence of a number of sub- themes that articulate perspectives on quality care in OSHC. These were grouped into four master themes: Belonging, Relational, Care-giver Characteristics and Program characteristics.

Belonging as a construct of quality was interwoven throughout a number of participant responses. Parents and Educators both articulated that this feeling of belonging was fundamental to defining quality in the service. Both parents and educators used words like family and home in their responses. Interestingly, educators also discussed their own feelings of belonging as being important to a quality OSHC and creating a dynamic and positive work culture.

The place of **relationships** in defining quality care was discussed by both participant groups. 97.6% of parents responded that they consider this an important predictor of quality. Discussions revolved around relationships between staff and children, staff and parents, peer relationships and the link between the service and the community. Both Educators & parents spoke about "trust" & "comfort" in the context of these relationships.

The idea that quality is related to **program characteristics** emerged predominantly as a theme in the parent stakeholder group. This theme was identified from comments regarding the structural quality of the service; physical environment, health and safety, location, flexibility and cost. Parents prioritised "health safety" in the quantitative (100% of respondents rated "very important" feature of quality) but less so in their qualitative responses.

Both educators and parents referred to the **characteristics** of "care givers" that related to quality care. Parents frequently referred to characteristics such as "attentive" "nurturing" "positive" and "caring" to describe quality care. Several parent participants highlighted elements of structural quality such as Educators being "professional, qualified or gaining qualifications". Interestingly, this was not raised by the Educator participant group.

Future Directions

Further research needs to consider the perspectives of additional stakeholders such as children, the school community and broader community including policy makers. Ongoing research is required to document children's experiences in OSHC. Having a strong research base allows us to refer to evidence based quality outcomes and advocate for the profession. It would be interesting to consider if stakeholders hold different expectations in long day care vs OSHC and any potential differences between P & C run and private services.

Services have the responsibility to educate parents about the National Quality standards. While peak bodies play an important role in promoting professionalism and advancing the sector, services have a direct relationship with stakeholders such as parents whose ideas about quality are informed by their experiences with us. Educated parents are better able to disseminate media reports, freely market our profession through anecdotal evidence and have more meaningful involvement in decision making.

Educators must be intentional with the language they use. While perceptions regarding the profession have improved in the last decade and significant work has been done in this regard, it is important that we are aware of the quality outcomes we deliver and how we portray ourselves.

Children are our biggest sales rep- harnessing their voices and letting them articulate their experiences at OSHC is very powerful and a good way of explaining those elements of process quality.

We need to extend our circle of influence. Parents who regularly utilise our service may have a better understanding of what we do and the quality outcomes we offer. We might consider strategies for communicating this to a broader audience. Who else can we strategically influence?



References

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