

# Parent users of high-quality long day care: Informed consumers of child care?

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**INHERENT IN THE AUSTRALIAN** Government's marketised provision of early childhood education is the assumption that parents are informed consumers of child care who can discern centre quality. Drawing on Sumsion and Goodfellow's (2009) typology of parents as consumers, we explore this assumption through questionnaire findings from a sample of 139 parents whose children were enrolled in high-quality long day care. Findings indicate that parents had considerable knowledge of process aspects of quality, but less understanding of staff attributes, structural elements (particularly ratios and qualifications) and intangible contributors to quality, such as leadership. Parents' responses varied according to demographic profile and centre practices. Findings suggest scope for educators to enhance parents' capacity to drive demand-led quality improvements, and a need for future research to explore parents' values-based as well as knowledge-based understandings of quality in child care.

## Introduction

In Australia and many other western industrialised countries, governments adopt a marketised approach to the provision of early childhood education and care (ECEC) (OECD, 2006). Implicit in such an approach is the assumption that parents have the capacity to discern centre quality. Undermining this premise, however, is a body of research that generally positions parents as having limited knowledge to make informed judgements about a centre's provision of quality. Findings pertaining to long day care (LDC), the most utilised type of formal child care in Australia (Commonwealth of Australia, 2010), suggest first, that parents generally have limited knowledge about what constitutes childcare quality (Leach et al., 2008; Li-Grining & Coley, 2006; Shpancer et al., 2002; Turner & Smith, 1983; Van Horn, Ramey, Mulvihill & Newell, 2001). As uninformed consumers, these parents may evaluate centres of mediocre quality as high quality (Shpancer et al., 2002). Second, while some parents may be informed about what childcare professionals deem to be important for the provision of quality ECEC, this knowledge does not necessarily translate into a capacity to discern centre quality. Indeed, considerable evidence suggests that informed parents may also overestimate the quality provided at the centre their

child attends (Browne, 1984; Cryer & Burchinal, 1997; Cryer, Tietze & Wessels, 2002; Knoche, Peterson, Edwards & Jeon, 2006; Shpancer et al., 2002).

Parents' capacity to discern centre quality is important for a number of reasons. In Australia, the number of children from birth to six years of age utilising centre-based LDC has steadily increased since 1996 (Australian Bureau of Statistics, 2008). As at September 2009, over half a million children attended LDC for an average of 26 hours per week (Commonwealth of Australia, 2010). Given the direct relationship between childcare quality and developmental outcomes for children (Love et al., 2003; NICHD Early Child Care Research Network, 2005; Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2004), parent overestimations of quality may mean that children receive less than optimal education and care, with significant implications for their future development.

In Australia, the Federal Government recently abolished parent surveys as a component of the National Quality Improvement and Accreditation System (National Childcare Accreditation Council, 2005), which rates centres' provision of quality. Prior to this change, centres have been required to complete a self-study that draws on evaluations from parents, staff and management. This self-study is then followed up by an external validation assessment, with both sets of

evaluations then subject to a moderation process that determines a centre's provision of quality on a four-point scale: 1 = Unsatisfactory, 2 = Satisfactory, 3 = Good quality, and 4 = High quality. According to the National Childcare Accreditation Council, the decision to disband parent surveys was made, in part, because parents tended to overestimate centre quality, thus rendering the surveys to be of limited value (Horin, 2009).

To 'improve public knowledge about and access to information about the quality of ECEC ... and to help inform their choices about the quality of education and care provided to their children' (Commonwealth of Australia, 2009, p. 7) the Australian Government is developing a Quality Rating System, to be introduced in January 2012 (Commonwealth of Australia, 2009). Under this system a to-be-established Quality Authority will assess ECEC services against National Quality Standards currently under development, with each service to be rated as either unsatisfactory, operating, national quality standard, high quality, or excellent. These ratings will be made publicly available, with the intention that parents will be able to make more informed decisions about the setting in which they choose to enrol their child.

A premise of this policy initiative is to build parents' capacity to discern centre quality through an engendering of parental trust in 'the system'. In other words, parents will be able to 'know' the level of quality of the centre their child is attending, or may attend, by referring to the centre's quality rating. This approach, however, is potentially problematic for a number of reasons. First, it creates parental dependence on the rating system and does not directly build parents' understandings about what research purports are key elements that support high quality. Second, the approach appears to assume that the information asymmetry on which regulatory measures such as the Quality Rating System are based can only be addressed by government in this indirect way; strategies that seek to directly build parents' knowledge about quality ECEC and could complement the Rating System have not been introduced. Third, the approach assumes that what parents value as quality is encapsulated in the standards on which centre ratings will be based. Because 'quality' is a relative construct (Moss & Pence, 1994), parents' conceptualisation of quality can overlap with, but may also be distinct from, that of policy-makers (Harrist, Thompson & Norris, 2007; Mooney & Munton, 1998). Research by Shlay and colleagues (2005) in the United States suggests that parents will rate centres that are licensed and accredited as more desirable, and deem them as being worth more in terms of fees, than centres that are not. However, such trust in the system will be warranted only if regulatory systems such as the new Rating System are robust in their standards, comprehensive in their evaluative processes, and in alignment with parents' values and beliefs about their child's wellbeing and development.

In this paper we are interested in teasing out some of the premises and assumptions on which developing Australian Government policy is based, within a conceptual frame of parents as ECEC consumers. Our thinking is informed by a three-dimensional matrix proposed by Sumsion and Goodfellow (2009) for considering the possibilities of parents bringing about demand-led improvements to quality. Of the three axes of their matrix—parent knowledge/perceptiveness, parent motivation/focus, and parent agency/power—we are primarily concerned with parent knowledge/perceptiveness. Sumsion and Goodfellow use this term to convey parents' familiarity with aspects of quality referred to in the literature and what these aspects look like in practice. They acknowledge the potential of mechanisms such as the Rating System to reconfigure relationships between government, and service providers and parents in ways conducive to demand-led improvements to quality, while also recognising that mechanisms such as these may induce unwarranted confidence, and thus reduce the likelihood of demand-led improvements.

This paper explores parents' perspectives on quality in LDC in Australia, in ways that do not confine how they might conceptualise quality in child care. Such exploration is important for a number of reasons. First, most research that has investigated parents' understandings has used closed methods that confined parent responses to options available in the measures used (Fenech, in press). This approach, however, overlooks the possibility that what parents may value as quality may not be recognised in widely used measures of quality, or be consistent with the views of experts and professionals.

Second, not all research investigating parents' perceptions note the level of quality of the centres parent participants were using. Of the studies that did, most were conducted at centres whose quality was assessed as mediocre (Cryer & Burchinal, 1997; Cryer et al., 2002; Knoche et al., 2006; Leach et al., 2008). Importantly, Australian LDC is generally of a higher quality than has been reported in the United States and the United Kingdom (Elicker, Clawson, Hong & Evanglou, 2006; Harrison, Skouteris, Watson & Ungerer, 2006; Sylva et al., 2006), where the majority of work investigating parents as consumers has been conducted. These contextual differences prompt the question of whether exposure to high-quality LDC might enhance parents' understandings of quality in ways that align with elements experts have identified as supporting high quality.

Third, to date, Australian empirical research investigating parents as consumers of ECEC has been limited. Of seven available studies published in peer-reviewed journals (da Silva & Wise, 2006; Elliott, 2003;

Hand, 2005; Harris, 2008; Rodd & Milikan, 1994; Rolfe & Richards, 1993; Williams & Ainley, 1994) parents were asked to evaluate centre quality, or aspects of centre quality, in only two (da Silva & Wise, 2006; Rolfe & Richards, 1993). Unlike da Silva and Wise, Rolfe and Richards included comparative external quality ratings for the three centres in their study. Here, only one of 10 mothers gave an evaluation that was not consistent with independent quality assessments. All seven mothers whose children attended high-quality centres gave positive evaluations but, importantly, for different reasons. Furthermore, only three of the seven studies (da Silva & Wise, 2006; Harris, 2008; Williams & Ainley, 1994) explicitly sought parents' views about what they considered important to the provision of quality ECEC. Parents in the studies that used closed, quantitative measures (da Silva & Wise, 2006; Williams & Ainley, 1994) consistently rated health and safety, staff-child interactions, and staff qualifications and training as very important. Harris's (2008) qualitative exploration of what mothers in a regional area looked for in a LDC centre yielded similar findings. Notably, however, these mothers also highlighted elements not generally included in quantitative measures: not-for-profit status and links to the local community. These findings highlight the need for further research that explores parent perspectives in the Australian context so as to inform developing Australian Government policy.

The focus of this paper is whether parents who attend an externally defined high-quality centre are informed consumers of quality ECEC. Do they identify elements purported in the research literature to support quality? Do their understandings of centre quality vary across their respective centres and/or according to demographic differences? To explore these questions, the paper progresses as follows. First, we briefly outline the elements identified by research as contributors to quality LDC. We then report questionnaire findings of parents' perspectives of centre quality from six case study LDC centres in New South Wales. Discussion of these findings focuses on whether these parents, whose children are enrolled in centres identified by external measures as high quality, differ from the general portrayal of parents as undiscerning, and whether they might drive demand-led quality improvements.

## **An (un)informed perspective of quality ECEC**

Following Sumsion & Goodfellow's (2009) model, informed, discerning consumers of LDC will have a grasp of the elements experts have identified as conducive to the provision of high-quality ECEC. These elements are essentially structural and process inputs that have been shown to optimise children's development (Huntsman, 2008; Leach et al., 2008). Identified structural elements—measurable and regulatory aspects of a centre's environment—are low staff-child ratios, small group

sizes, qualified (especially university teacher-qualified) staff, and a physical environment that is clean, safe and stimulating. Process elements—those pertaining to a child's experiences—include staff with non-authoritarian beliefs about child rearing; the presence of stimulating, developmentally appropriate programs; warm, frequent, responsive interactions between staff and children that involve 'sustained shared thinking' (Siraj-Blatchford et al., 2003); and parental communication and involvement. Cleveland and Krashinsky (2005) also point to less tangible contributors to quality, factors that contribute to centre quality in a 'behind the scenes' but nonetheless important way. Examples include strong leadership, adult-work factors such as job satisfaction, and not-for-profit status.

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## **Method**

### **Recruitment**

Data presented in this paper is drawn from an Investigating Quality study that is exploring elements that support and sustain high-quality LDC in Australia (Harrison, Press, Sumsion, Bowes & Fenech, 2008). Perspectives of centre quality were sought from parents whose children were enrolled at one of six case study LDC centres rated as high quality in two external measures: the ECERS-R/ITERS observation ratings scales (Harms, Clifford & Cryer, 1998; Harms, Cryer & Clifford, 2003) and Australia's national Quality Improvement and Accreditation System (National Childcare Accreditation Council, 2005). These measures were used to determine the level of quality provided in a sample of 74 LDC centres. This sample was drawn from the longitudinal Child Care Choices study (Bowes, Harrison, Sweller, Taylor, & Neilsen-Hewitt, 2009) that investigated the impact of multiple-care arrangements on children's development. With University ethics approval, all 116 LDC centres in the Child Care Choices study were invited to participate in the Investigating Quality study. Seventy-three centres (62.9%) agreed to participate. Phase One of this study involved ascertaining the level of quality provided by these centres, as per the observation and accreditation instruments. Phase two involved identifying six centres deemed by both measures to be providing consistent high quality, and inviting them to participate as a case study centre where elements that contributed to the high-quality scores would be explored. ECERS/ITERS observations were undertaken with each centre willing to participate. Each centre's current ECERS/ITERS scores (ranging from 1 = inadequate, 3 = minimal/adequate, 5 = good quality, and 7 = excellent), and average accreditation ratings (1 = unsatisfactory, through 2 = satisfactory, 3 = good quality, and 4 = high quality) over the period 2002–2006, are presented in Table 1. Each centre's most recent Quality Profile certificate, issued by the NCAC, was consistent with their previous accreditation ratings.

Table 1: Participating centres' current ECERS and ITERS scores, and average accreditation scores for the period 2002–2006

	ECERS (1 to 7)	ITERS (1 to 7)	Accreditation (1 to 4)
Centre A (urban, university centre)	6.52	6.38	3.98
Centre B (urban centre)	6.14	5.34	3.95
Centre C (urban, university centre)	6.46	6.10	3.97
Centre D (rural centre)	6.40	6.29	3.95
Centre E (rural centre)	6.28	6.64	3.67
Centre F (rural centre)	6.32	6.14	3.95

All participating centres were community-based not-for-profit centres that enrolled children aged from six weeks to six years. Table 2 outlines details pertaining to each centre's number of licensed places, number of families enrolled, number of parent respondents, and questionnaire response rate. Response rates were lower in the rural centres, which had a greater proportion of part-time families than the urban centres.

Table 2: Participating centres' demographics and response rates

	# of licensed places	# of enrolled families	# of parent participants	Parent response rate
Centre A (urban, university centre)	40	50	17	34.0%
Centre B (urban centre)	55	110	31	28.2%
Centre C (urban, university centre)	51	75	24	32.0%
Centre D (rural centre)	59	160	18	11.3%
Centre E (rural centre)	86	225	39	17.3%
Centre F (rural centre)	42	86	10	11.6%
<b>Total</b>		<b>706</b>	<b>139</b>	<b>19.7%</b>

## Instrument

Parents at these six case study centres were invited to complete a short questionnaire that sought to explore their perceptions of centre quality. The questionnaire comprised two parts and used a mix of open and closed questions. Part A, Question One asked respondents to rate their centre's level of quality on a five point scale: 1 = poor, 2 = minimal, 3 = satisfactory, 4 = good, and 5 = high quality. Question Two asked parents to identify elements they considered supported the provision of quality at their centre ('What is it about your centre, if anything, that supports high quality?'). Question Three asked if there was anything about the centre that could be changed to improve the level of quality. Less than half (58, 41.7%) of all parents responded to this question. Given that this was most likely because of the high level of satisfaction with the quality of the centre, the findings and discussion sections will not focus on this question. Unlike much of the research that has investigated parents' perceptions of centre quality through the use of closed questions (Fenech, in press), we deliberately used open questions as we did not want to confine what respondents considered important to the provision of quality. Part B contained demographic questions pertaining to respondents' age, gender, country of birth, level of education, age of the child(ren) enrolled, and years of involvement at their respective centres.

## Participants

Overall, 139 of a possible 706 parents (19.7%) completed a questionnaire. All participants completed Question One and 136 participants completed Question Two. Demographic information showed that parents were primarily female (129, 92.8%), aged 30–40 years (104, 74.8%), and held a university qualification (90, 64.7%). Parent qualifications ranged from high school only (19, 13.7%), through trade certificates (13, 9.4%), diploma (17, 12.2%), bachelor degree (46, 33.1%) to post-graduate (44, 31.7%). On average, parents in urban centres were significantly more likely to hold a university qualification (65, 90.3%) than were parents in rural centres (25, 37.3%). In contrast, parents in rural centres were more likely than their urban counterparts to have high school or trade qualifications (29 vs 3) or a diploma (13 vs 4). Most parents were Australian-born (108, 77.7%) but, overall, participants represented a diversity of cultural backgrounds: Asia, the Pacific Islands, the United Kingdom, Europe and other countries. Notably, all but one of the parents born outside of Australia used urban centres.

The number of years respondents had had a child enrolled at their respective centre ranged from less than one year (27, 19.4%) through more than one but less than two years (25, 18.0%), more than two but

less than three years (24, 17.3%), more than three but less than four years (25, 18.0%), more than four but less than five years (15, 10.8%), to five years or more (23, 16.5%). Most parents (99, 73.9%) had one child currently attending their centre, but a sizable proportion had two children in care (31, 23.1%), and four (3.0%) parents had three children in care. Children's age ranged from 5 ( $n = 40$ ) to less than 1 year ( $n = 3$ ). The majority of children were aged 2 to 3 years ( $n = 75$ ) (note: five parents did not give their child's age).

## Analysis

Responses to Question Two were coded according to whether participants mentioned or did not mention categories of elements purported to contribute to centre quality in the literature, namely structural elements (e.g. ratios, staff qualifications, facilities); process elements (e.g. caring relationships with children, educational program, parent-staff communication); adult-work elements (e.g. opportunities for professional development, wages, work conditions); staff (e.g. teamwork); leadership; management; and auspice body. Responses were entered into SPSS Version 17 for analysis. Descriptive statistics, analysis of variance and chi-square tests were applied to the data to examine parents' perceptions across the six centres. We also tested for differences in parents' perceptions by gender, age, cultural background, qualifications, urban/rural location, years involved at the centre, the number of children attending the centre and age of their oldest enrolled child.

## Findings

**Question One:** Parents' ratings of the overall quality of their centre.

Consistent with ECERS/ITERS and average accreditation ratings, the majority of respondents (113, 81.3%) rated their respective centres as high quality (5). A further 17.3 per cent of respondents rated their centre's quality as good (4), with 1.4 per cent giving a satisfactory rating (3). No respondents considered that their centre's provision of quality was minimal (2) or poor (1). The average rating of quality was 4.80 ( $SD = 0.44$ ), with centre ratings ranging from 4.96 to 4.70. Statistical tests showed no difference in ratings between centres.

Ratings of quality were then examined to determine whether scores varied by parent age, gender, qualifications, cultural background, years of involvement with the centre, number of children at the centre or age of child, using correlation and analysis of variance. Findings showed no significant differences.

**Question Two:** Parents' identification of elements that support high quality in their centre.

Respondents most commonly cited process elements (111, 79.9%) and staff characteristics (103, 74.1%) as contributing to the quality of their centre. More than 20 process elements were identified by parents, of which the most common were: emotionally secure and nurturing staff-child relationships (46, 33.8%); ongoing, warm and actively encouraged staff-parent communication (46, 33.8%); stimulating and fun activities that engaged the children (40, 29.4%); a child-centred approach to programming and curriculum (34, 25.0%); the facilitation of children's learning (17, 12.5%); and support for parents (17, 12.5%). Other elements, identified by smaller numbers of parents, included the effective use of the environment, assistance provided for children with special needs, a positive approach to diversity, effective strategies for behaviour management, and good preparation for school.

Staff characteristics were described by seven aspects, of which respondents most often cited the high calibre, knowledge and professionalism of staff (51, 37.5%); their caring nature (44, 32.4%); their commitment (35, 25.7%); and their stability/low staff turnover (22, 16.2%). Other qualities of the staff that were mentioned by parents included experience, teamwork, and putting the centre's philosophy into action.

Structural elements were cited by less than half (60, 43.2%) of all respondents. The provision of a healthy and safe environment (31, 22.8%), good staff-child ratios (20, 14.7%), and qualified staff (15, 11.0%) were most commonly noted as contributing to centre quality. Other structural elements cited included centre resources, equipment and facilities.

Other factors identified by parents as important to their centre's provision of quality included features of adult-work (14, 10.1%) such as professional development, salaries, time for programming, and job satisfaction. Centre leadership and management were identified by a small number of respondents as important to their centre's provision of quality, as was the not-for-profit status of the centre.

The most frequently identified areas of quality (process elements, staff characteristics, structural elements) were compared across the six case study centres, using cross-tabs and chi-square analyses. Findings presented in Table 3, Column 2, showed that process elements were mentioned by 74.2% to 94.1% of parents. There was no significant difference between the six centres, based on the chi-square statistic. Agreement on process elements was further demonstrated by examining frequencies across the six centres for each of the four process elements most commonly mentioned by parents: emotionally secure and nurturing relationships, staff-parent communication, the provision of stimulating and fun activities, and a child-centred approach. There was no difference in the proportion of parents who identified these elements.



**Table 3: Per cent of parents who identified process, staff and structural aspects of quality for the six participating centres**

	Process elements	Staff characteristics	Structural elements
Centre A (urban, university centre)	94.1%	94.1%	47.1%
Centre B (urban)	74.2%	90.3%	22.6%
Centre C (urban, university centre)	75.0%	62.5%	83.3%
Centre D (rural centre)	77.8%	72.2%	22.2%
Centre E (rural centre)	86.1%	61.1%	50.0%
Centre F (rural centre)	90.0%	90.0%	30.0%
Chi-square test	$\chi = 4.74$ ns	$\chi = 14.42$	$\chi = 25.68$

In contrast, the contributing role of staff characteristics and structural elements to quality was perceived differently across centres, as shown by significant chi-square statistics (staff characteristics:  $\chi = 14.42$ ,  $p < 0.05$ ; structural elements:  $\chi = 25.68$ ,  $p < 0.01$ ). These differences were further explored by examining centre ratings for the staff characteristics most commonly mentioned by parents: high calibre, committed, caring, and stable. Results showed no differences in the proportion of parents who identified high-calibre and caring staff as elements of quality. Significant differences were noted, however, in parents' identification of staff as highly committed and as stable (see Table 4).

**Table 4: Per cent of parents who identified committed/dedicated staff and long-serving/stable staff (low staff turnover) as elements of staff quality for the six participating centres**

	Committed/dedicated staff	Long-serving/stable staff
Centre A (urban, university centre)	70.6%	25.5%
Centre B (urban)	19.4%	38.7%
Centre C (urban, university centre)	33.3%	8.3%
Centre D (rural centre)	22.2%	5.6%
Centre E (rural centre)	13.9%	0.0%
Centre F (rural centre)	0.0%	30.0%
Chi-square statistic	$\chi = 25.51$ $p < 0.001$	$\chi = 23.23$ $p < 0.001$

The most notable difference between centres was parents' identification of structural elements as important aspects of quality (see Table 3). Analyses at the item level also showed significant variation across centres for each of the three most important elements identified by parents: a healthy, safe environment, good staff-child ratios, and qualified staff. These differences are shown in Table 5.

**Table 5: Per cent of parents who identified staff-child ratio, qualified staff and nutritious food as elements of structural quality for the six participating centres**

	Healthy, safe environment	Good staff-child ratios	Qualified staff
Centre A (urban, university centre)	29.4%	29.4%	5.9%
Centre B (urban)	19.4%	6.5%	0.0%
Centre C (urban, university centre)	41.7%	37.5%	25.0%
Centre D (rural centre)	5.6%	5.6%	5.6%
Centre E (rural centre)	16.7%	8.3%	19.4%
Centre F (rural centre)	30.0%	0.0%	0.0%
Chi-square statistic	$\chi = 9.59$ $p < 0.10$	$\chi = 18.65$ $p < 0.01$	$\chi = 13.46$ $p < 0.05$

Further analyses were undertaken to examine whether parents' identification of elements of quality differed by parent demographic characteristics. Initial tests focusing on the three broad areas (process, staff, structural elements) of quality showed no significant differences (using the criterion of  $p < 0.05$ ) for parent age, gender, qualifications, cultural background, years of involvement with the centre, number of children at the centre, or age of child. Findings at the item level, however, identified a number of differences. Correlation analysis showed that older parents were more likely to identify committed staff ( $r = .19$ ,  $p \leq 0.05$ ) as an element of quality. More highly educated parents were also more likely to mention committed staff ( $r = .17$ ,  $p \leq 0.05$ ) and good staff-child ratios ( $r = .30$ ,  $p \leq 0.05$ ), but less likely to mention staff-parent communication ( $r = -0.24$ ,  $p \leq 0.05$ ). Parents who were relatively new to the centre (fewer years of involvement) were more likely to mention caring staff ( $r = -.20$ ,  $p \leq 0.05$ ). Chi-square tests showed that parents who were not born in Australia were more likely to mention staff-child ratios and a healthy, safe environment as supporting quality than were Australian-born parents ( $\chi = 3.94$ ,  $p < 0.05$  and  $\chi = 5.78$ ,  $p < 0.05$ , respectively). Also, parents who had one child attending care were more likely to mention committed staff as a

component of quality than were parents with two or more children attending the centre ( $x = 6.02$ ,  $p < 0.05$ ).

## Discussion

Drawing on the sample of centres and parents in our study, this paper sought to investigate whether and in what ways parents who attend high-quality LDC are informed consumers of child care. Findings showed that parents' understandings concurred with those of experts to a limited extent. Consistent with previous studies investigating parent perspectives (Cryer & Burchinal, 1997; Cryer et al., 2002; Ghazvini & Readdick, 1994; Ho, 2008; Shlay et al., 2005), respondents consistently identified the importance of process elements as contributing to centre quality, in particular nurturing and secure interactions and relationships, warm and ongoing parent–staff communication, stimulating and fun activities that engaged each child, a child-centred approach, and the facilitation of children's learning.

Parent respondents, however, were less consistent in their identification of staff attributes and, to an even greater extent, structural and intangible elements. Consistent identification of the calibre and caring capacity of staff, but not of commitment and low staff turnover, may in part be explained by a possible primary focus of parents on their and their child's experience at their centre. The provision of a nurturing, stimulating, learning and supportive environment may be more easily attributed to 'face-value' staff characteristics, such as how well staff appear to do their job and how caring they seem. This interpretation is consistent with the view that parents are generally uninformed and undiscerning consumers of child care.

Questionnaire findings also clearly showed that respondents had limited, though varying, understandings of the structural elements researchers have identified as providing the foundation of quality LDC. Consistent with previous research on parent perspectives (Cryer & Burchinal, 1997; da Silva & Wise, 2006; Duignan, 2005), health and safety was the most identified structural element. No reference was made, however, to group sizes, and identification of staff qualifications and staff–child ratios was weak to moderate. This finding is also consistent with previous research that has highlighted parents' limited knowledge of their centre's staff–child ratios, group sizes, and staff qualifications (Shpancer et al., 2002). In addition, only a small number of respondents referred to less tangible contributors to quality (Cleveland & Krashinsky, 2005), particularly strong leadership, adult-work elements, and centres' not-for-profit status.

Overall, findings suggest that the parents in this study who used high-quality LDC were not, as a group, particularly well-informed consumers, although the

limitations of using questionnaire responses to gauge in-depth understandings of parents' knowledge of elements of centre quality need to be noted. However, findings also suggest that parent respondents are not a homogenous group, as their understandings of what contributes to centre quality varied to some extent by demographic profile. For example, newer users of LDC tended to cite caring staff as a quality element, while parents without university qualifications noted communication with staff as important. This finding is consistent with other studies that have found links between what parents value as quality and demographic variables. For example, links have been found between: parents with high levels of education and a desire for individual attention for their child (Shlay et al., 2005); parents with older children and learning opportunities (Shlay et al., 2005); and new arrivals and cultural sensitivity (da Silva & Wise, 2006). Similarly, Priest's (2005) literature review emphasises the importance to Aboriginal and Torres Strait Islander communities of incorporating cultural knowledge. Collectively, these findings suggest that parents' assessment and understanding of centre quality may be both, if not more, value- rather than knowledge- based. In other words, parents' assessment of centre quality may be particular to 'what is important to me', rather than knowledge of what experts agree is important for children's development. This proposition warrants further investigation, particularly as it has the potential to reposition parent consumers of centre-based care in more complex ways than is currently recognised in much of the literature.

In addition to demographic variables, findings indicate that centre variables can impact on parents' knowledge of quality in LDC. While all six case study centres had been rated as high quality, centre philosophies and practices varied from centre to centre, seemingly influencing parents' understandings. For example, parents at Centres A and C cited staff–child ratios as an element of quality significantly more frequently, very likely because staff at both centres highlight the importance of low staff–child ratios in their promotion of the centre as high quality. Moreover, the parent questionnaire was administered at Centre C while it was heavily involved in a state-wide campaign to reduce staff–child ratios for children under two years of age from 1:5 to 1:4. Staff actively promoted the campaign within the centre and encouraged parental involvement. The impact of the parent education and advocacy work undertaken in these two centres, reflected in the significantly higher citing of ratios as an element that supports centre quality, suggests that parents' understandings of ECEC quality can be influenced by centre-specific discourses. Interestingly, in an Australian study that investigated parents' perceptions of staff–parent engagement (Elliott, 2003),

participants expressed a common frustration, that their understanding of child development and early learning was limited when staff did not share their professional knowledge. Collectively, these findings suggest that there is scope for staff to play an active role in educating parents of the elements research has found enhance children's developmental outcomes, thereby enhancing parents' capacity to drive demand-led improvements for quality ECEC. Whether this educative role is a feature of high-quality centres more broadly requires further investigation. In the interim, the demonstrating of such leadership might usefully be considered as one feature of a Centre of Excellence under the proposed national Rating System.

A reading of the findings presented in this paper, and the discussion points raised, needs to be mindful of the limitations of this study. First is the low response rate, particularly from parents in rural areas, and the sample being drawn from a small number of centres, all of which were community based and externally rated as providing high-quality ECEC. The perspectives of parent users from a larger sample of LDC centres, including lower-quality and for-profit centres, requires further investigation. Second, the focus of this study was on gauging parents' understandings in light of expert knowledge. Other qualitative methods such as focus group discussions may have greater potential to uncover parent conceptualisations of quality that differ from those held by researchers and professionals but which may be equally legitimate.

Notwithstanding these limitations, the findings raise some important considerations for conceptualisations of parents as potential drivers of improved quality LDC. Parents in this study exhibited strong confidence in their respective centre's provision of quality, despite having limited knowledge of expert understandings. Does it matter, then, that parents' knowledge of quality does not completely align with expert understandings? We would argue that it matters a great deal, particularly in the current political climate where proposed structural standards, notably qualifications and ratios, are hotly contested by major political parties and stakeholder groups, and where, despite repeated calls by advocates for workforce reforms, little has been done to advance those reforms. In the context of a marketised approach to LDC, pressure to keep quality standards to a minimum so as to curb parent fee increases will likely be more appealing to parents who are uninformed about the critical role structural and intangible elements play in the provision of high-quality LDC.

In conclusion, there is an urgent need for parents who are informed consumers to drive quality improvements in LDC. The findings of this study suggest potential for parents to become a powerful consumer advocacy force. In light of the trust and confidence displayed by

parents in this study, high-quality centres appear well positioned to assist in realising this potential by playing a critical role in developing parents' knowledge base about quality in LDC.

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