‘People think it’s not the real world - but it’s our world’
The significance of relationships found on the threshold between the private and the public: Exploring engagement between mothers and early years practitioners in a changing Ireland.

A thesis submitted for the Degree of Ph.D. to National University of Ireland, Galway.

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Abstract

Irish society has undergone significant economic and social transformation in the past two decades. The rapid development of the early years sector, supporting unprecedented levels of female employment, is indicative of this transformation. While the use of early years services can be perceived as a functional act, the process is also an emotional one, as a parent’s basic obligation to care is transferred to another. This thesis focuses on these newly established social and familial behaviours, offering an exploration of relationships between parents and childcare practitioners, within a changing Irish context.

The exploratory approach to research employed an ethnographic methodology, underpinned by a social constructionist epistemology to investigate these under-studied relationships. The research findings were analysed through the theoretical lens of the ethic of care, as well as drawing on theories and literature from relevant areas. Key research findings reveal ideas and concepts that support an understanding of the nature of the relationships under study: the concept of trust and its enigmatic construction in these relationships; the responsive, interdependent nature of the relationships; the community aspect, representing a process and potential outcome of these relationships, as well as suggesting a micro-level context within which these actors engage; the marketplace highlights the broader context, and the repositioning of care from the private/domestic realm to the public/productive realm; the concept of an evolving maternal identity underpins the proposed developmental process and illustrative model suggesting both temporal and functional elements to these relationships.

Our understanding of the role of ECEC services and particularly, early years practitioners, in supporting families through these significant transitions is enhanced through these research findings. The thesis highlights the need to conceptualisation how early years settings could best meet the needs of families in their daily lived experiences, rather than the reactive and ad hoc approach that has characterised the Irish state’s approach to policy and programme development for the sector.
Dedication

This thesis is dedicated to the many research participants and early years services in various parts of Ireland who graciously volunteered to take part in the study. To the early childhood practitioners, managers and leaders, to the mothers, their children and families, who opened up their settings, in some cases their homes, sharing their experiences, I cannot thank you enough. This thesis would not have been possible without your involvement.
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<tr>
<td>CCC</td>
<td>City/County Childcare Committee</td>
</tr>
<tr>
<td>ECEC</td>
<td>Early childhood education and care</td>
</tr>
<tr>
<td>EOCP</td>
<td>Equal Opportunities Childcare Programme</td>
</tr>
<tr>
<td>EWG</td>
<td>Expert Working Group on childcare</td>
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<tr>
<td>HSE</td>
<td>Health Service Executive</td>
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<tr>
<td>NCS</td>
<td>National Children’s Strategy</td>
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<td>NCCC</td>
<td>National Coordinating Childcare Committee</td>
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<tr>
<td>NCCS</td>
<td>National Childcare Strategy</td>
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<td>NCIP</td>
<td>National Childcare Investment Programme</td>
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<tr>
<td>OMC</td>
<td>Office of the Minister for Children</td>
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<tr>
<td>OMCYA</td>
<td>Office of the Minister for Children and Youth Affairs</td>
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<tr>
<td>WCP</td>
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Chapter One: Introductory Chapter

1.1 Introduction

Early childhood education and care is a topic which has featured strongly on government agendas in recent years. There is a large body of international research suggesting quality experiences in early education and care settings offer long term benefits not just for the child engaging with these settings, but also contributes to supporting families and offering long term societal and economic benefits. Many countries have a lengthy history of childcare provision, delivered through well-established sectors, though variations in funding, staffing, regulation and oversight can be seen across states. Within the Irish context there is a considerably brief history of formal childcare provision and of any governmental recognition of the sector, with the main legislation less than twenty years old. Due to this brief history, Ireland has limited indigenous research carried out within the early childhood arena, supporting an increased understanding of the nature of childcare, and of the broader population’s engagement with this area.

This research project was set within the broad realm of early years studies, with a specific interest in the Irish context of recent and rapid social change. Ireland has undergone significant economic and social transformation over the past few decades, moving from a habitually depressed economy, to one that was the envy of many other countries during the ‘Celtic Tiger’ period, to an economy that is once again being challenged, facing austerity and recession (Canavan, 2012). A country undergoing such significant economic changes should not be surprised to find equally significant changes to its social fabric. Indeed, Kennedy (2001) contends economic forces have been the most influential of factors affecting family life and family change throughout Ireland’s history. In recent times improving economic developments and rapidly expanding labour market of the mid 1990s brought about changes to society, including an unprecedented increase in female employment. These changes also created an equally unprecedented demand for female labour supports, particularly in the form of child care provision, with many critics contending there was a delayed response on the part of the state in this area. This project concerns the early years sector in Ireland situated within a changing social landscape. It is focused on the intersection of mothers...
engaging with childcare services, sharing the care of their child in a predominantly market based economy so that they themselves may engage with that labour market. The particular focus of this thesis is an exploration of relationships between mothers and childcare providers in the newly evolving Irish early years sector.

This initial thesis chapter introduces the subject of the research project, the rationale for the study, highlighting the potential contribution to the knowledge base in this area. To further elaborate on the project being undertaken, the scope of the research will be outlined. Questions such as what exactly was studied, who was involved and where did the research occur are answered. In addition, the language and terminology used in this thesis to denote various aspects of the sector are set out. To conclude, the structure of the thesis is outlined, including the ordering of chapters, the content of each, and particular structures or approaches used. To begin, the subject and purpose of the study is introduced.

1.2 Research Subject

Ireland has moved from a traditional male-breadwinner model of family life and fiscal activity, to a point where maternal economic contributions are now depended on by many family units. This movement of women into the labour market, increasing the available workforce and further stimulating the economy, brought the issue of childcare to official governmental attention for the first time in the history of the Irish state. These initial events, occurring in the mid-1990s represented a departure from traditional familial practices and from the manner in which the family was viewed by the Irish state, as well as by Irish society.

The recent policy approach by the state to issues concerning children and families is ground in the whole child perspective (WCP), which is itself underpinned by social ecological theory (Bronfenbrenner, 1986; 1979). This ethos is fundamental in the National Children’s Strategy (Ireland, 2000), the regulations for early years services (DoHC, 2006) and informs other policy developments in the ECEC sector (CECDE, 2006; NCCA, 2009). Fundamental to the WCP is the understanding that children’s lives are embedded in a range of interdependent systems, including their families, their communities and the broader society in which they live. Evolving from this
understanding, Ireland has promoted a ‘partnership’ approach in regards to the manner in which early years services and families interact to provide care for young children. There is extensive international literature concerning ECEC with a large subsection supporting the contention that best outcomes for children occur when parents and caregivers are able to work together in a positive, collaborative manner, supporting the child’s wellbeing and development. The international literature also highlights the challenges and barriers that exist to developing such positive collaborative relationships. As Ireland has a recent history of engagement with early years services, academic and research attention to the subject area is equally limited. What is lacking in both international and indigenous literature is an understanding of what is occurring within these important relationships. In order to develop positive, collaborative partnerships, the starting point should be a better understanding the nature of these relationships, with this a clear gap in the research literature. The thesis developed through this research project aims to fill this gap in knowledge through an exploration of relationships between mothers and childcare practitioners, set within the Irish early years sector.

Other than those working in the ECEC field or accessing childcare services, most adults in Ireland are unfamiliar with early years provision, due to the very recent nature of the large scale development of the sector. Parents in Ireland, who are now raising young children, were likely cared for at home by their mother or by close relations. Therefore, no models exist, per se, demonstrating how parents should engage and interact with child care practitioners, or of what either actor should expect from such relationships. According to the theories of the behaviourists school, and particularly, social learning theory, we learn how to behave and manage various situations from behaviours modelled by people of influence in our lives (Berk, 2008). As the state develops policies which are meant to provide guidance and support to practitioners, those on the ground may find the policies lack clarity or defined processes for implementation, with many having little or no past experience from which to draw. The partnership model, referred to above, promotes a collaborative approach between workers and parents in regards to the care and wellbeing of the child. However, families may well be used to parenting being a private matter, making decisions about their child within the family, with the concept of sharing this with others seeming
unnatural and possibly invasive. ECEC practitioners may also regard the family as a private realm, perceiving a shared approach as akin to interference, based on an Irish culture of respecting the privacy and integrity of the family unit (Ireland, 1937) and a history of care as a familial responsibility (Rush, 2006). All this uncertainty may result in well intentioned policies not being transformed into daily practice, with the outcomes of this study supporting increased awareness of these issues and improved approaches to address these concerns.

1.3 Purpose of the Research

Due to the minimal attention given to the nature of these interactions in the research literature, not only within Ireland, but internationally, a better understanding of these relationships will support the well regarded aim of ‘working in partnership’ with families within the ECEC arena. Accepting that state attention to ECEC is still a relatively new area within the Irish academic, research and policy landscape, the greater the understanding of the sector, based on current indigenous research, the better the development of the area to meet the needs of those whom it affects.

In considering the area under investigation in this study, the increasingly common practice of parents transferring the responsibility to care for their very young children to early years’ practitioners can be perceived as a purely functional arrangement. Parents seek out caregivers to release them from their caring duties in order to engage with the labour market. Looking beyond this assumption, this act can also be constructed as more than a functional act, as it is a deeply personal and emotional act on the part of parents. This is not simply a purchase of service, but a transfer of the basic obligation to care, of familial caring duties, handed over to near strangers. The reasons families engage with childcare services may be as varied as the families themselves, but in most cases this engagement represents the initial separation between a parent, typically the mother, and the child. It is this basic fundamental understanding of what is occurring in these relationships, the innate obligation to care, the separation of mother and child, and the necessary reliance on strangers to support this transition that provides the central area of interest when this research project was considered and developed.
The initial interest in this area has come about due to the researcher’s own background in the field as well as the researcher’s recent engagement with post-graduate study. This background includes employment in the ECEC sector, as a practitioner, a manager of childcare services both within Ireland and in other jurisdictions. The researcher has also held the role of advisor to the development of local childcare services within the Irish context and has contributed to the development of national policy documents through this role. In addition, the researcher is a parent who has engaged with childcare, as a consumer of services, over a number of years. From these experiences, this researcher brings to the project an in-depth knowledge of the regulatory system and the policy climate in the sector, as well as the dual perspective of the parent/service user and the service provider. This background has underpinned the academic approach to the research project, informing the project with a practice-based and experiential familiarity.

The career of this researcher began in the ECEC sector in Canada, and specifically within a province with a lengthy history of childcare provision, and with a tendency to privilege the not-for-profit sector through funding programmes and policy developments. Coming to Ireland just over a decade ago, this new context was one in which the early years sector was in its infancy, with a prevailing policy orientation that relied on private provision. Also within the Irish context, low levels of staff qualifications and related issue of quality of provision were areas that stood out as needing attention, if the sector was to develop to its potential. The researcher’s experiential knowledge of the private sector from the Canadian context, was one that was considered the ‘poor cousin’ in terms of quality of provision, recruitment and retention of higher qualified staff. However, in holding the role of an advisor to early years services within the Irish context, there was anecdotal evidence that the quality of provision within the private sector was generally impressive. In comparison, the perception that developed of the community/voluntary ECEC sector in the Irish context was of an under-resourced sector, with services struggle with funding issues, while often relying on staff provided through training programmes, rather than fully trained practitioners. The community sector also experienced a lack of skills and supports to effectively work with the many families attending their settings who had additional support needs. This background, of experiencing differing approaches to
early years sector’s development, and seeing the effects on quality of provision across setting types and policy contexts, ensured the researcher approached the subject area with an open mind as to what might be revealed through the exploratory research.

Declaring the background of the researcher is an important aspect of research within the interpretive paradigm. Indeed, such a research orientation sees the interaction between the observer and the observed as shaping the research process (Kane and O’Reilly-De Brún, 2005; Denzin, 1989). While the positivists and post-positivist paradigms stress the need for objectivity in research, those engaging with qualitative research methods should be conscious of the role of the researcher within the process (Lewis, 2009). Mehra (2002) encourages researchers to be aware of the influence of their past experiences, biases and beliefs and how these influence the research process from the very selection of research topics, to the analysis of data, to the interpretation and presentation of findings.

Reflecting Mehra (2005), the development of the project was informed by the completion of an earlier study by this researcher looking at a particular subgroup of the Irish ECEC sector. The study revealed the perceived role of childminders as an unrecognised source of social support to families (Garrity and McGrath, 2011). While the project outcomes provided insight into this often hidden group of caregivers, it left many more questions unanswered. The study lacked the parental perspective on the issues, and was limited by the single childcare setting type. The outcomes of the study highlighted the broader gap in the knowledge and research arena. Building from that acknowledgement, the intent of this thesis was to explore relationships from both the parent and the early years practitioner perspective, within a range of childcare setting types in Ireland. It is expected that the outcome from the research will provide greater insight into the nature of these relationships, support recommendations regarding practice in the field, as well as contribute to the policy arena.

Building on from the initial subject area, a focused approach to the study was developed based on definitive aims, exploratory questions and underpinned by research objectives. Guiding this research project, the established research aim was to explore the relationships between parents and childcare practitioners within the contemporary Irish childcare sector. Following on from this, and reflecting the
exploratory nature of this study, the main research question was: *What is the nature of relationships between parents and childcare practitioners?* Elaborating on this main question is a series of supporting questions: *What characterises these relationships? What is valued in these relationships? Do they vary – between actors, between settings? What factors influence these relationships, both negatively, and positively?*

In order to give direction to the research, a number of objectives were developed, building on the exploratory questions and overarching aim. The objectives of the project are:

- To contribute to knowledge in regards to our understanding of relationships between mothers and childcare providers
- To develop an understanding of the role of early years services in the lives of families
- To develop a model or guide for working with families, with the potential to inform both practice in the field and also, education and training programmes for the sector
- To provide recommendations regarding policy development, informing state development of the sector, including insight into ECEC services potential role in supporting families in Ireland.

The outcomes of the research project are expected to contribute to the wider field of research and theorising in the early childhood education and care arena. This is a multidisciplinary arena, often rooted in developmental psychology, but more recently found to be influenced by social policy and sociological discourse. The findings of this study should hold the potential to be relevant to these three disciplinary fields.

### 1.4 Scope of the Project

The intent of this research project was to explore relationships between mothers and early years practitioners on whom they depend on for the care of their young child/children, set within the Irish ECEC sector. The project developed an ethnographic approach, guided by a social constructionist orientation. This research
project engaged services of varying sizes and differing management structures. This included private and community/voluntary settings, with services in both rural areas and within townlands recruited, in order to understand relationships in a range of setting types. As this study had an ethnographic orientation, the researcher spent periods of time in childcare services, conducting observations of the exchange of care and carrying out participant-interviews. Complimenting these methods, the field work included documentary analysis and the maintenance of a reflective field diary to gather information and data about the phenomena under study.

Possibly reflecting the recent development of the Irish early years sector, there is a lack of agreed or consistent terminology in the field to indicate the various actors, services, or even the sector as a recognised entity. The language used in the field and therefore used throughout this thesis is not rigid. The terms early childhood education and care, early years, early childhood, childcare, daycare and the acronym ECEC, are found throughout the thesis to refer to the formal services which provide for the pre-arranged daily care of young children in their parents’ absence. These terms are also employed to refer to the broader sector, both in the Irish context and internationally. In addition the thesis refers to settings, services, and the sector, in an interchangeable manner. In terms of staff working in ‘care settings’ the thesis avails of the following terms to denote this group: practitioners, or early years practitioners, caregivers, providers, childcare workers, and more specifically, childminders, to refer to home based providers of care, though the more general terms listed are also used to refer to this sub-group. In addition, the terms manager and/or leader are found within the thesis in an interchangeable manner to describe the person ultimately responsible for each individual care setting. Some smaller settings forgo the use of the term ‘manager’ so leader is a useful method employed in the thesis to denote the person who holds overall responsibility.

1.5 Thesis Structure

The structure of the thesis is made up of seven chapters, set out as follows: Introduction, Context, Literature Review, Methodology, Research Findings, Discussion, and Conclusion. Following this introductory chapter, the Context Chapter sets the scene in terms of policy, legislation, recent and continuing developments in
the early years sector. This chapter focuses primarily on Ireland, though comparisons to other jurisdictions and influence from the European Union is recognised. The chapter highlights the rapid changes in Ireland, in terms of demographics and in regards to social practices, particularly as these affect family life. It outlines how these changes have impacted on the development of ECEC in Ireland and critically analyses processes, decisions and policy orientations that have given rise to the system that is now in place within the state.

The subject areas covered in this research project, and therefore explored in the review of literature in Chapter Three, are wide ranging. It initially concerned the main relationships under study, based in the context of early years care settings. With such recent and formal engagement with early year provision by the Irish state, the literature on this topic, and possibly the other subject areas considered, was expected to be limited within Ireland. This necessitated a broadening of the context of the literature reviewed to consider these areas examined from international perspectives. Along with an exploration of the literature on relationships in the ECEC context, the review also considers interpersonal relationships in general, relationships in market-based exchanges and the role of markets in the provision of care services. Arising from the research process, the notion of communities and the presence of community within early years settings is also explored. All of these areas are underpinned by a guiding theoretical orientation, the ethic of care, which is also discussed in this chapter.

The range of subject areas informing this project posed a challenge in developing and structuring the Literature Review Chapter. In order to give sufficient attention to each area and to present a thesis that is accessible to the reader, this third chapter is set up with sub-sections which not only delineate the differing subjects, but offer a clear space to explore the broad areas under consideration for each subject. This structure supports the examination of micro issues, such as current debates, challenges, controversies, areas of convergence and emerging issues, as found from the review of knowledge regarding each subject area.

Chapter Three begins with an overview of the ethic of care: an evolving theory which underpinned the discussion of the research findings. The second section concerns interpersonal relationships, followed by a section considering parent-practitioner
relationships. The fourth section explores the concept of care set in market place, then the section on communities - communities in general and communities as they relate to early years care provision. To conclude each section, the key aspects arising are drawn together and considered in terms of the conceptual guidance offered by the ethic of care. A final concluding section summarises and closes this chapter.

The fourth chapter in this thesis sets out the methodological approach to the research process. Reflecting the exploratory nature of the study, a fully qualitative approach to field work was carried out, underpinned by a social constructionist research orientation. As stated earlier in this chapter, an ethnographic methodology was employed necessitating the researcher spending periods of time in a range of early years settings. This chapter highlights the methods chosen, the rationale for decisions regarding field work and analysis, and discusses the ethical concerns relating to the research process. The limitations of the study conclude this chapter.

Chapter Five outlines the findings of the field work experience. The data analysed and presented was collected through a range of methods as part of the ethnographic research process, analysed in the post-field work stage, and developed into a narrative form as presented through this chapter. The findings are presented in a progressive manner, set up in three sections entitled: Coming to Care, reflecting the early stages of these relationships; Committing to Care, as relationships become more established; and finally, the third section entitled Communities of Care, with these titles reflecting the overarching themes of each period.

The Discussion Chapter builds on the research findings with an aim of reaching an understanding of the nature of the relationships that have been the focus of this project. The chapter begins with a brief reminder of the research project and a summary of the ethic of care, as a conceptual framework utilised in informing the discussion of research findings. The chapter then presents what has been established to be the key aspects of these understudied relationships:

- The enigmatic construction of trust, required from the earliest stages;
- The responsive, interdependent nature of the relationships;
• The impact of the marketplace on the provision of care, in the context of a recent and rapid repositioning of care from the domestic to the public realm;
• The construction of early years settings as ‘communities of care’;
• An evolving maternal identity, influenced by engagement with ECEC practitioners.

Many of these key findings also inform a proposed developmental process and illustrative model which builds on the notion of an evolving maternal identification, and highlights the crucial role of early years practitioners in supporting mothers and families through this process.

Chapter Seven concludes the research project and begins by recalling the purpose and rationale of the study, the guiding research aims, questions, and objectives. A reflective review of the methodological approach is offered, and the limitations of the project are restated. A proposed programme of future research is presented, intending to build on and extend the findings of the study. The substantive research findings are drawn on to open a debate on the manner in which the Irish state has constructed the early years sector through its rapid and recent development, prior to the final section which offers concluding reflections on the overall thesis and research project.

1.6 Chapter Summary

The intent of this chapter was to introduce the subject area explored in this research project and to highlight the gap in the research and academic knowledge which this thesis addresses. To open the chapter, the subject area was presented, as was the rationale for engaging with the topic under study. The purpose and scope of the project were outlined and linked to current issues within the ECEC sector in Ireland. As stated, this thesis is set within a research arena that has a short history of investigating the early years sector in the Irish context. It is also set within a rapidly evolving Irish social landscape, where long established practices in regard to familial care provision have shifted significantly in a few short decades. What has occurred within Ireland through this brief period, evolved over many decades in other western states. Ireland is learning from the experiences of other localities, in terms of the broader international research knowledge, and the approach to provision, oversight and funding of ECEC sectors
elsewhere. However, Ireland’s unique history and culture requires an equally unique response to this new phenomenon, based on and informed by indigenous research-based knowledge. This thesis offers an exploratory approach to understanding the relationships that exist between parents and childcare providers, as they go about the important day to day task of sharing the care of young children, placed in early years settings in Ireland.
Chapter Two: Context Chapter

2.1 Introduction

In the not too distant past, families in Ireland represented a traditional male breadwinner model, with a working father and a stay at home mother. Within this typical structure, families were presumed to meet their own needs with regards to the early years’ care and socialisation of their young children. However, in the last twenty years Irish society has undergone tremendous societal and economic changes, leading to unprecedented numbers of women, and particularly mothers, engaging with the labour market. Many families now depend on a variety of forms of substitute parental care. This large-scale use of non-parental childcare, whether offered through formal or informal settings, represents a dramatic alteration in Irish family life.

The economic developments in Ireland from the mid to late 1990s saw a focus by the state, the business sector and social partners on the increasing need to provide alternatives to maternal care, in order to free up women to join the work force (Langford, 2006). This increased demand for childcare resulted in a plethora of government reports (OMC, 2007; DJELR, 2003; Ireland, 1999) funding programmes (EOCP, 1999; NCIP, 2006), changes to legislation (DoHC, 2006; 1996) and for the first time, a focus on developing the early childhood education and care sector within Ireland (MES, 2010; DJELR, 2002).

More recently there has been a reverse in Ireland’s economic fortunes, leading to continuing changes in family circumstances and patterns of behaviours. Unemployment has returned to the rates of the worst of the pre-Celtic Tiger period and immigration has again become the norm for the young adults of Ireland, as well as many in their mid-adult, mid-career lives (CSO, 2011; CSO, 2010). While the unmet demand for childcare of a few years ago has partly decreased, the paradigm of the assumed ‘stay-at-home mother’ has shifted in the Irish social conscience, with common expectations that many women will continue to join the work force, as opportunities present themselves, and a growing proportion of families will continue to rely on income generated through maternal employment even after the birth of children (Millar and Crosse, 2014). While there has been a societal shift in
expectations of familial and more specifically, maternal behaviours in regard to labour and care, some analysts claim the state maintains a male-breadwinner perspective in their approach to many policy areas (O’Connor, 2008).

This chapter sets out the context in which this research was undertaken, a context of changing demographics and family patterns, considering the Irish state’s actions, or delay in actions, in regards to such changes. To begin, the demographic and social trends, which Irish society in general, and Irish families specifically, have been and are continuing to experience are outlined. The response by the Irish state to the emerging childcare needs of families, largely driven by labour market demands and maternal behaviours, is charted. Social policy, particularly its influences on the development and implementation of the state’s approach to ECEC is discussed, considering the position of families in regards to early years provision. Finally, the chapter highlights the connection between what was presented in this chapter to the research project undertaken, summarising the context in which this study occurred.

2.2 Demographic Changes

There is no doubt that Ireland has changed dramatically in recent decades, with demographic trends, social behaviours, fertility and immigration patterns evidence of these changes (Canavan, 2012; Millar et al, 2012; Lunn et al, 2011; Russell et al, 2009; Bacik, 2004; Kennedy, 2001). Historic patterns, which were evident as recently as the 1970s, presented Ireland as unique within the European context, with the adult population subjected to continually high emigration and in terms of marriage, high rates of singlehood, low marriage rates, and high fertility within married unions (Kennedy, 2001). However, Kennedy (2001) prefers to describe Ireland as a ‘late starter’ (pg. 3) in terms of family formation patterns, which she believes are now following typical European patterns of smaller family size, delayed marriage, increase in cohabitation, births outside of marriage, marital separation and within the past twenty years, the option of divorce for couples. Studying Irish family and fertility trends, Lunn et al (2011) describe the period from the 1960s to the 1990s as ‘the era of gender revolution, when women broke out of their traditional confines within the home’ (pg. 1). This research (Lunn et al, 2011) also highlights the changes cited by
Kennedy (2001), above, including the greater movement of women into employment, linking this to the gender revolution which Lunn et al (2011) proposed.

For most of the last century Kennedy (2001) suggests ‘men who married were destined to become exclusive breadwinners for their wives and children’ (pg. 94), reflecting what Millar et al (2012) describe as the ‘paternalistic vision of Irish family life, based on marriage, nuclear family structures and the gendered distribution of (un)paid work’ (pg. 30). This vision was ground in social expectations and underpinned by the Irish constitution’s perspective that women, particularly mothers, would be linked to the family home and be economically dependent on their husbands (Millar et al, 2012; O’Connor, 2008; Fanning, 2006; Ireland, 1937). Two decisive events within the Irish context, the enactment of equity legislation and the removal of the marriage ban on the employment of women, were seen as central to changing attitudes and practices within Ireland. It is worthy to note that both these events were preceded by EU led directives, and while they occurred in the early 1970s, the literature describes the momentum from these changes as slow in building (Fanning, 2006; Kennedy, 2001). Despite the recent changes, Coakley (2011) maintains employment trends in Ireland are merely the ‘modernisation of the male breadwinner model’ (pg. 5) in that women largely have taken up part time employment, combining this with domestic and familial responsibilities. (See also Millar et al 2012; Russell et al, 2009).

Ireland was considered the ‘economic success story of the EU, moving from 18% unemployment in the late 1980s to a rate of just 4.6% in 2004’ (Bacik, 2004, pg. 15). Women accounted for the majority of this increase in employment, as ‘between 1991 and 1996 the workforce increased by 150, 000 of which 102, 000 were women’ (Kennedy, 2001, pg. 64). This increase in female employment, comprised largely of part time positions (Millar et al, 2012; Coakley, 2011), led to the number of women engaged solely within the domestic sphere dropping to less than 50% in 1991 and by 1996 to 41% (Kennedy, 2001, pg. 70; Bacik, 2004).

In the 1980s, employment rates for women in Ireland were the lowest of all the then EU countries. By 2004, Ireland was tenth out of twenty European countries for female employment (OECD, 2006). Due to the current economic recession, this rate fell to 59.4% from a high of 64.4% in 2007, with the current EU average female employment
rate at 64.6% (Eurostat, 2013). Overall unemployment rates in Ireland have risen, from 4.6% in 2004 to a rate of 14.7% in 2011, with a higher incidence of unemployment among males, at 17.8% compared to a female rate of 10.9% (Eurostat, 2013). Alongside this reversal of employment figures, the economic downturn has resulted in the return of outward migration, with rates for 2010 estimating 65.3 per thousand, the highest since 1989 (CSO, 2010). Inward migration has dropped to the lowest since the pre-Celtic tiger days when booming economic developments attracted workers from Europe and farther afield (Fanning, 2006).

Along with changes to employment practices, demographic trends highlight a majority of women are now into their third decade before they begin families with women of higher educational attainment more likely to delay childbirth (Lunn et al, 2011). Changes in fertility patterns in recent years demonstrate that women are delaying reproduction and reducing family size, with middle aged women found to have smaller families compared to older women (Lunn et al, 2011). The overall ‘child per family rate’ shifted from 2.2 to 1.4 per family over the decade ending in 2006 (CSO, 2006) with recent increases to 2.05 (Eurostat, 2013).

Despite recent fluctuations, the typical Irish family size has dropped considerably, though rates are still high by European comparisons. Of the EU 27 countries, the average ‘Total Fertility Rate’ (TFR) was 1.57 with Ireland having the highest TFR at 2.05 (Eurostat, 2013). Fahey and Field (2008, in Lunn et al, 2011) speculate that following trends in Europe, where fertility rates have seen a slight increase, ‘countries with better job opportunities for women now have higher fertility rates, all else being equal’ (pg. 59) (see also Jensen, 2008). One might speculate whether female employment security provides the social safety net families require when considering further children, with a higher expectation of post-childbirth maternal employment in many instances offering the surety families rely on when considering expanding their family size.

The CSO (2011) offers three categories of women for employment statistics purposes, and finds employment participation highest for separated women (65.2%) with rates for single women (58.6%) and married women (56.8%) following. However, statistics find the highest increase in employment by marital and gender categories in the years
2006 to 2011 to be married women, with just over 60% of the increase in employment attributed to this group (CSO, 2011) (see also O'Connor, 2008).

In contrast, Russell and Banks (2011) reveal the most significant factor affecting female employment to be the birth of a first child, with a further major drop when a third child is born. Rates of female employment in Ireland for the year 2009 ranged from 77.7% for women with no children, to 67.2% (women with one child), to 61.4% (women with two children) and to 49.6% for women with three children or more (Eurostat, 2011). A direct correlation exists between the number of children and the employment rates of women in the twenty five to fifty four year age bracket. Eurostat (2011) states the employment rate ‘decreases as the number of children increases’ (pg. 2) with child numbers having the opposite affect for male employment in this age category. Analysis by Russell et al (2009) consider a range of ‘pull’ factors influencing female employment, with potential earnings, labour demand, state policies (i.e. taxation) as the main impact. Reflecting the findings of Russell and Banks (2011), cited above, the presence of children, in particular pre-school aged children, is the single greatest negative affect on maternal employment in Ireland, far greater than it impacts on women in the other seven EU countries compared (Russell et al, 2009). The study suggests the ‘impact of children on labour market participation can be seen as a composite effect’ (pg. 42) including a ‘preference’ component (i.e. personal and cultural attitudes towards care), a cost effect and the impact of government policy. Considering the greater effect in the Irish context of the presence of pre-school aged children, Russell et al (2009) present a causal link to the low levels of formal childcare within the state, in comparison to the other countries in the study.

In spite of Kennedy’s ‘late starter’ proposal, Ireland’s statistics show that their demographic patterns might still be described as unique. As stated, Ireland still has the highest total fertility rate in the EU 27 (Eurostat, 2013). In 2007 Ireland had the highest percentage of its population under eighteen years of age, with 24.4% in that age cohort, compared to the EU average of 19.4% (OMCYA, 2008). And the current rate of female employment in Ireland at 55.4% is still below the EU average of 64.6% (Eurostat, 2012) with emigration once again perceived as a route out of unemployment.
Though trends in Ireland indicate greater acceptance of female employment, Daly (2004) points out ‘ambivalence seems to be the lot of many mothers’ (pg. 34) when discussing employment and parenting in the Irish context. Analysis of contributions to a national consultation explored challenges to families living in Ireland at the start of the millennium. The forum found common views that state policy was shifting to a preference of greater female, and maternal employment, highlighting the personal conflict women often face when considering employment, parenting and childcare needs (Daly, 2004). In spite of such ambivalence, the use of non-parental care by households has increased, with the average raising from 42% use for pre-school children in 2002 to 48% in 2007; for school aged children, the use remained unchanged at one quarter of households within the five year period, (CSO, 2009) reflecting the high rate of part time employment by mothers (Coakley, 2011). Where both parents are in employment, the use of non-parental childcare rose to 68% (CSO, 2009). Most recent statistics show overall use of non-parental childcare, irrespective of employment patterns, at 50% for three year olds, with 30% of these in centre-based services (Growing up in Ireland, 2011).

Irish families are adjusting to changing social practices, including the increase of mothers in employment. However, in reconciling work and family life, for many the major issues concern childcare, including access, affordability and perceptions of quality in provision, reflecting the findings of Russell et al (2009) highlighted above. Research found 60% of parents disagreeing with the following statement: ‘I have access to high quality affordable childcare in my community’; with only 29% agreeing and 11% having no opinion (CSO, 2009). These responses are echoed in the findings of several researchers, including Bacik (2004) who states that ‘care provision is undoubtedly one of the biggest issues affecting individuals and families in 21st century Ireland’ (p. 240). In addition, Daly (2004) highlighted how ‘issues of supply and quality of childcare came up time and again’ (pg. 40) in the national fora. Daly (ibid) suggests affordability is one of the major concerns of families, with O’Brien (2013) estimating up to one third of the net income of two-income Irish families is required to cover their childcare costs, with older statistics showing the situation has deteriorated in recent years, despite ongoing government commitments. In 2004 Bacik’s analysis found the average costs for childcare for a family across the EU was
8% of a families earnings while in Ireland it amounted to 20% (Bacik, 2004). The CSO (2009) study found on average, Irish families spend €144.00 per week on childcare costs, with this ranging from a high of €192.00 in the Dublin region to a low of €109.00 per week in the south-east.

The picture that has developed from this exploration of recent trends in Irish family life and social behaviours, is that over the past two decades Irish family life has indeed undergone substantial changes, and looks to be still evolving through the current economic downturn. The changes in the late 1990s into the new century, saw women joining the workforce in unparalleled numbers with family size decreasing. Many young families relocated to suburban commuter belts, changing extended family structures, reducing social supports and increasing pressures on young families to manage the day to day work-life balance (Lunn et al., 2011; Realestatealliance.ie, 2011; Bacik, 2004; Daly, 2004; Kennedy, 2001).

While Daly’s (2004) research of close to a decade ago found mothers ambivalent about their situation in terms of employment, and sharing caregiving duties, a recent Ipsos MRBI survey (The Irish Times, 2013) highlights how behaviour, attitudes and outlooks are continuing to evolve. Focusing on issues of shifting family practices, women and employment, the findings included the following: more women now believe Irish society values women who work outside the home (43%) than those who work within the home (9%); 83% of mothers feel they have a good work/life balance; and 70% believe they are as equally focused on their career as their partners (The Irish Times, 2013). These findings highlight the rapid and continuing paradigm shift in societal views. It appears this current generation of Irish women are prepared to leave behind the traditional family structures, expectations and constraints, though many women still choose to remain at home post-childbirth and maintain the traditional family structure.

What can be said with certainty is that Irish families have moved from a male-breadwinner model to one of different family forms, and varied employment practices, though many feel the state has been slow to respond (O’Connor, 2008; NWCI, 2006). Dual income families, single parent-worker families, one and one half income families of Coakley’s modernised male-breadwinner model (2011), where mothers attempt to
balance care needs, while pursuing part-time employment are increasingly more common. To reconcile work-family commitments, parents are either making use of formal childcare, whether in large group settings or with childminders, as well as relying on informal arrangements with relatives, neighbours or friends providing such services, if they happen to have this type of support locally. The various types of childcare available to families will be further explored later in the chapter.

Whichever type of service parents depend on, the majority of parents in Ireland find their options limited, in terms of quality, accessibility and affordability (Millar and Crosse, 2014; Millar et al, 2012; Russell et al, 2009; O’Connor, 2008). And while a decade ago Daly (2004) found many mothers ‘ambivalent’ about their decisions to seek employment outside the home and their perceived obligation to maintain the caring role in their children’s lives, current research finds these views are less constrained. A clear majority of mothers surveyed expressed the view that they are able to reach a positive work/life balance for themselves (The Irish Times, 2013).

2.3 Developing Early Years’ Policy in Ireland

Reflecting the changing economic and social landscape in Ireland, the early childhood education and care (ECEC) sector also underwent rapid expansion over the past fifteen to twenty years. Encouraged by greater demand on the part of families, the expansion was also due to increasing support through state intervention, funding and coordination, though many would argue that this was a delayed and still unsatisfactory response (Millar and Crosse, 2014; Millar et al, 2012; Start Strong, 2011; O’Connor, 2008). This section of the chapter will describe the expansion of the early years sector, focusing on policy developments and their implications for services and programmes, set both within the domestic and the broader international policy context.

From the mid-1990s, rapid changes in Ireland’s fortunes occurred, with ‘strong economic and employment growth, particularly in comparison to EU and OECD’ countries (Ireland, 1996, pg. 6). A steady influx of multinational corporations enhanced labour market opportunities, increasing pressure on the domestic labour market. Though historic inward migration enhanced the work force, it was insufficient to meet the demands of the economy (Fanning, 2006: O’Connor, 2006). Recognising
the potential, yet underutilised pool of female workers, the state sought strategies with the capacity to encourage and motivate this group to enter the labour market. As Adshead et al (2008) state, ‘the economic boom was fuelling a labour shortage that pushed for increased female participation’ (pg. 29).

The Irish state’s social partnership agreement, negotiated in the mid-1990s, saw the issue of childcare discussed at a high governmental level, including representation of unions, employers, industry, and community partners, for the first time in the state. The main objective of the resultant agreement was to ‘strengthen the economy's capacity for sustainable employment and economic growth and social inclusion’ (Ireland, 1996, pg. 6). To meet this objective childcare was included within this framework under both the equality and the social inclusion sections, positioning childcare mainly as an identified facilitator of female employment. This set the stage for Irish ECEC policy to be developed from this labour-support perspective.

Although the mid-1990s was a period of increasing focus on childcare, there was an existing ECEC sector in Ireland prior to this time. In the main early years services had developed in an ad hoc manner, as either a targeted service to address issues of disadvantage and social inclusion in a small number of funded settings, or in the limited supply of private services, with some coordinated by voluntary organisations (Millar and Crosse, 2014; Hayes, 2006). Concurrent with this period of growing state attention, various stakeholders within the ECEC sector in Ireland were becoming better organised and more vocal around issues of provision, qualifications, funding and regulation (Hayes, 2006).

Ireland has been described as demonstrating a ‘laggard position in relation to government intervention and expenditure on family and childcare policies’ (NWCI, 2006, pg. 54), such that it was the employment demands of the mid-1990s that brought policy attention to the subject of ECEC for the first time (see also Millar et al, 2012; O’Connor. 2008). From this starting point, rapid developments occurred across governmental departments, in regards to early years policy and programme implementation, drawing on European funding, and expanding access to services across the state. See Table 2.1 at the end of this chapter outlining the key developments in early years care and education in Ireland over the past two decades.
The initial acts by the Irish state in this early period included the establishment of regulations allowing for the oversight, inspection and monitoring of provision (DoHC, 1996). These regulations set out the types of settings within which the care of young children could be offered, and included half day sessional services, full day care services and childminding services, often referred to as home based or family daycare. Home based settings wherein three or fewer preschool children were present, were exempt from the requirement to notify the state, as were services providing for the care needs of school going children, whether during the school year or as holiday or summer schemes. These exemptions did not change with the revision of the regulations in 2006 (DoHC, 2006). Until recently, home based provision was the largest sub-sector in Ireland (CSO, 2006). Currently the majority of childcare provision in the state is provided through the private for-profit sub-sector, with Ireland and the UK having the highest percentage of private childcare provision of any OECD country.

As part of these early policy developments, an Expert Working Group (EWG) devoted to progressing the childcare issue, developed out of the Partnership 2000 agreement (Langford, 2006). The EWG launched of the first National Childcare Strategy (NCCS) (Ireland, 1999) and an accompanying funding programme, closely followed by the reformation of the EWG as the National Childcare Coordinating Committee (NCCC). The role of the NCCC was to monitor the distribution of the more than €500 million in funds under the Equal Opportunity Childcare Programme (Langford, 2006). All these developments were initiated from the original employment support perspective, evidenced by responsibility for childcare being placed within the Department of Justice, Equality, and Law Reform (DJELR), as a women’s labour support issue under the ‘equality’ mandate of the department.

Simultaneous to these developments, the Department of Education and Science launched the ‘Ready to Learn: White Paper on Early Childhood Education’ (DES, 1999) establishing state policy in the area of education for preschool children. This dualistic approach to ECEC, with different departments taking on differing responsibilities is the subject of much debate within the ECEC literature. Research finds this split approach is a recurring issue, not just in Ireland but in other
jurisdictions. Indeed, UNESCO briefing papers on ECEC addresses this particular issue in stating that ‘coordination issues include...a common vision of care and education’ (UNESCO, 2010, pg. 4). The OECD (UNESCO, 2007) review of its two ‘Starting Strong’ reports cite the need for ‘systematic and integrated approach to policy development and implementation’ and stress the importance of bringing ‘policy, regulation, financing, and services for child care and early education under common governances’ (pg. 4) as one of its eight key elements to successful ECEC policy. Oberhuemer (2011) reflects the issues raised by the OECD (2004) and UNESCO (2007) in depicting the approach to ECEC policy in both the UK and Ireland as reflecting a ‘traditional location of early childhood services within a split system of administrative responsibility’ (pg. 59).

Moss (2006) explores what he calls the ‘fragmented approach to services for children’ (pg. 70) in an in depth manner, tracking the evolution of the ‘childcare discourse’ in Britain in comparison to a ‘pedagogical discourse’ found in other European states. From Moss’s (ibid) perspective, the split approach to childcare focuses on parent replacement, or the freeing up women to engage in the workforce. Moss (ibid) describes this as the ‘commodification of.....private responsibility.....through local childcare markets’ (pg. 72). In contrast, the pedagogical discourse is constructed as a ‘more integrated approach to early years services, to get beyond the split approach’ (ibid, pg. 73) by taking a holistic perspective of caring for and supporting the development and education of the child.

Reflecting on the 1999 NCCS, Langford (2006) describes its formulation, resulting from a recognition ‘that the longer term objective for children must be developed as part of the overall strategy with a child centred approach’ (pg. 65). However, one could strongly argue the policy direction at the inception of the NCCS was an economic and employment focused imperative rather than a child-centred perspective. This view was supported by the midterm assessment of the main funding programme, which stated the NCCS was directed at the ‘development of a comprehensive childcare service to meet the needs of parents in employment, education and training’ (DJELR, 2003, pg. 1). And further to this, external critiques of the Irish ECEC funding programme, policy position and regulatory system highlighted a sector that was ‘explicitly linked to
employment policy’ (OECD, 2004, pg. 22) with Irish critics seeing it as a delayed and still insufficient response to the needs of families (O’Connor, 2008; NWCI, 2006).

2.4 Critiques of the Irish System

The OECD critiques of the Irish model, based on its labour support perspective and its dual-approach to ECEC, were drawn from ‘Thematic Review’ of Irish early years policy and programme implementation (OECD, 2004). This report was part of a larger international review of the early years sector and policy approaches to same (OECD, 2006). The report, while recognising that ‘policy making in Ireland for young children outside the home environment has had a relatively short history’ (OECD, 2004, pg. 21) found a number of shortcomings in the delivery of ECEC in the state, describing access to appropriate, quality programmes as ‘very weak’ (OECD, 2004, pg. 6). These shortcomings were linked to a negative impact on children’s preparedness for primary school ‘clearly evident for specific groups of children’ (ibid). The report made numerous recommendations to improve the delivery of ECEC services for children and families, to enhance access, affordability, quality and sustainability of services, as well as recommendations to support parents through extended maternity and parental leave schemes.

Shortly following the OECD review, two domestic policy groups proposed alternative models of early years provision. Both models reflected a holistic, family support and child-centred approach, with universality of provision and access as central, including: provision of free early education for all three to five year olds; a subsidised mixed delivery system, with funding of services linked to quality standards; varying rates of subsidisation, based on family income; increasing maternity and paid parental leave (NWCI, 2006). Calling for similar actions to develop the sector, the Irish Childcare Policy Network (now Start Strong) raised concerns that the lack of stable, long term funding directly to services, was resulting in poorly paid staff and a sector that ‘will never achieve the stability and professionalism ...that is desired and needed’ (McCormilla, 2006, pg. 71).

The evaluation of the EOCP, the state’s own early years funding and development programme (OMC, 2007) highlighted various short comings, including capacity issues
of local voluntary and community groups as the key indicator regarding the failure to draw down 43% of all capital grants awarded. Expectations that issues of affordability and access to services would be addressed through the funding programme failed to materialise (OMC, 2007). The reality for families who lacked access to the limited community childcare services witnessed childcare costs becoming a particular barrier to lone parents returning to education (Millar et al, 2012; Millar et al, 2006) and for all parents engaging with employment, rather than as it was conceived: as an employment support (OMC, 2007; McCormilla, 2006; NWCI, 2006). O’Connor (2008) claims government policies and funding through this period focused on two areas: the development of childcare facilities, with a disregard to the development of an effective overall ECEC infrastructure; and of providing direct payments to families, which failed to adequately address issues of affordability. More recently, Start Strong revisited the economic arguments for the development of comprehensive ECEC services and supports for Irish families. The policy advocates provided a cost-benefit analysis reflecting the current economic realities of ongoing recession, and the short comings of current programmes to address identified family and community need (Start Strong, 2011).

2.5 Policy Approaches

The state’s approach to developing a childcare sector to support employment opportunities took a particular policy direction at inception, relying on ‘market-based individualism’ (NWCI, 2006, pg. 15) commonly found in the liberal welfare model of social policy (Esping-Andersen, in Hill, 1996). Such an approach to family policy is based on targeted interventions, rather than universal provision, with market provision dominating over state provision. This reliance on markets is particularly relevant for those who have financial means, often leading to stigmatisation and social exclusion in service delivery (Bennett, in Hayes & Bradley, 2006).

Dahlberg et al (2007) classified common policy approaches seen in the development of early years systems, suggesting a state’s political orientation is reflected in the approach to provision adopted in varying countries. Dahlberg et al (2007) argue the perceived outcomes of particular ECEC provision is predicated by welfare regime approaches and policy orientations in many states (see also Lambert, 2008). To better
comprehend a state’s intentions in developing ECEC policy, a discussion of policy development in general would be appropriate.

To begin, policy may be defined as ‘a definite course or method of action selected from among alternatives’ (Mirriam-Webster, 2010). This definition also maintains that selection of a particular policy decision is made ‘in light of given conditions to guide and determine present and future decisions’ (Mirriam-Webster, 2010). Hill (1997) defines policy as ‘any course of action adapted and pursued by government, party ruler, statesman, etc.’ (pg. 6). Hill (1997) goes on to state that ‘the nature of power within the state’ serves as the context in which a ‘discussion of public policy process needs to be grounded’ (pg. 18). The rationales behind policy implementation vary, though the purpose of particular policies may include the distribution or redistribution of resources, as a regulatory measure or as a measure to create or modify procedures and structures (Wasoff and Dey, 2000; Hill, 1997; Zimmerman, 1995).

Development of government policy in general, and early years policy in particular, is not a straightforward matter, as the pluralist nature of modern democratic governance requires the input of various groups, factions and blocs, from educationalists, to business interests, to family oriented pressure groups, to feminist activists, to name a few. Brennan and Newberry (in Australia, Commonwealth of, 2009) state:

‘Childcare raises complex philosophical and policy issues, ranging from broad questions about the relative responsibility of the state, market and family, to technical aspects of policy design such as the interaction of childcare subsidies with income support, family payments and taxation’ (pg. 213).

In deciding which course of action to take from amongst the ‘complex’ choices presented, decisions about the intent of the policy, the viewpoints of interest groups, and the ‘nature of power within the state’ all have an influence. What may be initially perceived as a broad expanse within which policy development takes place, quickly becomes constrained by various mediating factors. Howlett (2009) discusses the ‘real complexities and difficulties involved in successful policy design’ (pg. 74) and
elaborates on the ‘constrained nature of actual policy instrument choices’ (pg. 74) once the extensive mediating factors are considered.

Prevailing political paradigms, informing the ‘power within the state’ has been seen to influence the current construction of ECEC in many countries, Ireland being no exception. Recent ECEC policy direction in many western democratic states have been aligned to objectives to reduce poverty, reduce state dependence, and increase opportunities for women in the labour market (Daly and Scheiwe, 2011; England, 2010; Koggie and Orme, 2010; McKie and Cunningham-Burley, 2008; Christopher, 2002). A recent review and analysis of prevailing family policy across the European Union (Daly and Scheiwe, 2011) maintains that the move towards an adult worker model is broadly consistent, evidenced in the common discourse of activation, individualisation, and defamilialisation. As Daly and Scheiwe (2011) states, it would be ‘uncontroversial to say that there is a restructuring of social policy going on in Europe’ (pg. 3) with current trends influencing ECEC policy formation. From a state policy perspective, activation involves ‘enabling or compelling people’ (Daly and Scheiwe, 2011, pg. 3) to engage with the labour market, moving from economic dependency on the family or on the state (Jensen, 2008; Rush, 2006). As a movement away from the male breadwinner model, individualisation treats all adult workers the same, regardless of gender, where identity is formed around a workplace and individual agency is realised through employment and economic contribution to society (Rush, 2006; Christopher, 2002). This perspective is realised with little conception of extenuating familial responsibilities with Daly and Scheiwe (2011) contending that this approach is ‘too one-dimensional to capture what is going on’ (pg. 2) in families and society (see also Williams, 2001).

Defamilialisation continues where individualisation leaves off, replacing the private realm of familial caregiving with institutions for the provision of care services, be that for the young, the aged, the infirmed or the dependent (Knijn and Smit, 2009). This is seen by many as the commodification of care within a market place economy (Gabb, 2010; Lewis and Guillari, 2005, in Daly and Scheiwe, 2011; Held, 2002). This move away from the family, and with regards to one aspect of caring duties seen in the large scale development of the early years sector, further represents the increasing
individualisation in public policy. In this instance early years services are focusing on the development of human capital in the form of future adult workers, evidenced by the recent attention on education, development and ‘best outcomes’ within these settings (Daly and Scheiwe, 2011; Jensen, 2008; Lambert, 2008; Dahlberg et al, 2007; Moss, 2006).

What does all this mean for Ireland, for ECEC provision and for families? A limited exploration of the development of ECEC in Ireland, considering solely the domestic influences, may be explained as the state reacting to the demand for labour, supporting parents’ increasing engagement with the market, with the state funding the infrastructure of early years facilities, to support maternal employment. Families in the state threw off historic constraints, women moved in greater numbers into the realm of paid employment and the economy responded positively, initially.

An alternative construction of developments situates Ireland within a European context, with directions in family and social policy reflecting the broader Union under a shifting political paradigm. Such a paradigm, commonly labelled as the neoliberal approach, seeks to ‘organise and regulate the behaviour of particular individuals and populations’ (Gallagher, 2011, pg. 2) through various mechanisms, elaborated above by Daly and Scheiwe (2011) amongst others. Irish compliance with a broader approach to ECEC was evidenced in the Irish agreement with various EU directives regarding ECEC expansion and enhancing market involvement in provision (Barcelona Agreement, 2002; Bolkestein Directive, 2006, in Moss, 2007). This construction presents development in the ECEC sector from the neoliberal perspective, moving all adults into the workforce, creating individual responsibility, rather than reliance on others, be they family or the state, with market forces replacing familial care, though care remains a familial responsibility.

This perspective reflects the arguments of Knijn and Smit (2009) when they suggest ‘family policies are the servant’ (pg. 8) to labour policies and their goal of full employment of all citizens. Similarly, Jensen (2008) argues that the shift in Europe from the childcare discourse, positioned as a female labour support, to an early childhood education and care discourse, constructs such investment as a long term strategy focusing on the development of human capital. In this instance, human capital
is realised through the improved pool of future workers, and with increased fertility rates leading to an increase in ‘future contributors to pensions and other social programmes’ (Jensen, 2008, pg. 137).

Taking either perspective - Ireland reacted to support maternal engagement with the labour market through the development of ECEC services, or, Ireland responding to EU directives and shifted more clearly to the neo-liberal perspective of activation, individualisation and defamilialisation - actions by the Irish state were slow in responding to the realities of women’s lived situations and the needs of families for support to reconcile care and work (Millar et al, 2012; O’Connor, 2008). Indeed many would argue that the state has yet to achieve an effective sustainable ECEC sector (Start Strong, 2011). The upsurge in female employment in Ireland was noticeable from the early 1990s, however, the initial funding programme to support the development of the early years sector was not launched until the end of the decade. It is the contention of Millar et al (2012) that the development of family policy in Ireland during this period failed to ‘keep pace’ with the gendered alterations in the Irish labour market: ‘In fact, increases in female employment occurred despite the lack of state support’ (pg. 33). O’Connor (2008) claims the Irish state has yet to fully recognise that the rapid development of the Irish economy during the ‘Celtic-Tiger’ era was due to the increase in maternal employment. Further, the benefits accrued by the state during this period was ‘on the backs on married women’ (pg. 158) due to the ineffective state response, particularly in the area of childcare provision.

2.6 Continued Developments in Ireland

The preceding section emphasised the development of the Irish ECEC sector from an employment support manifestation based in a ‘split system’ of administrative responsibility, heavily influenced by prevailing EU policy. However, the state responded to many criticisms with continued attention to the sector in the form of renewed national childcare strategies, on-going, though limited investment and continued programme development through the past decade. From 2006, the inspection mechanism was revised, taking a greater focus on the development and wellbeing of the child (DoHC, 2006). A national quality framework for ECEC provision was launched (CECDE, 2006), a curriculum framework for early education
services developed (NCCA, 2009) and the need to professionalise the sector has gained recent attention (MES, 2010). The year 2010 saw the launch of the first universally funded ECEC service, with a free preschool year of half day provision, available to all children in the year prior to formal primary schooling (OMC, 2009). The majority of provision for this programme is within the private sector, with some adherence to minimum regulatory standards, and basic level qualification of the main staff person, as the limited criteria for inclusion of services. This single programme highlights how the Irish government has relied on the private market as the main provider of ECEC services, targeting disadvantage through voluntary providers, offering minimal financial supports to Irish families and maintaining an ‘arms-length’ approach to service provision.

While the state has made advances in some areas, criticism from international observers, domestic policy advisors and the government itself remains. In 2011 a full government ministry was formed, with responsibility for coordinating all matters concerning children and youth services, policy and programmes (DCYA, 2011). Despite this attention, international comparisons of the ECEC sector in Ireland highlighted the failure to improve in key areas. The 2008 UNICEF Report Card ranked Ireland joint last of twenty five countries as assessed in ten quality standards, with the 2012 Starting Well index positioned Ireland’s provision of ECEC as eighteenth on issues of affordability, access and quality of provisions (Barnardos/Start Strong, 2012).

Millar and Crosse (2014) summarise the situation well, while they recognise that progress has been made, ‘there is no doubt that Ireland’s childcare sector is persistently submerged in new and perpetual problems’ (pg. 15). The state itself is cognisant of the prevailing shortcomings in the sector, with particular comment on the following areas: a lack of consistency in approach to, and occurrence of, the inspection process; issues of pay and qualifications, leading to poor recognition for the workforce; lack of secure, ongoing funding for the sector (Ireland, 2012). The issue of affordability has yet to be addressed fully by the state with one universal programme only partially supporting families who rely on full time provision, as it was designed to be offered over ten months of part-time, half day provision. Although fee subvention is available, this is
only offered through the limited voluntary services. Despite the ongoing funding programmes for the sector, analysis highlights fees paid by families in Ireland ‘are amongst the highest in Europe, amounting to more than 50% of the net income of some families (Barnardos/Start Strong, 2012, pg. 5).

2.7 Conclusion

This chapter depicts Irish family life in the midst of change. To set the scene, the rapidly changing demographic picture of Irish social and familial experiences was outlined, by way of illustrating the imperative behind the state’s recent attention to ECEC, and the impetus for its original manifestation as an employment support. Initial developments of the childcare sector, including the state’s attention and policy approach to the issue were outlined. The chapter highlighted how the large scale increase in maternal employment occurred in Ireland ‘despite’ state action, and continues, though the sector is plagued by many inadequacies (Millar and Crosse, 2014; Millar et al, 2012; O'Connor, 2008). Criticisms of the evolving Irish model from both international organisations as well as domestic policy groups and individuals were included. These criticisms focused on shortcomings in the Irish system, in terms of affordability, accessibility, the capacity of the voluntary sector, and the long-term sustainability of the sector. While later developments have occurred in rapid succession, many of the failings of the Irish ECEC sector have yet to be resolved. Analysis highlights the presence of a pre-school aged child is the most significant factor inhibiting maternal employment, linking this to the poorly developed ECEC sector in Ireland, in comparison to other EU states (Russell et al, 2009). Irish early years policy is still evolving, and may yet adjust and adapt to meet the shortcomings highlighted by policy advisors and experienced by the families using such services on a daily basis.

This chapter outlined the context in which the research project was set. The period considered has been one of fundamental social and economic change, characterised by a reactive approach to ECEC policy on behalf of the Irish state. In response to the demands for childcare in the late 1990’s and early part of this century, and as a result of European influence and support through funding programmes, the Irish state responded by facilitating the development of an ECEC sector over the last decade, or
more (see Table 2.1), though the response has been critiqued as slow in coming. Ireland is not the only state that has witnessed ECEC rising sharply on its policy agenda. The need to expand the workforce in many countries, the objective to offer equality of opportunity to women, and the increasing knowledge of the importance of exposure to high quality early years services to young children is behind the growing attention to the sector in many countries (Brooker, 2010; Leach et al 2006; OECD, 2004). Others would argue neoliberal policy leanings promoting activation, individualisation and defamilialisation, with a focus on the development of future human capital, as the motivation behind these developments (Daly and Scheiwe, 2011; Jensen, 2008).

While Irish state policy concerning childcare was initiated from a labour support perspective, it is shifting to one which now recognises the long term potential of early childhood experiences, not just for children and families, but also the wider society (OMC, 2009). However, the existence of a childcare sector does not, in itself, guarantee enhanced quality experiences for children, nor will it be certain to meet the overall needs of families. As has been discussed through this chapter, the initial policy orientation in establishing ECEC programmes has lasting effects on the experiences of service users and on programme outcomes, though policy in this area is continually evolving.

The change from the male breadwinner model of the Irish family, and the move towards more widespread use of formal childcare provision occurred quite rapidly in the state. This resulted from the increase of women, particularly mothers, engaging with the labour market in unprecedented numbers, and with the state playing ‘catch-up’ in responding to familial care needs. Ireland and Irish families have experienced a major and possibly irreversible shift in social and family life, which now perceives maternal employment as an option for all families, and for all women. This is the context in which this research project was set. The profound change on the Irish social landscape now finds families interacting with early years service providers to support them in meeting their basic obligation to provide for the daily care of young children. This represents a significant shift in familial care practices in the last one to two decades, with these experiences, on the part of families and care providers, the focus
of the research project. An exploratory approach was used to investigate this phenomenon, with an aim of creating a better understanding of these professional, yet still personal relationships, between families and early years practitioners, centred around the care of a young child.

Table 2.1 Development of Early Years Sector in Ireland. This table provides dates of key events, titles of reports, legislation, or documents, noting briefly the relevance to the research topic area.

<table>
<thead>
<tr>
<th>Date</th>
<th>Key Event</th>
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<tbody>
<tr>
<td>1996</td>
<td>Expert Working Group (EWG) on Childcare</td>
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<tr>
<td></td>
<td>Multi-departmental strategy group set up to ‘quickly establish a coherent childcare policy to respond to changing patterns of work and childcare’ (Langford, 2006, pg. 65).</td>
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<tr>
<td>1996</td>
<td>Child Care (Pre-School Services) Regulations 1996 (DoHC, 1996)</td>
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<tr>
<td></td>
<td>First legislation concerning the inspection and oversight of ECEC provision, criticised as being overly concerned with record keeping, health and safety concerns. Little focus was given to the developmental needs of children. Professional qualifications not addressed (Hayes, 2006).</td>
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<tr>
<td>1999</td>
<td>National Childcare Strategy (NCCS) (Ireland, 1999)</td>
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<tr>
<td></td>
<td>Produced by the EWG, to be developed as part of the broader National Development Plan. The EWG was reformed as the National Coordinating Childcare Committee as part of NCCS.</td>
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<tr>
<td></td>
<td>Policy document developed by the Department of Education and Science, setting out government direction as it concerned the early education needs and provision for preschool children.</td>
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<td></td>
<td>ECEC one of fourteen objectives: ‘early education and developmental needs will be met through quality childcare services and family-friendly employment measures’ (Ireland, 2000, pg. 50).</td>
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<tr>
<td>2000</td>
<td>Equal Opportunities Childcare Programme 2000-2006 (EOCP)</td>
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<tr>
<td></td>
<td>EOCP funded the implementation of NCCS; focused on ‘equal opportunity measures to support women’s participation in employment and social inclusion for other marginalised groups’ (Langford, 2006, pg 65). Mainly EU funded.</td>
</tr>
<tr>
<td>2000</td>
<td>Establishment of local City &amp; County Childcare Committees (CCC) under the NCCS</td>
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<tr>
<td></td>
<td>Tasked with implementing the NCCS and the EOCP by identifying local needs and by supporting the development of a range of childcare services; responsible to the NCCC (OMC, 2007).</td>
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<tr>
<td></td>
<td>Outlines key skills, abilities, knowledge areas, along progressive paths for the development of ECEC practitioners and recognition of the broader workforce; recommendations only.</td>
</tr>
<tr>
<td></td>
<td>Noting short period of development of ECEC in Ireland, recommendations made to improve the delivery of ECEC services, to enhance access, affordability, quality and sustainability of services.</td>
</tr>
<tr>
<td>Year</td>
<td>Description</td>
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<tr>
<td>2006</td>
<td>Office of the Minister for Children (OMC) established (later renamed Office of Minister for Children and Youth Affairs – OMCYA)</td>
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<tr>
<td>2006</td>
<td>Representation from all government departments dealing with any aspect of childhood gathered within one junior governmental department under the Minister for Children (OMC, 2007).</td>
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<tr>
<td>2006</td>
<td>Child Care (Pre-School Services) (No. 2) Regulations 2006 (DoHC, 2006)</td>
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<tr>
<td>2006</td>
<td>Reflecting ‘Whole Child Perspective’ found in NCS, greater focus than previously on the holistic developmental needs of the child and programme provision to meet such needs.</td>
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<tr>
<td>2006</td>
<td>Voluntary quality assurance process, with no statutory footing, or links to inspection or funding. Lacking national implementation; minor pilot systems set up and evaluated (Goodbody, 2011).</td>
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<tr>
<td>2006</td>
<td>Revised National Childcare Strategy 2006-2010</td>
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<td>2006</td>
<td>Continues to address local childcare needs, increased training for the sector, it also included extensions to maternity leave provision and a family income supplement (OMC, 2007).</td>
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<tr>
<td>2006</td>
<td>National Childcare Investment Programme 2006 - 2010 (NCIP)</td>
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<tr>
<td>2006</td>
<td>Continuing to fund the development of ECEC places, the NCIP took a greater role in addressing issues of quality provision, following on from OECD report and review of EOCP 2009</td>
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<tr>
<td>2009</td>
<td>A second voluntary framework, applies in a range of settings with young children, including the home, primary classrooms, and a range of ECEC settings. No statutory obligations to implement.</td>
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<tr>
<td>2009</td>
<td>Workforce Development Plan for ECEC sector in Ireland: Background Consultation Document</td>
</tr>
<tr>
<td>2009</td>
<td>Part of a national consultation; reveals 9% of practitioners hold degree level qualification; 40% hold minor technical certificate; almost 50% hold no formal qualification (MES, 2009).</td>
</tr>
<tr>
<td>2010</td>
<td>Linked to Síolta and Aistear, the WFDP addresses the need to up-skill the sector with a goal of developing a ‘graduate-led’ workforce for ECEC. Report lacks an implementation plan or funds.</td>
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<tr>
<td>2010</td>
<td>Free Preschool Year: Early Childhood Care and Education Scheme</td>
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<tr>
<td>2010</td>
<td>State funded through local ECEC services; half-day sessions operate concurrent to school term. No new funding but a redirection of family supplement from NCCS, 2006-2010 (OMC, 2009).</td>
</tr>
<tr>
<td>2010</td>
<td>Department of Children &amp; Youth Affairs (DCYA, 2011a)</td>
</tr>
<tr>
<td>2010</td>
<td>Full government department established representing policy direction for all matters concerning children, young people and their families.</td>
</tr>
<tr>
<td>2011</td>
<td>Department of Children &amp; Youth Affairs (DCYA, 2011b)</td>
</tr>
<tr>
<td>2011</td>
<td>Budget changes reduce funding received by services per child under ECCE scheme. Legislation allows providers to increase the adult:child ratios by one child, to offset the loss of earnings.</td>
</tr>
<tr>
<td>2012</td>
<td>Plans for updated National Children’s Strategy includes sub-strategies reflecting different stages of children’s lives; dedicated ‘Early Years Strategy’. Group to advise Minster on new strategy.</td>
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Chapter Three: Literature Review Chapter

3.1 Introduction

This chapter sets out the review of literature from the academic and research arenas, relevant to the topic under investigation in this project, and presented in this thesis. The intent of the study was to investigate the nature of relationships between parents, specifically mothers, and the early years practitioners with whom families share the care of their young child. Broader subject areas related to the overarching topic were identified and literature pertinent to these was reviewed. As an exploratory approach to the research was adopted, the project was open to subject areas arising from the field work and analysis processes that may not have been predicted earlier in the research, providing additional subject areas for review. This opening section introduces the areas of literature covered by this chapter, outlines the relevance of each to the research topic and sets out the structure of this extensive chapter. To begin, a brief reminder of the thesis topic is offered, followed by an outline of the role of a literature review in the research process.

3.1.1 Research Topic

As set out in the previous chapter, this research is set within a rapidly evolving Irish social context. Irish society experienced tremendous changes over the past twenty years, resulting in a rapid move from a traditional male-breadwinner model of family life, to one in which the dual income family model has become more common. Ireland shifted from having the lowest number of women engaged in the labour market, to a midway ranking for female employment rates across the EU at the height of the economic boom. While the economy is currently in recession, women continue to engage with paid employment, though to a lesser extent than in the midst of the Celtic Tiger years. As was discussed in the Context Chapter, the involvement of women in paid employment has led to the increased reliance on formal childcare provision, representing a real change in how the care needs of Irish children and Irish families are met.

Ireland has a limited history of engaging with formal childcare provision, with the first legislation concerning the sector less than twenty years old (DoHC, 1996). Parents
who use childcare services in Ireland, arrange and pay for such services within a competitive marketplace, as the State relies heavily on the private sector to provide these services. However, the nature of childcare provision and the negotiation of such provision differ from a typical purchase of commercial services as it is centred on the requirements of a young child, for care, for nurturance, and for a range of developmental needs. While this is a functional act, the purchase of care services so that parents are able to engage with labour market, it is also an emotional act, as parents transfer a basic fundamental human obligation to near strangers.

Due to the recent developments of the ECEC sector in Ireland, limited research exists which assists us in understanding the nature of the relationships between mothers and early years practitioners. Therefore, the research project was developed to explore these relationships, focusing on maternal engagement with childcare services, with managers and practitioners, and from the reverse perspective, the meaning practitioners ascribe to their daily interactions with families.

3.1.2 Areas of Interest

The purpose of a literature review is to collect and present material from the academic and research arenas that are relevant to the subject area of a study. In carrying out the process, this researcher aimed to explore what is already known about the topic, to outline the debates and agreements, offering current definitions, highlighting gaps or weaknesses, potentially offering an opening in the knowledge that the planned research project should fill. Topic areas that were relevant to this research project reflected the broader knowledge being sought - an understanding of relationships between key actors, set within the Irish early years sector - along with a range of subject areas that underpin and inform the main topic. In refining the topic area, a number of relevant supporting areas were identified and the relevant literature reviewed.

The primary area of literature investigated and reviewed for this research project concerned knowledge dealing with relationships between parents and practitioners. In attempting to explore the nature of these relationships, it is imperative that current understandings from the research and academic arenas were fully scrutinised. As the
Irish ECEC sector is still in its own early stages, there was no expectation of a large body of research literature reflecting the subject from an Irish perspective, therefore, a search of literature from the international context was also undertaken. This provided a broader picture of what is already known about these relationships. Even though the contexts varied from Ireland, it still offered a clear starting point.

Moving beyond the ECEC arena, an exploration of literature concerning the subject of relationships, at a social and interpersonal level, was carried out to enlighten the study as to the intricacies and nuances of relationships in general. In addition, a search of the literature that reflected relationships developed through the market place was undertaken, as Ireland has relied heavily on commercial provision for its ECEC needs. The literature concerning the role of markets in care provision generally, again relying heavily on international perspectives was also reviewed. Unexpected in the preparation for research, but arising out of the research process, the subject of community within the context of early years provision was an area of literature that was also reviewed. Following the field work stage of the project it was perceived by the researcher that the concept of ‘community’ would be an important aspect in attempting to understand the interactions that occurred and the relationships that exist within ECEC settings in Ireland, therefore it was included in this review.

While this review explored current knowledge concerning the various subject areas identified as relevant to this study, the main theoretical framework relied on to support and develop the thesis, and in particular, the analysis of the research findings, is also introduced through this chapter. As the project focused on interpersonal interactions, centred on sharing the care of young children, the ethic of care presented as useful for exploring the issues, dilemmas, challenges and experiences within these little researched relationships. The ethic of care perceives humans as relational beings, engaging in interactional and complex caregiving and care receiving, considering ‘care as a fundamental aspect of all human experiences’ (Lloyd, 2006, p. 1182). This concept provided a framework for analysing the daily practice of care, as well as the social policy context, as it impacts on the lives of families who rely on non-parental care on an ongoing basis.
3.1.3 Chapter Structure

As the material gathered and reviewed was extensive, leading to a lengthy body of written work, the chapter has been structured in separate sections. Such a structure allowed for each subject to be explored as a distinct area, highlighting the issues, debates and any potential gaps to be addressed through this thesis. The initial section outlines the ethic of care, exploring its development as a theoretical concept, setting the stage for its application as the underpinning conceptual framework guiding the research project. Section two explores the literature concerning interpersonal relationships in general, as this was identified prior to the field work process as being relevant. Themes arising from the data collection process indicated the topics of trust, social support and social networks would also be relevant to the study, therefore the review of the interpersonal relationship literature was expanded to include these concepts, following the field work phase. The third section explores the specific relationships between parents and practitioners, relying primarily, though not exclusively, on literature from the international ECEC context. Care relationships and the role of markets in the provision of services is reviewed in the fourth section, with section five exploring the concept of community from the literature, following up with a targeted review of literature linking the concept of community to the early years sector.

As the chapter develops, relevant concepts from preceding sections will be drawn on to highlight links between the subject areas, and their contribution to the overall thesis. What appears initially as distinct topics, as seemingly disparate areas, will be shown to connect to the broader narrative of relationships between parents and care providers. Each section will conclude with an integration of the previously presented themes, with the chapter ending on a brief concluding section.
3.2 Section One: The Ethic of Care

3.2.1 Introduction

This initial section introduces the ethic of care as a conceptual framework. This concept was drawn on to support the developing thesis as it was considered suitable to explore interpersonal relationships including those set within early years context, as well as analysing state policy across an array of areas. This section will review and discuss the ethic of care, following its development and evolution over the past three to four decades. Its application to an array of subject areas will be explored as will the current critiques of the evolving concept.

3.2.2 Origins of the Concept

Carol Gilligan’s ideas, as expressed in In a Different Voice (Gilligan, 1982), is cited by many writers as the origins for the development of an ethic of care (Holland, 2009; Lloyd, 2006; Cockburn, 2005; Hankivsky, 2004; Daly, 2002; Keller, 1997; Tronto, 1993). Daly (2002) describes the ‘development of care as a concept and field of study’ as ‘one of the original feminist concepts’ (pg. 252) examining women’s experiences both in relationships and in labour, whether paid or unpaid, focusing on the ‘defining features of women’s life situations’ (pg. 252).

In her argument Gilligan highlights what she claims was the ‘gendered nature of Kohlberg’s influential work on moral development’ (Holland, 2009, pg. 1666) privileging masculine views, characteristics and behaviours. In working alongside Kohlberg, developing his well known moral hierarchy, Gilligan found that the model of ‘the rational, autonomous, individual required the dependent dimensions of the self [to be] repressed’ (Lloyd, 2006, pg. 1175). Gilligan’s response was formed in reaction to Kohlberg’s framework that ‘assumed a male model of moral reasoning and decision making’ (Koggle and Orme, 2010, pg. 109) which, in Gilligan’s view, overlooked women, deeming them ‘less able to reason’ (ibid).

Gilligan proposed three stages of development along an ethic of care hierarchy mirroring Kohlberg’s stages, suggesting that ‘both caring and justice are necessary to constitute the whole of morality’ (Tronto, 1993, pg. 80). Tronto (1993) describes
Gilligan’s care ethic through three defining characteristics: whereas the ethic of justice focuses on rights and rules, Gilligan promotes responsibility and relationships; secondly, the care ethic is ‘tied to concrete circumstances’ as opposed to Kohlberg’s abstract notions; and, finally, the care ethic is ‘best expressed as an activity: the activity of care’ (p. 79).

The dilemma for feminist theorists is the ethic of justice approach valorises autonomy, rights, independence, resulting from the ‘elevation of a particularism to universal status’ (Cockburn, 2005, pg. 76). Keller (1997) points out how western tradition has privileged these notions so that they are considered the ultimate achievement in human development, excluding other characteristics, such as the interconnectedness and interdependence which define the care ethic. According to Held (2002) ‘relationships between persons, rather than either individual rights or individual preferences, are a primary focus’ (pg. 31) in the ethic of care, with Holland (2009) stressing the ethic of care ‘recognises that care relationships permeate society much more broadly than is often perceived’ (pg. 1672). This viewpoint is supported by Lloyd (2006) who states that ‘the central point of the feminist ethic of care is to reconceptualise care as a fundamental aspect of all human experience’ (pg. 1182). The ethic of care begins from the understanding that caring is a universal concept, and highlights the meaning of context, interdependence, responsibilities and relationships as central to the human experience (Brooker, 2010; Koggle and Orme, 2010; McEwan and Goodman, 2010; Peters et al, 2010; Hankivsky, 2004). Brannen et al (2007) propose a temporal and interactional component to the care ethic, suggesting it develops over time, through subtle or not so subtle ‘negotiation and social interaction’ (pg. 11) within relationships.

3.2.2.1. First Wave Perspectives

Hankivsky (2004) explores the evolution of the ethic of care as a theoretical framework, beginning with Gilligan and highlighting the contributions from various theorists. Hankivsky proposes a first wave and second wave in its development, outlining how each wave illuminates the concept further. The early theorists, Gilligan, Noddings and Ruddick idealised the ethic of care as emerging from naturally occurring maternal notions of care and responsibility, proposing human relation based on the ‘characteristics of the mother-child relations’ (Hankivsky, 2004, pg. 12).
The care ethic, in its earlier developments, represented a unique perspective on the analysis of relationships and approaches to interactions. However, there were inherent issues within the framework that contributed to essentialising care as a female concept, withholding its development into a more robust theory with wider ranging applicability. As care work has traditionally been associated with women and has been generally carried out in the private sphere of society, valorising caring work risked the continued marginalisation of those who care, reinforcing damaging stereotypes, and adding to the continuation of the repressive contexts in which much caring work can be found (McEwan and Goodman, 2010; Peters et al, 2010; Robinson, 2010; Hankivsky, 2004). Beginning with an analysis of notions of the maternal, Ruddick (2009) proposes the movement of the term ‘mother’ from a noun to a verb: to actualise maternal behaviours, and create distance from the normative link of mother: woman (Ruddick, 2009). In O’Reilly’s (2009) view Ruddick ‘de-genders motherwork….divesting it of biology’ (pg. 297) while focusing on the characteristics and qualities that are inherent in caring actions.

From here the care ethic can build on the notion that caring need not be considered a particularly female activity, and in moving from this essentialist notion of the care/female link, it can also move away from the ‘patriarchal concept of care being equated to women in self-sacrificing caretaking activities’ (Hankivsky, 2004, pg. 13). What the ethic of care highlights is how the activities and the discourses around care have served to marginalise and disempower care providers as well as receivers of care, recognising that as part of humanity, we are all providers of and receivers of care at different points in the life course, rendering us at various stages in our development, powerful and powerless (Robinson, 2010; Peters et al, 2010).

This broader understanding challenges the paternalistic perspectives which construct care as unidirectional (Robinson, 2010; Tronto, 2010) towards the concept of interdependence, promoting care as a universal concept, and the ethic of care as unifying theory (Robinson, 2010). Positioning the ethic of care at this point, ‘reconceptualises the notion of autonomy’ (Hankivsky, 2004, pg. 23 ) in accepting that at all times we are interdependent in our relations with others, predicated on both the
agency of the individuals involved and the context which provides a structure in which care relations are negotiated (Brannen et al, 2007).

3.2.2.2 Second Wave Developments

Beginning with the work of Tronto (1993) the conceptual development of the ethic of care moved toward a normative theory as it evolved into what Hankivsky (2004) described as the second wave. The conceptual development has moved firmly from the original gendered connotations, to a central place within the social and political realms of actual human activity. Tronto and others sought to shift the development of the care ethic away from this gendered association of its earlier construct in order to develop a useful vehicle for moving the debate forward. Reflecting the above discussion, Tronto (1993) argued that there was a ‘need to stop talking about “women’s morality” and start talking instead about a care ethic that includes the values associated with women’ (pg. 3). Tronto and Fisher proposed a definition of an *Ethic of Care*, as follows:

‘A *species activity that includes everything that we do to maintain, continue and repair our world so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex life sustaining web*’ (Fisher and Tronto, in Tronto, 1993, pg. 103)

It is evident this definition is moving the concept away from the notion of gender, promoting it as an activity, and focusing on the contextual as well as relational aspects.

Sevenhuijsen (2000) describes Tronto’s proposals as the ‘conceptualisation of the caring process in terms of four phases or dimensions of care’, each of which are linked to a corresponding value: caring about/attentiveness; caring for/responsibility; taking care of/concrete work; care receiving/responsiveness. Tronto (1993) described these phases as ‘analytically separate but interconnected’ (pg. 106). The four-phased dimensions of care, along with Tronto and Fisher’s definition of the care ethic are widely cited as major contributions to the conceptualisation of the theory (Featherstone, 2012; Brooker, 2010; Cockburn, 2005; Engster, 2005; Lloyd, 2004; Maeckelberghe, 2004; Williams, 2001; Daly and Lewis, 2000; Sevenhuijsen, 2000).
In contributing to the development of the care ethic, Tronto (1993) critiques Gilligan’s work, in stating: ‘the radical potential of Gilligan’s ideas have been contained by the current moral boundaries’ (pg. 96): private/public boundaries with the ethic of care relegated to the private realm and the ethic of justice valorised in public life.

Brannen et al (2007) suggest three aspects of an ethic of care. The relational focuses on the interconnected nature of the theory, suggesting the ideas individuals construct about one another be framed by the specific experiences, personal identities and sensitivities that make up each person (Benhabib, in Hankivsky, 2004). Interactions, over time and between people, based on such understandings, create responsibilities toward one another (Brannen et al, 2007). Just as each person is shaped by their unique experiences, identities and sensitivities, the proposed second aspect (Brannen et al, 2007) perceives care exchanges as framed by the context in which they occur. The contextual aspect grounds the ethic in the everyday reality of caring exchanges, influenced by the time, place, culture, roles, ethnicity, gender, socio-economics, politics, ideologies (Robinson, 2010; McKie and Cunnigham-Burley, 2008; Hankivsky, 2004; Folbre and Nelsen, 2000). And finally, the interconnected and interdependent nature of the care ethic is based on the web of relationships (Tronto and Fisher, in Tronto, 1993; Hankivsky, 2004) in which individuals ‘construct and confirm their identities as moral beings in wanting and deciding to care in exchanges of support and the process through which support is negotiated’ (Brannen et al, pg. 11). Hankivsky (2004) describes this as ‘a special form of mutual engagement’ (pg. 35).

It is clear that the development of the ethic of care, at least in theory, has moved from an essentialist association with feminine and maternal characteristics, to a more generalised concept, amenable to an array of applications from its usefulness in analysing empirical research and day to day care practice, to critiquing government policy developments, to positioning within a range of academic disciplines. Theorists have applied the ethic of care to a range of subjects, including the discipline of geography (Cox, 2010; McEwan and Goodman, 2010), in geopolitical and economic arenas (Basa et al, 2011; Williams, 2001), philosophy and law (England, 2010) and as
will be further elaborated below, politics and policy (Robinson, 2010; Engster, 2007; Lloyd, 2006; Sevenhuijsen, 2000).

### 3.2.3 The Ethic of Care: Politics and Policy

At a theoretical level, the ethic of care may be perceived as broader than its gendered origins, however, the reality of care work is that it remains gendered, devalued and typically occurring in the private realm of the home, reflecting how the hegemonic morality of justice and autonomy maintains ‘inequalities of power and privilege’ (Tronto, 1993, pg. 101). Stimulating debate within the policy arena, the ethic of care facilitates analysis of national and global movements towards a neo-liberal influenced idealisation of the model citizen, in contrast to the interdependent, relational human, proposed by care theorists (Featherstone, 2012; Daly and Scheiwe, 2010; England, 2010; Koggle and Orme, 2010; McKie and Cunningham-Burley, 2008; Gornick and Meyers, 2004; Hankivsky, 2004; Christopher, 2002; Williams, 2001; Sevenhuijsen, 2000).

Contemporary developments in the areas of family, welfare and employment policy have sought to elevate the status of the independent citizen worker, over the dependent recipient of state support, and over the care provider within a family unit: to elevate the status of the worker while degrading the non-worker as a non-citizen. Daly and Scheiwe (2010) have described this movement as one promoting the concepts of ‘activation, ‘individualisation’ and ‘defamilialisation’, as outlined in the Context Chapter. Such policy redirection is predicated on the ‘narrowness of the ethic of paid work’ (Williams, 2001, pg. 468) promoting the responsibility of citizens to participate in the paid work force as a civic duty. This reflects the ‘new-liberal, self-care, self-responsibility agenda’ (Gray, 2009, pg. 11), whereas care theorists recognise caring as central to social and civic responsibility (McEwan and Goodman, 2010). What Hankivsky (2004) has come to call a ‘narrow and incorrect view of the human condition’ (pg. 5) is this neo-liberal model of citizen: the autonomous, independent worker, devoid of caring needs due to their invisible nature. Not only does this perspective broadly dismiss care, it also undervalues the caring labour and the care providers who perform these duties (Robinson, 2010). England (2010) describes this
idealised model as the ‘self-governing, autonomous market-player’ (pg. 137) with Williams (2001) illustrating the new ideal type as:

‘a relatively mythical self-sufficient being whose care needs and responsibilities are rendered invisible because they are carried out somewhere else, by someone else’ (pg. 474).

Within this neo-liberal conceptualisation of society, Peters et al (2010) propose markets will come to dominate human interactions with the idealised type of relationship as that which exist between market players. This is evidenced in the movement of states away from the direct provision of services, towards models which may include cash transfers to families encouraging their engagement with the market for their care needs, to the development of leave policies so that families may provide their own care, or combinations of these (England, 2010; Daly, 2002). However, such policies have been critiqued as reinforcing gendered notions of care, as women by and large, take up the caring responsibilities. Daly (2002) contends policy decisions concerning family, care and work, throughout the various welfare states reinforce long-held assumptions concerning the family and gendered roles within. This model is in contrast to the Universal Caregiver model, proposed by Fraser (1997, in Robinson, 2010), recognising the dual role of caregiver and of economic provider, seeking balance within an interconnected citizen. This model is in contrast to the ‘mythical’ male breadwinner: a construct whose autonomy is ‘borne only out of our relationships of interdependence’ (Williams, 2002, pg. 508).

3.2.4 The Ethic of Care: Criticisms

Developed as a means to highlight the qualities and characteristics associated with care, such as trust, dependency, reciprocity, and to value and promote them on par with characteristics associated with the justice perspective, critiques of the theory concern the continued gendered construction, and the fear that the ethic of care reinforces the normative associations linking women to gendered roles of familial responsibility within society. Keller (1997) addresses what she describes as the ‘double edged autonomy critique’: while the ethic of care sees autonomy in terms of
independence and self sufficiency, as problematic, ‘women’s practice of care frequently undermines women’s autonomy’ (pg. 153).

Cultural practices of socialising girls into caregiving roles, putting others’ needs before their own, raises concerns this may reinforce these gendered assumptions within young girls themselves, limiting their horizons (Keller, 1997). Tronto (1999) states that ‘by its nature, caring creates the conditions for exploitation’ (pg. 115), with Lynch (2007) proposing ‘power relations and exploitation are embedded in all manner of care relations’ (pg. 553) referring not only to the exploitation of the caregiver, through low pay and lower recognition, but also to the care receiver, whose very dependency places them in positions of vulnerability, wherein exploitation is possible.

A rights-based perspective positions the view of the care receiver as central, with this perspective highlighted by the actions of the disability movement. Williams (2001) points out that the historical view of care provision is one of oppression and dependence for the disabled community, and holds associations with notions of paternalism and patriarchal protection. However, the struggle for independence within this community is not necessarily in conflict with the ethic of care: autonomy need not equate with self-sufficiency; independence can mean choice and control, which can exist in harmony within relationships of interdependence.

The single-directional perspective of caring is also a point of criticism, with the ethic of care typically positioned from the perspective of the care-giver (Lloyd, 2006), despite Tronto’s (1993) dynamic construction of care, reflecting both the giving and receiving of care. For the disability movement, the reality that disabled people have relationships, may be parents and have their own caring roles, has been ignored (Keller, 1997). Similarly, the construction of children taken into state care, depicts them solely as the recipient of care, ignoring their own intricate relationships and capacities to provide care in relationships with others (Holland, 2009). Theorists who promote the ethic of care need to be cautious that they explore the full web of relationships, the agency of all actors within these webs, and the intricacies and complexities of these relationships, rather than focus on single dimensions or single directions of care, or negating the contextual elements at play.
Finally, the ethic of care is criticised for viewing care from a privileged perspective of the professional socioeconomic classes, reflecting ‘women of means who have sought to establish a place of independence for themselves’ (Tronto, 2002, pg. 12), typically from a privileged family context: heterosexual, able bodied, traditional. Theorists exploring the global dimensions of care (Robinson, 2010; Tronto, 2002; Williams, 2001; Hochschild, 2000) highlight the complex and often hidden issues within the care context that challenge feminists who find themselves in comfortable positions of relative affluence, compared to care workers who make the independence of the privileged possible. The Global Care Chain (Hochshild, 2000) describes the links within families, where migrant workers, typically mothers, perform care work in one country, while their own care needs are provided by extended family in her country of origin. Tronto (2002) examines the use of nannies in the U.S.A., a trend that is becoming more prevalent in Irish society (MRCI, 2012), describing professional families who rely on domestic workers as a group who ‘benefit from feminist changes without having to surrender the privilege of the traditional patriarchal family’ (pg. 47).

3.2.5 Conclusion

This review of the Ethic of Care as a theoretical framework, revealed the dynamic nature of concept, tracing its ongoing evolution from gendered origins to a concept with broad appeal across a range of academic disciplines, including political and policy applications. The ethic of care is useful in highlighting the importance of relationships in the realm of caring and in providing an alternative to the notion of autonomy and self-reliance as a central aspiration. The care ethic considers ‘care as a fundamental aspect of all human experience and to reject the current perception that it is relevant only to the weak and needy ‘other’’ (Lloyd, 2006, pg. 1182). The theory constructs us as interdependent, and is therefore useful in analysing personal, individual relationships and interactions, as well as examining broader political and policy developments, vis a vis families, care and welfare provision and policy.

The ethic of care has the danger of being sentimentalised, and to hold paternalistic notions, therefore it is imperative the interactional and multidirectional nature of the theory is privileged, particularly where the potential exists to compromise or negate the autonomy of care recipients. The complexity of the theory is seen in its
construction as contextual, relational and based on negotiated give and take between interdependent actors. In addition, it is perceived as dynamic, with individuals holding the power to influence relationships (Brooker, 2010; Brannen et al, 2007). Such a framing of the theory promotes the active contribution of all participants within interactional webs of care, as engaged and influential agents within interdependent relationships.
3.3 Section Two: Interpersonal relationships

3.3.1 Introduction

Developing an understanding of the knowledge concerning interpersonal relationships, in general, should support an exploration of the specific relationships concerning parents and childcare providers. Therefore this topic area was explored prior to the field work stage of the project and is presented in this second section of the Literature Review Chapter. In the post-field work period, through the early analysis of the data collected, it became apparent that additional, specific topics, in the broader area of social relations would be relevant to the thesis. Therefore, a more targeted review of literature related to the concepts of social networks, social support and trust were also carried out. This section presents the knowledge gathered from the review of the general topic of social relations, followed by a review of the more targeted subject areas, noted above.

3.3.2 Interpersonal Relationships: A Human Imperative

A common theme arising from a review of the literature concerning interpersonal relationships is the view that ‘humans are essentially social beings’ (Dwyer, 2000, pg.1). Dibble et al (2012) suggest maintaining intimate relationships may be the primary imperative of humans, while Baumeister and Leary (1995) describe such imperatives as a ‘pervasive drive to form and maintain at least a minimum quantity of lasting positive and significant interpersonal relationships’ (pg. 497). Not only are humans driven to form relationships, but they do so equally at times of crisis as in times of relative peace and stability (Dwyer, 2000). Social bonds are so valued by individuals that Lynch (2007) states the purpose of interpersonal engagement with others, is to achieve the relationship itself. Connections between individuals form ‘readily’ in most contexts, with evidence that throughout human evolution, ‘small primary groups that involved face-to-face human interaction’ can be found in all societies (Baumeister and Leary, 1995, pg. 501; Dwyer, 2000).

The literature discusses a variety of functions of interpersonal relationships ranging from mutual sharing of emotional events, recreation and amusement, support and reassurance during times of stress or fear, anxiety reduction, to creating a sense of
belonging (Gere and MacDonald, 2010; Powdthavee, 2008; Dolan et al, 2006; Cutrona, 2000; Dwyer, 2000). Following a review of research on the subject of belonging and social approval, Gere and MacDonald (2010) state that ‘it has become increasingly clear that belonging may indeed be a fundamental need’ (pg. 110).

In addition to these functions, the literature suggests that social bonds are beneficial to humans from a physical and mental health perspective, as well as for socio-emotional well being (Powdthavee, 2008; Dolan et al, 2006; Cutrona, 2000; Dwyer, 2000) with Powdthavee (2008) stressing the strong links between personal happiness and associated social relationships found extensively within both the psychology and sociology literature.

The suggested human imperative to develop and maintain interpersonal relationships is not a recent concept, with the work of theorists Durkheim, Adler, Freud, Maslow and Bowlby cited frequently in the literature (Gere and Macdonald, 2010; Baumeister and Leary; 1995; Berschied, 1994). Berkham et al (2000) recalls the contribution Durkheim made to academia, linking mortality and an individual’s sense of belonging and happiness through research on suicide. In addition, Berkham et al (2000) recall Bowlby’s proposition ‘that there is a universal human need to form close affectional bonds’ (pg. 844). Berschied (1994) also discusses Bowlby’s theory of attachment, suggesting a great deal of the research on relationships in general, and feelings of security in particular, are based on these theories. Gere and Macdonald (2010) reviewed the work of Baumeister and Leary (1995) exploring their hypothesis on the need to belong. Indeed, Baumeister and Leary (1995) based much of their propositions on the work of Adler as well as Bowlby in their own discussion of belonging.

Although there has been an extensive history in the literature considering social bonds, human attachment, interpersonal relations, human interactions, to use the loosely interchangeable terminology, there is also considerable divergence within academic disciplines regarding definitions, antecedents, measures to name some areas. One barrier to reaching broad theoretical or conceptual consensus on a range of issues within the subject area has been attributed to the versatility of the topic, traversing many academic disciplines (Beetles and Harris, 2010; Hernandez and Santos, 2010; Due et al 1999; Haslam and Fiske, 1999; Baumeister and Leary 1995). Berscheid
(1994) suggests this versatility creates challenges to ‘conceptually integrate relationship research’ (pg. 80). This is compounded by the range of relationships types, disciplinary approaches and theoretical applicability of the concept. Due et al (1999) discuss the strong research interest in the subject of interpersonal relations, and the consistent lack of academic agreement or empirically supported certainties.

Dwyer’s (2000) exploration of relationships considered a range of components from presence of rules, their types and functions, the role of power, its variations and purposes, the presence of resources between and amongst relationship parties. Dwyer’s (2000) discusses a range of existing theories and their application to research on interpersonal social relations. In applying social learning theory, Dwyer considers the concept of reinforcement-affect, suggesting people are more attracted to those that they associate ‘pleasant occasions’ than with those associated with ‘unpleasant circumstances’ (pg. 59). Measuring the resources within a relationship and the benefits and costs to an individual and on an individual’s resources, reflects social exchange theory though the author points out that ‘people do not always level headedly calculate costs and rewards’ (ibid). Exploring social penetration theory and the levels of disclosure between actors, Dwyer (2000) proposes relationships move through stages of intimacy, from, orientation stage, to exploratory affective stage, to affective stage, and ultimately, a stable stage, characterised as an intimate point, where in there are no barriers to sharing personal feelings.

Dibble et al (2012) highlight that much relationships research is focused on intimate, sexual relationships (Hernandez and Santos, 2010; Dwyer, 2000), yet there are a broad range of social constructs and purposes behind interactions. These often do not fit the ‘intimate’ classification, though these can be equally important and valid in the lives of individuals. Lynch (2007) states that the ‘inevitability of interdependence does not just apply in personal relationships but also in work places, in public organisations, in voluntary groups or other social settings’ (pg. 554). In addition, the desire to engage with others in social relations and the depth of such interactions vary amongst individuals and across contexts (Dibble et al 2012; Beetles and Harris, 2010; Dwyer, 2000).
The initial review of the literature on the subject of interpersonal social relations highlights a broad array of literature, falling under various academic disciplines, open to analysis from a range of theories, but also, not easily amenable to general consensus or convergence. In order to focus the review of literature on areas relevant to the exploratory research conducted in this project, a more targeted approach to the literature was conducted. This approach was based on key concepts arising from the data collected for this study, including the concepts of trust and intimacy, along with social support and social networks. To begin a more focused review, a discussion of social networks and social support will be presented.

3.3.3 Social Networks and Social Support

Due et al (1999) suggest social networks and social support are the main concepts used to understand and analyse relations in the social realm. Participation in and access to social networks is widely accepted to have a beneficial impact on physical and mental wellbeing, providing a buffer in times of stress and supporting increased feelings of joy and fulfilment (Powdthavee, 2008; Sun and Hui, 2007; Dolan et al, 2006; Berkham et al, 2000; Cutrona, 2000; Dwyer 2000; Due et al, 1999; Berscheid, 1994). This area of study includes specific terminology that assist in elucidating the underpinning concepts associated with these theories. Berkham et al (2000) suggest the concept of social networks as a means to ‘analyse ties that cut across traditional kinship, residential and class groups’ (pg. 845). Due et al (1999) differentiate between social networks and social support by positioning networks as the structure through which support, one function of social networks, can be delivered. Social support is defined by Cutrona (2000) as ‘behaviours that assist persons who are undergoing stressful life circumstances to cope effectively with the problems they face’ (pg. 103). She suggests two categories of social support: instrumental, offering concrete and tangible assistance or information and advice; and, nurturant, providing emotional support such as empathetic listening, and reflections of esteem (Cutrona, 2000).

Whittaker and Garbarino (1983, in Dolan et al 2006) portray social support as ‘the bread and butter’ of assistance, provided to and within families and networks (pg. 13). Dolan et al (2006) go on to describe four types of social support as: concrete, emotional, advice and esteem support. Due et al (1999) similarly classify the types of
support as ‘informational, instrumental, emotional and appraisal support’ (pg. 662). The qualities of social support are defined by Dolan et al (2006) as closeness, reciprocity, durability, with the sources of support categorised as formal, semi-formal or informal. It is suggested informal support offered through the personal network of family and friends, more likely to be received and accepted than professional support (Cutrona, 2000). Due et al (1999) differentiating between social networks and formal networks: the former comprising closer, informal, social relations and the latter seen as professional, less personal, relationships. In addition to varying in formality and familiarity, some providers of support may offer specialised and specific types of assistance, while others provide several types and/or more general support (Berkham et al, 2000).

Social support is said to be effective when assisting individuals to cope with adversity, disadvantage and difficulties (Dolan et al, 2006; Cutrona, 2000). However, Berkham et al (2000) highlight that social networks do not always offer constructive influences. Referring to ‘relational strain’ which may include ‘conflict and excessive demands’ Due et al (1999, pg. 663) point out the negative effect of social networks differs from lack of support entirely. The literature notes while members of informal networks may be a great source of support to an individual, they may also be the cause of great difficulty (McKeown, 2008; Sun and Hui, 2007; Dolan et al, 2006; Jack, 2004; Berkham et al, 2000; Cutrona, 2000; Whittaker, 1997), therefore, social support should not be seen as a panacea.

Other characteristics of social networks include but are not limited to social anchorage, (Hanson, 1988, in Due et al, 1999), social engagement and social influence (Berkham et al, 2000). Experiencing feelings of belonging, sensing affiliation, acceptance or membership, defines social anchorage (Due et al, 1999). Social engagement is demonstrated through actual, lived, interactions with others, which ‘define and reinforce meaningful social roles’ (Berkham et al, 2000, pg. 849). Referring to Marsden and Friedken (1994, in Berkham et al, 2000) the opportunity to evaluate one’s own behaviours, values and beliefs in contrast to others, adjusting or adapting in compliance with social norms, is a result of social influence. Described as reinforcing
group expectations, the proximity of individuals and frequency of interpersonal contact are the key factors characterising such social influence (Berkham et al, 2000).

3.3.4 Trust

Moving on from the discussion of social networks, social support and the related attributes, the concept of trust was explored in the relationship literature, as trust arose as highly relevant during the field work process and early analysis of the data collected. Described by Hernandez and Santos (2010) as ‘essential to the stability of social relationships’ (pg. 173), Mayer et al (1995) considers the concept of trust not easily defined or researched. A review of the literature on the subject reveals a number of related concepts such as commitment (Beetles and Harris, 2010), caring, dependability and integrity (Settoon and Mossholder, 2002), security (Berscheid 1994), intimacy (Dwyer, 2000) and cooperation (Mayer et al 1995), with the potential to confound the research process. This adds to the challenges of defining trust and differentiating it clearly from its related concepts. However, such challenges do not restrain researchers from offering conceptual definitions of trust, as the following demonstrate. Ferrin et al (2006) define interpersonal trust as ‘an individual’s belief about the integrity and dependability of another’ (pg. 871). Further, empirical evidence demonstrates such beliefs need not be substantiated and may be based on negligible evidence or experience. Bower et al (2000) investigated trust, exploring differing perceptions held by parties within relationships, asserting there is ‘no objective measure of trust’ …as it…’exists within an individual,’ (pg. 230) is influenced by contexts, individual characteristics and past experiences. Berscheid (1994) refers to the work of Holmes (1991) in developing a definition of trust, stating: ‘Attitudes of trust reflect people’s abstract positive expectations that they can count on partners to care for them and be responsive to their needs, now and in the future’ (pg. 103).

Mayer et al (1995) define trust as:

‘the willingness of a party to be vulnerable to the actions of another party, based on the expectation that the other will perform a particular action important to the trustee, irrespective of the ability to monitor or control the other party’ (pg. 712).
This definition is frequently cited in the literature (Settoon and Mossholder, 2002; Bower et al 2000; Berscheid, 1994) with Bower et al (2000) focusing on the interpersonal nature of such a definition, based on expectations of the parties involved, as opposed to any objective action or reality. Previous actions are not required to ground such an expectation: it may simply be a belief in the other, with this view reflected in the work of Ferrin et al (2006), above. Indeed, Berscheid (1994) stresses the importance of expectations in trusting relations, suggesting it is crucial, possibly the essential component, in the maintenance of such constructs. In discussing the definition set out by Mayer et al (1995), Settoon and Mossholder (2002) also focus on expectations, in this instance, the ‘shared expectation’ (pg. 256) both parties hold about behaviours of the other, rather than on any actual behavioural indices.

Trust is commonly constructed as a dynamic concept, with Hernadez and Santos (2010) proposing trust develops through stages, along with the associated relationship. Settoon and Mossholder (2002) view trust as dependent on both parties’ perceptions, suggesting an interactional component. Mayer et al (1995) explore this sense of dynamism in the trust concept, focusing on the role of risk: parties in relationships take risks when they engage in trusting behaviours, perceiving the results of such behaviours – whether positive or negative – affecting the parties’ ongoing perception of trust. That is, the level of trust they instil in another will increase or decrease dependent on behavioural consequences. Mayer et al (1995) contend risk is a central component of trust, stating ‘trust is the willingness to assume risk’ (pg. 724). Such risk-taking behaviour creates vulnerability, and while the presence of trust does not require the individuals to take risks, trust between parties is necessary for risk-taking to occur, with the form varying based on the context involved. Not only is the perception or expectation of another party’s behaviour influential in the development of trust, actual behaviour will have a strong bearing on the retention of trust between individuals in the long term. While the literature suggests trust may initially develop based on expectations, the retention of trust must be supported through displays of trusting behaviours, reinforcing initial perceptions.

Ferrin et al (2006) consider the previous actions and behaviours of trusting partners when exploring the role of third parties to the trusting relationships and their effect on
the main dyad. The ethic of care, explored earlier, perceives relationships as interdependent, embedded in complex webs of social relations (England, 2010; Hankivsky, 2004). Ferrin et al (2006) offer similar views in discussing the role of third parties in trusting relationships. Referring to Simmell (1950, in Ferrin et al, 2006) it is suggested dyadic relationships are situated within webs or networks comprising additional relationships with others, who are potentially influential on the central relationship. Third parties may ‘impact trust directly by conveying their trust-related judgements’ to others (Ferrin et al, 2006, pg. 874). That is, in developing a perception of trust in one party, an individual considers or is influenced by another party, associated with the potential trustee, whether positively or negatively. Ferrin et al (2006) propose trust transferability as a concept to explain how an outside party impacts on perceptions potential partners have about each other, though they point out little research has explored such a third-party impact on dyadic relationships.

Returning to the view of trust as a dynamic concept, evolving and developing in response to the actions and perceptions of actors (Settoon and Mossholder, 2002; Mayer et al, 1995; Berscheid, 1994), Hernandez and Santos (2010) propose a staged process, with trust reflecting the developing interpersonal relationship in which it is situated. Referring to various theorists in the development of their staged proposition (Jones and George, 1998; Lewinski and Bunker, 1995; Williams, 1993; Coleman, 1990), Hernandez and Santos (2010) label the proposed levels as ‘calculus-based, knowledge-based, identification-based’ trust (pg. 176). Initially, individuals ‘calculate’ the costs of engaging or trusting in relationships. Parties need not be guaranteed trust, as relationships are initiated, but do need to have a certain level of expectation that trust will be proven. No previous history between parties is required to calculate the initial trust stage. Indeed, the literature states ‘trust researchers have been surprised by discovering high levels of initial trust – by initial it is meant trust established between parties that first meeting or interaction’ (pg. 177).

Sharing a history of mutual engagement allows parties to move into the second stage, referred interchangeably as knowledge based or relational trust. Assumptions developed through ‘regular communication and courtship’ between parties are the basis for trust at this level, as parties possess the ‘ability to predict each other’s actions
and reactions with considerable accuracy’ (ibid). Regular communication is the frequent sharing of information relevant to the relationships, while courtship behaviours are described as actions on the part of parties designed to improve or enhance relationships.

Identification based trust, the third level proposed by Hernandez and Santos (2010) is also referred to as unconditional trust. Described as being ‘grounded in deep knowledge of the parties’ desires and intentions’ this level is characterised by ‘total empathy’ between parties, ‘mutual understanding’ (ibid) of each other’s needs and desires, and mutual identification. The level of trust experienced in many interpersonal relationships often remains at the intermediary knowledge-based level.

Taking the review of literature concerning social relations further, and following on from a discussion of unconditional trust, the concept of intimacy in social relations is also worthy of exploration. Berkham et al (2000) propose that intimacy builds on trust and takes relationships to a deeper level than that which is achieved through support alone. Baumeister and Leary (1995) suggest such a deepening of development takes time, and requires the ‘gradual accumulation of intimacy and shared experiences’ (pg. 500) with the presence of intimacy not restricted to romantic partnerships, but found within other interpersonal relationships (Berkham et al, 2000). Both Dwyer (2000) and Beetles and Harris (2010) link self-disclosure, or the sharing of information between individuals, and the depth of such sharing, as indicative of the level of intimacy achieved in a relationship, with Dwyer (2000) suggesting the such personal revelations, with the depth not typically expected in less committed relationships, as displaying a willingness to be intimate. Just as the development of trust can be conceptualised through a staged process, Beetles and Harris (2010) propose the development of intimacy within an interpersonal relationship as progressing through stages. Haslam and Fiske (1999) cite intimacy, along with warmth and solidarity, as the most ‘commonly obtained dimensions’ in research seeking to establish relational models (pg. 241). And finally, Baumeister and Leary (1995) find the concept of intimacy linked to our inherent need to belong in social relationships.
3.3.5 Conclusion

What was presented in this section highlighted the broad consensus in the literature that human beings are essentially social beings, with an inherent need to belong and partake in interpersonal relationships. Relationships are seen to serve a myriad of functions, and are accepted as contributing to the emotional, psychological and physiological wellbeing of individuals.

Social networks and the relationships developed within these structures are perceived as a central source of support to individuals, offering concrete, emotional, advice and esteem support (Dolan et al, 2006). Various sources, be they formal or informal, provide either specific types of support, such as the care of a child when a parent is at work, or may provide a broad range of support, such as parenting advice, recommendations of local services, to extending families’ social networks (Bromer and Henly, 2004). Such a view of support through social networks is compatible with the ethic of care, viewing us as interconnected, both providing and drawing on caring support from others in our web of relationships.

Further compatibility between the ethic of care and the literature on relationships is found in the discussion of vulnerability, with the care theory suggesting the very human need for care rendering one vulnerable at various points through the life course (Cockburn, 2005; Hankivsky, 2004; Williams, 2002; Sevenhuijsen, 2000; Tronto, 1999). In discussing the concept of trust in relationships, Mayer et al (1995) contend entering into interpersonal relationships are shared experiences, in which parties demonstrate a willingness to be vulnerable, based on the perception that trust exists. Opening oneself up to trust, is construed as a risk-taking behaviour, creating vulnerability in the trusting party (Settoon and Mossholder, 2002; Bower et al, 2000).

The mere perception that trust exists has been found to be sufficient when individuals initiate relationships, however, ongoing trust requires substantiation through behavioural reinforcement, if relationships are to progress, achieving deeper levels of trust, leading ultimately to intimacy (Beetles and Harris, 2010; Herndandez and Santos, 2010; Dwyer, 2000). The links between the presence of trust and early years provision seems evident, as parents enter into relationships with care-providers in which they trust that the needs of their child will be met.
The role of parent is at all times one of caregiving. However, when a parent places her child into the care of another, she is sharing this responsibility and trusting the provider to carry out her duties, while maintaining the ultimate responsibility for her child receiving care. This ‘risk taking’ behaviour, on the part of mothers, renders both themselves and their child vulnerable in these relationships, building on the ‘trust’ literature. Parents have an inherent primal obligation to meet the care needs of their child, though this obligation may be met, by proxy, through care providers. The provider is responsive to the child, in the caregiving tasks, to the parent, ensuring the provision of care to the child. These dynamics indeed represent a complex web, with multi-levelled and multi-directional interactions of care givers and care receivers, parents and providers, with the child at the centre. Referring to the ethic of care, Engster (2005) expresses how ‘we live in a web of dependency and caring’ (pg. 61) in which we are at times care giving, care receiving, but more often than not, we are engaged in both.
3.4 Section Three: Parent – Practitioner Relationships

3.4.1 Introduction

This third section of Chapter Three builds on the previous section, exploring interpersonal relationships in the general, by considering the specific relationship that exists between parents and early years practitioners. The literature was explored to establish what was already known about the topic under study, and to highlight the gap in knowledge that led to the development of this research project. With Ireland’s engagement with ECEC only a recent phenomenon, limited indigenous research was found, necessitating a search through the international research arena for literature exploring the topic set out. This section sets out what was revealed about the relationship between parents and practitioners, the benefits of enhanced relationships between these two actors, as well as a range of factors affecting the development of collaborative relationships. The section will discuss the partnership discourse, promoted in ECEC policy with various researchers exploring its meaning in practice. Following this, practice approaches to enhancing relationships will be discussed, including the importance of knowledgeable leaders within care settings. To begin, a brief discussion of early years within Ireland re-establishes the context of this research project, setting up the review to follow.

3.4.2 Current Understandings

Within the recent Irish context of engagement with early years, there was no initial focus on promoting parental involvement within services (Share at el, 2011). Parents were expected to yield at the threshold to the childcare service. International research highlights the importance of involving parents, and of achieving agreement and continuity between the home and the care setting, outlining the benefits to the child along with the ‘spill-over’ effects to families and society. This creates an imperative to refocus on parent/caregiver relationships in early years settings. Kirk (2003) states that the ‘resilience and development of children and the welfare of their parents are closely intertwined’ (pg. 94), therefore, constructing parental involvement as a child-centred issue may assist practitioners to recognise the need for improved relationships with parents and the value of encouraging parental involvement within care settings.
In exploring the literature on the topic of early years practitioners and parents, relationships and interactions, Shpancer (1998) provides a fairly extensive review, contending limited research in the ECEC sector taking a parental perspective, though this could now be perceived as an historical account, as the sector has progressed since this review. Shpancer (1998) found the two main focuses of parental views in the research conducted up to that time, as those investigating choice and the factors influencing choices of care settings, along with studies of parental satisfaction with provision. Where research looked at the interactions between parents and practitioners, it focused on the frequency of contact, implying ‘high such rates are both feasible and that they measure something important, such as the parental and caregiver level of comfort, quality of the relationship’ (Shpancer, 1998, pg. 251). However, contradictory and/or inconclusive evidence linking frequent contact between parents and practitioners with more meaningful relationships was found. What Shpancer (1998) cites as conclusive is the multiple studies (Bronfenbrenner, 1979; Howes, 1991; Powell, 1989; Zigler and Turner, 1982, in Shpancer, 1998) which continue to reinforce the contention that the relationship between the caregiver and parent is ‘an important dimension in the complex ecology of daycare children’ (pg. 7).

More recent studies from the United Kingdom (UK), Germany and from the North American context, have investigated relationships between parents and early years practitioners, though none of these seek to understand the nature of these relationships. Studies focus on factors affecting relationships, suggest continuums and stages to describe actions of those involved, however, a void remains in terms of our understanding of how these relationships are constructed by the actors involved.

Two recent studies (Brooker, 2010; Hohmann, 2007) have investigated relationships between caregivers and parents, providing perspective from both actors, and highlighting the challenges in establishing these important relationships. In a UK based study, Brooker (2010) suggests the potential for anxiety and stress for both parents and practitioners results from an inability to agree on various aspects of caregiving, and cites ‘differentials of power and expertise’ (pg. 184) within the relationship. Exploring home-based care settings in the UK and Germany, Hohmann (2007) describes these relationships as ‘highly complex and fraught with tension’ (pg.
33), proposing a continuum of parent-practitioner relationships, ranging from ‘trusting relationships’ on one extreme to a ‘breeding ground for tension’ at the other. Hohmann (2007) contends relationships are built on expectations held by parents and practitioners, with consistency of expectations reflecting the level of trust or tension that exist. Robson (2006) also presents the parent and professional relationship as a continuum, moving from the briefest of contact at one end to ‘ideas of partnership and reciprocal relationships at the other’ (pg. 444). Exploring parental involvement in ECEC, McMillan (2005) cite Pugh McAlpin et al (1987, in McMillan, 2005) who propose five stages of involvement, ranging from non-participation, support, participation, involvement and finally, control. Further, Touriainen (2000, in Hujala et al, 2009) suggests personal characteristics categorise parents into four types within early years services: withdrawn parents, customers, assistants, and empowering parents.

While a range of factors, such as, unspoken or unmet expectations, differences of opinion, and the individual characteristics of parents, amongst others, manage to constrain the relationships between practitioners and parents, Bernhard et al (1998) has found that these relationships also mirror broader issues within society. Speaking from within the Canadian context, referring to the ‘subordination of particular cultural and racial groups by the majority culture’ (Bernhard et al, 1998, pg. 7) this research suggests that tensions, differences and misunderstanding which exist within the climate of the broader community are mirrored within care settings.

This review of the limited research looking at the overall parent-practitioner relationship highlights many challenges that exist. However, it is widely believed that improved relationships between these actors will facilitate improved outcomes for children. In coming to understand how parents and practitioners relate to one another, exploring the imperative behind these relationships provides a starting point. The following section sets out what is known in the literature regarding the beneficial outcomes from improved parent-practitioner relationships.
3.4.3 Significance of Positive Parent-Caregivers Relationships

As stated, there is general consensus that positive relationships between children and parents lead to positive outcomes for both parties (Kirk, 2003). Hilado et al (2011) synthesise the findings of a number of studies to assert that ‘parent involvement inside and outside early childhood programs is critical for supporting early child development’ (pg. 344). Both Robson (2006) and Powell et al (2010) reviewed research concerning parental involvement and child outcomes. Two studies concerning public pre-school programmes found higher levels of parental involvement with benefits to behaviour and academic improvements associated with ‘curriculum based learning objectives’ (Marcon, 1999, in Powell et al, 2010, pg. 271) as well as improved reading abilities requiring less special education intervention services (Miedel and Reynolds, 1999, in Powell et al 2010). Robson (2006) concluded that agreement between parents and practitioners was linked to increased school performance, citing Desforges and Abouchaar (2003, in Robson, 2006) and less problematic behaviours in young children (Ahnert and Lamb 2003, Lamb-Parker et al, 2001, in Robson, 2006) with the potential to lead to improved school related outcomes. Findings from research reviewed by Hilado et al (2011) concurs, suggesting that ‘academic achievement outcomes, student engagement, student motivation, and self-esteem’ (pg. 344) all increase with improved parental involvement in early education.

Baumgartner and MacBride (2009) refer to improved cooperation and greater consistency between the home and care setting when positive relationships are fostered between parents and practitioners. Foot et al (2002) reinforce this in stating ‘what children learn at home and at preschool are complementary and transferrable’ (pg. 6; citing Wolfendale, 1996; Ball, 1994; Rennie, 1996). Indeed, partnerships with parents in ECEC settings were found to support the transfer of learning activities into the home, resulting in range of outcomes, including: ‘increased levels of cooperation and conformity, peer sociability and confidence, lower anti-social and upset behaviour and higher cognitive scores in children’ (Desfourges and Abouchaar, 2003, in Share et al 2011, pg. 25).

Due to the ‘integrated nature of…parent–child relationships’ (Kirk, 2003, pg. 95) and in keeping with Bronfenbrenner’s social ecology theory (1976), children’s experiences
in early years settings may expect to resonate within the home, and vice versa. Further, services that can extend their provision, whether formally through targeted services, or informally through enhanced social and emotional support to parents, will be expected to have spill over affects to the children in these families. Spidell-Rusher and Ware (1998) discuss early years services considered ‘family centred’ defining these as committed to the ‘concept that parents are the principal influence in a child's life’ (pg. 71) offering emotional support as part of their ethos. Services that can offer a variety of support services, including social support, are well placed to alleviate and mediate family pressures (Bromer and Henly, 2004; Kirk, 2003; Statham, 2003). Kirk (2003) highlights studies showing an ‘inter-connection between children’s emotional and behavioural problems and strain on parents and family’ (pg. 87), linking these with further research that finds ‘both children and parents do best when help with parenting is readily accessible’ (pg. 94). However, Bromer and Henly (2004) point out that additional expectations to meet the needs of parents as well as the broad range of daily child-related responsibilities, increases demands and pressures on early years practitioners.

Press et al (2006) reviewed research considering the effects of childcare on maternal emotional well being and depressive features. A range of variables associated with childcare provision, from high/low quality, to issues of affordability, to responsiveness of providers, or lack thereof, were linked to outcomes such as non-completion of job-training programmes, termination of employment by mothers (Turner, 1998, in Press et al, 2006; Gornick and Meyers, 2004), to ‘maternal feeling of loneliness’ (Shinn et al, 1990; in Press et al 2006, pg. 612). This review by Press et al (2006) found experiences and understandings of quality of provision as a factor in enhancing relationships between parents and practitioners.

While quality is considered a constructed concept, (Alasuutari 2010; Damon and Lerner, 2006; Dahlberg et al, 2007; Moss, 2006) informed by culture, perspectives, experiences, amongst other factors, consensus exists within the literature, reflected in regulation and policy, as to many of the key components of creating quality care environments for young children, with positive parent-caregiver relationships being among these (CECDE, 2006). High quality ECEC experiences have been accepted as
having both short term and long term benefits for children, their families and society (Leach, 2009; Schweinhart and Weikart, 1993), and this has been the driving imperative behind more recent policy developments in ECEC, particularly across the EU (Dahlberg et al, 2007; Hayes and Bradley, 2006; Bennett, 2006).

The importance of establishing positive parent-practitioner relationships is becoming better known in the sector, in a large part due to ongoing research in the area. Known benefits include enhanced experiences for the child, the ‘spill over’ affect for families and the influence on quality of service provision. However, this heightened awareness is not easily translated into clear or simple processes for achieving such objectives on the ground (Foot et al, 2006; Hamilton et al 2003; Hughes and MacNaughton, 2000). A range of barriers, challenges and misconceptions are present which constrain both parents and practitioners from achieving positive relationships, in many instances.

3.4.4 Factors Affecting Relationships

The literature highlights a range of benefits to improved relationships between parents and childcare providers, though such positive collaborative relationships are challenging to achieve in practice. This section will explore the factors that affect such relationships, including the view practitioners hold about parents, maternal struggles with their role and identity, effectiveness of communication between parties, and issues arising from care choices and availability. To begin, the specific barriers identified as preventing parental involvement will be explored.

3.4.4.1 Personal and Circumstantial Barriers

Reflecting the findings of Bernhard et al (1998), earlier, Ward (2009) discusses how personal views may influence professionals’ perception and engagement with parents, with biases and prejudices affecting professional relationships. While many parents are interested and able to be involved in their child’s ECEC experiences, others need support and encouragement (Ward, 2009). Similarly, practitioners face a number of barriers to supporting parents’ involvement including issues concerning roles and responsibilities (Taylor, 2006), increased expectations and demands (McMillan, 2005) and in many cases, a lack of specific skills to facilitate involvement and interactions.
Practitioners who are not accustomed to working in partnership potentially find the concept challenging to their professional identity (Foot et al, 2002).

Hilado et al (2011) summarise parental circumstances preventing meaningful involvement, suggesting ‘unemployment, financial worries, or illness’ (pg. 344), while Robson (2006) found additional characteristics, including physical and mental health issues, conflicting schedules and parental views of involvement as unnecessary, as hindering involvement. Time pressures and pressures on other family resources were proposed by Hamilton et al (2003) with Hughes and MacNaughton (2000) citing parental employment hours as a difficulty, suggesting staff need to be flexible in creating opportunities for all parents to become involved.

Power differentials, privileged positions and a lack of openness are major contributors to preventing meaningful partnerships and communication with parents. Hughes and MacNaughton (2000) highlight power inherent in knowledge, discussing the views of staff who consider themselves holders of professional knowledge, potentially elevating their professional status while devaluing parental knowledge. A dominant culture and language that pervades any professional area privileges certain approaches (Bernhard et al, 1998). Particular family practices, such as those concerning meal times and other family routines, come to be expected, to be viewed as the expert method, and deemed unquestionable by families whose own culture may value different behaviours. Even attempts to engage with parents, to involve them in service activities comes at the invitation of staff (Hughes and MacNaughton, 2000) with ‘power differentials typically weighted in favour of practitioners’ (Robson, 2006, pg. 457). Mooney (1998, cited in Foot et al, 2002) highlights parental perceptions of offending services as limiting their freedom to voice concerns about the provision of care.

Issues concerning power, knowledge and privilege potentially affect perceptions practitioners hold about parents. Research finds that in comparison to parental competence, practitioners rate themselves highly: Lamb and Ahnert (2006) suggest practitioners make judgments about parents with whom they interact, viewing themselves as professionals and parents, by comparison, as inadequate in terms of their knowledge and care practices. Bernhard et al (1998) found a prevailing view that
practitioners perceive themselves as experts, educating mothers and fathers in their role as parents, influencing care decisions, as part of their duty. Damon and Lerner (2006) concur with this in stating ‘care providers seldom see parents as partners, perhaps perceiving themselves as professionals who have greater expertise’ (pg. 964). Additionally, practitioners have been found to blame parental inadequacies for their children’s perceived developmental delays or other deficits (Lamb and Ahnert, 2006).

### 3.4.4.2 Communication

Conflicting findings exist in the literature regarding issues of parent/caregiver communication. Leach et al (2006) share how parents value trust and warmth, experience and reliability, with ‘ease of communication with caregiver’ also highly rated by over half the parent/participants (Barnes et al, 2006, pg. 498). Shpancer (1998) found contradictory views between parents and practitioners regarding the level of communication desired within their relationships. The need for communication was rated as important by caregivers (Ghazini and Readdick, 1994, in Shpancer 1998) while parents believe this was not such a priority area (Powell, 1989, in Shpancer, 1998). Hohmann (2007) stressed the importance of clear communication and open negotiations between partners. In particular regard to care instructions, the vacuum in knowledge resulting from poor communication produced significant stress and anxiety between parties, thereby putting at risk the care arrangements.

Damon and Lerner’s (2006) review suggests that even within relationships described as ‘mutually appreciative and respectful’ (pg. 964) contradictory views between parents and providers were held in a number of areas, including teamwork, sharing of information by parents, relying on provider as an expert source of advice. This was compounded by divergent times of availability, with these researchers finding parents preferred afternoon collection times to engage with practitioners, where as staff were more likely to be available in the morning drop-off periods.

Research carried out by McMillan (2005) found that practitioners tend to over-rate the level of communication engaged in with parents. Practitioners discussed their ‘open door policy’, encouraging parental engagement before and after the morning sessions, describing this as the ‘mainstay of their communication with parents’ (McMillian, 2005, pg. 127). However, parents within the same service were ‘unanimous’ in their
view that there was a lack of opportunities to communicate with practitioners in a significant manner. Concluding practitioners reach assumptions about parental needs and their service’s effectiveness in meeting those needs, McMillan (2005) suggests caregivers are unaware of the importance of meaningful conversations between the participants within the relationships. Shpancer (1998) also found most contact happened during times of care-exchange, with brief, comfortable and friendly communication focusing on the child, to be typical. However, much of this communication was not deemed useful in many instances (Powell, 1977; Zigler and Turner, 1982; in Shpancer 1998), and described as ‘non-substantive’ in other situations (Damon and Lerner, 2006, pg. 964).

Kontos and Dunn (1989, in Damon and Lerner, 2006) discuss how communication between parties affects the perspective of practitioners towards parental abilities. The results of this study highlighted practitioners holding the poorest opinion of parents they deemed to communicate the least, in addition, they found ‘the children of these parents were also less advanced developmentally’ (pg. 964). These results are truly disconcerting, notwithstanding the divergence in the literature regarding the status of communication, the value it is given by members of the relationships, and the level of involvement of both parties. Issues of knowledge, power and the privileging of professional status was found by Hughes and MacNaughton (2000) in their research, stating ‘early childhood staff claiming professional status’ …….while ‘subordinating parental knowledge’ (pg. 247). It is their conclusions that communication alone will not improve such circumstances, until the power and the ‘politics of knowledge’ (pg. 247) which inform these relationships are addressed.

When communication is effective, and when close relations exist between parents and practitioners, studies show both parties ‘provide more sensitive positive caregiving for the child’ (Owen et al, 2001, in Owen et al, 2008, pg. 322). Brooker (2010) relates increases in ‘responsive affirmative caregiving’ to the Ethic of Care, discussed earlier in this chapter, in which ‘both the care-giver and the cared-for person contribute to the relationships, and both gain from it’ (Brooker, 2010, pg. 183). This reciprocal relationship, supporting both parties with developmental benefits for the child, may be more of an ideal than the reality in many early years settings and for the parent-
practitioner relationships based therein. Swick (2003) describes communication as the ‘key to empowering relationships’ (2003, pg. 275) and suggests being approachable, sensitive, flexible and dependable as behaviours that underpin these relationships. Swick (2003) also views the development of trust as ‘essential to having authentic meaningful and growth promoting communication’ (pg. 275; Ward, 2009; Knopf and Swick, 2008) with such communication seen as essential to providing effective care for children.

3.4.4.3 Parental Choice and Accommodation

The decision to use non-parental childcare, and the selection of such care, is influenced by a range of personal and societal factors, as well as many practical issues. Maternal characteristics such as educational attainment, socioeconomic levels, cultural background, personal beliefs, have a strong influence in the decision making process, as cited in the literature (Brooker, 2010; Kensinger Rose, 2008; Leach et al, 2006; Hand 2005). Both Cox (2010) and Barnes et al (2006) found mothers with more ‘traditional’ views of maternal roles, had far more conflicted relationships with care providers, suggesting the ‘guilt, anxiety, confusion and frustration can be intense’ (Cox, 2010, pg. 121). Such stress-inducing feelings underpin findings that mothers who gave the lowest rating for relationships with caregivers also held beliefs linking poorer outcomes for children when mothers worked (Cox, 2010; Barnes et al, 2006). Societal constructions of motherhood vary greatly: some women hold traditional views (Hand, 2005), where as in other social and cultural groups, maternal employment is viewed as important and a sign of ‘good mothering’ (Dillaway and Paré, 2008).

The process of selecting childcare to facilitate the return to work is never simple, as Cox (2010) refers to the ‘complicating issues of gender roles and identities’ (pg. 114) which results in many women feeling unsure and unsatisfied in their decision to return to work. In a longitudinal study of maternal care choices, a strong majority of mothers state their satisfaction with care arrangements, while just over half the same group ‘volunteered uncomfortable feelings about some aspect of their current child care situation or working lifestyle’ (Leach et al, 2006, pg. 493). Brooker (2010) concurs with these findings, suggesting parents tend to ‘talk up’ the quality of care and
relationships with providers, due to constraints on true preferences. While parents divulged difficulties with care procedures and practices, ‘their criticisms are interspersed with assertions that they ‘love the staff’ and ‘think they are brilliant’ (Brooker, 2010, pg. 190). These two studies highlight residual anxieties concerning care choices and maternal decisions remaining long after women return to the workforce, in many instances.

While some studies highlight concerns and anxieties on the part of mothers, other research outlines how parents value the role of professionals in terms of the support, empathy and positive interaction they provide to parents and families (Damon and Lerner, 2006; Robson, 2006; Dalli, 1999; Swick 2004). Warmth of the caregiver is consistently rated as the most important characteristic by parents (Kensinger Rose, 2008; Barnes et al, 2006; Swick, 2004). Following this, education and an awareness of developmental needs (Kensinger Rose, 2008) as well as trustworthiness and dependability (Ward, 2009; Knopf and Swick, 2008; Leach et al, 2006; Hand, 2005; Swick, 2004) are other characteristics valued.

Despite the positive benefits from established relationships, parents are required to reconcile their expectations, beliefs and values with the options that are available to them when first selecting childcare. They also seek to achieve a balance between their responsibilities as employees and as economic providers to their families. The literature refers to a range of variables affecting care choices, including practical issues of affordability, accessibility, flexibility in regards to work demands and care programmes, daily commuting patterns, structural issues pertaining to the facilities, staff and ratios, programme issue relating to curriculum models, staff training, as well as caregiver characteristics, including warmth and knowledge resulting in a complex, intricate, decision making process (Brooker, 2010; Kensinger Rose, 2008; Barnes et al, 2006; Damon and Lerner, 2006; Lamb and Ahnert, 2006; Seo, 2003). Further complicating matters, families construct individual meanings for issues at play. In one example, Hand (2005) found the meaning of ‘trust’ varied for parents, from relying on professionally recognised early years services, to the use of home based providers, with only the care provided by a family member or close friend defining trust for other families.
Researchers find parental perceptions of quality levels within early years settings to be higher than they genuinely are (Brooker, 2010; Lamb and Ahnert; 2006) with Dalli (1999) cautioning against a reliance on parental satisfaction as an indicator of quality within a setting. A number of studies found the constrained environment, limited supply, and economic imperatives reduce choice for parents, resulting in decisions being made from a selection of less than ideal options (Barnes et al, 2006; Damon and Lerner, 2006; Meyers and Jordan, 2006). Parents often settle for poorer quality, simply because better quality services are not available:

‘…. they construct normative beliefs about care arrangements to accommodate tradeoffs between optimal care for children and necessary conditions for their own employment. Parents want quality care for their children, for example, but their notions of “quality” reflect accommodation to social and economic realities that limit their range of feasible options’ (Meyers and Jordan, 2006, pg. 60).

For most mothers, the choice to return to employment and attempts to arrange childcare are not straightforward matters (Himmelweitt and Sigala, 2004; Mack-Canty and Wright, 2004), with the variables influencing these experiences highlighted in the literature. Personal and cultural beliefs, limited choice, perceptions of quality and pressures to provide economically for their family, all hold the possibility of affecting mothers’ ability to engage with care providers. It is apparent that no decision is made in a vacuum, and it is within this constraining context that these relationships between parents and practitioners must develop.

What has been presented thus far reflects the accepted view that positive, collaborative relationships are a benefit to both children and their families, contribute to the quality of service provision, to children’s early experiences, and are promoted in state policy. The message from the literature demonstrates a multitude of barriers exist to achieving these desired, beneficial and promoted relationships. It could be argued that one goal of professionals working in early years services should be to strive to develop positive relationships with parents, due to the known benefits and contributions to quality provision. To examine this proposal, this next section will consider how the concept
of ‘partnership’ is presented in the literature and the preparation of early years practitioners for this aspect of their work.

3.4.5 Partnership Approach

There is broad consensus that promoting positive effective relationships between parents and practitioners in early years services is an imperative (Share et al, 2011; Ward, 2009; Whalley and Chandler, 2001), though it is also apparent that there are a range of issues underlying and affecting this objective. McMillan (2005) suggests there is ‘a shift from parents being ‘made welcome’ to being regarded as ‘partners in their children’s education’ (pg. 122). Conceptualising parental involvement in early years through a ‘partnership’ discourse, is the current approach dominating recent policy developments in Ireland, (NCCA, 2009; CECDE, 2006; DoHC, 2006), Britain (Brooker, 2011; Leach et al 2006) and further abroad (Alasuutari, 2010; Robson, 2006). Within Ireland, the early years quality framework (CECDE, 2006) encourages a ‘range of clearly stated accessible and implemented processes, policies and procedures’ (Share et al, 2011, pg 32) for the involvement of parents and families in partnership based relationships, with the national curriculum framework (NCCA, 2009) outlining the importance of partnerships and offering practice recommendations. It is noteworthy to state that these are both recent policy developments and lack any planned national implementation strategy.

Due to the empirical evidence of improved outcomes, parental involvement in early learning is considered in evaluating the quality of services, with Foot et al (2002) stating it is a ‘defining characteristic of high quality provision’ (pg. 6). Taylor (2006) describes parent-practitioner partnerships as based on ‘common cause, shared understandings, defined roles and reciprocal actions by those engaged’ (pg. 249). Just as quality is considered a constructed concept (Dahlberg et al, 2007) ‘partnership’ is also open to interpretation, with Robson (2006) suggesting the concept is promoted, though little advice or guidance is given to achieving genuine partnerships. This lack of clarity is echoed by Alasuutari (2010) who highlights the meaning held by individual early years settings can result in wide variances across the sector as to what these terms actually represent in daily practice.
Rodd (2006, in Ward, 2009) recommends viewing parents and practitioners as experts, who share responsibility for children, and have ‘non-hierarchal collaborative relationships’ (pg. 34) in order to achieve partnership-based relationships. Principles recommended as informing partnership work, include recognising that both parties have valuable, yet different, information and knowledge to share, with equality underpinning their engagements and decision making being focused on ‘the child’s well being, development and learning’ (Ward, 2009, pg 34). Shared power and decision making, equality, and collaboration are frequently referred to in the literature as a marker of genuine partnership (Alasuutari, 2010; Ward, 2009; Foot et al, 2002). However, Taylor, (2006) finds few practitioners ‘consider partnerships with parents as equal when matters of curriculum direction or educational philosophy arise’ (pg. 250). Examining the development of relationships between parents and professionals, though not set in the early years context, Boot and MacDonald (2006) found parents are made to feel empowered and capable to participate with professionals when knowledge and information is shared. However, where professionals adopt a ‘supervisory’ position with parents, an unequal, hierarchical relationship is created.

Developed from a research review of practice and partnership working in early years settings, Knopf and Swick (2008) offer several recommendations to ‘embrace the notion that family involvement is indeed important’ with such an approach ‘shifting their paradigm of practice’ (pg. 421). A purposeful approach to requesting information from families is one recommendation, as information required is often sensitive in nature. Requests may be viewed as interference by families, therefore clarity regarding the need for information to the ‘task of planning and providing a supportive learning environment for young children’ (pg. 422) is required. The atmosphere within ECEC services may, or may not, support partnership approaches, despite professed philosophies. Steps must be taken to ensure the environment is perceived by family members as inviting, welcoming and valuing of family input, as much as written policies profess. In pursuing the partnership objective, a variety of communication methods are recommended, including (but not limited to) home visits, phone calls, text messaging, family newsletters, and individual family journals as each family may require unique efforts to facilitate their engagement. Knopf and Swick (2008) acknowledge that practitioners may not always be comfortable when ‘venturing into
uncharted territory and engaging in new practices’ (pg. 422). By recognising their professional obligation regarding the importance of collaboration with families to child outcomes, practitioners may overcome personal comfort levels which block professional performance.

Researchers recognise a partnership orientation is perhaps the ideal, rather than the reality in many early years settings. This could be due to the evidence that experiential learning tends to be the route most practitioners gain knowledge about working with parents, rather than through formal, professional training (Baumgartner and MacBride 2009; McMillian, 2005; Hamilton et al, 2003).

3.4.6 Practice Orientations

Several writers suggest the very diversity of families and communities result in a need to be responsive, flexible and creative in how partnership is envisaged and in how it is practiced (Baumgartaner and MacBride, 2009; Hujala et al; 2009; and Taylor, 2006). While it is common practice in ECEC to recognise through creative and inclusive programme planning diversity in family forms and cultural background, an awareness of the need to be equally diverse in responding to and working with families may not yet be present. Hujala et al (2009) suggest settings require a ‘variety of flexible and family sensitive models of cooperation’ (pg. 74) with Baumgartner and MacBride (2009) recommending the ‘recognition and respect for the diversity in parental beliefs can inform providers’ interactions with families’ (pg. 942). From this open inclusive approach, families previously viewed as uninterested or unwilling to become involved with services, may be recast as those requiring an alternative means of reaching out, in order to support their engagement.

Indeed, Hamilton et al (2003) found early years ‘centres of excellence’ successful in their work to develop meaningful partnerships based on the unique approaches to practice adopted in these settings. These approaches were characterised by a ‘willingness to experiment to find their own solutions and discover their own paths…..with multiple alternative paths to success’ (Hamilton et al 2003, pg. 232). These unique approaches were a feature of those centres deemed capable of developing partnerships, rather than following a prescribed route, or particular style
McMillan (2005) suggests the main factor in developing strong, collaborative partnerships with families is a presence of a leader or manager in a setting, committed to partnership-working and capable of impressing the philosophy upon the staff team.

Not only is training within early years limited in addressing collaborative practice styles between practitioners and families (Baumgartner and MacBride 2009; McMillan, 2005; OECD, 2004; Hamilton et al., 2003) training around leadership skills and roles is equally lacking (Siraj-Blatchford and Manni, 2007; Moyles, 2006; Rodd, 2006; Ebbeck and Waniganayake 2003). Leadership is concerned with developing a vision for services, inspiring team work and commitment, supporting members to achieve their best, and, translating a philosophy and ethos of a service into day to day practice (Jones and Pound, 2010; French, 2008; Siraj-Blatchford and Manni, 2007; Moyles, 2006; Rodd, 2006; Pugh, 2001).

While pressing demands, such as daily operating responsibilities, coupled with major changes in policy, funding, and inspection, as is the case within the Irish sector in recent years, result in a focus on the day to day tasks such as curriculum planning, and staff management, Rodd (2006) suggests the role of leadership in contemporary ECEC settings is becoming ‘increasingly complex’ (pg. 3). Lambert (2008) and others highlight the broader tasks around developing and communicating a vision that sets leaders apart from managers (French, 2008; CECDE, 2007) with effective leaders found to have a direct bearing on the positive progress of children within those settings (Siraj-Blatchford and Manni, 2007).

3.4.7 Conclusion

Ireland has a very recent history of engaging with early years services on a large scale, as the movement of women into the workforce, particularly following the birth of children, is a significant alteration to traditional familial practices in this state. This was highlighted at the outset of this section and was well developed in Context Chapter. As a result of these circumstances the role that early years services play in the lives of families has become increasingly significant. This section of the literature review considered the research on parent-practitioner relationships, the benefits to
families and children of these relationships, the challenges and constraints in their establishment and maintenance. The review also explored the potential factors affecting the ability of parties to develop and sustain lasting, positive, quality relationships.

Hohmann (2007) described these relationships as ‘highly complex’ and suggests they exist along a continuum between trust and tension. Several studies suggesting differentials in power and expertise, challenges to effective communication, along with issues of choice and availability as creating barriers to effective, positive relationships. Parents, particularly mothers, often struggle with choosing childcare within the resources they hold and options available, meeting their responsibilities to their family, and their obligations as employees and providers.

An identified barrier to the establishment of positive collaborative relationships between parents and caregivers lies in the perception of ‘motherhood’ within society. Varying greatly, the construction of a ‘good mother’ ranges from one who provides care herself, in the home, to one who returns to the workforce, ensuring the economic needs of her family are met (Dillaway and Paré, 2008). Gender roles and identities, as related to care, are well explored within the ethic of care, and equally, in the literature concerning early years, with such constructions influencing initial selection of care, and ongoing engagement and satisfaction with care provision (Brooker, 2010; Cox, 2010; Leach et al, 2006). The values mothers hold have been found to undermine the relationship between these key actors, with mothers possibly feeling threatened by the close bond between their child and the caregiver. While the care ethic highlights the devaluing of care in broader society, research reveals within the parent-caregiver relationship, devaluing of caregivers is found to take place, by mothers in some instances, feeling conflicted in sharing their child’s care with others (Sharry, 2011; MacDonald and Merrill, 2002; Uttal and Tuominen, 1999). These are but some of the issues faced by parents and practitioners.

As a result of the increasing awareness of the benefits of enhanced parent-practitioner relationships, the policy direction of the Irish state is clearly promoting a partnership approach to ECEC provision, through various frameworks, regulations and funding programmes. Unfortunately, valuing partnership and understanding the
benefits of collaboration between caregivers and families, does not result in clarity for achieving these in daily practice. There appears to be a gap in the transfer of this knowledge to the training of practitioners, and to the adapting of practice to become inclusive regarding the involvement of families within settings, particularly in the Irish context (Share et al 2011).
3.5 Section Four: Care, Relationships and the Marketplace

3.5.1 Introduction

Societal changes across Europe, and more recently, in Ireland, witnessed women moving in large numbers into the paid work force (Duncan, 2004). As a result the context of caring work has shifted from the private realm of the home, largely and traditionally associated with women into the public realm manifested predominantly in the marketplace (Folbre and Nelson, 2000). Western welfare states are seeing reductions in the availability of unpaid family members providing for familial care needs, and are therefore turning to the private sector in increasing numbers to fill the void created (Gray, 2009). While a debate exists within the literature regarding private or public responsibility for care services, the trend in current practice is toward limited state involvement and increasing market provision. Many states are divesting themselves of such responsibility (Daly, 2002) moving away from state funded institutions towards private provision or combinations of delivery methods, including state support for private provision. The role of many states in ECEC is limited to services targeting disadvantage rather than on the development of a universal early years systems (Hayes and Bradley, 2006; McKie and Cunnigham-Burley, 2005), with the market filling gaps in service provision particularly for families of greater means.

This section of the literature review examines the relationship between markets and care services, exploring the role of the state and others in care provision. There is a contentious debate in the literature regarding the role of markets in care provision, with the opposing arguments discussed herein. Recent empirical studies exploring the existence of relationships based in markets exchanges are shared, as is the view that society has and is adapting to accept greater involvement of the service industry in the previously ‘private’ realm of the family. To begin, the issue of care provision, societal valuing of care labour and the impacts of this on both care services and practitioners will commence this next section.

3.5.2 De/Valuing Care

The origins of care provision continue to influence a normative view of care work as gendered, given for free out of emotional obligations, even as it moves from the
domestic sphere to the public marketplace. This view perpetuates the ongoing devaluation of care work (England and Folbre, 2002). Due to this devaluing, care labour typically attracts the most powerless in society, reinforcing the low status and poorer conditions of work (Tuominen, 2012; Cox, 2010; Balloch et al, 2004; Tuominen, 2002). Such inequities and ongoing devaluation contribute to inequality in care provision for families in several manners. It limits access to quality services, creating a greater reliance on informal services by those with fewer means. It also reduces parental ability to reliably engage with the labour market, as poorer quality care is less dependable. Devaluing of care reinforces the devaluing of the care workforce, as informal care providers are typically from disadvantaged groups themselves, offering care services for low fees and of lower quality, maintaining inequalities (Hankivsky, 2004; Moss, 2006; England and Folbre, 2002; Uttal and Tuominen, 1999).

In summarising the literature regarding care providers, Shpancer (1998) states workers are ‘strongly dissatisfied with their low pay and social status but satisfied with the day to day aspects of their work’ (pg. 243). This review found similar reports within the more recent literature highlighting how little has changed for care workers in recent years (Brooker, 2010; Hohmann, 2007; MacDonald and Merrill, 2002; Cameron et al, 2001; Moyles, 2001; Folbre and Nelson, 2000). The review of these studies concludes that while workers receive great satisfaction from their caring work, using terms like ‘passion’ to describe their ongoing motivation they are ‘acutely conscious that the wider society does not accord the same value to their work’ (Cameron et al, 2001, pg. 581). Moyles (2001) suggests this ‘passion’ and the valuing by practitioners of caring tasks, rather than moving towards more tangible descriptors within the educational sphere of their role, reinforces poor remuneration and devaluation. However, in spite of this devaluation, Cox (2010) found that for many domestic workers the ability to develop close bonds with children in their care was considered ‘the saving grace of the job’ (pg. 122). Internal motivations are found to be ‘hugely important for the wellbeing of the carer’ (Daly, 2002, pg. 262) with such bonds, as described by Cox (2010), an imperative for many care workers. The research of MacDonald and Merrill (2002) found workers describing this commitment as bringing ‘a deep investment of self to their work’ (pg. 73).
Societal perceptions of care varies due to a range of influences (Fitzgibbon, 2002) with McKie and Cunnigham-Burley (2008) stating that the construction of care is ‘subject to time, place and cultural context’ (pg. 40). Care given in the home, out of love by a maternal figure is based on internalised emotions, externalised through the activity of care. Moving care towards an activity based on skills and knowledge, brings it more in line with market-based valuations, where service provision can be measured (Folbre and Nelson, 2000). While a knowledge/skills based construction may offer greater recognition, Moss (2006) warns against the separation of care and education: devaluing of certain characteristics within care settings, through the elevation of others, crowds out intrinsic values held dearly by many (Moss, 2006). This runs the risk that care services ‘become merely labour, motivated by pay alone’ (Folbre and Nelson, 2000, pg. 133) though Uttal and Tuominen (1999) contend the emotional aspect of caring labour will always remain intact, and that such qualities are above monetary valuing.

Despite the intrinsic rewards, the low pay, poor working conditions and low societal esteem take a toll on the labour force, which experiences high annual turnover rates, as demonstrated by the review of international research findings (Leach, 2009; Folbre and Nelson, 2000). Such transience has implications for relationships between workers and children, as well as workers and parents, as this affects continuity of care, durability of relationships and impacts on the perceived commitment of those workers who remain in situ.

Close bonds, discussed above, between caregivers and children may be perceived as threatening by parents. MacDonald and Merrill (2002) suggest parents choose to disregard the importance of the practitioner/child relationship in some instances, with Sharry (2011) counselling mothers, grappling with feeling of jealousy, to understand such close bonds as positive and beneficial to their child. Lloyd (2004) states ‘that there are inherent conflicts within caring relationships and situations’ (pg. 248) as suggested by Hohmann (2007) and Lynch (2007) earlier in this review. Within any caregiving arrangement both parents and providers will experience feelings of collaboration and support, while at times experiencing conflict and competition in terms of the child-parent/child-practitioner bonds, with parents found, at times, to
undervalue care-workers, in order to protect their own identity and their own relationship (Tuominen, 2002; Uttal and Tuominen, 1999). Macdonald (1998, in Uttal and Tuominen, 1999) found mothers render more instrumental task as the responsibility of their care providers, maintaining more affective dimensions of care giving for themselves, where possible. Workers equally engage with a form of denial of emotions and commitment when they engage in a form of ‘detached attachment to the children for whom they care’ (Uttal and Tuominen, 1999, pg 766). There is an undercurrent of power and of inequity in these relationships, based on the status of employer and employee (Uttal and Tuominen, 1999). However, these dynamics can be reversed when the relationship is seen as one based on respect and collaboration between service providers and consumer in need of service (Folbre and Nelson, 2000).

3.5.3 The Market Debate

By its very nature, the marketplace is motivated by profit-generation, including competition, cost reduction and maximising gains with the majority of paid care work provided by women, who are underpaid and undervalued (Tuominen, 2012; 2002; Balloch et al, 2004). Held (2002) contends the marketplace is a site where ‘everyone is always motivated by self-interests and...[where] economic value is the only kind of value’ (pg. 25). This view underpins Hankivsky (2004) stance that certain behaviours, such as caring activities, are above economics. While the neo-liberal policy imperative establishes care as another commodity to barter in the marketplace, Hankivsky takes the discussion ‘beyond economics to consider what additional values we want to embrace in setting our social policy objectives and goals’ (2004, pg. 83).

The movement of care to the marketplace is a debate surrounded by the notions of commodification, values and valuing, profits and loss. Commodification is however, a ‘matter of social understanding’ and is ‘shaped by societal norms and public policies’ (Folbre and Nelson, 2000, pg. 134). While the purchase of care in the market place does involve the exchange of fees for services, there is scope to construct broader understandings of these relationships, than a mere monetary exchange. Gray (2009) suggests that the transition currently underway, wherein care provision is moving from the private sphere of the home to the public sphere of the market place is responding to the call of the feminist movement, and should not be seen in an assumptive negative
light. Nelson and England (2002) suggest that the examination of markets and relationships should begin by asking ‘what does it mean to be involved in markets; what does it mean to be involved in relationships’ (pg. 2) and to analyse responses to these two questions.

Engster (2007) perceives care theory as providing space for economic activity within caring markets, where commercial priorities do not ‘impede the ability of individuals to give and receive care’ (pg. 126). These theorists suggest markets, like any organisation, have a social dimension, and as such have principles that govern their behaviours. Therefore, the real focus of this debate should be concerned with the ‘values, actions, power relations and world views’ (Nelson and England, 2002, pg. 5) within both the conceptual model of the market and in concrete, real life situations, such as relationships and exchanges. Folbre and Nelson (2000) suggest that the service/customer relationship need not always be impersonal, proposing early years services to be ‘rich markets’ in which a ‘complex relationship of child, caregiver and parents include elements of …trust, affection and appreciation’ (pg. 129/130). They do, however, premise this view in stating that this has the potential to occur ‘when all is going well’ (ibid) and is neither consistent nor standard across the sector.

In contrast, Held (2002) among others contends caring work belongs in state-run and non-profit arenas, suggesting market-based motivations will result in the downgrading of quality in service provision and the devaluing of the workforce. Burggraf (1997, in England and Folbre, 2002) argues a public based provision of care accommodates issues of affordability, whereas market based care assumes each customer’s ability to pay. The contention is that without state funding and monitoring, ‘egalitarian values’ will be set aside by the traditional assumption of profit-focused organisations. Nelson (2004, in England, 2005) believes that this essentialist view of markets needs to be challenged, suggesting private institutions can manage a balance between profit generation and a mix of other values simultaneously.

In many ways the involvement of the market in caring services, particularly childcare services, is redefining the way market activity is viewed. While it is assumed that the rational actor will seek to maximise the potential of the market for personal gain, research into the habits and patterns of parents who engage with markets, finds they
are motivated by other external factors. Duncan (2004), citing numerous studies, found rather than taking the presumed rational actor approach to care decisions, parents ‘reference to moral and socially negotiated views about what behaviour is right and proper, and this varies between social groups, neighbourhoods and welfare states’ (Duncan and Edwards, 1999, in Duncan, 2004, pg. 256). Further, identities, moral constraints, and beliefs about responsibility may result in parents, usually mothers, taking decisions to provide care directly, against the current movement of women into paid labour. Using the term ‘rationality mistake’ (Barlow and Duncan, 2000; Duncan and Edwards, 1999, in Duncan et al, 2003) to highlight this departure from the rational actor envisaged in a free and open market, decision making concerning childcare provision is informed by balancing of realistic, affective and collective issues, with constructed notions about the needs of children, and the actual availability of services to fill this need (Duncan 2004). While these propositions come from the literature in the economic field, research from the early childhood field, particularly that regarding choice and accommodation, as highlighted earlier in this review, strongly concur with these findings.

3.5.4 Market Based Relationships

The field of study concerning social relations sees the potential of the marketplace as a context of interpersonal interaction. Basing their proposals on empirical research, Beetles and Harris (2010) suggest that individuals do not have intimate social relations with businesses, per se, but do engage at various levels of intimacy with individual representatives of businesses. The results of the research carried out, proposed a staged development of intimacy between consumers and representatives of businesses, in the service provision sector of the market place. In market based relationships, social intimacy is defined as ‘disclosure of information and conversational practice that would not normally be anticipated in a business relationship’ (Beetles and Harris, 2010, pg. 351). In service exchanges involving extensive physical contact such as that from therapists or beauticians, Beetle and Harris (2010) propose that relationships may achieve the level of ‘physical intimacy’. The physical nature and length of such interactions encourage conversation, supporting rapport building, which leads to a friendship type of relationship from the perspective of consumers. The third level of
intimacy in business relationships is based on ongoing revelations of personal and
private information and the conversations that follow between parties, where
responses are valued and sought out by consumers. This third stage of intimacy builds
on the disclosure found in the initial social intimacy level, with the relationship
achieving a ‘counselling style of interaction’ (ibid, pg. 351).

Ellegaard (2012) examined service-based relationships, exploring interpersonal
attraction and reinforcement theory on the disclosure of personal information. Based
on the rewards/costs concept, future behaviours were found to be reinforced,
conditioning individuals to develop specific associations with particular individuals.
Building on the notion of attraction, and reflecting Dwyer’s (2000) work cited earlier
on trust and attraction, Ellegaard (2012) posits that rewarding stimuli cause individuals
to display behaviours which enhance their potential attractiveness to others within
commercially-based relationships. Ellegaard (2010) proposed the market place, in
particular, service provision applications for the developed thesis, recommending the
building of attractive features within service settings to respond to identified consumer
needs.

Exploring the underpinning concepts associated with relationships, but in a market
context, Ferrin et al (2006) relocated the discussion of ‘trust transferability’ from the
social to a commercial context, discussing co-workers judgements about the fellow
workers and supervisors. Hernandez and Santos (2010) also transferred their
exploration of trust to the economic realm, discussing the contribution of relational
trust to the establishment of ‘harmony’ within working organisations (pg. 173).

Beetles and Harris (2010) caution against widespread expectations of relationships
developing between consumers and the business world. This is despite an increasing
reference to the concept of intimacy in business and marketing research. The
researchers state that ‘intimacy has to be fostered through genuine interactions’ (ibid,
pg. 354) between individuals rather than impersonal organisations. Further to this, the
marketing literature makes its own distinction between transactional exchanges and
relational exchanges. The former are short-lived, impersonal, often once-off
interactions in the market place where as the latter are ‘defined as longer term, ongoing
interactions that are dynamic processes’ (Iacobucci and Ostrom, 1996, pg. 54), with
such ‘relational exchanges’ holding the potential to foster interpersonal relationships. These various studies (Ellegaard, 2012; Beetles and Harris, 2010; Hernandez and Santos, 2010; Ferrin et al, 2006) focusing on market-based relationships, highlight the potential of commercial markets as a context in which interpersonal relationships can be fostered.

3.5.5 Markets in Transition

Basing her description on the writings of Weber (1978/1922), Biesecker (1997) states the traditional market place construction is of ‘a trading place where groups of users and suppliers create prices by a competitive process of exchange’ (pg. 216). Citing conventional views of maximising utility, rewards and costs, Biesecker (1997) contends this represents a limited view of market behaviour. The contention is that this view negates the true costs of production or the overall rewards accrued, citing the devastation to the natural environment as an example of costs disregarded in many commercial exchanges. Biesecker (1997) cites a number of contemporary theorists, such as Burgenmeiser, (1992/1994)), Etzioni (1988), Hodgson (1988) and Swedberg (1994) and their proposed concepts, markets as social constructions, encapsulated competition, markets as sets of institutions, and markets as social structures. These are highlighted to demonstrate her position that this traditional view of the marketplace requires a reconceptualisation to a more socially-constituted construct. Concluding this argument, Biesecker (1997) contends that ‘transformation is not only possible but [it is] already in process’ (pg. 216).

Gabb (2010) also speaks to transformation in discussing interpersonal relationships, intimacy and public-private binaries. In referring to Berlant and Warner (2000, in Gabb, 2010) Gabb highlights assumptions which construct the private realm as the only realm where intimacy and ‘individualised self-fulfilment…may be achieved’ (pg. 89). Gabb contends that the ‘public and private are not distinct’ (pg. 89) and that incidents of intimacy occur in both spheres through ongoing lived experiences. Challenging these perceived dichotomies, temporal constraints on family life is perceived as a significant factor determining the location of intimacy. Gabb (2010) states ‘it is the finite limitations of time which shape people’s intimate boundaries and not the principled ideas of public-private category management’ (pp. 89-90).
Referring to the ‘doctrine of hostile worlds’, Zelizer (in Gabb, 2010, pg. 90) outlines the perception of distinct boundaries between the world of the market place and the intimate private sphere. Zelizer (in Gabb, 2010) challenges these long held notions highlighting the tendency to ignore how the market regularly fulfils the need to engage in intimate exchanges in a commercial manner. According to Zelizer, the ‘hostile worlds’ concept takes sentimental rather than rational views of intimate behaviours. Such a stance refuses to accept the coexisting of both types of transactions - the social and the financial - and to recognise that a marketplace already exists which meets the caring needs of many individuals.

3.5.6 Conclusion

Caring relationships have historically been situated within the market-free realm of the domestic setting and have traditionally held gendered associations as a service provided out of love and obligation. The increasing movement of care-work into the commercial arena has prompted debates both for and against such action. The literature reveals that caring labour has the potential to be emotionally rewarding, despite a context in which care-provision is socially and economically devalued, though the exploitation of care workers due in large part to the emotional commitment they bring to their labour remains a concern.

Research concerning commercial activity and interpersonal relationships reveal that characteristics such as trust, intimacy and commitment can exist within market based relationships, where these relationships are fostered between individuals within commercial exchanges. Conceptualising such commercial activity beyond the simplistic focus of purchase-exchange or profit-loss, evolves the debate from the binary view of public-private. This repositioning of the debate perceives the market as a support to families who are unable to meet all their own obligations, due to a range of contemporary pressures. Such a stance challenges strongly held beliefs regarding care provision and monetary exchanges to enter into a broader debate about the reality of such exchanges and the real life needs of contemporary families.

Economic theorists considering the care-market debate, acknowledge developments challenge the traditional public-private dichotomy regarding economic transitions and
intimate practices (Gabb, 2010; Duncan, 2004; Biesecker, 1997). Duncan (2004) refers to a ‘rationality mistake’ when discussing parental engagement with the markets, in comparison to the rational actor, who maximises profits and personal gains. Parents seeking care provision refer to values, realistic and affective aspects of their decision making process, rather than focusing on pure economic decisions.

While commodification and market based imperatives promote particular values, the care ethic emphasises values that are at odds with this form of neo-liberalism, and prompts the realisation that not all that is valued by humanity can be given an economic assessment. However, several care theorists feel the role of markets in care provision is a development that requires further debate. Regardless of the position one takes in a political or theoretical debate, in lived experiences, the market place is increasingly being turned to as a provider of services in the absence of state provision and with the reduction of maternal availability for family-caring duties.
3.6 Section Five: Community

3.6.1 Introduction

This is the final section devoted to exploring the separate and distinct subject areas. Reflecting the exploratory nature of the research project, the importance to this literature review of the concept community became apparent following the field work and early data analysis stages. This awareness necessitated a review of the concept community within the broader literature, including a search for the topic with links to early years areas. Section Five begins by highlighting the evolving understanding of community in the literature, followed by an overview of how community is defined and the manner in which the concept is adapting to reflect societal change. Moving from the broader understanding of community, literature linking the concept community to early years settings will be presented. This section of the review will highlight the prevailing discourse which situates community as a site of intervention within ECEC, typically as a family support oriented intervention. The review will reveal that there is limited research that conceptualises early years settings as communities in and of themselves, with no research based in an Irish context. While a broader debate in the early years arena exists, suggesting a need to ‘reconceptualise’ ECEC from the standard, expected and accepted discourses, early years as communities, particularly within the Irish context, has not been recognised in this debate, creating a clear gap this research project has the potential to address.

3.6.2 Defining Community

A broad ranging account of the development, application and interpretation of the concept of community within the academic and research literature is presented by Day (2006), reaching back over a century to the work of Tonnies (1887). This account highlights how, ‘community’, as a concept, has moved in and out of favour, been championed, or eulogised, said to be declining or recovering at various times. While Mooney and Neal (2009) claim the term community is ‘one of the oldest social science concepts’ (pg. 9), the review of literature finds descriptions such as ‘too vague, too woolly’ (Somerville, 2011, pg. 1), outdated and irrelevant, with Abercrombie et al (1984) stating that it is ‘one of the most elusive and vague in sociology and it by now
largely without specific meaning’ (in Day, 2006, pg. 1). Others describe community as central to individuals’ sense of identity and meaning (Gilchrist, 2004; Cohen, 1985) with the concept still the focus of academic study and state policy (Hughes, 2009; Mooney and Neal, 2009).

Community as a concept, holds various symbolic meanings, with an array of perceived constructions. Several writers refer to nostalgic associations with the concept (Clarke, 2009; Mooney and Neal, 2009) with Cohen describing ‘community romance’ (1996, in Day, 2006) as characterised by a ‘lament for everything that is thought to have been lost’ (pg. 32). Mooney and Neal (2009) reflect on the positive connotations people presume when considering community, due to its association with belonging, shared values and communal caring. Clarke (2009) states ‘it is a word that promises comfort, strength, settlement and even transformation’ (pg. 70). However, critiques of such sentimentality highlight failures to look beyond the privileged groups, holding positions of power and control within communities. A less sentimental perspective of community suggests strongly maintained social structures, reinforcing roles and socially expected modes of behaviour (Day, 2006; Gilchrist, 2004; Cohen, 1984). Indeed, the strong boundaries of community, which work equally effectively to include members as to exclude others, ‘can be mobilised and purposely used’ to maintain social groups and hierarchical structures (Mooney and Neal, 2009, pg. 2).

Exploring the literature for prevailing definitions of the concept yields a range of responses. Edwards (2008) describes community as ‘a body of people who are conscious of having something in common, leading to a sense of shared interests, identity, and solidarity’ (pg. 5) adding the traditional association with place to the definition. Edwards (2008) elaborates in saying this perception is ‘eroding’ due to economic and social forces which are affecting family life and employment practices. These forces are shifting the locally situated notion of community towards a ‘variety of symbolic or imagined communities, personal communities of interest and attachment, and virtual communities’ (Edwards, 2008, pg. 5). Mooney and Neal (2009) suggest community is contextually influenced, holding different meanings to individuals and groups due to a wide range of factors.
Reflecting a constructionist approach to the concept, the definitions of Edwards (2008), Mooney and Neal (2009) hold resonance with the work of Cohen (1985), who suggests the meanings ascribed to communities as well as to associated symbols, practices and traditions, will not only vary between insiders and outsiders of the group, but also between members. According to Cohen (1994, in Day, 2006) such meaning is individually constructed, and while conceptual, becomes real when enacted in everyday practices and interactions.

Crow (2008) discusses both community and family as evolving constructs within contemporary society, suggesting for the individuals involved, both entities maintain the essential elements of what is valued within them, despite the suggested evolution. For Crow (2008), changes in personal circumstances, living arrangements and employment patterns, do not result in changes in values, relationships, or the perception of either communities or families. These new formations are still communities, contradicting the view that changes to traditional constructs heralds the end to community.

Crow’s (2008) perspective reflects the position of Mooney and Neal (2009) who highlight wider societal factors that influence the individual’s experience of community. Such factors include ‘increased mobility, migration, individualism and growing visibility of the different experiences of people within community’ (pg. 10) with these impacting on the meaning constructed at an individual level. The manner in which one understands and constructs community therefore, is not immune to the influence of broader events, pressures and changes occurring within contemporary society.

### 3.6.3 An Evolving Concept

The impact of globalisation and growing diversity within society has opened up opportunities to create communities based on a range of identities, with individuals moving between and within such groups. Crow (2008) refers to the ‘proliferation of types of community’ (pg. 21) as indicating the continuation of community at both a conceptual level, and at the level of lived experiences, proposing the very ability of community to change will ensure its survival. Byrne (1999, in Day, 2006) discusses
how individuals pass through their life course, identifying with differing representations of their own selves, at various points. Coupled with growing mobility, such movement ‘can take them through succession of local communities with which they might identify temporarily’ (ibid, pg. 121). The affects of globalised mobility, the loosening of geographic constraints on the concept community, and the individual’s ability to move through communities based on varied identities, facilitates the construction of social bonds, based less on geo-spatial limitations, but open to individual and group interpretations of boundaries, rules, practices, symbols and meanings.

Day (2006) reviewed a range of earlier definitions of community developed over a period of years (Smith, 2002; Newby, 1983; Warren, 1963, in Day, 2006). In analysing these, common characteristics can be seen, including, personal meaning or identity, a shared culture, a social dimension, and a bounded space, place or locality. However, if we consider the latter contributions (Mooney and Neal, 2009; Crow, 2008; Edwards, 2008) the notion of community as a spatially defined concept is contestable. Traditional associations of community as place-based, linked to a locality is considered limiting. Such a view also neglects the range of communities associated with characteristics other than the physical setting, such as faith-based affiliations, virtual connections, lifestyle choices, amongst others (Mooney and Neal, 2009; Day, 2006; Gilchrist, 2004; Cohen 1985). While these ‘new communities’ offer belonging based on identity, practices, or personal circumstances, they may have a connection to place, though this will not necessarily be a defining feature (Day, 2006).

Starting with Tonnies, in the 19th century, community was decried as becoming increasingly irrelevant. As populations moved from rural settlements into industrial centres, the future of community was in doubt (Mooney and Neal, 2009; Day, 2006; Gilchrist, 2004). This is a view that is equally pertinent in our contemporary society, challenged by a range of social, economic and individual transformations. According to Day (2006), ‘sociologists have been proclaiming the death of community for over a century’ (pg. 22). However, this review of the literature has highlighted that far from decline, community as a concept has a great ability to evolve and adapt to fit changing societal circumstances, both locally and globally, facilitating continued engagement
by individuals to a group identity. While Mooney and Neal (2009) suggest ‘ideas of family and kinship are often closely associated with notions of community’ (pg. 11) a more individualist approach to community facilitates affiliations with a greater array of actors, increasing opportunities for belonging. Such a conceptualisation frees people from previously bounded groupings that potentially limit individual choice and autonomy, maintaining outdated hierarchies of power and control.

3.6.4 Community and Early Years

Relating this conceptual understanding of community to the thesis, many of the factors which are in play in the evolving understanding of ‘community’ are also influential in the early years sector in Ireland, and as Crow (2008) highlights, impacting on our constructed meanings of families. Globalisation, migration, individualisation, mobility and a diversifying social world are features of our contemporary society affecting families who engage with early childhood services, and equally affecting the settings themselves. As addressed earlier in the review, the ability to engage effectively with families who reflect the increasing diversity within community is an area of practice found to be challenging for many early years caregivers, and found lacking in professional training programmes.

Reflecting Byrne’s view (1999, in Day, 2006) of individuals moving through the life course, linking with communities that reflect their temporal identities, families within contemporary society may find opportunities to engage with others based on shared experiences of parenting, working and using childcare and struggling with the pressures these entail. These commonalities need not be bounded by traditional family formations or by a lengthy history in the locality.

Following an extensive search of the literature seeking out research and/or writings on the topic of community and early years services, few references were found to the collective understanding of ECEC settings as ‘communities’ in their own right. A large body of literature conceptualising ECEC services as a community-based site of intervention, typically from a family support perspective, has been reviewed (Joanou et al, 2012; Munford et al, 2012; Somerville, 2011; C4EO, 2010; Hayes, 2008; Kossek
et al, 2008; Swick and Williams, 2006; Bromer and Henly, 2004; Kirk, 2003), as the next few examples will highlight.

Focusing on the commonalities between families reflects the social support oriented research by Kirk (2003) who finds that families using local childcare services are likely ‘to live near each other and share access to the many of the same social networks’ (pg. 86), though it is not known if the various actors, from parents, practitioners and children, develop a sense of support, based on these network connections. From a study of social support provision, through ECEC settings, Joanou et al (2012) describe an aspiration of participants in the research study ‘to locate themselves within a greater community’ of others who are ‘experiencing similar struggles, joys and challenges’ (pg. 106). Again, from a family support intervention approach to ECEC, Munford et al (2012) highlight the advantages to families developing a ‘strong sense of belonging to the agency’ as this facilitates their engagement with additional support and intervention services, provided or accessed through the early years setting.

Specifically exploring the understanding of ‘partnership’ as promoted through UK State policy, the research of Robson (2006) concerns government proposals to construct early years settings as community based sites of family support and intervention. This qualitative research based in two multi-service agencies, revealed participants expressed perceptions of being supported in practical ways, feelings of belonging and enhanced wellbeing, using ‘expressions of ‘family’ or ‘community’ to describe their feelings’ (Robson, 2006, pg. 456) about the settings. The key factor affecting the ability to develop partnerships between staff and parents was cited as quality of the relationships parents had with centre staff and while parents typically engaged with a main caregiver, they were also found to appreciate the relationships they hold with a range of personnel, such as those in support and management roles. The research focused on parental constructions of partnerships, and motivations towards greater involvement. And while participants highlighted ‘community’ oriented qualities emerging from the settings, these were set out as anecdotal findings in the final summation. Robson (2006) attributes perceptions of friendship, and community as contributing to the success of partnerships, but does not view
community as a goal within itself, or as a finding worthy of further development or exploration.

The limited examples exploring the development of community through early years settings, were all found from international contexts, with none considering the community potential of ECEC from an Irish perspective. Dalli (2008), Duncan (2012; 2011), Duncan and Te One (2012) and Duncan et al (2005) all from an Aotearoa/New Zealand context, and the Reggio Emilia approach, based in Italy, consider early years settings as communities within themselves, while linked to the broader, local community. The research by Duncan et al (2005) initially explored the potential of ECEC services in regards to resilience building in families with young children. The qualitative study explored how three different ECEC centres ‘supported family resilience and helped them to cope with challenges and stressful times’ (Duncan et al, 2005, pg. 1). With research findings comparable to Robson (2006), these studies described settings as ‘micro-communities [that] fostered and nurtured social capital, strengthened social relationships, enhanced civil society and the resilience of communities’ (pg. 89). However, unlike the UK-based study, the findings from this research strongly promoted the conceptualisation of ECEC as community.

The study revealed both structures and processes in these centres that were oriented towards supporting communication, family involvement and interaction with the service, with staff and with other families. Positive relationships and interactions were identified by parents in the study as the primary factor to facilitating feelings of belonging within the centres, with these relationships based on trust, stability and a sense of caring oriented towards families from staff. Duncan et al (2005) cited a need for highly trained staff, with effective communication skills and an understanding of and respectful approach to working with diversity of family forms, backgrounds, culture and practices as imperatives for developing a sense of community within settings, recommending future research on the subject area.

More recently, Duncan, in collaboration with Te One (2012) reviewed the findings of a four Aotearoa/New Zealand based projects, all taking a family support perspective. Findings drawn from the evaluation of the pilot project were highlighted by Duncan and Te One (2012) as follows: ‘perhaps the most significant benefit was the growing
sense of community and belongingness fostered amongst participants’ (pg. 85). From their analysis of the findings of the various reports and projects, the authors propose the construction of ECEC settings as communities based on the following three notions: belonging and bonding; networking and linking with others; and, ECEC as the builder of communities (pg. 88).

In their earlier work, Duncan et al (2005) commented on the lack of knowledge, both empirical and theoretical, dedicated to exploring ways in which early years services can ‘make a difference in families lives’ (pg. 94). This lack of knowledge is in contrast to the prevailing research focus on the impact of ECEC services on children, and children’s outcomes. Duncan et al (2005) summarise their message in stating that early years services should be conceptualised as a ‘vehicle whereby links, relationships, and opportunities for networking could develop’ (pg. 89). These research results allowed claims that such networks exist at both the ‘micro-level’ including relationships between families and staff, management, children and other families; and at the broader community level, facilitating connections with other groups, agencies and institutions.

Also from the Aotearoa/New Zealand context, Dalli (2008) offers a minor though interesting contribution to this discussion, in reviewing a national survey of early years practitioners regarding the professionalisation of their sector. The findings demonstrated three key areas practitioners outlined as characterising their profession, one being ‘collaborative relationships’ though this characteristic ranked third, after ‘pedagogy’ and ‘professional knowledge and practice’ (pg. 175). In the analysis of responses from practitioners, Dalli (2008) points out that professionals also considered their role within the broader community, linking families to services, and resources, reflecting a community supportive ethos and ‘reflecting the life of the community’ (pg. 182) within the service.

From a European perspective, the Reggio Emilia approach to the provision of early childhood experiences strongly aligns such experiences to the notion of community. With its roots in the northern Emilia-Romagna region of Italy, and developed in the period following the second world war, the original services were created by a coming together of community members who not only conceptualised what the provision of
care and development for their children would resemble, but also contributed to the physical building of the centres. These origins were based on the strong socialist political perspective that was characteristic of this region, reflecting a cooperative and collective approach to community living (Dodd-Nufrio, 2011; New, 2007). The continued involvement of parents and members of the greater community remains strong. According to Dodd-Nufrio (2011) ‘parent and community participation is one of the most distinctive features of the Reggio approach’ (pg. 13) and is part of the Charter of Rights, which guides service provision.

This involvement is evidenced through the parents’ participation in service provision, their role in managing the services, and participation in the open forums within Reggio centres. These forums include community members who live and work locally, promoting a belief of ownership among the families whose children attend, as well as any interested member of the broader community (New, 1998). This approach reflects the view that the community is responsible for and benefits from a nurturing, supportive, well developed early childhood experience for the youngest members of their community. As stated by Dodd-Nufrio (2011) the settings are a reflection of the local culture ‘which continues to consider the welfare of young children as the collective responsibility of the community’ (pg. 14) (New, 2007).

This ethos is also reflected in the pedagogical approach to children’s learning in Reggio Emilia settings. A social constructionist ethos underpinning practice, views the child as the active protagonist in her/his own creation of knowledge. This approach perceives others available to the settings, whether children, staff, family or the broader community, as potential co-creators of knowledge, engaging with and facilitating each child’s learning (Dodd-Nufrio, 2011; Bo Sun and Farr Darling, 2009; New, 2007; Mercilliott Hewett, 2001). This orientation demonstrates a greater involvement of families and community in the life of the setting, than would be characterised in typical early childhood services. The community based approach to learning as developed by Loris Mallaguzzi of the Reggio programme is described as follows:

‘This principle, that "education is relationship," puts great priority on establishing a learning and caring community composed of educators, families, and children, based on sharing of perspectives and resources,
and with expectations of continuity and long-term relationship’ (Edwards, 1995, pg. 1).

The recent research from Aotearoa/New Zealand and the long established philosophy of the Reggio Emilia approach, are the few examples found in the literature of early years provision conceptualised as communities within themselves. Other research highlighted perceives the community aspect of ECEC as a route to achieve other objectives, particularly family support interventions. Such limited variances in the conceptualisation of ECEC, was addressed in the work of Dahlberg et al (2007) and Moss (2012; 2009), who challenge what they perceive to be the prevailing discourse regarding early years conceptualisations. These theorists claim state policy establishes and impacts on the paradigms through which ECEC is conceptualised, with these paradigms influencing the resultant service orientation. The developing Irish early years sector is a case in point, as an early focus on maternal replacement established the ECEC sector as a labour support. While recent efforts have focused more on ‘child outcomes’ the structures and policies already established constrain such realignment.

Just as Duncan (2012, 2011) Duncan and Te One (2011), Duncan et al (2005) and the Reggio Emilia approach challenge us to conceptualise ECEC as community, these writers (Moss, 2012; 2009; Dahlberg et al, 2007) set a challenge to reconceptualise early childhood institutions as ‘forums in civil society’ (Dahlberg et al, 2007, pg. 70). They suggest ‘projects of common interest and collective action’ (pg. 73) as vehicles through which a shared perception of the broad meaning and full purpose of early years institutions could be realised. Such meaning would consider social, political, cultural as well as the child-centred importance generally attributed to such settings.

3.6.5 Conclusion

The need for belonging and the inherent urge to form interpersonal relationships can be found as contributing to the continued strength of the notion of community, despite the regular pronouncements of its demise. Reflecting the relational and social needs of humans, communities provide a vehicle through which ‘members’ may form their identity, reflect their culture, interact with others, whether bound within a geo-spatial setting or, as is becoming more common, untied to any particular place. The ability of
communities to adapt and evolve to meet the changing needs of individuals results in new forms of communities founded upon shared interests and an array of identities, as well as the traditional sense of community, built on common links to a locality.

The idea of early years settings as communities, in and of itself, is a concept that has had little attention in the research literature, though the characteristics and functions of communities are more than applicable in the early years context. Offering a sense of belonging to essentially social beings, based on connections of the shared experiences of parenting and working in our ever challenging and changing world, offering affirmation and validation to members, the concept of community comes to life in the experiences of those who actively engage with one another in daily exchanges, based around the care of the child. The commonalities between these proposals and the ethic of care are evident, as actors within the context of these settings are perceived as both care givers and care receivers, based in relationships of negotiated give and take (Brannen et al, 2007).

Reflecting back over the particular topic areas covered in this chapter, there are clearly common strands that flow throughout this review that can also be found within this discussion of community, both as a broad sociological concept and as a manner of conceptualising early years provision. Mirroring the literature on relationships, humans are found to have an inherent need to belong, and reflecting the ethic of care, communities represent a structure through which our interconnected, relational selves may be contextualised. The ethic of care challenges neo-liberal notions that we are autonomous market players, constructing humans as interdependent, existing within webs of relationships, as may be found in community structures. The traditional perception of community is said to be evolving, reflecting the transformation of society, influenced by greater mobility, diversity and individualisation (Mooney and Neal, 2009). This transformation has seen the market place stepping in to fill vacuum in service provision required by temporally challenged families (Gabb, 2010).

Just as care theorists call for a debate on the role of the market, within the realm of caring, theorists writing on early years care provision urge for a debate on the manner in which society constructs these institutions. Dahlberg et al (2007) suggest ‘forums of civil society’ as a possible reconceptualisation, describing their potential as ‘sites
of civic engagement’ as opposed to other prevailing paradigms of ECEC. A search for literature suggesting early years settings as ‘community’ sites, in and of itself, found limited examples, including the empirical studies based in Aotearoa/New Zealand (Duncan and Te One, 2012; Duncan et al, 2005), and a pedagogical approach to early years with community as an underpinning concept, as found in the Reggio Emilia approach from Italy.

This completes the separate sections setting out the various areas of literature explored as part of this developing thesis. The chapter ends with a brief concluding piece, before the dissertation moves on to the fourth chapter, outlining the research methodology.
3.7 Section Six: Conclusion

The final section of the review offers a brief summary of the emerging integration of the various topic areas, as presented through this chapter. Appearing initially as separate and distinct subject areas, as the chapter developed, and at the conclusion of each section, common themes, integrated concepts and relevance amongst subject areas were highlighted, with particular attention to the links between the underpinning framework – the ethic of care – and the separate subject area. This concluding section will briefly highlight the integration of the various subject areas, underpinned by the ethic of care.

As a theoretical framework, the ethic of care perceives all individuals as interconnected, with lived experiences based within complex webs of relationships (Hankivsky, 2004; Tronto, 1993). As this research interest concerns relationships developed around the care of young children, this theory was reviewed to establish its usefulness as a framework for exploring the subject area, and to be drawn on in the analysis of research findings. To begin this chapter, the ethic of care was traced through its evolution, initially as a 'gendered' theory, evolving into a more robust concept, useful for analysing social policy, for its application across a range of academic disciplines, and its validity in examining the lived experiences of care providers and care receivers. As its basic premise, the care ethic constructs us all as interdependent receivers and providers of care at various points throughout our life course.

The review highlighted how the ethic of care is amenable to discussions from an abstract position, with regards to policy, concepts such as trust and intimacy, the role of the market place, and societal transformation, as well as the more applied understanding of care within the daily provision of early years’ services. The application of this ethical concept is also amenable to discussing relationships between parents and care providers, and the underlying issues found therein.

The interconnected characteristic of communities, the relational aspect of human beings, the sharing of care and the dependence on others to meet caring obligations, reflect the concepts which underpin the ethic of care as a theoretical framework.
Exploring the relationship between early years practitioners and the parents who avail of their services is the main focus of this research project. The ethic of care sees us all as interdependent beings, embedded in relational webs of caring, in direct contrast to the autonomous, rights bearing workers, enshrined in the neo-liberal policy direction that permeates prevailing state policy positions. The ethic of care has relevance for all the topic areas explored in this review – interpersonal relationships, specifically those based within the early years care context, the valuing or devaluing of care providers, relationships within the market realm, the construction of communities and the effects of our ever changing social world on families and care settings. Additionally, across the various topic areas there are many concepts, ideas and themes that overlap, holding relevance in more than one area. The issues, debates, concepts and constructions that have emerged through this review will be revisited as the thesis progresses to the discussion of the findings from the research project.
Chapter Four: Methodology

4.1 Introduction

This chapter outlines the methodological approach developed for this research project. The theoretical underpinnings which guided the research are set out, as are the methodological orientation, the research design and the supporting research methods. The chapter offers a discussion of the role of reflection and reflexivity in the research process before outlining the identified ethical concerns. Following this, the experience of applying the developed methodology in the field is recounted, as is the approach to data analysis. To conclude the chapter, the perceived limitations to the study are discussed. To begin, the research questions, research aims and objectives of this study are recalled.

4.2 Research aim, questions and objectives

As introduced in the opening chapter of this thesis, and elaborated on in the context chapter, the aim of this research was to explore the nature of the relationship between parents and childcare practitioners within the contemporary early years sector in Ireland. The policy and practice orientation of the sector promotes a partnership approach to parent/practitioner engagement. However, the lack of knowledge regarding what is actually occurring within the relationships between these key actors is a clear gap in supporting this practice, in understanding these interactions, and of informing State policy. To further this understanding, the research aim was underpinned by the following main research question:

- What is the nature of the relationships between parents and childcare practitioners?

Supplementary research questions were developed at the outset of this study to support the main research question. These were not adhered to as rigid guides, but were seen to inform the exploratory nature of the project. These included:

- What characterises these relationships?

- What is valued in these relationships by those involved?
• Do they vary? How - between actors; between settings?

• What factors influence these relationships, negatively or positively?

Following on from the development of the aim and the research questions, the research objectives included:

• To contribute to knowledge in regards to our understanding of relationships between mothers and childcare providers;

• To develop an understanding of the role of early years services in the lives of families;

• To develop a model or guide for working with families, with the potential to inform both practice in the field and also, education and training programmes for the sector;

• To provide recommendations regarding policy development, informing State development of the sector, including insight into ECEC services potential role in supporting families in Ireland.

4.3 Research Orientation and Approach

This research project is concerned with developing an understanding of the nature of the relationship between parents and childcare practitioners. These relationships are informed by the perspectives each actor holds about the other, with this perspective based on their knowledge, on interpersonal interactions, on assumptions, expectations, past experiences with the same actor or with similar ‘others’, in the same setting or in similar settings. The research project was also interested in the context in which these relationships exist, the structures that are in place, which may act as barriers or as facilitators. These structures could be local setting policies or be broader in nature, including relevant legislation, organisational systems or sector-wide practices. In order to investigate this topic area, the study adopted an exploratory orientation from the outset, supported by open-ended research questions and a similarly open-ended approach to developing the methodological component of the project.
In considering this study, it was the position of this researcher that the actors concerned - the parents and the practitioners - were the sources of knowledge regarding the relationships in which they engage. This knowledge may vary between actors (i.e. between parents and practitioners, between different parents, different practitioners) and between settings (i.e. between one childcare centre and another; between larger services and home-based childcare; between private and non-profit services). It may also vary due to the histories, experiences, perspectives and roles of the various actors. Possible constraints within settings as well as particular local cultures also hold the potential to affect each individual setting and the experiences within. This approach reflects a social constructionist perspective.

Moses and Knutsen (2007) describe the constructionist approach as accepting that ‘the world appears different to different observers’ and that the ‘appearance varies with contextual setting’ (pg. 192). They go on to say that constructionists view ‘knowledge and meaning as context dependent’ (pg. 221), and therefore they accept that there are ‘multiple stories’ (pg. 221) within a given setting. Garfinkle (in Lock and Strong, 2010) viewed social interaction as the ‘means by which people understood and coordinated their interactions with each other’ (pg. 189). Similarly, Lock and Strong (2010) suggest the initial concern of social constructionism is ‘with meaning and understanding as the central feature of human activities’ (pg. 6) and that the origins of such meaning and understanding are in social interactions. Therefore, the approach to this project perceived the main actors, the parents and the practitioners, as the key sources of knowledge in this context. Further, these actors experience their contexts differently, potentially leading to ‘multiple stories’ arising from within the various settings, as each actor draws on their own experiences to build their own knowledge, and their own narratives.

The constructionist approach, according to Moses and Knutsen (2007) uses ‘comparisons to establish associations’ (pg. 236) and describes the usefulness of comparisons in interpreting ‘particular events with frequent contrasts to larger contextual settings’ (pg. 241). For the purposes of this project, it was established that the early years sector in Ireland, as it has developed over the past two decades, represented the larger contextual setting. Within this context are the individual
settings, the community childcare centres, the privately owned and operated centres, as well as the local home-based childminding providers. As the aim of the project was to look at a variety of settings, within the broader context of the childcare system in Ireland, comparisons will play a part. Geertz (1968) makes use of comparisons as he encourages us to ‘find in the little what eludes us in the large, to stumble across general truths while sorting through special cases’ (pg. 4). From this orientation, one can see the value in exploring individual settings, and individual relationships, in order to make sense of the broader childcare system, and aspire towards policy and practice recommendations.

Wittgenstein (in Moses and Knutsen, 2007) uses the term ‘family resemblances’ to elaborate how researchers may recognise likenesses between subjects, though they cannot point to exact similarities. There are a ‘set of features recognisable as similar but which have no one thing in common’ (ibid, pg. 191). Lock and Strong (2010) also refer to Wittgenstein, in stating a social constructionist position that ‘meaning is not ‘out there’ in some absolute sense, but ‘between us’ in ways we agree upon and then uphold through particular ways of interacting’ (pg. 155). This stance suggests one cannot point to an exact meaning or to a specific answer to the question being explored. However, in understanding the characteristics and nuances of the subject, a clearer understanding may be arrived at.

In relating these concepts, from Geertz and Wittgenstein, to the project being undertaken, it was expected that not all childcare settings would be alike, nor were they found to be alike, just as relationships within these settings were not all alike. However, across these ‘special cases’ there were some ‘general truths’, some common characteristics and features discovered and explored. As this project considered the subject matter within the broader childcare sector in Ireland, it was in the local setting that a deeper understanding of the relationships was found. Therefore, the juxtaposition of the specific with the general aided the analysis and interpretation of the multiple stories that were sought. The meaning participants make of their relationships, and the understandings they hold, was explored through the analysis of data, and through the reflective process, in an inductive manner, reaching an overall
understanding of these relationships and of the meaning of these to the broader, evolving ECEC sector in Ireland.

Following on from the established conceptual approach to the study, decisions regarding the methodological framework were taken. Such decisions included whether to take a qualitative or a quantitative stance, or to develop a mixed methods approach, with these decisions guiding choices of methods used to investigate the topic at hand. Marshall (1998) describes quantitative methodology as being concerned with ‘the collection and analysis of numerical data’ (pg. 543) where as qualitative methodology is associated with ‘an emphasis on meaning’ and ‘refer to data collection forms and analysis which rely on understanding’ (pg. 543). As the researcher holds social constructionist orientation, and was concerned with understanding the meaning parents and practitioners place on their relationships, a qualitative approach was the most fitting. Maykut and Morehouse (1994) describe qualitative methodology as having an ‘exploratory and descriptive focus’ (pg. 43), concerned with ‘understanding people’s experience in context’ (pg. 45). This approach was perceived as harmonious with the developing research orientation. Wisker (2001) describes qualitative research as being ‘carried out when we wish to understand meanings, or look at, describe and understand experience, ideas, beliefs and values – intangibles such as these’ (pg. 138). Again, this definition was in keeping with the spirit of the proposed project.

Within the qualitative frame, a guiding methodological approach was also required. As the approach to this research project was to explore a particular phenomenon – relationships between parents and childcare practitioners – and the theoretical underpinning viewed the participants as the holders of knowledge, an ethnographic methodology was considered. Such an approach is interested in exploring ‘a way of life from the point of view of its participants’ (O’Leary, 2010, pg. 116). Ethnography is typically associated with long periods of time immersed in a culture or context; however, more recent interpretations of ethnography are not so concerned with the amount of time spent in the field. Geertz (in Alvesson and Sköldberg, 2009) says that ‘the crucial thing is to have been there’ (pg. 85). This is particularly relevant if the subject or community being studied is one with which the researcher has prior extensive knowledge and understanding, as is the case for this researcher and the
subject matter of the project. Silverman (2004) suggests that any study involving observations of phenomena in its original context may be described as ethnographic. Ethnographers ‘document how people manage their lives in natural settings and identify the meanings that those situations, events and places have for their participants’ (Grady, 2007, pg. 65). O’Leary (2010) states the intention of ethnography is to view the world from the perspective of the participants and to ‘grasp the meanings that they use to understand and make sense of their world’ (pg. 116).

Greig et al (2007) define ethnography as ‘a description of a cultural or social group or system’ (pg. 142) and cite a number of examples of its use in the childcare field. They also point out how theory plays an important part in ethnographic research, with opportunities for interpreting a guiding theory as well as the potential for new theory to ‘emerge from ethnographic field notes, observations and interviews’ (pg. 142). As this research project intended to involve time in the field, observing and interviewing the subjects, an ethnographic orientation, with a qualitative approach to data collection, underpinned by a social constructionist foundation, provided the framework for the methodological aspect of the study.

Table 4.1 Research Orientation

| Social Constructionist | Qualitative | Ethnographic |

4.4 Research Design

Following on from establishing the conceptual framework and the orientation of the research project, this section outlines the consideration given and the decisions taken in designing the research process. The outline includes a description of the potential sources of data, the research sample, the selection of suitable methods of data collection and concludes with a discussion on the use of reflection in this project. To end this section a table summarising the research methods will be offered. Reflexivity in research will be discussed in the following section, clarifying the use of this introspective process within this project.
It is common practice within ethnographic research to make use of a range of sources of knowledge, as phenomena under study tend to be complex and multidimensional. The use of different methods to collect data from different sources allows a researcher to ‘supplement and check on others’ (Giddens, 2009, pg. 59). This practice, known as ‘triangulation’, uses multiple data collection methods within a single setting, bringing the information collected together to provide ‘researchers and theorists with more comprehensive knowledge about the object’ (Silverman, 2004, pg. 35). Following in this ethnographic tradition, and seeking to gather a wealth and depth of understanding about the phenomenon under study, a variety of data-collection methods were planned. These included interviews with participants, observations of the interactions of the participants, and documentary analysis of relevant items within the immediate settings as well as the local and national setting. These methods will all be elaborated below.

Mason (1996) discusses the sources of data in research as ‘places or phenomena from or through which data could be generated’ (pg. 36). As this research is focused on relationships between childcare providers and the parents who avail of their services, the places and the phenomena considered were within the Irish early years sector. Due to the ethnographic nature of the study, selecting the sample for the project was a two-fold decision making process. Silverman (2005) suggests the process of deciding on and selecting a sample for qualitative research projects begins with decisions of the setting wherein the research is based. This was the case for this study, as decisions were required regarding the sites of research as well as the sample of research participants. To begin, a discussion of the potential ‘samples’ will start off by outlining possible sites of research that were considered for this project, followed by decisions in selecting the research participants.

4.4.1 Sample: Research sites

In Ireland, at present, childcare is offered in a variety of settings and it proved valuable for the study to consider these varying settings, exploring the commonalities and uniqueness across settings, the relationships that exist therein and the multiple stories which emerged from these varied contexts. When designing the research sample, the types of services recognised through current legislations (DoHC, 2006) were considered, and are outlined below (see also Chapter 2, Section 2.3).
4.4.1.1 Potential Research sites: Home based childminding services, both formal/notified and informal were considered as sites of research. With a single-handed provider in place each day, for the full day, expectations are that parents choose this type of service because they are seeking to replicate traditional family-based care. Alternatively, parents may choose this type of care because it is affordable, and locally available, with flexibility for parents working non-standard hours also making this type of care attractive. Parents who choose childminders need only develop a relationship and interact with one other adult/caregiver in their child’s life, and decision making is straight forward, as only one practitioner is involved.

Private, owner-operated full daycare services are similar to childminding services, in that the decision making processes often rest with one person. However, the size of such a service and the numbers of children and staff involved varies greatly, such that decision making may be more complex. Additionally, interactions with parents and children involve larger groups of caregivers. As the owner/operators oversee the day to day provision of care, one might expect to find management also engaged in the daily interactions, modelling policies and procedures with regards to parent/provider relationships.

Corporate, for-profit chain-style full daycare services (operating more than one site) are another form of private, for-profit provision, and were also considered as a site of research. The nature of any early years service concerns the care of young children and the needs of service users (parents); however, the economic imperative of any corporate structure results in a profit-driven orientation. While this could also be said about the other private models, in a corporate setting management are responsible to shareholders where the owner-operated and childminder models involve a self-employed owner.

Community operated, not-for-profit, full day childcare services are structure under a voluntary board of management and typically receive higher levels of state funding. This type of service will have larger numbers of people involved in the decision making process, the development of policies and procedures, as well as a natural membership turnover that occurs on any community management board. In theory, this type of service should be more responsive to the needs and voice of service users,
than other types of services. However, the larger numbers of caregivers involved and complex operating structure may complicate these relationships. While these services still involve the exchange of service for a fee, the structure of community-based services allow such providers to offer subsidies, reducing the costs of childcare to certain groups of parents. Although this presents as a more affordable option for families, the low numbers of such services and their tendency to be oversubscribed, makes access challenging for Irish families.

4.4.1.2 Selection Criteria: All childcare services covered by the Pre-School Services Regulations (DoHC, 2006) are required to notify the HSE, and are found on publically available lists of notified childcare services on the HSE website. Therefore, it was feasible to review these lists and to ascertain if any specific local areas held the variety of setting types sought for the project. From this review process, a neighbouring county area was selected as the specific, contained area of research. The rationale in selecting one particular county included consistency in the sample group, in terms of local culture, local support agencies, economic impacts on workers/parents using services, and for the practicality of ease of access, as the county selected was adjacent to the county in which the research institutions was located.

The selected county offered the range of services from childminding, to private owner/operator, to corporate and community services. In addition, the local county childcare committee (see Table 2.1) was interested and supportive of the research taking place and offered to provide support if need be. An additional rationale for locating the study in the neighbouring county was the researcher’s former role supporting the development of early years services in the county of residence. It was deemed better research practice to relocate to an area where the childcare services were not previously known to the researcher, therefore, the adjacent county was chosen.

4.4.1.3 Securing Settings: The specific county list of HSE notified services was the starting point for securing research settings. Services that represented the variety sought for the project were selected from this list through a ‘purposeful random sampling process’ (Quinn Patton, 2002). An information letter outlining the research project was posted to potential services, inviting their involvement in the study (see
Appendix 3). This was followed up by a telephone call from the researcher and a planned initial introductory visit to discuss the project. The objective of this process was to secure the variety in the types, the size and the location of services. Quinn Patton (2002) describes the ‘purposeful random sampling’ (pg. 240) approach, as a random sample selected from within a purposively established broader group. Such an approach assists the researcher in establishing credibility of research outcomes, as opposed to the ‘personal, ad hoc selection of cases’ (ibid, pg. 241), but is not sufficient to generalise to the broader population.

Several services contacted declined involvement, and some that were interested were too similar to those that had already volunteered. While all services that met with the researcher following telephone contact later agreed to partake in the study, two setting types remained elusive in securing the initial introductory visit - the home-based childminding and the corporate model. Understandably, involving a childminder in the research would also involve the caregiver’s family home and possible the family themselves, and this may have proved daunting to those contacted. An additional issue with childminding services is the nature of such provision, which could be part time, sometimes seasonal in certain areas, with many contacts informing the researcher they were not active at that time.

After several attempts to secure a childminder, contact was made with the local county childcare committee, seeking advice on how best to approach this subgroup. The committee recommended posting the request letter to their mailing list of childminders, who were all active and more formal in their operation, though they were also found on the larger HSE listing. This resulted in one childminder agreeing to take part. The only corporate styled setting in the county, which was part of a larger chain of services spread across many counties, declined to be involved.

Field work commenced in the planned county area with agreement from four setting types secured. These included a large purpose-built community full day care service in a small village, a small private owner/operator limited service in a rural area, a large purpose-built private owner/operator full day care in mid-sized town, and a home based childminder in small village.
Upon completion of field work at the established sites, the original intentions and the original fieldwork plans were reviewed. The initial aim was to conduct research in a broad array of care settings, including the corporate model of provision. In addition, the single participating childminding setting represented a small sample, with just one practitioner and two parents involved in the study from this setting type. Upon review of options and best research practices, it was decided to move outside of the original county area, to another county with similar demographics, but crucially, containing several corporate providers. Efforts were made to secure this type of provision, along with a second home based provider, through the same process as was previously employed. Again, letters were dispatched, with the follow up telephone calls and meetings, eventually securing both a corporate setting and a second childminder, in the new county area.

4.4.2 Sample: Research Participants

The process of agreement by potential sites of research included these settings surveying potential participants within the service, to ascertain if there was sufficient interest both from staff and from families. In selecting research participants from these settings, criteria was established in regards to the parents who would be suitable to be involved as well as the early years practitioners.

4.4.2.1 Parent Participants: Parents who availed of full day childcare services represented the broad population from which the parent sample was selected. Within the selected settings, the criteria included parents who had been using their particular childcare service for a minimum of six months and whose child was aged thirty months or younger. The rationale for such a selection was twofold. The length of time at the service was expected to result in habits, customs and regular practices, in terms of ‘care exchanges’ and interactions developing, as well as a relationship being established between parents and the person or persons who provide the direct care of their child. The age of the child, limited to thirty months, means the child cannot being relied on as the source of information about her/his day, as could be the case for older children. In this situation parents often need to discuss events, occurrences, concerns, and outline any daily directions with a staff person. In the case of childminders, it was expected that this criteria could need to be reconsidered, due to the lower numbers of
children attending and age groupings that often vary greatly. However, the end result found the parent participants at childminding homes also met this preferred criteria.

4.4.2.2 Practitioner Participants: Early years practitioners working with these younger aged children, particularly those in the infant, ‘wobbler’ or toddler age groupings (up to thirty months of age), were invited to take part. In addition, the managers in larger settings, and childminders in home based settings agreed to take part. Throughout all the field work placements only one practitioner in the aforementioned age groupings preferred not to be interviewed, though her colleague in the care-room was interviewed, as were parents in this particular room. This practitioner was comfortable with observations taking place in her work setting, though she opted out of the interview process.

In order for a setting to be suitable for the project, a number of criteria had to be met, following the initial recruitment process. Agreement from the site following the information visit and agreement by staff in the age-grouping established was required. Additionally, a number of parents within the setting and with a child in the age-grouping established, had to volunteer to take part in the research. If any parent or staff felt strongly that they did not want the research project taking place at the service, the researcher would have not pursued that setting. However, this turned out not to be the case in any settings. The process of securing parent participants followed on from the initial information meeting at early years settings. An information letter outlining the scope of the project and the involvement of participants was distributed by the service, on behalf of the researcher, to parents who met the ascribed criteria. Volunteers were noted by the manager/leader and referred to the researcher at the start of the field work process in each setting. In the few weeks preceding the research start date, the settings were contacted to establish if volunteers were forthcoming, ensuring the field work would go ahead at that location, as planned.

4.4.3 Decision Making in the Field

It became apparent in the field work settings that mothers were volunteering to partake in the research, rather than fathers. While the initial research plans expected to interview both male and female parents, the lack of male participants required the researcher to review the process and the consequences of limited male involvement.
The initial concern was the ability to offer confidentiality if only a small number of fathers took part. An additional concern was in the balance of perspectives achieved if only one gender of parent participated.

In reflecting on the gender imbalance in research volunteers, the situation in Ireland with regard to parental leave post-childbirth was considered. Within Ireland, entitlement to parental leave following childbirth is limited to mothers only. Fathers have no access to any supported leave, with maternity leave the only State relief provided to families. Due to these circumstances, the reality in the Irish context is that mothers are the parent who in the majority of cases is at home, caring for the new infant. As they are on leave, they are also the parent most likely to seek out and initiate contact with potential childcare services when planning their return to the workforce. While fathers may be equally involved in deciding which service a family will ultimately select for childcare provision, and may be equally involved in the daily exchanges of care, for practical reasons of availability it is typically the mother who settles the child into the service.

This initial involvement of mothers with care services may result in mothers being more ‘attuned’ to the childcare arrangements, with this possibly influencing the preponderance of mothers volunteering to take part in the research. Following consultation with the research supervisor, it was decided to engage with the mothers who had come forward as research volunteers, and not to actively pursue fathers to take part. This issue will be further explored in the ‘Limitations’ section of this chapter.

While the original intention was to have a gendered balance in terms of parental involvement, the decision to focus on mothers alone, as representatives of the parental perspective, resulted in mothers from a variety of socioeconomic strata and familial circumstances being involved with the study. Of the seventeen mothers who took part, all were in heterosexual unions, with fourteen of these married and three in cohabiting arrangements. Nine of the families involved in the study were double-income families, with between one to five children in each, and all paying full fees at their care setting. Five of the families had one parent as a full time student, with between two to three children in each family. Each of these families qualified for a medical card and
childcare fee subvention. In the case of two of these families, the services they availed of did not offer reduced fees, due to the current funding programmes in the state, necessitating full fee payments. Of the five families with a student-parent, the mother was the sole wage earner in three of these. The remaining three families consisted of a full time and a part time wage earner, with the mother the main earner in one of these instances.

4.4.4 Research Methods

From within the settings established as sites for the ethnographic study, a variety of sources of information and potential data as well as a range of methods for collecting such data was available to the project. As this research is concerned with the relationships between parents and childcare providers, from their own perspective, then both these actors within the varied settings represented key sources of potential data, and has been outlined, were established ‘samples’ for the project. Additional sources of data considered were documents, policies and other written materials within a local service. Legislative demands require policies and procedures to be in place at the local setting level. At a national, broader level, sector wide polices have the potential to inform the project and these were also considered.

With the sources of information established, the methods for collecting this knowledge needed to be established. Strauss and Corbin (1998) define the term method as ‘a set of procedures for gathering and analysing data’ (pg. 3). The following section outlines the specific methods employed to access the information from the established data sources.

4.4.4.1 Interviews: The primary sources of data, as set out above, were the parents and practitioners within the various settings. As part of the field work process, semi structured interviews were conducted with both groups (see Appendices 7-9). Silverman (1997) describes the research interview as ‘a pipeline for transmitting knowledge’ (pg. 113). Wisker (2001) suggests the use of interviews if the information the research seeks is based on ‘emotions, feelings, experiences’, on ‘sensitive issues’, or on ‘insider experiences, privileged insights and experiences’ (pg. 165). Semi structured interviews were the preferred method, as it allowed for some consistency between interviews, while still providing for natural conversations to develop. This
method also facilitated the exploration of topics that arose out of the field work experience and were possibly not considered in the interview preparation.

The interviews generally took place in the second of two weeks of field work in each setting. The rationale for this timing included the view that it would take time to develop a sense of each local setting, the culture and particular practices, and to enhance the pre-planned interview schedule with additional areas considered worthy of further exploration. In addition, it was anticipated that time in the setting would aid in rapport building between the researcher and participants, so that participants would be more likely to open up, in honest, genuine discussions. O’Leary (2010) states that ‘credible ethnographic studies require that researchers are able to get below the surface……and observe cultural actors and actions that are not performed solely for the benefit of the researcher’ (pg. 117). Silverman (2004) perceives the development of rapport as an imperative, with ‘establishing trust and familiarity, showing genuine interest’ (pg. 133) cited as crucial in rapport development. In addition, the interview process was informed by Oakley’s (2005; 1981) approach to rapport building, ‘best achieved when the researcher is prepared to invest his/her own identity in the relationship’ (in Bryant and Peck, 2007, pg. 41). In this instance, the researcher was able to relate to parents from the shared identity of parenting, working and relying on caregivers, and to relate to practitioners from a shared professional and experiential background.

4.4.4.2 Observations: Along with interviews, observations provided further insight into the nature of the relationships under investigation, and the actions of those engaged in the relationships. For this project, observations provided opportunities to witness interactions between both sets of actors, as these interactions are at the heart of the study. Clough and Nutbrown (2007) encourage the use of observations in research as the method ‘affords the researcher the opportunity to gather live data from live situations’ (pg. 51). According to Mason (1996), the choice to use observational techniques in research is due in part to the approach of the researcher, ‘which sees interactions, actions and behaviours, and the way people interpret these, act upon them, and so on, as central’ (pg. 61). Observations also allow for the ‘study of people in naturally occurring settings’ (Brewer, in Alvesson and Sköldberg, 2009) ‘.....by
means of methods which capture their social meanings and ordinary activities’ (pg. 85).

Observations within the childcare settings supported the approach to this study – to explore the nature of these relationships and the meaning of everyday interactions for those involved. Such observations of practice were carried out during the morning and evening ‘exchanges of care’ between parents and key workers, regularly involving interactions with leaders of the settings. Advantages of gathering observational data include the collection of both ‘non-verbal and verbal data’ and in providing opportunities to ‘explore what people actually do, not just say they do’ (O’Leary, 2010, pg. 211) through the field work process. Observations facilitated the researcher seeing the phenomena under study, to understand first-hand what is occurring (O’Leary, 2010) and provided additional subject matter to discuss at interview, seeking clarity from participants on the meaning of what was observed (see Appendices 12, 18, 19).

In planning to carry out observations an ethnographer must decide on the manner in which one will engage with participants. Gold (1958) provides a typology of participant observer roles ranging from the complete participant, the participant as observer, the observer as participant and the complete observer. While this researcher has a background of experience within childcare settings, for the purpose of this study, she was not truly a participant in the actual settings which made up the sample. Therefore, the first two models in Gold’s typology were not options in this study. If the study only availed of services that had one-way observation windows or CCTV cameras in place, it would be possible to operate as the Gold’s ‘complete observer’ model, however, this was not the case. Although the focus of the research is the parent’s and practitioner’s relationship within childcare services, by the very nature of the services, it can be assumed that children will be present, as will any number of other people coming and going from the service, and from the individual care-rooms. In respecting the nature of care provision being offered in these settings, the presence of the researcher should allow the service to operate as near to typical as possible. Therefore, selecting model of observational practice that facilitates ongoing, every day, practice behaviours resulted in adopting the ‘observer as participant’ position.
This is described as one in which the observer is not normally present, but while present has some degree of involvement in the setting.

From this researcher’s background of visiting childcare services in a past role, there was a reasonable expectation that the children present would initiate interactions with the researcher/visitor. With this experiential knowledge of children and of childcare settings, the ‘observer as participant’ seemed the most realistic approach, as well as the most suited to the research setting. This approach would allow for typical daily practice in as much as is possible in ethnographic studies, with interactions between the researcher and those in the setting adding to the developing understanding of relationships based in these contexts.

As well as being the most suitable option, choosing the model of ‘observer as participant’ supported the breaking down of barriers that often exist between the researcher and the participants. Smith and Pangsapa (2007) discuss various approaches to ethnographic research, to observations and participation, citing studies in which researchers attempted to act as insiders, act as outsiders, and the recognition that there are complex challenges faced in ethnographic field work, whichever route one takes. Discussed further in the following section on reflexivity in research, as well as the discussion of the field work process, Oakley (2005; 1981) found that by relating to participants on their common ground – in Oakley’s example, as women and mothers – allowed a distancing from the formal researcher role and an engaging with participants in an empathetic manner. It was anticipated that by engaging with the participants during the observation period, by creating an informal tone to the research project, and by seeking to find common ground with the participants, based on shared experiences, when the study moved to the interview stage, some natural barriers would have come down. The aim of this approach was for participants to feel more comfortable and to ‘open up’ to the interviewer, more than they would otherwise, should this rapport not have been developed. To assess the success of such an approach, the practitioner/participants were surveyed in the post-field work period to ascertain their experiences. The results, along with the survey given, can be found as appendices within this thesis.
4.4.4.3 Documentary Analysis: As mentioned above, all early years services, regulated by State legislation (DoHC, 2006; 1996) are required to develop policies and procedures to guide the delivery of service to families and children, in the form of parent handbooks or manuals. In addition, staff manuals are also required, again offering guidance, in this case to staff in their care of young children. Therefore, the third method of data collection considered for this project was documentary analysis. Policies and procedures provided an interesting source of data, outlining the services views in regard to a range of issues pertaining to families, staff and the overall service. For example, how does the parent handbook encourage and welcome parental involvement within the service? In what other ways does the service communicate with parents? This documentary analysis, including an examination of policy manuals and of other items, such as letters to parents, notices posted in services, wall displays in rooms and foyers. These items would be expected to reflect the individual settings approach and ethos and was therefore included in the overall collection of data. It was envisaged at the planning stages, and materialised in the field, that information from these documents could be drawn on at times during the interview process.

Individual childcare services do not operate in a vacuum, but within a regulated and supported sector. The documentary analysis was expanded to include regulations governing childcare services and their expectations about how they engage with families. In addition, policies and expectations established under government funding programmes were also considered for the purpose of this research as they ‘express cultural and social conditions’ (Alvesson and Sköldberg, 2009, pg. 86) within the present day Irish childcare sector. Along with government policy directed toward the sector, services receive advice and guidance from local city and county childcare committees and national voluntary childcare organisations. Such advice and guidance was also explored as part of the research.

4.4.4.4 Reflective Note-taking: In order to gather all of this potential data, a system for taking field notes was developed which, along with the recorded interviews and observations, were the key to the data collection process. The research plans foresaw detailed note-taking occurring during the observation period, with notes also taken following participant interviews, from the review of documents within the settings,
and critically, the maintenance of a reflective journal to complement all the data collection methods previously outlined (see Appendices 16, 18, 19).

For this researcher, as an early years practitioner who engages with reflection in practice, there was an initial interest in how to take a reflective approach to the research process. While there is ample discussion within the literature as to the conceptual underpinnings of reflection in professional practice, there is a lack of practical guidance as to how one might implement such practice into the research process. Therefore, this researcher developed a systematic and documented process for engaging with reflection throughout the research project. Drawing on the ‘experiential learning cycle’ developed by Kolb (1984) the reflective writing supported the analysis of the phenomena recorded, informed by identified extenuating and influencing factors, including theoretical understandings, past experiences, cultural impacts, drawn on in attempt to ‘understand the meaning’ (Morrison, 2005, pg. 155) of the event. The cyclical approach to reflection (Kolb, 1984), also conceptualized as a spiral (Ruch, 2002), suggests that the reflection and analysis continues, and for this project, offered opportunities for concepts developed in the field, to continue to evolve as part of the greater research project, rather than being set in isolation.

In developing a reflective process guided by the work of Kolb (1984), the researcher was conscious of the critiques of this approach that exist in the literature. These critiques suggest the work on reflection, employing Kolb’s cycle (ibid), and indeed Schon’s writings (1983; 1991) are too individualistic, too formulaic and limited in its scope, often being overly introspective (Thompson & Thompson, 2008; Moon, 2004; Zeichner and Liston, 1996). Due to the lack of accounts of how one ‘does’ reflection in research, the use of these existing reflective concepts provided a framework for this researcher; however, there was no rigid adherence to the approach. Rather, the research practice was informed by the concepts behind these approaches, and as it was emergent in design, evolved in the field and through the later research stages.

The field work diary consisted of factual accounts of observed behaviours, conversations and actions on the part of the key actors. It also consisted of reflections developed concerning the observations, reflections following interviews and following the review of documents. In addition, reflections were noted at any moment
that concepts or interpretations regarding the phenomena under study occurred to the researcher. The reflective diary, and the ‘memos’ recorded therein, came to represent a ‘half-way house’ as such, between the data collected and the analysis of same.

The concepts developed through the reflective diary were used to complement other data collected within the setting, including the interviews, observations, and documentary analysis, through the triangulation of data at the analysis stage of the research project. This approach is outlined later in this chapter, while, below, table 4.2 provides a summary of the research methods adopted and applied to this study.

Table 4.2 Summary of Research Methods

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<th>Sites of Research</th>
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<td>Private owner/operator full day care</td>
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<td>Private corporate full day care</td>
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<td>Private home-based childminding</td>
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<td>Research Sample</td>
<td>Parents availing of regulated childcare within research sites</td>
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<td>Early years practitioners (practitioners, managers, childminders) within research sites</td>
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<td>Research Methods</td>
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The following section outlines the concept of reflexivity in research, as opposed to the reflective approach to the field work, described above. This is followed by a discussion of ethics in research prior to the field work process being described, and the limitations of this project being outlined.
4.5 Reflexivity in Research

Conceptualising the notion of reflexivity in the research process, is not too far removed from the role of reflection in practice (Lindon, 2010). As Doucet (2008) highlights, the role of reflexivity in research, is to illuminate the ‘personal, political, intellectual and theoretical autobiographies of ourselves’ (pg. 3), and to reflect on these and their potential to impact research. While these two approaches – reflection and reflexivity - have separate purposes, the both involve an introspective analysis of self.

Acknowledging past experiences as an early years practitioner, working with and supporting families, as a parent relying on childcare services, and now as a researcher, developing and expanding an understanding of various theoretical concepts, these were all areas that the reflexive process opened up as factors with the potential to influence the research. In further exploring this area of the developing methodology, issues pertaining to potential researcher biases, as well as issues of insider/outsider researchers (Smith and Pangsapa, 2007) well developed by Oakley (2005; 1981) from a feminist perspective, were explored.

As Doucet and Mauthner (2006) state, ‘being an insider – whatever this actually means – is not a straight forward route to knowing’ (pg. 40), and indeed, this researcher, while conscious of past knowledge and experience, was not of the belief that she ‘knows’ the story prior to the actual research occurring. The importance of reflexivity, for this researcher, was to ensure the voice of the participants was heard, and not filtered through the assumptions of someone who has experience in the ‘world’ under investigation. The focus of this research was to understand the nature of relationships between parents and practitioners. If this researcher held the answers to this query, the act of carrying out research would be redundant. This was not the case. It was the experiences, perspectives, expectations and understandings of parents and practitioners currently involved in these dynamic relationships that were sought and explored. Therefore, the use of reflexivity contributed to the act of ‘keeping in check’ the researcher’s own perspectives based on past experiences, assumptions, biases. This allowed the study to benefit from a wealth of past knowledge and experience of the sector to ‘frame’ the overall research project.
What emerged from this exploration was an approach to research that attempted to identify and work with potential influences emerging from the reflexive process, rather than allowing these to overwhelm or direct the research. While the reflexive research process requires researchers to ‘turn inwards to their self/selves’ (Doucet, 2008, pg. 3), Doucet recalls Coffey’s (1993) warning that ‘the boundaries between self indulgent and reflexivity are fragile and blurred’ (in Doucet, 2008, pg. 3). It was the aim of this researcher to use the reflexive process to clarify and makes sense of the meaning making of others and to understand that other factors may assist in understanding the perspectives from which participants create these meanings. The reflexive approach to research was employed to support this aim. While the differences and purposes of both reflexivity and reflection in the research process were clear, the process of managing a reflective diary was also availed of to develop, clarify and make sense of the role of reflexivity. Underpinning the research with both these approaches supported the development of concepts, analysis and insight through the written process of maintaining a research journal.

4.6 Ethical Considerations

Prior to initiating the field work stage of the project, the research methods and processes were assessed to ascertain if any ethical concerns were present and to develop a strategy to address these. An ethical examination of a research project is a requirement of most, if not all, higher level academic institutes, and it was no different for this project. The institution in which the study was based required an assessment by a Research Ethics Committee (REC) of the university. The overall assessment process conducted by the REC required a full and ethical scrutiny of the intention of the research objectives, the developing research design, as well as the potential processes and outcomes, for the benefit of the overall research project. This process required reflection on plans made and an audit of these plans, seeking out sensitive or harmful issues that could arise for participants, for the field work settings and for the broader communities in which the study was based.

In addressing the issue of informed consent by participants, before carrying out research in any of the childcare settings, the contact person in each service was provided with information documents outlining the project. The documents set out
processes planned, the objectives of the research and provided institutional contact numbers, should there be any need to enquire further as to the researcher or the research plans. The information sheet referred to the issue of confidentiality and the steps that were to be taken to protect the confidentiality of those involved, both for the individual participants and for each setting where the field work took place. All participants were provided with these information sheets along with informed consent documents, which ensured their freedom to cease their involvement at any time, as they prefer. Written assent was received from all participants prior to their involvement. In addition, the lead person in each setting provided written consent to allow the ethnographic study to take place, confirming they were in a position of authority to offer this permission (see Appendices 2-6).

Additional ethical considerations in regard to the potential harm of the research also needed to be addressed. In carrying out the assessment of the research, it was concluded that there was the potential for some degree of emotional discomfort to arise during the interview process. For parents, recollections of parental decision making and personal values associated with this, and for staff, the issue of societal undervaluing of care work, poor remuneration and employment conditions, could potentially arise and cause some discomfort for these participants. From an ethical perspective, knowing the potential for emotional distress existed would seem unacceptable, particularly if the harm was significant, and if the outcome of the research did not have the potential to address these particular concerns. The proposed research aimed to develop a better understanding of these relationships, between parents and childcare providers. Such an understanding will not only add to the knowledge base in this area, but may also provide opportunity to develop potential policy recommendations and practice guides to alleviate the type of emotional discomfort and concerns that parents and practitioners may feel. From years of experience in various roles within the field, this researcher offered participants a base for understanding their situations, providing empathy and familiarity which was drawn upon to support participants in working through some of the sensitive issues that did arise. And while it was unexpected that participants would feel ‘harmed’ by their involvement, as a precaution, the researcher sourced information on locally available
resources and support services and produced an information and contact page that was available to participants at the conclusion of the interview process.

While causing harm is one consideration researchers must take onboard, an additional ethical concern would be a research project that promised benefit, whether in kind or for a fee, to participants. Such benefits are seen to taint a research project, in that participants may respond in such a way as to please the researcher, due to the benefit received, rather than respond honestly and forthrightly (Quinn Patton, 2002). In analysing the plans for this study, it was not expected that participants would have any immediate benefit. Certainly no fees were offered. However, as there is a dearth of research and of understanding in terms of relationships between parents and childcare providers, participants may benefit in the long run, through the development of practice guidance and policy recommendations to inform how parents/practitioners interact. Additionally, participants would have the knowledge that they have participated and assisted in the research process and added to the knowledge base in the field.

The final issue considered in regards to research ethics concerned the child-related aspect of the project. While the project did not specifically involve children, as children were not the direct focus of the study, children were indeed central to the relationship that was the focus of the study. In addition, children were present during the ethnographic observations, while the researcher was present in childcare settings, and at times, in private homes when interviews with parents were conducted in such venues. In consideration of the level of involvement of children in the project, the research plans were scrutinised from a child protection and child wellbeing perspective. The researcher received child protection training, both as part of her involvement in the doctoral programme of study and in her role as an early childhood practitioner and tutor. The institute to which she is affiliated has child protection policies as does the specific research centre, particularly in relation to issues of child protection through the research process. In addition, the researcher received and was cleared by the Garda Vetting process, indicating she was suitable to be in the presence of children and posed no harm during the research process.
As well as relying on the child protection policies to ensure the researcher posed no threat to children, and that suitable behaviour toward children would be observed, the policies in place and the training attended, also provided guidance should there be a concern arising out of the research process. Had the researcher come across a child protection issue, through her observations in the childcare settings, through interactions and interviews with participants, or in any other way, procedures were in place to guide the actions required to address such concerns. Though no issues arose that required the child protection procedures to be enacted, it was imperative that such measures were in place and that these were reviewed and deemed suitable prior to the research taking place. Additionally, the ethical review and preparations were equally important and necessary prior to the field work process.

Following the development of the methodological approach, the development of methods and tools for carrying out field work, plans were made to move onto the field work stage of the project. These processes were overseen and guided by the doctoral research supervisor as well as the graduate research committee. The following sections outline the actions taken by the researcher while in the field, implementing the research plans. This is followed by a review of the data analysis process and a final section outlining the limitations of this project.

4.7 Experience in the Field

Initiating the field work stage of this project began with correspondence to early years services, as outlined above, with the aim of securing an introductory meeting with the manager or leader of the setting contacted. The first contact made through the process outlined, resulted in success, with a large community childcare service, in a rural village agreeing to meet the researcher. The face to face meeting provided an opportunity to discuss the research project, the depth of involvement of the service, the need for families and practitioners to agree to participate, the ethical concerns and the confidentiality offered. The anticipated outcomes of the project were outlined, including a better understanding of the practice-based issues and the potential for practice and/or policy recommendations to be developed. Information material was left with the manager with an agreement that she would follow up after discussions with various stakeholders were held.
This process was replicated with all other contact-settings. An affirmative reply and an agreed start date established the first site of field work for the project as this community setting. While preparing to initiate field work at the first site, efforts continued in contacting additional sites, resulting in a further two settings assenting, both private and owner/operated. These were a large full day care service in a small town and a smaller service, set in a rural area of the county. The support provided by the local county childcare committee assisted in securing the fourth setting, which was a home-based provider.

Field work commenced with the agreed sites from the autumn of 2011, into the new year of 2012. The field work plan consisted of two full weeks spent in each of the larger settings, with typically a two week break between settings. Having previously visited and met the staff and management, and agreed the ‘rooms’ that would take part in the study, the researcher arrived on a prearranged Monday morning to commence field work. As stated earlier, groups of children under two and a half years, and the staff and families associated with these groups were the focus of the ethnographic research. In some settings this involved one care-room, in others it involved up to three rooms, with some blending during the day, sharing of staff, and overlap of children, in some instances. Within home care settings, the field work involved all those associated with the service during operational hours, including parents, children and the caregiver and at times, members of the caregivers immediate and extended family.

4.7.1 Ethnographic Observations

The researcher positioned herself in the care-rooms, in such a location that she was not a hindrance to the work being carried out, the coming and going of families, but neither was she ‘left out’ of the activity. Observations of the daily ‘exchanges of care’ between parents and the caregivers including conversations, actions and interactions, were recorded in a field work journal. For the first two days the researcher stayed within the arranged rooms for the full day, aiming to develop a sense of the flow of the service, the way the rooms were managed, how the day unfolded, and to develop a better understanding of the local ‘culture’ within the setting. After this initial period, time spent in the care rooms was reduced to cover the period of time that involved the exchange of care with working parents – typically from 7:30 am to 10:30 am and then
again from 3:00 pm to 6:00 pm. The main intention behind this reduction in the time spent in the various rooms was to give specific practitioners ‘time off’ from being observed in their work, supporting the development of rapport with participants. The focus of research was the relationships between these main actors, and as such, the time when parents were not present was not formally under observation. The time spent out of the care rooms was typically spent in the foyer, common areas, staff rooms or other space available to the researcher, observing the service as a whole, reviewing policy documents, notices and other artefacts of interests, reviewing field notes and completing reflective notes, as set out in the research design section.

4.7.2 Field Notes and Reflective Memos

In taking ethnographic observational field notes, the initial approach of this researcher was to record everything presented, and at a later time, during the formal analysis period, decide what was useful, and what to put aside. While in the field, there is no way to determine what will be useful later in the analysis process. Therefore the initial intent was to record everything that was available. Dates, names, times, were recorded contemporaneously, as these could be easily forgotten in a few weeks. Additionally, any free moments, during quieter periods, time out of the room, or time at the end of the day, were used to review the notes, to add additional comments, to clarify what was written, while the recollections were recent, as these could be recorded in haste.

Just as the field notes were further developed during moments of ‘down time’ the reflective ‘memos’ were also enhanced during these quiet moments (Strauss, 1987). The reflective process came to represent the first steps in the analysis of information collected. Thoughts, concepts and early ideas that are forming in the field could be long forgotten by the time the researcher returned to her desk. By recording these in the field, at the time of development, and linking to the observations and other events from which they were developed, became a highly productive approach. The researcher aimed to adhere to end of day reflections, as well as reflections in the site, when time allowed. In addition, memos were taken of events/issues that emerged from observations or from the documentary analysis process, which were highlighted for further exploration at interviews. The field diary proved extremely useful for
organising ideas and emerging concepts and for teasing through the early analysis, as well as enhancing other data collection methods.

4.7.3 Research Interviews

Audio-recorded semi-structured interviews were conducted with three to four mothers and a similar number of practitioners in most settings, with smaller numbers of participants in home based settings. The managers/owners of larger services participated in the interviews, with these conducted towards the culmination of the time in each site. This ordering provided a final ‘wrap up’ of the process, with the leader offering an overview of the subject areas explored through interview, reflecting the philosophy which underpinned actions, policies and procedures in each setting. All participants signed informed consent documents, having been provided with an outline of the project some time previously. The settings were all able to provide a suitable venue to conduct interviews, from staff rooms, to closed lunch rooms, to dining rooms in the case of a childminder’s home. In a few instances, the interviews took place in the home of mother-participants if this was the preferred venue.

The field work processes set out above, were followed in all the participating settings, with the exception of the period of time reduced within the childminding home. As there were smaller numbers of parents and only one practitioner, developing a sense of the ‘culture’ of such a setting and reaching saturation in the knowledge collection process, occurred in a briefer time period.

As the on-site research phase came to a close in each setting, practitioners were asked to offer anonymous and voluntary feedback of the process through the completion of a brief postal questionnaire. The process provided an opportunity to seek the insight of participants into their experience of the research process. This final ‘check in’ with the workers in the settings was intended to establish if the process reached the aims of reducing the barriers that could exist between the researcher and the researched, in establishing rapport, and perceiving what actions or procedures assisted in achieving these aims. This assessment of practitioner/participant experiences and impressions provided an opportunity to adapt the research approach, if needed, to achieve the aims described above. The outcomes of the questionnaire can be found in the appendices section of this thesis.
The following Table 4.3 summarises the extent of the field work processes and the data collection methods

Table 4.3 Field Work Summary

<table>
<thead>
<tr>
<th>Site</th>
<th>Setting Description</th>
<th>Number of Days</th>
<th>Interviews</th>
<th>Doc. Anal.</th>
<th>Refl. Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Large, community childcare service, offering a range of services from infants to school age care and in between. Full days and part time care available. Sessional services provided.</td>
<td>9</td>
<td>4 mothers 3 staff 1 leader</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Small owner/operated service caring for 15 children. Offering full/part time care, morning sessional service. Catering for infants to preschool aged children.</td>
<td>9</td>
<td>3 mothers 2 staff 1 leader</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Large private owner/operated service offering a range of services from infants to school age care and in between. Full days and part time care available. Sessional service provided.</td>
<td>9</td>
<td>3 mothers 3 staff 1 leader</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Private home-based childminder service. Currently caring for one toddler, one preschool child and one afterschool child as well as childminders own children.</td>
<td>3</td>
<td>2 mothers 1 leader</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Large private corporately managed service offering a range of services from infants to school age care and in between. Full days and part time care available. Sessional services offered. One of six services in larger organisation.</td>
<td>9</td>
<td>3 mothers 1 staff 1 leader</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Private home-based childminder service. Currently caring for one preschool child x5 days, one toddler x3 days and siblings (infant and preschool child) x3 days, including childminder’s own children.</td>
<td>3</td>
<td>2 mothers 1 leader</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Totals: 6 early years settings, 42 days of data collection (17 mothers; 9 staff, 6 leaders) All settings

4.8 Data Analysis

This section sets out the manner in which the analysis of data collected from the field work stage of the research was managed. It begins with a general discussion of analysis before outlining the processes followed in this project. The six-phased approach to thematic analysis set out by Braun and Clarke (2008) has been relied on as a guide. However, reflecting the exploratory nature of this project, this guide was not adhered to rigidly, as the research design was flexible in nature, accommodating the needs of the project as it developed. In addition, other writers were also influential to the analytical process, with these referred to as the process is outlined herein. To conclude this section, a table summarises the steps taken to analyse the material collected from
the ethnographic field work process, prior to the discussion of the limitations of the research project.

4.8.1 Analysis Process

Creswell (2007) describes a ‘general process’ that most qualitative researchers progress through in the analysis of data, involving, ‘preparing and organising the data’, followed by the creation of themes, which serve to reduce the data ‘through the process of coding and condensing the codes’ (pg. 148). Finally, the analysis culminates in the representation of the data in various forms. Corbin and Strauss (1998) describe the analysis of qualitative data, in contrast to the process of analysing quantitative data, as the ‘non-mathematical process of interpretation’ (pg. 11) wherein the analyst seeks out ‘concepts and relationships’ from the process of engaging with the data. This culminates in the arrangement of these concepts into ‘theoretical explanatory schemes’ (pg. 11). Strauss (1987) asserts the analysis process is more than just the ‘collecting and organising’ of a large body of material, but equally involves ‘organising many ideas which have emerged from the analysis of data’ (pg. 21).

Many writers stress the cyclical characteristic of qualitative data analysis, which involves the tacking back and forth between the data, the developing concepts and emerging themes, rather than a straightforward linear process (Creswell, 2007; Bryman, 2004; Quinn Patton, 2002). The process of describing, classifying, interpreting’ (Creswell, 2007, pg. 52) and the involvement of the ‘researchers’ selective perceptions and presentations’ (Flick, 2006, pg. 286) weigh heavily on the creation of emerging themes, leading to an overarching narrative.

In approaching the analysis stage of this research project, the researcher/analyst was informed by the six-phased approach to qualitative data analysis set out by Braun and Clarke (2008), amongst other approaches. These writers set out the phases of analysis as follows:

1. Familiarizing yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report (Braun and Clarke, 2008, pg. 87).

This phased process is noted to be specifically suited to the thematic analysis approach, which is described as a method for ‘identifying, analysing and reporting patterns (themes) within data’ (Braun and Clarke, 2008, pg. 78). Braun and Clarke (2008) go on to say this is a basic description of the process, as thematic analysis also supports the interpretation of the data as research findings, as well as the early analysis. Boyatzis (1998) provides a succinct definition of thematic analysis as, ‘a process for encoding qualitative information’ (pg. 4) and further suggests thematic analysis is not a method in itself, but can be used with other qualitative methods as a foundation to approaching analysis. In contrast, Braun and Clarke (2008) perceive thematic analysis as a rigorous qualitative approach to working with qualitative data.

4.8.2 Approach to Analysis

The first steps involved in the analysis of data for this research project, included the collection and organisation of all the material generated through the field work process. The material, including the recorded research interviews, the field notes covering the ethnographic observations, the review of documents from within the settings, and the reflective journal which was maintained throughout the fieldwork stage of the project, were all reviewed and prepared for transcribing. Indeed, these early reflective notes, or memos, developed as an aid in conceptualising and interpreting the phenomena under investigation, represented the earliest stages of the data analysis.

All the material gathered was transcribed into word documents by the researcher. While some researchers avail of transcribers to complete this stage of the analysis,
many writers recommend the researcher/analyst carryout this process themselves. This recommendation is based on the actual process of transcription supporting a more in-depth awareness and understanding of the material gathered and the phenomena under study (Braun and Clarke, 2008; Creswell, 2007; Bryman, 2004). Quinn Patton (2002) describes the process as a ‘point of transition’ between the field work and the analysis stages of a research project, facilitating the researcher/analyst’s ‘immersion’ and providing opportunities for ‘emergent insight’ (pg. 441). The immersion of the researcher within the data occurs not only through the transcription process, but also through repeated reading, and rereading of data as the analyst follows through the processes of transcribing, coding, developing themes and checking back to the data to ensure validity of proposed codes, themes and overarching concepts.

As the time spent in the field was broken down into two week blocks, with similar periods of time between settings, the intervening periods provided opportunities to initiate the transcription of material. This approach was in line with recommendations from the literature that analysis should be initiated promptly in the post-field work period (Bryman, 2004). Once the field work stage ceased, full attention to transcribing was possible, and was carried out until all material from all sources collected, was processed in a similar fashion. This initial period reflects the first phase of thematic analysis, set out by Braun and Clarke (2008) as ‘familiarising yourself with the data’ (pg. 87).

The second phase of analysis is described as ‘generating initial codes’ (Braun and Clarke, 2008, pg. 87). Reflecting the exploratory approach to the overall project, the method chosen for coding was ‘data-driven’, in that the codes developed were based on what stood out from that data, to the researcher/analyst, through the reading and rereading of the material. An alternative approach to coding takes a ‘theory-driven’ approach, wherein the data is coded with the aim of answering specific questions (Braun and Clarke, 2008; Boyatzis, 1998). In taking a data-driven approach, the analyst typically codes all the material collected, where as in the theory driven approach, only the data that serves to support the question underpinning the approach is coded. Informed by the phased approach of Braun and Clarke (2008) all the data collected in this project was coded from a data-driven orientation.
In moving from the transcribing to coding phase, the Nvivo software programme was utilised to support the storage, organisation and coding processes. The word files, containing the transcriptions of all the data collected from the various sources in the field, were uploaded to the programme. The Nvivo system facilitated a transparent coding process, offering clarity in tracking the coding and in scrutinising decisions taken. As the codes were established from the data, a description was developed to outline the qualities of each code. These qualities were revisited and scrutinised to ensure that the content of each code was valid in relation to the qualities ascribed (Creswell, 2007).

Through this process the overall data corpus, including the individual data sets and each specific item of data were revisited several times, until it was felt that the development of potential codes had been exhausted. At times of scrutinising the content of each code, further codes were developed as needed, and alternatively, codes that represented very similar phenomena were merged. Many segments of data, or data extracts were assigned to more than one code, and many codes held material from various sources, including extracts from interviews, notes taken from documents, observational notes, and from memos developed from the reflective process. For example, the code ‘instinct’ held data from eight different sets, all from interview transcriptions, including two from leaders (a manager and a childminder), two from practitioners, and four from mothers in the various settings. In another example, the code ‘motivation’ had nineteen data items assigned to it, including references from leaders, practitioners, mothers, and also from observational field notes and reflective memos. Examples of coding through Nvivo can be found as appendices to this thesis (see Appendices 12-17).

From this stage, a considerable period of time was spent engaging with the content of the codes, with the process supporting the recognition of patterns, and commonalities. The process of seeking meaning, interpreting the content into broader understandings, led to the collecting of codes into ‘themes’ from which further interpretation of the data would take place. Braun and Clarke (2008) highlight the role of the analyst in recognising and developing codes from the data, however, they also suggest the use of computer software programmes to aid the coding process and in moving on to the
next phase of ‘searching for themes’ (pg. 89). As a data set, the groupings of codes, themes and categories are merely words in a software programme. It is the involvement of the researcher/analyst at this stage of the process, the interplay of analyst and data, and it is through this ‘inductive analysis’ that ‘findings emerge out of the data’ (Strauss and Corbin, 1998, in Quinn Patton, 2002, pg 453).

The involvement of the analyst at this interpretive stage is in keeping with the social constructionist research orientation. In discussing social construction, Moss and Petrie (2002) describe it as ‘a social process and can in no way exist apart from our own involvement in the world’ (pg. 20). Many writers discussing analysis of qualitative data indicate the interpretive involvement of the researcher through the process (Bowen, 2009; Creswell, 2007; Flick, 2006; Quinn Patton, 2002), though any interpretation must be validated through the data and in close scrutiny of the data. Interpretation is aided by practices such as triangulation of differing data types in support of emergent themes, as was employed in this project (Bowen, 2009).

The approach adapted with all aspects of the research stage of the project was open and exploratory, underpinned by a social constructionist epistemology, as described throughout this chapter, and reflected in the data-driven and robust approach to analysis. While a researcher may take steps to ‘keep in check’ personal ontologies, biases and beliefs, there is a debate within the researcher community if ‘objectivity’ is truly possible or even desirable, particularly where studies adapt interpretive approaches (Lewis, 2009: Kane and O’Reilly-De Brún, 2005). It is fitting to concede that the ‘person’ of the researcher may hold influence over various phases of the research process, despite best efforts to the contrary, and that their own subjective reality will play a role in the analysis of data (Lewis, 2009: Mehra, 2002) (see also Chapter 1, Section 1.3). Lewis (2009) recommends a range of strategies the qualitative researcher can employ, to enhance validity and reliability claims, with many of these utilised in this project, including: triangulation, reflexivity, providing an audit rail, developing thick and rich descriptions, prolonged engagement in the field.

Creswell conceptualises the analysis process as a spiral, in which the analyst returns again and again, at deeper levels, and from differing perspectives, rigorously teasing out the emerging ideas, testing their validity. The creation of overarching themes
comes about as the researcher/analyst recognises commonalities across codes, with Braun and Clarke (2008) recommending three phases involving the development of themes. These include the ‘searching for themes’, the ‘reviewing of themes’ and the ‘defining and naming of themes’ (pg. 78). While Braun and Clarke (2008) equally envision the movement between these three phases as requiring constant revisiting of the research data, their model represents these stages as distinct phases.

The experience of analysis at this point was more in keeping with the approach represented by Creswell (2007) in describing analysis as ‘moving in analytic circles rather than using a fixed linear approach’ (pg. 150). The process of recognising patterns and developing themes, of scrutinising the content and labels of themes and of validating themes against the data collected, is well illustrated by a spiral (Creswell, 2007) as opposed to a linear process (Braun and Clarke, 2008), though such an illustration clarifies the various developments within the process.

The process employed in this project involved the identification and scrutiny of themes, and the further development of these themes into a narrative form. According to Quinn Patton (2002) the analyst moves between the evidence – the data – and the interpretation of the evidence, to reach an understanding, which is then represented in some manner to the research community. The approach to analysis as set out above, and illustrated in the table below, describes the process followed in this research project, with the representation culminating in a discussion of this understanding, in a manner that aims to translate the nature of relationships between practitioners and parents in early years settings in Ireland, to the research and academic community.

Table 4.4 Data Analysis Summary

| Phase One: | Early analysis in the field. Reflective memo writing. |
| Phase Two: | Reading through all data sets, becoming familiar with data in its entirety. |
| Phase Three: | Transcribing of all data sets. Rereading and ensuring accuracy. |
| Phase Four: | |

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Generating codes to group data. Develop the label and ‘qualities’ for each code. Tack back and forth between ‘codes’ and main data. Verify ‘codes’, ensuring content relevant to label. Regroup, rename, redevelop or merge as necessary.

Phase Five:
Identify patterns among coded data. Group under broader overarching ‘themes’ and establish ‘qualities’ for each. Tack back and forth between themes and main data. Verify themes, ensuring content relevant to label. Regroup, rename, redevelop or merge as necessary.

Phase Six:
Begin to ‘write up’ themes, as verified and as arising out of the analysis of data. Formally represent interpretation of data collected in a narrative format.

4.9 Research Limitations
This study engaged with a selection of research sites and research participants chosen through a ‘purposeful random sample’ process (Quinn Patton, 2002, pg. 240); therefore, the samples are not considered representative. Although this approach offers credibility to the research findings, these findings cannot be generalised to the wider population. The sites of research were selected from a publically available listing of services, with the individual participants volunteering from within these selected settings. The recruitment process involved contact being made with services selected through the ‘purposeful random sampling’, resulting in some services declining to be involved. The participating services were interested and agreeable to partake, suggesting a more positive orientation towards the subject area and a possible confidence in their settings and service provision. While this assumption cannot be validated, it must be taken into consideration when reflecting on the outcomes of this study. In considering the understandings arrived at regarding the nature of the relationships between mothers and practitioners in these settings, these should not be thought of as typical of what could be found in early years settings across the State.

The services involved with this research could possibly be considered exemplar settings. As the findings and discussion chapters illustrate, there were very limited observations of difficult relationships, poor relationships, conflict, or of problems in the way parents and caregivers interacted. It should be stated that the area of conflict was explored at interview, with some minor underlying issues raised by participants
and noted within this thesis. This is not to say that the experiences viewed through observations and discussed at interview were not real, lived experiences of the actors being studied. The findings arrived at in regard to interpersonal interactions within early years settings in Ireland may be considered as recommendations of good practice, providing models of parent-provider relationships that could be developed as a practice guide.

This research project adapted a qualitative approach, as the interest of the project lay in the depth of meaning held about relationships, in personal experiences, interpersonal interactions, set within a particular time and place. These are all areas best explored from a qualitative perspective. The strength of this study lies in the attempts to get at the notion of relationships in the context of an unexplored arena, therefore it was decided that these required a qualitative dimension. And while there are quantitative measures of relationships, it was decided that the nature of the subject being explored was best investigated through the methods chosen. The result is a depth in understanding, though this may also represent a limitation to generalise from certain aspects of the research findings.

One further limitation to this study concerns the inclusion of the maternal perspective to the exclusion of fathers. The rationale in making the decision to involve solely mothers as representative of the familial experience of this phenomenon was outlined in this chapter; however, that does not mean that this is not a limitation of this study. Offering the story from the maternal standpoint, provides a particular narrative, and one that is worthy of exploring and understanding. The significance of these decisions in terms of the theoretical findings arising from this study will be further discussed in the final chapter of this thesis.

4.10 Conclusion

The intent of this chapter was to set out the methodological approach to this research project. The chapter commenced with an outline of the research aim, underpinning research questions and supporting objectives. This project explored relationships between early years practitioners and parents, particularly mothers, within the context of the Irish ECEC sector. Taking an ethnographic approach the chapter outlined how
the researcher spent periods of time immersed in the early years sector, across a range of setting types, seeking the knowledge of the key actors involved in these relationships. Research methods employed included semi-structured interviews with key informants, observatory field notes, documentary analysis, and the maintenance of a reflective diary. A number of tables presented the research process along its various stages, including the underpinning research orientation, the field work sites, samples and methods employed, a summary of the field work process and data collected, and finally, an outline of the phases involved in the data analysis. Throughout the chapter, reference was made to various appendices providing further clarity to the actions taken during the research process. At all times the techniques and processes adapted for the research, to the field work, the data collection and analysis were exploratory in nature, reflecting the social constructionist orientation. The chapter concluded with an overview of limitations to this project. The following chapter will set out the findings of this research project, sharing the narratives of those who are key to understanding the nature of these developing relationships - the mothers and early years practitioners.
Chapter Five: Research Findings

5.1 Introduction

This chapter presents the findings of this research project. As was set out in the methodology chapter, data was collected through a range of ethnographic methods, including participant interviews, observations in the field, reviews of documents and other artefacts from the field sites, with all these methods supported through a reflective process carried out by the researcher. A thematic approach was used to analyse the data, with the results of the analysis presented herein. The overall findings privilege the research interviews, as these provided deep and rich insights into the development and importance of various aspects of these relationships. Data collected through other research methods, the observations, documentary analysis, reflective note-taking, are also presented within the chapter, particularly if the data collected through this method is most suited to the topic under discussion. At many points, data collected from several methods support the contentions being made through the chapter, evidencing ‘triangulation’ of research data, as an effective method of analysis and interpretation.

During conversations at interview both sets of participants were asked to share the story of their relationships from the first meeting. Guided by the research questions, the stories developed in a temporally informed manner, following the natural progression of families and caregivers coming to know one another more fully. To facilitate the reader following these unfolding stories, this chapter is set up in sections which mirror the evolving relationships, as discussed by the key actors. Section One explores the initial relationships or the Coming to Care on the part of families. Section Two, Committing to Care, offers the story of how relationships are established, the strategies and barriers that are relevant to these relationships, with Section Three discussing how these relationships can strengthen and achieve a status akin to membership within a community, entitled Communities of Care. Each section highlights the key aspects of these relationships, at their various stages, leading onto the sixth chapter of this thesis, in which the key findings are further developed.
5.2 Section One: Creating Relationships - *Coming to Care*

5.2.1 Introduction

This is the first of three sections discussing the findings developed from the analysis of the data collected in this research project. This section reveals the initial stages of the developing relationships between mothers and childcare providers. Mothers recount their initial meeting with the service, discussing their own personal experiences, while practitioners recall the experience generally, as it occurs for most families. This section discusses the ‘settling in’ process, where by new families gradually become accustomed to the environment, practice and culture of the setting, prior to fully engaging. The analysis reveals that mothers seek out caregivers who will provide appropriate care to their child, though the resulting relationship offers far more, with caregivers supporting and guiding mothers as they progress through this separation and return to the work-world with advice, practical guidance and emotional support and validation.

5.2.2 Beginnings

The research interviews began at the natural start of the relationships being explored. Mothers were asked to recall when they first made contact, their first visit and the initial period of engaging with the service. Several mothers had more than one child, and so recalled several experiences, with a tendency to focus on that first time. Practitioners were asked to share the processes that occur when new families first come to visit their service, whether they are the manager providing the initial tour, or the practitioner, settling the family into the service.

Service providers discussed meeting families for the first time, and how parents often came with very little understanding of how a childcare setting operated or any awareness of the regulations, qualification requirements, or staff to child ratios and group sizes. They shared how many parents had little sense of what they should be asking about, what was standard or what should be expected in services. Managers discussed showing parents around the service, explaining the various aspects as they moved through the facility.
'We give them a resource ‘7 Steps for Choosing a Nursery’, particularly first time parents, they might not know what to ask’ (Tina, manager).

‘Rarely does anyone ask about the regulations or our inspections, and I let people know they can see the reports, we have them here, but no one ever asks’ (Denise, manager).

From their past experiences of meeting with many families, early years practitioners have come to realise that parents may not have the knowledge or past experience to ask about the important features of the childcare service they are visiting. These managers/childminders take it upon themselves to inform parents of the key aspects of their service of which they feel parents should be aware.

‘Parents never asked me anything, about who else would be here, or my qualifications or anything, I’d tell them everything anyway, but they never seemed to ask, or to know what to ask, or that it was okay to ask’ (Paula manager).

‘I would always have said to parents from the outset, I talk way too much, and you are going to get too much information, but you know, I just talk to them and walk them through and talk and talk. And I kind of take over from there because, mostly parents when they come in, they wouldn’t have been to a crèche1 before’ (Denise, manager).

As highlighted, managers/leaders understanding that parents arrive at the service often lacking basic information about childcare provision. Additionally, the managers/leaders discussed the role they play in supporting parents, as they work through the emotions involved in leaving their child for the first time. This is well captured in this quote from a manager of a large crèche, who can empathise with parents, being a mother herself:

‘And then I have to try, at the end of all that, I try to pull it back, to fears I would have had, in just bringing my own kids in. I know it’s just one child and you are thinking of 80 children here, and your one child in all of that. So I try to break it down, to say we have 5 rooms, and ten, maybe 12 in each room, so it’s not, you know. Because that is the biggest fear that anyone has - what if my child is crying? What are you going to do? Will you even notice? Will you be too busy to notice?’ (Denise, manager).

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1 DoHC (2006): The Child Care (Pre-School Services) (No. 2) Regulations 2006 refer to pre-school services and full daycare services to describe any ‘service offering a structured day care service for preschool children’ (pg. 8). However, in popular discourse within the Irish context, many families use the term ‘crèche’ when they are referring to full daycare settings.
Both childminders involved in the research are interested to establish not only if the parents will be happy with the arrangements and whether the child will settle into the surroundings, but whether the new child will fit in with the group already attending and whether this new family will fit in with the home setting and with their own family. One childminder requests potential service users to visit in the evening, when her own family are present, feeling both family groups need to ‘get on’ if the arrangement is going to be successful.

‘They come and meet me and spend some time, I can get a feel if the child will fit in and if the parents feel it will suit them’ (Theresa, childminder).

‘It’s important that they come in the evening and when my husband is home and meet everyone, the [children] too, to see if we will all get along, because life is too short for personality clashes’ (Bernie, childminder).

In retrospect, the mothers recalled how they came to visit childcare services and now realise how uninformed they were at the time. Being new mothers, viewing childcare services for the first time, they can see how unprepared they were, as the following quotes highlight:

‘Yeah, we came over one evening and Bernie had along list of queries for me, as did I have for her. We sat down and we chatted and we went through them. And it was funny, Bernie would ask me questions that I thought, God - I didn't even think of that’ (Tara, Mother).

‘I suppose my expectations probably moved. As I said I hadn't a notion of what I was getting into, and yet it was so important.....The whole thing was completely new and alien. I suppose there are checklists you can get now a days, but they are probably more practical checklists. But I think it’s more important the relationship, than how much you are charged, then the square footage per child, and all this sort of thing’ (Nuala, mother).

5.2.3 Intuition

All of the mothers shared significant memories of their initial visit to the service and the factors influencing their decision to enrol their child. While several mothers had a second or subsequent child, they tended to recall that first visit with their first child, sharing their immediate impressions of the care setting. Some of the mothers had a previous experience with another service, either through visits, or enrolling their child, but ultimately were not satisfied with the setting, and did not feel it would meet their
needs. Parents used terms like ‘it didn’t feel right’ to explain why they did not settle or could not stay in these other facilities. There was a theme running through many of these conversations, that when the parents came to the service they were now using, their decision making process was very intuitive, more instinctive, than concrete. The mothers used terms such as ‘I just knew it would work’, as the following quotes highlight:

‘And I think you get a good feeling or you don't. And I don't think there's any explanation around why you get a good feeling. And obviously you know it’s clean, and it’s nice, but you get a good feeling for somewhere and you have to kind of go with your gut. And I did get that with this place’ (Sarah, mother).

‘I knew from day-one it was going to be fine’ (Orla, mother).

‘It’s such a huge trust factor, it really, really is. But it is, a huge trust factor and I think it becomes an instinct. You go with your instinct when you meet someone’ (Tracy, mother).

‘And we liked the whole scenario, the set up and just had a good feeling for it....... I just seemed to click with her from beginning.......Yeah, more my intuition. I don't know was that a naive way of looking at it? I don't know’ (Valerie, mother).

One of the childminders used similar language when discussing how she would advise parents seeking childcare, and in how she herself decides to take on a new family:

‘But you can only vet people so much and then you get a vibe. So you've got to go and meet the people, see the setting, see where your child will be, who the child will be with, use your gut. Your gut is normally....right....And if we didn't get a personal vibe off each other, if I felt, gee I don't like that person, there is no sense sending their child here’ (Bernie, childminder).

The qualities mothers referred to were quite intangible and difficult to quantify, and while they were unable to fully describe these intrinsic qualities, most identified key people, typically the manager/childminder, who had a reassuring presence when they first made contact, or first visited:

‘And I immediately felt very happy, particularly with Ursula. I felt really confident in her ability as a manager, and she seemed to have, you know, a really good handle on everything’ (Danielle, mother).
During the interview process several of the mothers discussed previous experiences they had before finding their current childcare service, enrolling their child, or simply visiting other services. The experiences set out below share how mothers can be left quite anxious about the possibility of finding any service where they would be able to feel emotionally confident about leaving their child. Again these mothers felt reassured at the service they eventually chose from their first meeting.

‘I had visited a few settings and I realised it might be hard enough to get a homey feeling in a crèche. So then I met Denise and I liked, even just walking in the building, I liked the mission statement up on the wall and I read it and all of that. And I spoke to Denise and I liked her general vibe, about…..that it was kids first……it’s all about the children first, and it’s really a vocation for her. And that comes out really, really strongly in her, I think and that filters down to all the staff members as well’ (Tracy, mother).

‘And I got a very bad feeling in it, it didn’t feel right for me....I thought it was just me, having attachment issues, being a mother, that nothing would ever be good enough.......but my husband said he wouldn’t be happy for our child to be there. So we left that creche and we didn’t even want to go and visit [another service]....because I thought it was going to be an issue for me.... But then when I went to [service] and I instantly knew that I would be happy to leave him there. Instantly’ (Breda, mother).

The following experiences involved mothers who had enrolled their child elsewhere, feeling initially that the service would work out, but quickly realising that it ‘wasn’t right’ for them, necessitating a search for a new service. Several mothers who had this experience referred to the lead person in the new service making them feel at ease and reassured, as the first quote highlights.

‘…. and we didn’t feel it was the right set up. So we found this creche, and we came in and we met Denise, who you've met Denise, and she was lovely and bubbly and you kind of come in and she was affectionate to the child right away. And she showed us around, and we just got a really good feeling from the place, and from her, seeing how she was with the children, especially.....So that was it really’ (Louise, mother).

‘It was horrible in the other crèche. I could see him on the monitor standing roaring and they said he needs to settle in. It was awful’ (Noreen, mother).

‘It really didn't work out. It worked out so badly, and I was really quite wounded. So I came in about an hour later, after I’d made the phone call. And I just found the place
lovely, found the experience really nice. I knew immediately it was the place I wanted to go to. I felt very calm about leaving him here, because I was left in a vulnerable position already with [another service] and it didn't work out. So, ehm, I was just delighted to find this place and they were so nice’ (Kelly, mother).

5.2.4 Settling In

Once the parents moved beyond their initial decision making stage, and selected a service to provide care for their child, they typically moved into the ‘settling in’ period. All services involved in the research operate a form of ‘settling in’ recommending the child comes for short visits, gradually extending the duration of visits in preparation of attending for full days. Parents receive a manual from all the services involved, outlining key policies and supporting procedures, include the settling in policy. Services have documents parents are to complete, with some, such as an enrolment form, mandated in current regulations\(^2\). In addition, some of the services also include a ‘getting to know your child’ form, or something similar, to guide the staff in meeting the child’s care. The service manuals provide advice to parents, as follows:

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On the first few days the parent/guardian is encourage to stay until they feel their child is comfortable in their new surroundings.

Policy and Procedures Manual. Extract from *Settling-In Policy*

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Let your child know well in advance where he/she will be going, who is going to look after him/her and reassure that they are going to be collected and at what time.


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The intention of the settling in process is for the child to become familiar with the environment, come to know the caregivers, and become used to being part of a larger

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group of children. Building on attachment theory this gradual acclimatising supports the child forming a relationship with the caregivers. All services recognise the ‘settling in’ is individual to the child, and to the parents, and refrained from predicting the length of time, or the reaction by those involved, when asked in the research process. Most services have their own routines and between services, may offer differing advice to parents, developed from their past experiences of working with families. This range of opinions, set out below, shows how ‘settling in’ is not an exact science, and how services may differ in their approach.

‘You could be weeks trying to settle a baby. The girls in the room advise them as to what’s best to do. We might start off with a half hour, then up to an hour. If they are happy it stretches out from there, hour and a half, half day. Once they get to three hours they are pretty much set’ (Ursula, manager).

‘Well I would say the settling in period is very individual to the child. We would never dictate. We would generally say between a week to 2 weeks but it can take a bit longer and we would never push it’ (Tina, manager).

While all services promote the importance of a ‘settling in’ process, approaches vary across settings, particularly in regard to the issue of parents staying or leaving their child. One service provider feels it is important for the parent to stay, at least for the first visit, saying it reassures the child.

‘I encourage parents to stay on the first visit, so that the child doesn’t feel like she is being dumped here, and that they get a sense mommy or daddy like this place too, that it’s not too bad’ (Paula, manager).

A practitioner in the same setting remarked that the parent is welcome to stay until she/he feels comfortable to leave the child, and the time spent helps the parent to learn about the service, what they do through the day, how they care for the children, reassuring them all the more that their child will be well cared for:

‘I think it’s nice if the parent spends some time with us too, that way they can ask any questions that come up and they get to see what we do during the day, and then when they are comfortable, to leave the child on their own after a few visits’ (Kathy, practitioner).
Some services involved in the study take a different approach, feeling the best results are achieved from the child being left on their own from the first visit. This view is based on the idea that the child will come to expect the parent to stay on later visits, as they made that initial connection to the setting with the parent present. They feel the child is doubly upset and confused when the parent begins to separate.

‘We recommend that parents just leave the child for the settling in. If the mother stays then the child comes to expect that all the time. It’s better for them not to stay’ (Tara, practitioner).

The policy document in this setting supports this practitioners approach:

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Sometimes prolonging the period of time spent with the child in the morning can be unsettling for the child.

Parent Information Booklet. Extract from Settling-In Policy
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The managers and practitioners in some services suggested it should be the parent’s decision which way they choose to approach the settling in period. They provide them with a range of information and have conversations with them on how they might approach the day, but leave it up to parents. Acknowledging parents are quite vulnerable at this time, this approach provides some choice on the matter, easing parent comfort levels. In addition, this recognises that the parents, more than anyone, understand their relationship with their child and are therefore best placed to decide how to proceed.

‘I would say the mother is in command. Stay for one hour two hours, whatever makes them most comfortable, because I feel you need to make the mother feel at ease, so whatever suits you. And some parents might say, just take him. So parents dictate what suits them’ (Rita, practitioner).

‘They’re all different. Some parents want to come in and drop them off and other people want to spend hours there’ (Tessa, practitioner).

For one service, the staff stress the importance of parents saying goodbye to their child as they leave each day, whether it is the first day, or well along on their time in the
service. And while this was seen in many services in practice, only this practitioner spoke of the importance of this as routine, explaining her view as follows:

‘On the first day we try that the parents stay for a little bit and then when they are comfortable, to go, and we encourage them to say good bye and that they will be back soon. It is very important, not to sneak out, it’s about trust. I always encourage them to say good bye. Everyday.’ (Anna, practitioner).

This approach was evidenced in the manner in which this practitioner intervened in daily separation, as observed over the course of the field work. This practitioner was seen reminding parents to say goodbye, or reminding children, such as: ‘Daddy is leaving now, Jocelyn, say good bye to daddy – have a nice day daddy’.

Caregivers feel it is important to establish whether a child will settle into a service well before the mother’s return to work, rather than leaving it too close to the end of maternity leave and encourage parents to begin the process far in advance of their return date.

‘I like to do that well before the mother is going back to work, because you don’t want to find out it isn’t working when the leave is over’ (Theresa, childminder)

Mothers expressed how this gradual process eased them into the notion of separating from their child, and getting to know the provider better.

‘So it was an easy transition. So he was here at the 6 month mark, and he was here over a four week period for a few days. So he was 7 months then when I went back to work, so he wasn’t so clingy. He wasn't at that stage of making strange, he was comfortable here as well. So that made going back for me easier’ (Valerie, mother).

Most services encourage the settling in to take place over several weeks, though at times that might need to be accelerated. Some mothers involved in the study had the experience of selecting a service that did not suit them or their child, as was mentioned earlier, and needed to make last minute changes near the remaining days of their maternity leave. Another mother had a number of events occur towards the end of her leave that limited the settling in period her son had:

‘She recommended the settling in, but he got sick and then my car broke down, so it was one thing after another. In the end he only got about 2 days, but she said he’ll be fine, he’ll adapt, and he has been’ (Orla, mother).
‘Unfortunately she didn’t have a very long settling in period. Because we had had her in [another service], I had really started back actually. But just about the time I started back I had a week after that for various reasons. So we really had a week to find somewhere. So we came in and we had to quite quickly decide do we like it, don’t we. I think she may have had only one or two hours here with the girls in the baby room at the time. And we just had to kind of, we didn’t have a choice. It was a leap of faith. We just had to leave her here’ (Louise, mother).

Earlier in the interview this mother, Louise, spoke of how reassuring the manager and staff in the service she eventually chose had been, during this very stressful and anxious period. Though she had limited options and was constrained by an impending return to work, the staff reassured and supported the settling in, even with her challenging circumstances.

5.2.5 Emotional Transitions

Managers and practitioners speak about the settling in process as being important for the child to come to know them and the people who will be caring for them. However, they are also keenly aware that in many cases it is the mother who truly needs to be supported through the process, as they have been the primary caregiver up to that point. It is apparent that the ‘settling in’ process also supports the parents in making that gradual separation from their child. The policy manual of one service provides a list of steps to take, and follows this by highlighting the possible difficulties of transition, stating:

…the helps make the transition as smooth as possible for the child and parents.


The policy of another service states:

It is the policy of this service that every effort is made to ensure that the settling in period is as easy and pleasant as possible for the children and their parents/carers.

Policy and Procedures Manual. Excerpt from Settling-In Policy
This can be quite an emotional process for parents and for mothers in particular.

‘When you are raw and new and it’s your first time, it’s very overwhelming’ (Bernie, childminder).

‘It totally depends on the child, but at least the parents are happy with it. It’s half the battle when the parents are comfortable with it, you know, I think it eases them in. I’m all for gently, gently’ (Paula, manager).

Some mothers seem to be aware of this effect, and of the need for them to let go and accept the transition, so that their child will settle more readily:

‘Yeah I think there is a bit of parents settling too, and I think then in turn your baby will be happy, because they see and feel from you. And if you are saying goodbye and you are smiling, and you are so close to your baby at that age, I think they are more accepting of that’ (Breda, mother).

‘Sometimes I think all this settling in is for the mothers, the children do fine really’ (Kelly, mother).

All the mothers in the research study were the main caregivers of their infants up to this stage, and some expressed how they felt particularly distraught over the separation. They shared the intensity of their bonds with their child, but how, in their current situation they had no choice but to return to work.

‘Yeah, I mean obviously I was devastated having to leave my child. I didn't want to leave her anywhere. But I had to leave her somewhere. I had to go back to work, so, I think that initial period would be traumatic anyway, for any parent the first time you do it. It wasn't like I was delighted doing it. But I kind of got a good feeling from the people that I had met here’ (Louise, mother).

There was a range of feelings expressed by mothers towards the whole notion of returning to work. The potential options available to mothers and their decision making process will be discussed shortly, while this section focuses on the emotional aspects involved in these transitions. At the time of the interviews the families had been using the childcare service since the end of maternity leave and the mothers’ return to work, when their child ranged in age from 7 months to about 1 year. The children of these mothers were now aged from one and half to two and a half years.
They spoke in retrospect of the period of time where they went through the settling in process and how they viewed the approach used by the service. This next quote highlights how unprepared and uninformed many mothers felt they were during that period of time:

‘My expectations have probably changed. As I said I hadn’t a notion of what I was getting into, there is no training course for parenting, it was all a bit of a shock; the emotional transition was huge, even now, I just think it’s a big step for parents’ (Nuala, mother).

‘It would have been nice, from a parent’s perspective, to let other parents know that it’s not an easy process and that when you have the right choice, it does feel right. And not just to go somewhere and think, oh it’s a crèche, so it must be fine, the parent’s personal feelings should matter’ (Breda, mother).

Providers are cognisant of the lack of information parents have, and how the process can be an ‘unknown’ one to them. This was highlighted earlier, in how providers manage the initial greetings and visits, and their view that they are really introducing parents to the whole concept of early years services. However, this need for ongoing information and reassurance as they settle into the service remains, and was acknowledged by several providers:

‘And I have to explain to them that he needs to get used to the room, the people, the other children. Everything. But in about two weeks it’s a little bit better they think ok, maybe she knows what she’s talking about. And after another week it’s better again. I’m always trying to say to them, remember last week now when he wouldn’t do this, you know, so it has changed. So I’m trying to point out the changes in case they haven’t seen the changes’ (Denise, manager).

Parents with more than one child remarked at how they approached the settling in with less anxiety, knowing from past experience that it would work out in the end. From this group, there was still a sense that it doesn’t come completely easily:

‘I didn’t have any anxiety because I knew all the kids had done so well here, and I knew all the girls and I felt totally comfortable’ (Francis, mother).

‘It was a lot easier to settle her than Frankie, but then I understood a lot more’ (Breda, mother).

One example, from the observational component of the field work highlights the reassurance practitioners provide to parents, through this emotional period. In one
instance, a mother new to the service came to collect her child. The boy had been attending the service for just over a week, after changing from another service. While the first few days were difficult for the boy, things were improving. On this particular day he appeared settled and visibly more engaged with other children. The staff relayed this information, and reassured the mother on his adjustment to the setting.

Practitioner: “No tears at all today – he settled really quickly.”

Mother: “I know. I waited outside the door for a little while, to see did he settle. He’s doing really well”.

Mother lifts up son and embraces him, clearly happy with his settling in to the service.

At another service, where a young boy, just over one year, was settling in, the mother was observed coming to collect her son one afternoon. As she entered the room she found her child sitting at a table, enjoying a snack and a drink, with some other children. The mother was clearly pleased, as she witnessed her son happily engaging with the other children and caregivers, in his first week at the service. From the manner in which she greeted her son, and then engaged with practitioners, discussing his day and how he had managed in her absence, this mother appeared grateful to the practitioners for the care provided.

5.2.6 Decision Making

During the research interviews, mothers discussed their return to work, the decision making process, their personal situations and various factors that informed their choices. Options available to them, such as to work full time, part time work, the decision to leave your child in the care of another or the option, if available, to remain in the home and provide care personally, was explored by many participants. Some talked about enjoying their work, and the guilt they felt in admitting that they did indeed enjoy that side to their lives. Economic imperatives were raised by all of the mothers interviewed as the main incentive to return to work, with some stating if they had options they would have stayed home longer.
All of the mothers spoke of the financial motivations that led them to return to paid employment, stating that the income they provided to their family was important, and in most instances, crucial for their economic security. Seventeen mothers took part in the research. All of these were in a marital or cohabiting family unit that included a partner. Four of the women were the sole or main earner in their family, with three of these women’s partners being in full time education, and one employed part time. Two of the participants worked part time, providing a secondary or partial income to their families, with two mothers currently full time students. The remaining nine mothers were employed full time with their income considered as necessary as their spouse’s to meet their household economic requirements.

As highlighted above, most of the women interviewed spoke of feeling quite emotional through the whole process of separating from their child and returning to work, though only one of the mothers expressed a desire to be at home full time with their child. The remaining women voiced the preference to be in the workforce, whether full time or part time. Being in an employment situation that offered flexibility, ‘family friendly’ hours of work, opportunities to take leave at specific times, such as school term breaks, or extended summer leave, were highly valued by these women. It allowed them to feel some sense of control in meeting their family’s care needs, while also contributing financially to their family’s economic needs. Four of the women who worked full time initially spoke of being conscious they were missing the time when their children were young, due to need to work, and of a desire to have more opportunities to be at home with their children. When asked would they prefer to be home full time, all four stated a preference for more flexible or part time work, highlighting how they valued their careers and their time in the workplace.

Many of the women spoke of their careers, and the satisfaction work offered to them. They shared how they were able to balance and manage the demands placed on them by the workplace and by their home responsibilities and how their caregivers supported them in these areas. For all of the women interviewed, arranging childcare provision that offered security in feeling their child was well cared for, allowed them to leave their child each day and engage with their working life, content in the
knowledge that their obligation to their child was being met, with the support of reliable caregivers.

The following quotes highlight the situation and some of the dilemmas faced by these mothers during this time:

‘It was down to money. Completely down to money. And that’s not to say that I don’t like working, I certainly enjoy certain aspects of my work. And I like going out to work, however I do feel that I am missing out on their development, and what they get up to. Simple things’ (Tara, mother).

‘I suppose ideally if I could work part time that would be brilliant, but with a mortgage and everything else, its just not practical. But I couldn't be at home everyday either, I would find it very lonely and very isolating’ (Tracy, mother).

‘But given the way things are, financially, I have to work. But even if I didn't have to work for financial reasons, I would still want to be doing something outside the home. I'm happy with the way my life is with work and with home so if we can just keep going in that direction’ (Valerie, mother).

The services played a key role in facilitating mothers back into the workforce, advising and supporting them through the settling in period and the return to work.

5.2.7 Negotiation

Arising from the reflective element, the observational aspects of the research process, and supported through interview conversations, there was sense that the mother/participants were negotiating their way through this challenging period, as they moved from mother at home, through the process of returning to the workplace. Not only were they negotiating with the care setting on the terms and conditions of provision, with individual caregivers in how to go about the daily care of the child, but they were also negotiating internally, emotionally, with their selves. Underpinning this theme were the concepts of an evolving maternal identity and of a struggle on the part of mothers to maintain some control around the changes they were experiencing. The maternal identity aspect will be explored in a later section, while the control aspect will be discussed at this point.

For these mothers, there was no control over the decision to work or not to work. Economic imperatives removed that decision for this group of mothers. Accepting that
they did indeed need to return to work, to arrange childcare and separate form their child was emotionally tumultuous for these women. Several spoke of the feeling of ‘having no choice’ in the situation.

‘I loved being at home with her and when the time was up I was devastated to have to leave her and if someone had said to me that day 'you don't have to do it' I would have said thank you very much I'm going to go home with her. I didn't have that choice’ (Louise, mother).

However, negotiating with employers, or in some instances, seeking other, more flexible employment, provided some control and was actively sought by five of the mothers in the study. This negotiation was a means of considering their family’s needs and securing employment that prioritised those needs. Still others extended their leave period, or negotiated to make use of leave days to arrange shorter working weeks, though not all the women had these options.

‘And I suppose you are in a situation where if you give up, if you do choose to stay at home you might never get that opportunity to get back to work. You know in the current climate, where would you get another opportunity again. Especially a job within the public sector, that has so many benefits for family-friendly kind of working. That you can balance the two fairly well. You know, like take the time off in the summer. And there are a lot of different schemes. So especially now, if you were to give up one of those jobs, well those jobs aren't around anymore. So you couldn't afford to give up a job like that really’ (Danielle, mother).

‘I suppose financially was the bigger factor. I couldn't give up work. I couldn’t. I took one unpaid leave day, parental leave day, and I took my annual leave to make it a day, which let me have my 3 day week. And now I'm taking 2 unpaid days and an annual leave day so I'm kind of stretching it out for myself ‘cause I definitely value not having to work a 5 day week. Even just one day every now and then, is psychologically brilliant. And we get our own time together’ (Valerie, mother).

Seeking out, securing and engaging with a reliable childcare provider was another method of regaining some of this control for mothers. While they would not be the person caring for their child during the day, they were the person who would select the care to be provided, usually as a joint decision with their spouse. Mothers were in a position to make decisions about childcare that would meet not only their child’s needs, but their own desires regarding the type of care they preferred. Some opted for a childminding setting, saying they desired a home environment, where others
preferred and arranged for a group care setting, whether small or large. This again demonstrates that while the mothers may have felt they had no control over the decision to return to work, they were able to maintain control in arranging the preferred type of care provision, though there was a distinct sense of vulnerability in these mothers, in the early stages of this transition. Many of the mothers discussed how emotional they felt at the time, with one mother stating this affected how she interacted with the care staff, when first settling her child.

‘I was thinking about myself and actually my anxieties about leaving Marie, probably let me exaggerate, not willingly exaggerate, but I wanted them really to know, I suppose....But there's not that much there to relieve my own anxiety, only for the fact to come in and see her, and see that she's not crying. So maybe they are used to dealing with parents’ anxieties and they don't listen to half of what they say (laughing). So I guess, it’s that parents anxieties are often mixed up in the way they are talking to the carer’ (Noreen, mother).

This quote highlights how mothers exert control, possibly in making demands on care staff, to provide care under their direction. Mothers and caregivers negotiate the manner in which care will be provided to the child, as the above quote demonstrates. This negotiation may involve the mother giving direction, and the caregiver clarifying and agreeing, or making other suggestions as to how best achieve what the mother desires. In the quote given above, this mother feels, in retrospect, she may have been too demanding, ‘exaggerating’, but at the time, going through the separation process, she was attempting to maintain some control on the day to day care of her infant daughter. The caregivers appear to have recognised this need to maintain control, and demonstrated respect for the mother, acting on her direction.

5.2.8 Summary

The opening section of this chapter has looked at the period of time in which parents first come to the childcare service, the beginning of the relationships between parents and practitioners. The opening stages of these interactions begin at a time when parents were in search of a suitable childcare provider with whom they could entrust their child’s daily care. Caregivers, both in larger settings, or within home based services, guided parents, facilitating their knowledge seeking process, supporting and advising as they progressed through the transition of returning to paid employment. Mothers
relied heavily on an intuitive decision making process, professing a strong sense of trust in those they had only just met, but with whom they decided to leave their child.

This initial period was explored, beginning with their first meetings, following on to the settling in period and the mother’s transition back to the workforce. The role of services in supporting the families, particularly mothers, through these transitions was discussed. The reflective element of the research process, underpinned by observation and interviews, perceived these mothers as grappling with issues of control as they progressed from the role of mother at home, to mother in the workforce. Mothers, where possible, negotiate work conditions to better suit their new family situation. They also negotiate with care providers to establish their preferred type of care, and style of caregiving. These negotiations returned some control to these mothers at this emotionally challenging period. Acknowledging a need to provide economically, seeking out care provision, engaging with providers and handing over the care of their child created a vulnerability in these mothers, though they were able to demonstrate some control in choosing services which ‘felt right’ and offered a sense of security. For some in the study, original plans for care were not satisfactory, necessitating a search for alternative provision, again demonstrating their agency within the situation. Ultimately, for these mothers, they handed over the care of their child to another, conceptualised as surrendering control, while they were still in positions to negotiate they manner in which they wished for their child’s care to be provided. While mothers typically were novices in this process, practitioners were well experienced and offered reassurance, advice and emotional support, facilitating the transitional process for families. The second section of this chapter will look at the next phase of these relationships, as mothers become more settled into the use of care provision.
5.3 Section 2: Establishing Relationships - *Committing to Care*

5.3.1 Introduction

This is the second section of this chapter exploring the themes that have emerged from the analysis of research data, and continues from the earlier section, considering the start of relationships, coming to care, and settling in to chosen early years settings. This section follows on, discussing the exchange of care becoming part of the daily routine of families, and the importance of clear, open, honest communication in not only supporting this transition, but also in further developing the relationships between parents and caregivers. The personal philosophy of service leaders, regarding their approach to practice and the role of services in supporting mothers beyond the practical issues involved in childcare will also be explored. These supports include the emotional and practical support offered to ease them back to work, and to relieve any underlying anxiety and vulnerability. The themes of negotiation and trust are discussed, as these concepts still resonate with mothers, even as they move into a second phase of their relationships with care providers. To begin, the themes which arose from discussions with mothers and caregivers regarding the transition from ‘settling in’ to the use of care becoming part of the daily routine of families, will be shared.

5.3.2 Daily Routine

Once parents have made the decision to use a particular childcare service, went through the setting in period, and returned to work, the morning arrival at their childcare service becomes part of their daily routine. Parents were asked about the period following that initial settling in and their return to work, and how they now felt about their daily separations. Mothers discussed that initial period of returning to work, of feeling emotionally challenged by the separation, but how they were reassured by updates from the service, letting them know how their child was doing:

‘Well they were very good and they often rang, in the morning when I was at work, whatever. They'd ring to say how he was getting on’ (Danielle, mother).
‘They have my mobile number, so they can text or call. And I’ll keep them updated, say she’s doing fine, she’s settled, she stopped crying two minutes after you left, that sort of thing’ (Bernie, childminder).

Once parents and children are settled, and the daily exchange is a familiar process, practitioners recommend to parents that morning separations are carried out quickly, and efficiently, with little lingering. In discussing with practitioners they expressed their view that the child settles well most days if there is a clear message from the parent. This was observed during the field work at many services, where morning exchanges of care were carried out swiftly. Practitioners greeted children in a positive, welcoming manner each day, as they did parents. The caregivers queried as to the wellbeing of the child, and if need be, followed up on any information needed.

Several mothers at interview discussed how they understand that lingering in the morning can unsettle their child, from past experience. Some remarked that following on advice from the service, they tried not to delay their departure from the service in the morning.

‘It’s better if you leave quickly. If you linger they get more upset, you can stay longer in the evening and chat, but it’s better to be quick in the morning’ (Danielle, mother).

‘I do find myself, if I stay chatting he does get a bit edgy, so I need to stop that, and to go quickly. He can be a bit funny but when he sees Tara he’s fine’ (Tessa, mother).

Mothers discussed how the daily exchange of care becomes part of their routine, once they are settled, and have long since returned to work, dropping off and collecting their child, or children, is another step along their daily schedule. The practitioners and managers work to ease the daily separation, employing strategies, such as engaging the child in particular activities, distracting the child, to assist in that quick and easy going separation.

‘After two years it’s just part of our day, it’s what you do, our routine’ (Louise, mother).

‘They are very good with him and they know what he likes. So if he is any way upset in the morning, they will say, let’s go look out the window at the tractors’ (Noreen, mother).
‘I would text parents, you know if they are new parents or if there is an upset child or something unusual. So like Michelle and Frankie, that day last week when he was upset, I texted Michelle to say he had settled and he was fine. So I think communication is the most important’ (Tina, manager).

Many mothers discussed how the morning exchange of care is actually very positive experiences, now that they are well into their time using the service. Knowing their child is content, and well cared for, finding him/her greeted well each day, and feeling that the child is genuinely cared about, allows them to leave and engage with work, without having to worry about their child.

‘Oh yeah, I drop her off and I’m lucky to get a goodbye, she comes running up the corridor, first thing in the morning. She comes in, and it’s good luck mommy, not even a backward glance, she is quite happy’ (Francis, mother).

‘Yeah it’s great, they are very happy and then I can go to work and be comfortable working, not feeling guilty or worried’ (Bevin, mother).

‘And that sets you up as a parent, you know going off to work, dropping off your child. If you have a negative experience dropping them off, it’s very hard to leave them somewhere where you are not happy. But you feel it’s such a good atmosphere when you drop them off and then you can go off to work feeling good about leaving your child here’ (Danielle, mother).

Conversations during the research interviews, observations of exchanges of care within childcare services, informal conversations with research participants and reflective notes of the overall research process created a perception of childcare services as responsive and supportive settings, facilitating the return to the workforce for mothers with young children. Providers understand their role extends beyond the immediate care of the child. They are perceived as providers of knowledge, emotional supporters and advisors, facilitating the transition of mothers from their time at home to their return to the workforce. The interview conversations progressed from a focus on the initial stages of the relationships, to the ongoing interactions, highlighting the practices, strategies, routines or procedures which supported the developing relationships between mothers and those to whom they entrusted the care of their young children. Below, an exploration of the area of communication is offered.
5.3.3 Communication

The topic of communication was discussed with parents, practitioners and managers, following on from the conversation about coming to the service and settling in. Parents were asked how they found out about their child’s day, now that they were sharing their child’s care with others. Alternatively, practitioners were asked how they informed parents about their child, what news they shared. Other questions concerned the processes that were in place, if any, to facilitate communication, what they identified as barriers and challenges to communication. Questions were also asked about behaviours and actions, regarding information sharing within settings, which had been observed during the field work process, to seek clarity on, or an explanation of the intent of various practices.

5.3.3.1 Communication Strategies

All of the participating services developed a range of strategies to facilitate communication. All settings provide daily verbal updates to families through a regular exchange of news at the start or the end of their day. Parents tended to share information, while typically being brief at ‘drop off’ times, as discussed earlier, and then taking time to linger at ‘collection times’ and chat more freely. Most services offered daily notes, typically within a small notebook which went back and forth between the service and the home each day. The exception to this was one childminder who felt with two families attending, she was able to relay all the necessary information verbally, and therefore, notes or notebooks were unnecessary. One service sent home daily information sheets, with the remaining four services relying on small notebooks that were exchanged between carers and parents.

The system in place provided a mechanism for practitioners to write about the child’s day, the routines, including functional information such as the times of sleep, toileting/changes, consumption of food and bottles and amounts of these. It is also used to record administration of any medicine, if needed, injuries, accidents or temperatures, if taken, or other health or general concerns. As well as sharing functional information, practitioners try to find time each day to add notes about activities that took place during the day, such as outdoor time, creative activities, anything different and interesting. Practitioners stated this inclusion of additional
information was not always achieved due to other demands on their time, but they felt it was a ‘nice’ added bit of information.

‘Whenever we collect him, they usually have it written, the notes as they went along the day. As well they would have a piece of paper, written everything he did for the day, for us to take home. And then if there was anything extra, whether it was an issue or whether it was a nice story they would have a little extra at the bottom of the page, as well.’ (Nuala, mother).

The notebooks also facilitate parents sending information back to the service. Observations from field work, of daily exchanges of care, found parents often stating ‘it’s all in the book for you’ or words to that effect, as they briefly update caregivers, relying on them finding out more details by way of the notebook.

Services that use a form of written information do so for the infant groupings and some continue up to the next age groups, the wobbler (over one year) or to the toddler groups (up to 30 months) with no services continuing above that age. Those that discontinue personal notebooks, maintain room diaries, in which they record functional care, medication, illness or other concerns, comments or queries from parents, and use this to relay information to families at the end of the day or to other staff throughout the day. The childminder who used the notebook for daily exchange of information, discussed how she often looked back over past entries, where she might spot patterns in health or behaviour that have the potential to assist her in analysing a concern she may have. For instance, one child had recently been diagnosed by his family doctor as having allergies. The parents approached the doctor with their concerns after the childminder noted the pattern of recurring symptoms over a period of time and was able to track the details in the notebook.

While services rely on this recording of events and information, both for sharing purposes and in some cases as per the pertaining legislation, all services engage in conversations with parents, offering verbal updates, at the beginning and end of the day. Even though they may well repeat what is recorded in the notebooks/sheets, they use this time to elaborate or give further details, query any concerns with parents, and just generally touch base around the child, her development, wellbeing, and ongoing needs. Typically conversations include the type of day the child had – good or bad – as well as activities that may have taken place.
‘When it’s just myself here, I like to put it in the book so I know they have the important information but I like to explain everything that happened during the day, as well. To discuss it with them too, rather than they are going home and reading it in a book and saying what is this, you know’ (Theresa, childminder).

‘Well I’d always say, if I didn't go through everything, I'd always say whether they had a good or a bad day. I'd always have a chat with them. I wouldn't just hand the child and the note over to them’ (Paula, manager).

The majority of parents welcomed the daily notes, though they admitted they may not always read them. One parent, in saying she didn’t always find time to read them, stated knowing the book was there to refer to was reassuring, as this quote highlights:

‘Yeah I mean, I know it's something we take home with us and we know the information is there. But then again, we would know all the girls here very well at this stage. I mean we know them and have great faith in them and we know that if there was anything was up, they would tell us immediately. You could go back to get the details, you know if you felt your child was constipated, you could see the pattern, and then, but I mean they would always take time to have a conversation with you and let you know how your child got on during the day and raise any issues. So yeah, both verbally and then the written communication. So the information is always very available’ (Francis, mother).

While many confirmed that if there was anything important or disconcerting, the staff would always relay that to them verbally, or even contact them during the day if it was very serious, so they saw the notes as really just a backup, though a valued one.

‘If there is anything else, more pressing like if she has a temperature or is any way unwell, obviously you are phoned immediately, and given to know what is happening’ (Orla, mother).

Only one mother seemed indifferent to the need for a notebook, feeling anything important is reported verbally by the caregivers. Two of the mothers interviewed would prefer for notes to continue past the toddler group, into the older age groups. One parent requested the service to continue for her child, in the toddler room, but she found the practice erratic and irregular, feeling the particular room staff were just not used to such a practice.

‘But I found then the notes, after I asked for them a couple of times, they sort of eased out a bit. So some days they'd have it and some days the don't. But I know it was hard
for them to write things down, looking after so many kids, as well and knowing exactly what was what. But if there was anything in particular, I'd get told. So if there was an issue throughout the day, I'd definitely be told’ (Noreen, mother).

In this same service, the manager discussed the usefulness of ‘notes’ going home, how she felt they were very important in the infant room where there could be quite a lot of information to record through the day, but after that stage, she saw them as more of a barrier to the development of relationships. In discussing a parent who had changed care services and was used to receiving written information in the older age grouping, she shared the following:

‘So what she found is she has to go into the room and ask one of the girls. And she is surprised that it’s not left out there on the desk there for her. So I said, there’s no point in leaving it there on the desk, she needs to be able to talk to somebody as well. I feel it’s good to talk to somebody. What’s the point of coming in, collecting your child, and not speaking with anybody? You need to have that interaction’ (Ursula, manager).

The two mothers using the childminding service who relied on verbal exchange alone, for sharing information with parents were both satisfied that they received all the information required about their child’s ongoing development and well-being as well as their day to day activities.

Practitioners are assured that important information is always given to families, when the individual child diaries are used. Stating collection time can be busy, or staff shifts may mean one is no longer on duty, with the notebooks/pages, you are always certain parents know what needs to be shared. Room diaries serve a similar purpose, letting staff on different shifts ‘check in’ to be sure they are aware of important information, such as a child on medication, a different person collecting the child, a child being ‘off form’ or ‘out of sorts today’ or other concerns of which all relevant caregivers should be aware.

‘So if a child has a temperature, or maybe an eye infection, we will write it in the diary every time we took the child’s temperature and what it was, or every time we cleaned the child’s eyes. And we put that in the room diary as well as the child’s diary. Then if the parent has to go to the doctor or to emergency room, they can take that with them and they have that record to look at. If we give medicine, we write that in there as well. So its a record for yourself, as well’ (Anna, practitioner).
One manager discussed experimenting over the years with a range of notebooks, tick-box sheets, forms, attempting to find the best way of communicating with parents, with no one method being an obvious solution. Her concern was that on busy days when only functional information was relayed, parents would look at it wondering ‘what did my child do all day’ and if staff members made a concerted effort to provide extensive written information, they ran the risk that they ‘could be spending all day writing and nothing will be done with the children’. This manager spoke of how the information needs of families evolves over their time at the service. Parents go from needing to know about the functional caretaking of their child, to the more qualitative aspects, such as the social area or the daily activities, and capturing that in written information is elusive.

‘So for parents that are here for a while the importance of did they eat or did they sleep kind of fades, and it becomes did he play with whoever today, was he off form, who is his friend, the more social things. So they slowly let go of the eating and the sleeping and they are now on to what did he play, did he learn anything, did he go outside’ (Denise, manager).

This view was echoed by a practitioner, who also found, as parents settled into the service, and felt more comfortable, their reliance on the diary waned:

‘A lot of them do (read diaries), and it’s very funny, a lot of parents when their child first starts they are very conscious about the diary.....but then it slows and they might not read it everyday’ (Anna, practitioner).

5.3.3.2 Challenges to communication

Most services, and families, contend with an ‘information loop’ involving several people. At times, one parent may be dropping off their child with possibly another parent, or even an extended family member, collecting the child at the end of the day. One staff member might receive the child, with another staff person present at home time. In many services, staff and children from different rooms ‘merge’ at the beginning or at the end of the day, resulting in the possibility of a staff-person other than the child’s own, present at drop off/collection times. While childminding services need not worry about varying staff shifts, the person dropping off or collecting the child may vary. Parents/caregivers relay information and need to feel assured that it filters through to all the various staff and family members that they need to reach.
This can be quite challenging and requires services to think through how important information is shared. Through the research process, it was evident that services employed a range of strategies to ensure information is shared, from overall service diaries, room diaries, and children’s notebooks/note pages, as well as relaying information verbally, accompanying the aforementioned written material. In families where the same parent drops off and collects the child, information tends to be clearly shared, morning queries responded to at end of day, issues to be addressed reported back on, updates given. In other families, the notebooks come to be more greatly relied on, as a means of finding out generally about the child’s day and of following up on information that was relayed at another time.

“She’d tell me everything that was on the note, and then she’d give you the note as well. But then sometimes if Tom was picking him up, she’d probably do the same with him, but when I’d come to ask him, did he eat this, or did he do that, but he wouldn’t have remembered, so the note was there so there was never an issue. Now, maybe he’d remember if he wasn’t getting the note. I don’t know, but anyway, but the notes are definitely good” (Bernie, mother).

Coordinating staff schedules, particularly within larger, centred-based childcare services, was another challenge discussed by research participants. This can present a struggle for services from a logistical perspective as well as a barrier for both communication and the development of effective two-way relationships. While the availability of staff was seen as a contributor to ongoing communication, varying rotas create challenges to communication. For obvious reasons, parents feel a strong need to talk to staff that will be with their child all day, and at times, to the particular caregiver they have bonded with, within the room, and that is not always an option.

“But again, with so many staff, I would often only collect Frankie, and my husband would normally drop them in the morning. But then the staff then has changed again. So staff who might have been on in the morning, might not necessarily be there by the time I’m coming. So sometimes you do miss a bit of information, because it’s being passed along’ (Noreen, mother).

“Now the last two mornings Noreen and Caroline haven’t been in their room. Because I think that Evan is nearly one of the first to arrive in that group, and it has caused him some confusion in the morning, I have to say, because he wants to go into her, and I have to say, no there is nobody in there and you have to go into the other room, to Tara and when Noreen is there she’ll take you in. But he’s not happy with that. I’d
prefer if they were in the room ready and waiting for them to come in. And then he’ll go in easier’ (Bevin, mother).

‘That is why we are alternating our shifts to get the children used to both of us being in for the morning. Because if you have a child and they are always coming into Maggie in the morning, then they don’t want to come to me, and it doesn’t matter if I am always there for the rest of the day, it matters that their routine is a certain way and it can be upsetting’ (Anna, practitioner).

This issue can arise both at morning and evening ‘exchanges of care’ due to shifts of staff. As mentioned earlier, the schedule of parents, both their working hours and their commuting times can limit the time parents are available to meet with caregivers. Although notebooks or information sheets are available for younger children, and a room diary may be consulted, if there is any news to be shared, the specific person who was with a child throughout the day may not be present to personally engage with parents.

‘...I'm always trying to fill that myself, but even last night there was confusion over coats and hats and scarves and things. And I knew the child, I didn't know what jacket she had, and to the mother it was a big deal, because it happened before. It wouldn't have happened if it was on that shift where they knew them, cause they'd know. I don't know what I can do about that. And like I've done, for the three years that we're here I've done so much messing with schedules to try and see what works’ (Denise, manager).

Parents, as well as their children, become used to routines, to familiarity and continuity. As well as contending with varying staff shifts in services, parents may at times have to contend with new staff, relief staff, students in training, within service, and within their child’s room. Not all services facilitate student placements, and of those that do, some are more proactive about informing parents of changes. Similarly with relief staff, it was observed in the field, and commented on during research interviews, that these staff may, at times, be unknown to parents, and may not be introduced to them when they come across each other.

‘Yeah - even if there is a change of staff. Like yesterday, there was a new girl there, and I don't even know her name actually, and she was only just back from lunch. But all I had to do was ask and she was able to go to a note book and flip through it and she knew exactly who had what’ (Bevin, mother).
'I suppose there's a lot of staff you see in the room that change around. So it's hard to form any kind of relationship, as such, with constantly changing staff in the room. And I suppose even still with Marie, how do you form, how is the child forming a bond with so many different child carers, and is that something that is missing' (Noreen, mother)?

Some services have displays, either for the whole centre, or room by room, with photographs and names of staff, with one setting outlining each practitioner’s qualifications. This helps parents to recall individual names, and to see new names, if introductions have been overlooked. Of course, this wouldn’t be an issue for childminder services, as the parents and children are greeted by the same person each day.

'Yeah this is the new thing. I started it last year. And I had to take pictures of everybody and then we thought about name tags. But then a lot of the girls didn't want their picture taken, and didn't want me saying what their qualifications were, and all this stuff, and they didn't want it. And this all goes back to under selling themselves, as well' (Ursula, manager).

'But then, parents might come to me and say, what's the name of that lovely blondy girl? And I'd say oh that's Tessa and they'd say, oh I've been chatting with her in the morning these last few weeks and I couldn't remember her name' (Denise, manager).

Different services deal with staff rosters with a variety of approaches. The reality of operating hours in childcare services mean it is not possible for all staff to be available at all times to parents. A staff member who is present at the morning opening, whether that is 7:30 or 8:00 am, is unlikely to still be on duty at 6:00 pm for the final collection of the day. Managers discuss ‘playing around’ with different shifts, trying again to find the optimum solution. In rooms where a main staff is present at opening, and the second staff is there at closing seems to work well, but due to the economic realities of operating such a service, it is not always possible to facilitate this arrangement for every age grouping/room.

'I think with the early and the late it does work, because they are in the same room. So for the toddlers you drop your child to the toddler staff in the morning and collect from the toddler staff in the evening. But where it doesn't work, say in the wobbler room, they are both finished by 5:30. So if they are dropping in early they are dropping them to someone else and if they are collecting late they are collecting from someone else. So there is a gap’ (Denise, manager).
Another approach is to have staff on set hours that do not rotate week to week, so parents know a particular face will greet them every day, come to know them and their child, even if the child does not spend their full day with them, and find, through experience, that information is relayed accordingly. Mothers in such a service spoke to this arrangement, highlighting the reliability and continuity provided by such an arrangement.

‘But if there's anything I just make sure and tell, Doreen .......she takes everybody in and I tell her anything, and you can be guaranteed it will get passed on to the staff in his room. No problem’ (Kerri, mother).

Clearly, parents who choose a home based service do not have to contend with such issues, as the caregiver who greets them in the morning, is the same person they meet in the evening: one of the clear benefits to arranging a home based care provider.

‘I'm dealing with the boss there. So it's lovely, So it's kind of on demand but I will get what I want. Now that sounds cheeky and brazen but she can make a decision then and there and she works to meet me half way, rather than going through the links of the chain’ (Marian, mother).

One strategy used to address the need for consistency and reliability in both the handover of care, and the exchange of information, sees a main staff person, whether a manager or a designate, on duty from opening and available, usually in the foyer, or the room where children are welcomed, to receive important information and relay it to the appropriate staff. Some services use this approach, partnered with a constant person on closing duties, again typically the manager or designate, positioned in the foyer, or main room, ensuring there is limited number of reliable people within that ‘information loop’.

‘One thing is Aíne .......she works here in the mornings, and she's like the interface for the crèche. She's here every morning at the front desk, and when you are dropping your child everyday. And she's lovely. And she's for me in a lot of ways the face of the crèche’ (Kelly. Mother)

‘You know they go running straight into Ursula in the morning, all three of them, and have a little chat with her in the morning before we go upstairs’ (Bevin, mother).

‘There seems to be a personal touch here. Denise stands up there most evenings talking to the parents. It’s warm and friendly’ (Rita, practitioner).
5.3.3.3 Effective Communication

Through the field work process, both through observations and conversations at interview, it was evident that there were general approaches to information sharing that supported better, more meaningful and more effective communication. When describing successful communication research participants used similar terms to describe the qualities or elements of effective communication they valued. Where communication was successful, all parties were found to be approachable, to be likeable, and they appeared comfortable in their daily exchange. Also there was an openness, and willingness to discuss issues and consider solutions, as part of a team approach, rather than a top down directive approach, from one party or the other. On both sides experience and knowledge is shared and considered.

‘I think maybe that we both have the interests of the child. Yeah. At the centre. That would be our main priority....... I don’t know, really, I suppose that the parent would listen to what we say and take it on board. I don’t know........ its kind of hard. I suppose just....that we agree with most things, and that they’d listen to what we have to say, and that we’d listen to what they have to say at the end of the day’ (Tara, practitioner).

The importance of honest communication was highlighted by both mothers and by practitioners. Practitioners rely on parents to share information with the service about family situations, changes, any event that could potentially be relevant to enable them to provide the best care for the child. Practitioners commented that parents are not always forthcoming with information, particularly as they are coming to know the service and the staff. A lack of honesty by parents in regards to their children is sometimes found at initial enrolment, where information is withheld as it may be perceived by parents that this could affect their child’s acceptance at a service. Issues such as developmental delays, behavioural challenges, a lack of openness regarding illness when child is being dropped into care, all these present a range of challenges to services.

‘Yes, and they are afraid of how we might respond, that we might not accept the child into the service. They are afraid that we will say they can’t come........or if there is behaviour difficulties with the child, and the parents don’t wanted to tell us. Because if we had known our approach might be different in the beginning’ (Tina, manager).
One provider discussed how the death of a grandfather was having an effect on a young child, but the parents had not shared that information with the service until the service raised their concern about the noticeable change in the boy’s mood and behaviour.

‘And from the provider's point of view, trust that the parent isn't holding back on important information, that some bad things might happen at home, and it would be really helpful if we knew about it’ (Paula, manager).

‘I suppose my major problem now at the moment.....is where the child may have been sick on the weekend, or sick through the night and I'm not being made aware of it’ (Theresa, childminder).

The sharing of information on the part of parents tends to improve as relationships become stronger, as parents come to see the service and the practitioners as supports, there to work with the families in providing sensitive, reliable care, and as practitioners get to know the different personalities, needs, the best methods of communicating and of building those relationships.

‘It does vary, yeah. It depends on the parents. But then some parents, the more you get to know them, the more willing they are to share. But then you have to build that trusting relationship, and that takes time. It takes time for them to get to know all of us and for us to get to know them’ (Tina, manager)

‘At that point we are still strangers to them. Later when parents know us better, they would understand, but at that point they've just come in the door’ (Tara, practitioner)

For parents, believing caregivers share with them all that happens through the day is crucially important. The following quotes highlight how mothers value honest communication, hearing about their child’s positive and not so positive experiences:

‘So I do feel comfortable that here, they tell you everything, honestly, the good and the bad, which is important. It’s good. And then you feel that you are working together’ (Breda, mother).

‘They speak and are very honest with you. You get the plus and the minus, and they are very much focused on ensuring that your child is not just looked after but happy, that your kid is happy’ (Francis, mother).

Parents who had previous experiences at other services sensed a lack of transparency if they were constantly told that everything was fine. One mother stated:
‘But it was always ‘grand’. Just one word answers. Or ‘nothing strange’, and that used to wreck my head all together’ (Noreen, mother).

There is a clear need for honest communication, not withholding information for fear of upsetting the parent, though there is also a realisation that certain topics need to be handled sensitively, such as health or developmental concerns. The following quote came from a mother whose childminder alerted her to a potential health concern, which she then followed up with her family doctor.

‘And I appreciated it. I would be more upset if someone said you know that is not my business, not my place. I would be more upset if someone knew and said nothing. And that is where relationships break down, when there is no communication. And I would stress that. I will be very honest and say I would be angry, really, if someone saw something to do with the boys and said nothing, I really would’ (Marian, mother).

‘Yeah there can be [offense taken]. But you try to just explain from our point of view. We can't make any diagnosis. All we can say is this is the difficulty we are having, this is what we propose to do, how do you feel about it?’ (Tina, manager)

While the parents involved in this research spoke of valuing open, easy, two way communication practitioners noted that not all families are as predisposed to actively engaging with practitioners. Some may see the service as something that occurs within the building, and does not require their interaction. There may be cultural or personal issues underlying this lack of engagement. Most settings encourage practitioners to draw parents into a relationship where they engage, share information, on a daily basis. Whereas hard to reach parents were identified as a challenge to developing communication, several practitioners and managers discussed how these parents may change over time, as they come to know the service better, as discussed earlier.

There is recognition amongst many practitioners and managers that different families have different needs, require different styles of communication and seek different types of information. The services that acknowledge this, attempt to respond accordingly. Additionally, within families, different parents may be approached in dissimilar manners: some more formally where with the other parent it may be more familiar. On different days families’ needs for information may vary and parents ability to engage can also alter for a variety of reasons. Services need to be aware of
these factors, to differing family personalities, to cues, daily changes, and to respond accordingly.

‘One of our fathers, didn't seem to really want to talk to us. But then as soon as you ask him something, like we had something recently from the country he is from, and when we asked him about it, he spent so much time speaking to us, and telling us about it and telling us more things, so it was his interest and he was happy to share that’ (Anna, practitioner).

‘There is one parent and she seems like she wants be our friend, and she wants to share everything. And that's nice. I suppose she wants to feel close to the people who mind her children every day. And then there are other parents who drop their children off and trust you to mind them, and that's fine really. Different ends of the spectrum’ (Paula, manager).

‘Some parents are more sensitive than others. And some parents are open to any suggestions and are very easy to talk to. Other parents you have to be very, very careful how you approach things. And sometimes it’s the mom or the dad, and you know who is best to approach about certain things’ (Rita, practitioner).

The relationships between parents/practitioners are enhanced by the supportive practice of caregivers sharing information about the ongoing development and well-being of the child. Service providers come to know families, they come to ‘read them’ as they arrive, knowing if they need more information, or less information, if something is worrying them that they haven’t mentioned, or if they are in a hurry to head home. Parents are reassured to know if they need information the childminder, the manager, or the staff in various rooms, are available, and able to share that with them.

Not only do parents rely on services to ensure important information moves back and forth between themselves and caregivers, but they also rely on services to make decisions in regards to the best interest of their child, in their absence. This may include the need to contact parents during the day via calls, or more commonly text messages, to update them on a concern, or to alert them to a possible concern. Additionally, parents appreciate services who welcome a call or text from them just to check in, or to follow up on an issue.
'And you know we never felt that you couldn't ring. You know in some places you might feel 'Oh I don't want to ring, I'd be a bother', you felt that you could ring and ask how is he getting on, how he was settling' (Danielle, mother).

'I felt they were loving and caring and I felt when I left her, that she was safe and well looked after, and they were always very good, if there was anything, they would call me or if I was concerned, I could call them. It was great' (Breda, mother).

Parents in larger services, who feel it is important not to linger in the morning, but still wish to share important information, at times discuss their concerns with the manager, who can then speak to staff at a less busy period. At morning ‘drop off’ times, practitioners are welcoming and settling any number of children in their group and other parents are coming and going. They may not have the time to devote to lengthy exchanges or deep meaningful conversations with parents on an individual basis. In addition, if parents wish to discuss a sensitive issue, there can be a lack of privacy at these times. Most services will arrange appointments to facilitate meetings with staff/parents, though managers report these are rarely taken up: issues tend to be immediate, not suited to waiting a few days to meet.

'I mean obviously if there are any issues what I'd tend to do, is drop off the child into the room, and then go down and discuss it with Ursula. After the child has been dropped off. That way the child isn't kind of hanging around and getting clingy so it's easier to go down and discuss with Ursula once the child is in the room and settled' (Danielle, mother).

Both practitioners and parents reflected on the benefit of well-developed relationships, created over time, with ongoing regular, open, communication. This approach facilitates both parties in dealing with concerns, questioning decisions, or practices, and just talking through difficulties. As the relationship develops, and honesty in daily exchanges is a clear characteristics this enhances the trust between parties, facilitating further honesty and greater sharing. Many of the participants spoke about how the daily communication underpins the relationship in which concerns, issues or disagreements can then be addressed. Having already established a relationship allows all parties to approach concerns openly with the child’s wellbeing as the focus.

‘There is always an open door policy because she is there, and she's not in an office, she's just there when you walk in the door. So it’s easy to approach her and discuss anything with her’ (Danielle, mother).
'Because it would be very hard.....say if something is happening in the crèche, and you don't have good communication with the parents, and you don't have their support, then there would be a bit of a break down. So at least if you have a good relationship with the parents then you have that support’ (Bernie, mother).

5.3.3.4 Supportive Relationships

The leaders in the different settings spoke of how the parents often rely on them as a source of advice and information about their child’s development, health and well-being, offering ‘social support’ to families who use their service. A childminder in the research spoke of how she did not have extensive training, but would be able to compare children against the norm, from her years of caring experience, and share any concerns with families. Another childminder felt she shared common maternal knowledge to the parents in her service, which was referred to by parents at interviews.

‘Well I will always give the advice but I will all the time say, look I don't know, you should check with your doctor....but I have parents ringing me in the night time I'm like the bloody VHI nurse³ (laughing)’ (Denise, manager).

‘And a mother speaking to a mother is some of the best help there is. And there are days where you will hit a brick wall. And it’s, is there anything I can do here, and again it might be a simple thing, like putting a toy in the water to wash hands, but if it works it’s great [laughing] it works wonders’ (Marian, mother).

During the field work process, managers, practitioners, and childminders were observed offering advice to parents about a range of topics, from child related topics (toilet learning, teething, sleep related strategies, managing behaviour) to healthcare concerns (illnesses, immunisation) to the presence of local services and how best to access these. Parents were asked at interview if they took advice or sought out information from caregivers, with the majority seeing them as a great resource, a source of information, with a wealth of experience to share with families.

‘And I think that's part of the role, to share that knowledge. You can only take it based on their own experience, it’s not that they are a professional nurse or anything. But based on their experience’ (Nuala, mother).

³ VHI (Voluntary Health Insurance) is a private health insurance provider in Ireland, who offer a medical advice phone line for customers to discuss health concerns with a qualified nurse.
Parents spoke of how they rely on their care providers to offer insight into their child’s development, recognising the important role these practitioners play in their children’s lives. Service providers know that it takes time for parents to move to this stage of the relationship. Initially their interest is in the day to day functional care, but as the child settles and indeed, as parents feel more comfortable and trusting, the focus of conversations become broader.

‘Ciara will ……. have that insight into how he is developing, alongside his peers. And she’s known him since he was tiny. And they see his interaction with all the other kids, they are very, very, clued in. And I trust their opinion very much’ (Francis, mother).

‘And I suppose that I also feel that I need to know that I can go to them for advice, if something is happening in crèche because obviously in a crèche setting, the children are with other children, it will be a lot different than if they were at home with just me. So I feel I need to be able to go to them for information on how to work with my children if there is a problem, so that they can get the best they can out of the group setting’ (Breda, mother).

Through the research observations, parents were seen discussing a range of local services, with caregivers sharing their views, and knowledge on such things as public health nurses or local family doctors, the process of parent teacher meetings at the local school. Even suggestions of where to arrange a child’s birthday party or where to take a child for a first hair cut were shared. Providers, because they are present within the community, when many parents are commuting for work, represent a link to the local community for families.

In addition to advice provided to families, a range of practical support was offered by services involved in the research, such as extending care hours, supporting parents with a sick child, and facilitating the early morning departure, where parents are perceived to be struggling:

‘Actually, I seem to deal with parents that have no family locally. I probably have two families like that at the moment. So they have no back up and they are totally dependent. You have to, well you can’t be completely strict on that, but it is extra hard work, caring for a sick child’ (Theresa, childminder).
'It can be hard, getting a baby up in the morning, so I would always offer, just bring them in in their pyjamas, and we’ll dress them and give them breakfast. Rushing children in the morning, you just can’t do it’ (Paula, manager).

During the field work process, the researcher observed a service supporting a mother whose child was receiving specialised intervention for his additional needs. The supervisor offered the use of some ‘educational’ puzzles and manipulative toys to work with her child at home. At another service, when a child was engrossed in play with a toy, the caregiver suggested he bring it home and back the next day, to ease the home-time transition. Still, at another service, a family expecting visitors at home borrowed a high chair and other baby equipment, over the weekend, returning it on the following Monday.

Beyond the welcoming of stakeholders within the service, the friendly daily exchanges and the sharing of advice, the practical support offered to parents, service providers discussed their awareness of the emotional support they provide to parents, and its importance. Again, as parents come to know and trust the service, the people involved, some parents perceive caregivers as a source of support, as the following quotes highlight:

‘Yesterday a woman was dropping the children, and she said any chance I can leave them a half an hour longer today? And I said no problem. And she thanked me and said her mother had gone into hospital, and she then tells me everything about her mom. Sometimes a parent just wants to off-load. And it’s a bit like being a counsellor in a way. They need to off-load to help them’ (Ursula, manager).

‘And I feel she gives great support too. So last summer when my partner was away working and I was like a single mother, and the summer before, it was great. It’s great that she understands. It’s real back up in that all I have to say is Theresa I’m stuck, I’m stuck in [town] or I’m stuck at work, and she’ll say, that's no problem. It’s real security, really it is. That she's there as back up’ (Orla, mother).

This mother elaborated on this point later in the interview:

‘What I would like to highlight is, I wouldn't have expected to have any kind of support from a childminding service. I would have thought, you know, you drop off your child, you collect them, get information about their day and drive home, and then you don't even think about it again until the next morning. But in fact, it doesn't work like that. It’s a very important part of what's going on in our lives at the moment. Having a
childminder that we are happy with, that we can communicate with and who is there, who is actually very supportive’ (Orla, mother).

These quotes highlight the valuing of emotional and practical support provided by the care settings and the caregivers, therein.

Through the research process, it was apparent practitioners employ different approaches to engage with different parents. As discussed earlier, some parents seem to need more or less information, and possibly provided in differing ways. The following observation, and follow up conversation at interview, highlights how caregivers are sensitive to the needs of children and families, which may vary each day, and are thoughtful in their interventions:

<table>
<thead>
<tr>
<th>Observation: Morning arrival. Parents drop off children; engage briefly with staff; children settling into toddler room. David (2 years) and his mother arrive at door. Mother opens door, stands holding door. The boy remains in the hallway, just outside door.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother: “Come on David”.</td>
</tr>
<tr>
<td>Staff A: “Hi David”.</td>
</tr>
<tr>
<td>Child lingers by door, reluctant to enter.</td>
</tr>
<tr>
<td>Staff A: “Is that David? Where is he?” Staff using encouraging, playful tone, attempting to engage with child and encourage him to come into the room.</td>
</tr>
<tr>
<td>Child enters room. Mother closes door, walks over to hooks, hangs up coat, bag. Child follows mother.</td>
</tr>
<tr>
<td>Staff B: “Hi David. Frankie is here, are you going to come play with Frankie?” Also encouraging child to join group.</td>
</tr>
<tr>
<td>Boy stands beside mother, puts arms around her legs and rests head against her. Mother strokes child’s hair, looking down at him, does not look toward or talk to staff, nor does she try to separate from her son. The mother speaks softly to child, unheard clearly by researcher. While this is occurring staff do not attempt to</td>
</tr>
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</table>
intervene with mother/child separation. Another mother arrives, hands over child, exchanges words with the staff and leaves. A few moments later the mother speaks again, audibly:

Mother: “Okay, I have to go now David. Have to go to work”. Bends down and kisses boy. Staff A comes over to mother child, puts her arms out to boy.

Staff A: “Come here to me, David” lifts boy up into her arms; mother caresses hair briefly.

Mother: “Thank you Tara”, then leaves.

During the practitioner interviews, the researcher enquired about this observation, asking the caregiver to explain how this morning ‘exchange of care’ evolved, noting the mother, the child and the staff all behaved differently than was previously observed. The practitioner discussed how this child is ‘usually running in the door’ and on this particular morning it was apparent after a few seconds, that he was not himself, ‘so there was obviously a reason for him to be like that’. The caregiver discussed how they come to know children and parents and their habits and style of care exchange: ‘You come to know, as the time goes on you come to know how to work with each family’. In this instance it was apparent that the child and the mother needed that moment to themselves, in spite of being within a large group care setting, and the staff respected their need for privacy, as much as was possible. Though nothing was said to direct anyone, practitioners in the room responded in a caring manner, giving the mother and child the time they needed. On typical days children arrive each morning and settle, fairly easily, with the staff engaging with parents and children to facilitate their separation. However, not every day, nor every exchange of care, is typical. In this instance, staff took the lead from the parent and child, to indicate how to proceed: ‘So like today, we left him until he was ready’. Once the mother indicated that she was prepared to separate from the child ‘I have to go to work now, David’ the staff intervened to facilitate that transition, in a sensitive, loving manner.

This observation demonstrates the caring, supportive relationships that develop between staff, parents and children, and how caregivers respond to the varying needs
of families. This genuineness is exemplified by how practitioners recognise that each family has varying needs, and these needs may change, day to day. Practitioners are prepared to meet those needs, in a responsive manner. They take cues from parents as to how best to interact on a given day, placing the families’ and child’s needs as central to their practice style.

### 5.3.4 Professional Philosophy

During the research process, both through interviews, and in conversations within the care settings, the leaders of all services were asked if they held a professional ethos or philosophy which guided their own approach. As well as discussing this in conversation, it was evident through observations of these participants that certain principles informed their practice. A commonly held belief was the view that the parents guided the care they offered to the children in the service. This view was also outlined in many service policy manuals, as follows:

<table>
<thead>
<tr>
<th>[Service name] values and respects each parent’s/guardian’s role as primary carer and educator of their child. We aim to support this role and provide parents with ongoing information, which will enhance the learning and development of the child.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy and Procedure Manual. Exert from Working in Partnership Policy</strong></td>
</tr>
</tbody>
</table>

Additionally, they spoke of how their philosophy guided the care they offered each child, how they worked with parents and how they led other staff, in the larger services.

‘And I mean the child is the centre of what we do. And every child is an individual. And we respect the position the parents have in their child's life. We are not the experts. They are. And that is how we try to work’ (Tina, manager).

‘I would always say, now I don’t go around like a mantra, but I always say to staff, the parents are the most important people in that child's life. And that we have to do as they say. We can’t choose what is best for that child. So it's about the child and their family, it's not about us. The service is for them. Not us. Not what we want for the children to do or to learn, or anything about that’ (Paula, manager).
One manager talked about how she encouraged staff to notice and remark on one thing each day about each child in their group, and to share this with parents. A childminder involved in the research said she cared for the children, under the guidance of the parents, and while she aimed to treat them like her own children, she was cognisant of the fact that she was not their mother, nor the main decision maker for them.

Two managers of larger services discussed their intentional actions aimed at keeping an overall awareness of each child, and family, knowing how children were progressing, being aware of any concerns, no matter how small. These leaders sought out information from caregivers and related back to parents on their child’s wellbeing, the activities they took part in, and of their expanding social world.

‘And I think you might have been here the other day when I said it to Tara, how’s this little one’s speech and is there nothing coming at all. And we’re keeping an eye on that at the moment. She’s young. She’s not two yet but we’re not leaving it go past two if it needs to be checked out’ (Ursula, manager).

‘But I could be in the room for a half an hour, if I thought I needed to check in on something. And while I’m doing the [diary], I’m keeping an eye on something a parent said, to see is he playing on his own or what’s he up to. So it’s just a way, but it works beautifully, it just really easy’ (Denise, manager).

Both parents and caregivers talked about how the views of parents were welcomed in services, and how services worked to enact suggestions made by parents. While one service had a formal ‘suggestion box’, in all services suggestions were made to and welcomed by management and staff through daily conversations.

Parents/guardians are welcomed to discuss any aspect of their child’s care and development with staff and we will structure our care based on the information supplied. This two-way flow if information is the basis of our partnership with parents/guardians.

Policy and Procedure Manual. Exert from Working in Partnership Policy

Parents who experienced making a suggestion at their service, and then witnessed changes occurring as a result, spoke of the satisfaction that their views were not only
welcomed, but acted upon. It was apparent that the families contributed to, and informed the development of services and that the services’ responses indicated that their views were valued and meaningful, encouraging continued involvement. This responsive behaviour on the part of services reinforced parent-caregiver relationships. One manager, in addressing the situation of parent input highlighted a time where she had recently made a particular change in the service, but parents hadn’t seemed to notice. When one parent asked to enact that very change, she realised she should have promoted the change the first time.

‘And that particular parent gave me a few suggestions which we already did, but they didn't really see that we already did them, so I kind of pointed it out to a lot of other parents…….So she was really happy this week cause she has that sense of, well I complained, I wasn't happy with this and now I am’ (Denise, manager).

5.3.5 Trust

Parents and childcare practitioners move from being relative strangers, in many instances, to developing feelings of friendships and emotional bonds in a relatively short space of time. Initially intuitive decisions, to choose a setting, to take a ‘leap of faith’, develop into a trusting valued relationship for the participants, in many instances. When speaking more generally about the relationships between parents and caregivers, some parents talked about how a bond has developed over time, from the initial stages, where they were only coming to know each other, to a point now where many described it as friendly relationship.

This chapter began by exploring the recollections by parents, practitioners and managers, regarding parents’ first visits to a child care service, how they came to know and choose the service they continue to use. A key aspect of these relationships from the perspective of mother/participants has been the concept of trust. Mothers talk about first meeting their care providers and how they ‘knew immediately’ that it would work out. This intuitive decision making process was based on an immediate sense of trust in the other party, though in most cases these two actors had only met. In retrospect, the mothers involved speak of how trust was so important to them, as one mother stated: ‘you couldn’t leave your child if the trust wasn’t there’. Several participants made similar comments.
‘I suppose just the communication, the trust, the trust is a very big thing. And I think that’s very well looked after here’ (Kelly, mother).

‘I need to able to trust them above anything else. Because they are the most special thing I have in my life, are my children. Because I’m away from them so much, I want them to be in a really happy and content environment. Like their best waking hours are here really’ (Nuala, mother).

Mothers trust in the caregivers to meet their child’s needs, both physically and emotionally. They trust practitioners have their child’s best interests as central, and that they are reliable, nurturing caregivers. Mother are also trusting that the daily communication with parents is open, honest and genuine, and that parents will be contacted if need be. In considering their establishing relationships, it is evident that trust is an imperative for these mothers, and is reinforced as they are reassured on a daily basis that their child is content in their care setting.

This is the enigma in these relationships: in retrospect, parents can share how they value the trust that exists, and how that trust allowed them to make that separation from their child, and to entrust the child’s care to potential strangers, at a time of great vulnerability. From the start of these relationships, while mothers felt a sense of trust in the caregivers, they had no evidence to back up these intuitive feelings. When recounting their initial decision making process, early in the research interviews, mothers discussed the presence of trust as being important in selecting a service - feeling they could trust the service to provide the type and quality of care they were seeking. Later, when recounting how they felt about the care currently provided to their child, again they spoke strongly of the importance of trust in such an arrangement.

5.3.6 Negotiation

Returning to the theme of negotiation, discussed previously, the period explored in this section, of establishing relationships and committing to care, sees the concepts supporting this theme still present, and explored below. This period included the mothers’ return to work, when the exchange of care becomes part of a family’s daily routine. Maintenance of control and surrendering control, are concepts that permeate this period of time, where families and caregivers ‘negotiate’ between themselves, as
to the best methods of sharing care, and of sharing information regarding the child. There is a strong sense that internal negotiations are occurring with these mothers, as they justify decision made in placing their child within a care setting, as opposed to providing that care themselves. When concerns surface regarding care provision, these mothers re-negotiate, or re-assess the best options for them and for their child, making accommodations where they feel the positive experiences outweigh the negative.

The importance of communication and sharing news about the child, their day and their ongoing development, is very important to all participants. Parents are dependent on the service providers, the childminders or the practitioners in the individual rooms, the managers, to provide information about their child that will reassure them.

‘Yeah it does, because if I had it my way I would not be at work, I'd be at home. So really I just love to know they're doing well, they're happy, they're eating well, they're playing, they're enjoying themselves, so yeah, I can get on with my day much better (Marian, mother).

One mother who felt she had no flexibility in her work setting, and would prefer more part time working arrangements talked about how she still feels quite emotional about the daily separation from her son, though she knows he is quite happy and she is fond of his caregivers. A few other mothers spoke of similarly feeling torn some mornings. These mothers spoke of the sense of being on a treadmill at times, but highlighted the supportive role their childcare provider played as they managed all the demands placed on them.

‘I'd love to be there but it's not an option.....I just get on with it. That's it. I know the children are well cared for. I know that if there are any problems that Bernie will act on my behalf or call me’ (Tara, mother).

‘There was still tears, but that was natural I suppose. But I think if you couldn't find a good service that you were happy with, that you trusted, going back to work would be a nightmare. I don't think you could do it’ (Nuala, mother).

Childcare services play a strong role in supporting parents, in this case mothers, to return to the workplace and to offer ongoing support, advice and information in a range of areas, to families who use their service. The service also facilitates the mother’s sense of control over her child’s care, overcoming the vulnerability when initially surrendering that control and care. Service providers spoke of the parent-guided and
child-centred approach to the delivery of the childcare service, with mothers negotiating the care provided, sharing that control. For those mothers who can accept that decision, their relationships are quite positive and their daily separation more manageable.

‘But you know we all bring up our children differently, and that's what Theresa is doing, and when my son is with her, that's what she's doing’ (Orla, mother).

Some parents spoke of the benefits to their child of being in a care setting, how they feel they are being exposed to a wider range of experiences and opportunities at their service than if they had been home with them full time. One mother, who spoke of being ‘devastated’ when she returned to work, in retrospect, feels her child’s experience at the childcare setting has been extremely valuable to their family.

‘But in hindsight, I’m really glad for the choices I made because I think that its working out really well as it is now. I enjoy my work and she is really really happy here. And I really feel she has come along so nicely. She is a much more confident little girl than if she had been at home with me’ (Louise, mother).

For parents with this positive perspective on the use of childcare as opposed to being at home and being in full control of their child and her upbringing, they have given up some control for the good of their child. They see their child’s experience in their care setting as beneficial and more than they could offer to the child, alone. The internal negotiation, justifying decisions made, stressing the benefits of their chosen care provision over possible full time maternal care, validates the decisions taken and their current status of working mother. It is possible that these mothers need to justify decision taken as the best for their family, as the alternative is to consider that this may not be a good choice for them or for their child.

As discussed previously, managers, practitioners and childminders are conscious of the emotional journey mothers are on, as they separate from their child and return to work, and the supportive role they play. They develop strategies for keeping parents informed about their child’s day to day life within the care setting, with the parents highlighting that open honest communication with caregivers is highly valued by them. Services that are open to collaboration with parents, negotiating the manner in
which care is provided, offers parents an additional sense of control in the way services operate, and therefore, the manner in which their child is cared.

‘And I think because I had that settling in process, I knew then what to expect, I knew the staff that were here and what was going on. I had that connection with them, that if anything was wrong here, if I needed something, I’d be able to communicate with them, or they need to tell me something, they could’ (Bernie, mother).

The following quote, from a manager of large private service demonstrates the awareness that caregivers have about the situation being faced by parents: how they hand over their child to be cared for by another, and in that handover, surrender considerable control over the day to day decision making in regards to their child’s care. This manager was retelling an incident where a mother was upset at her child’s personal belongings being mislaid at the service. The manager, in discussing the particular incident, sees it more broadly in the sense that it is more about a loss of control than about a lost hat.

‘But I think at times you just need to let them, let them feel like, well we take all the control off of the parents. A lot of the time they are coming in, they’re leaving their children and they don’t know, they’ll hope, and that’s all you can do is hope, that they’re looking after their children properly, that they’re not giving out to them overly. And so that is another side of their control that they can give out. Like I can’t find little Johnny’s hat and this is ridiculous, and I’ll say yeah, I’m really sorry and I will find it for you, you know.....But for me that doesn’t bother me, cause I don’t need to feel like I’m in control. I know what we’re doing so I don’t need to take that away from them’ (Denise, manager).

This quote captures well many of the issues that arose through the research process. There is a loss of control on the part of mothers, families, around the day to day care of their child and a sense of vulnerability in that all they can do is hope the setting they chose was the correct one for their child. Through negotiations with care staff and within themselves, mothers trust that their child’s, and therefore, their own, needs will be met. Childcare providers are in a position to facilitate parental control, to ease that sense of vulnerability, through a range of strategies, such as information sharing, consulting with parents regularly, working under their guidance and taking on board their advice and suggestions, in response to both their perceived and their identified needs. Practitioners, who understand the parents’ need to regain control over their
child’s care in some way, can remain responsive and supportive when faced with complaints from upset parents. This is based on their knowledge that there is a greater concern at stake than the possibly minor issue being raised at the time.

‘It’s lovely that I can go out to work and be comfortable working and not be feeling guilty and worried. Oh yeah, when there is good communication it’s lovely and it makes working life much easier’ (Marian, mother).

‘But I suppose having a set up like this, where I always felt great faith in it and I always felt my children were all very happy’ (Francis, mother).

The discussion thus far has examined the situation for parents in which they surrender control around the care of their child in terms of returning to work, negotiating the handing over of their child to a care-giving service. And while they have surrendered control in some ways, in other ways parents still have a great deal of control over the situation they are in. The mothers in the research study demonstrated their obligation to provide for their child’s care, in choosing a service that would meet their child’s needs, highlighting how that responsibility ultimately rested with the parents.

‘Because for me, he was very young, he had never been away from me, he was very small, very vulnerable, so I wanted to know that you can…….come in and look and see what he is doing’ (Kelly, mother).

‘I suppose if there was ever any crisis of faith, you know about how your child was getting on, or any health issue with my children, you would have to completely reconsider what you were doing with yourself’ (Francis, mother).

While the mothers spoke broadly about their satisfaction with the care setting they were currently using, the services were not perfect, and some parents did have concerns. One example arose from parents who found staff shifts and the availability of caregivers to meet with parents a challenge at times. Another mother spoke of negotiating with a manger to continue the practice of daily notes, though her son had progressed on to an ‘older’ room. One parent spoke of a situation where a disagreement between her spouse and a caregiver in a setting had left an uneasy feeling in their relationships. While the issue was addressed and dealt with, there remained an underlying feeling or slight tension between them. This mother spoke also about how happy her child is in the setting and with this caregiver, and that at no time does she feel the unease was affecting his care in any way. In discussing this situation with this
mother, the researcher was interested to know how she reconciled the tension with leaving her son for care at this setting, engaging in self-negotiation to justify the accommodation she made.

‘You just have to let it slide, you know what I mean. ‘Cause I think on the other side, the few things are, say underlying issues, are far outweighed by the the bigger picture, that he is happy, that he is well looked after, and he is content. It would be different if you were trying to push your child into a setting where he was crying and unhappy and didn’t want to go, you know you’d hate yourself for it’ (Pauline, mother).

While the mothers participating in the research were satisfied with the care arrangements they had in place, a few mothers such as the example above, did have issues to deal with that left them not fully content with the scenario, but not so dissatisfied that they felt a need to change. Parents make an accommodation for minor issues, if, on the whole, they feel their child is well cared for, is happy and that the issues in no way affect their child’s day to day wellbeing. Many of the mothers spoke of raising concerns and feeling these were addressed by the service. Again, the negotiations and decision making processes are evident as mothers work through issues, considering their options and priorities, in relation to the broader scenario.

‘But I think, yeah, he seems, even though he seems well adjusted, when he’s had a bad day, you think, Oh my god, and you re-evaluate everything’ (Tracy, mother).

All the mothers in this research study were satisfied with the childcare service they were currently using, and where there were underlying issues, felt on the whole they were achieving the best care they could for their child. Several of the mothers shared the experience of colleagues returning to employment, where their care arrangements were less than satisfying:

‘Well they've gone back, but then after a few months into it, they've given up, they just couldn't take it. Couldn’t do it anymore. They had to, maybe take a career break, or whatever. And then they have to go through the whole thing again, later, it’s just that the children are at different stages, I suppose next time around. A few friends of mine, and one who's back to work now and it’s a nightmare. An absolute nightmare’ (Nuala, mother).

‘I've heard parents say, oh my child is just not settling, and they have been at the crèche six months and the child is still crying every morning. And I'd be thinking, you
need to be looking for somewhere else, there is something about that place that is not working out, do you know?’ (Louise, mother).

5.3.7 Summary

Following on from their initial stages of first meeting then settling in to early years services, this section discussed mothers’ experiences when moving into a daily routine of coming and going, exchanging care, engaging with the labour market, while negotiating and sharing their caregiving duties with practitioners. The caregivers’ perspective on this transition was also discussed. In their attempts to develop positive relationships, facilitating this sharing of care, all research participants agreed that communication was a major consideration, when asked about the issue. Interview conversations highlighted the challenges to achieving such positive exchanges and the strategies employed to support ongoing communication. The analysis of data collected identified a range of valued characteristics, including an approachable nature, being reliable and available, engaging in open, honest conversations, taking a joint approach to problem solving and decision making. For practitioners and managers, the importance of being flexible in terms of responding to the differing needs of families, was evident.

Participants also discussed barriers to communication, most notable staff shifts, which at times did not coincide with parents’ schedules. Changes in staff, unknown relief staff and merging of groups at the start or end of the day also posed some problems, though these were discussed less often than other challenges. Participants were cognisant that an ‘information loop’ exists, involving several key people who are important in the child’s daily care. Services looked to address the challenges this presented, while acknowledging such situations are the reality of sharing the care of a child with others, beyond the immediate family.

Guided primarily by the professional philosophy of the leaders and also witnessed in the approach of practitioners within the various settings, the care offered to families generally takes a parent-guided and child-centred approach, seeing parents as the primary carers of their children, and seeking to support parents in their role, and in their absence. This philosophy sets an atmosphere where services are perceived to offer a range of support to families, beyond the daily care of their children, including
advice on a variety of subjects, emotional and esteem support in their ongoing day to
day struggle to balance effectively working and parenting. Services recognise the
unique needs of various families, and how their needs will even vary day to day. This
support eases the vulnerability experienced by mothers, in handing over the care of
their child, and facilitates mothers’ ability to sense a modicum of control over the care
of their child, even in their absence.

As discussed during research interviews, mothers justified the decisions to use non-
parental care for their child, stressing the benefits to their child and the opportunities
they would be unable to provide. This ‘self-negotiation’ validated the decisions taken
as the best available, though many expressed doubt, concern and some hesitation in
feeling completely confident of their choices. This section has looked at this ‘middle
period’ of establishing relationships and coming to care. The concept of trust continues
to be raised by mothers, in particular, as their initial decision to trust caregivers when
first placing their child, comes to be validated through the reliable and dependable
behaviours of practitioners. The third section of this analysis will address the
strengthening of these relationships, as they develop and become more consolidated
within these early years settings.
5.4 Section 3: Strengthening Relationships - Communities of Care

5.4.1 Introduction

This is the third section of this chapter, presenting findings from the data collected during the research field work, building on what has been set out in earlier sections. As the chapter has progressed, it is apparent that as parents and caregivers come to know each other, their relationships have the potential to deepen and strengthen, and come to focus on broader issues, beyond the immediate care of the child, though this continues to remain the prime focus.

While stakeholders initially come together as providers or consumers of a service, they take an interest in one another as they learn more about each other, allowing their relationships to expand and develop. Through this process service providers are perceived as strong supporters of parents, offering emotional practical and esteem support. Mothers have been presented as moving from the initial settling in period, to their daily exchange of care becoming part of their routine: they come to accept and welcome the involvement of services in their families’ lives, depending on them as a vital element in the challenge they face to meet all of their responsibilities.

Setting out what was discovered during the field work process, and developed through reflections and analysis, this section suggests early years settings hold many characteristics associated with ‘communities’ where a range of stakeholders feel a sense of belonging and valuing. Strategies employed within services to enhance communication and other interactions, have supported the development of stronger relationships. It is suggested that these expanding relationships contribute to this sense of community, as practitioners look to actively support relationships and provide opportunities for stakeholders to gather within these spaces. The section looks at the process of transitions, particularly in larger services, how they are managed and their potential to support and expand families’ and individuals’ social networks. The notions of belonging, of emotional bonds and a sense of continuity, described by several participants in the research, will be explored. In addition, the concept of negotiation, in considering the issue of control and in this section, the evolving
maternal identity, is further discussed. Finally, perspectives from practitioners regarding their relationships with parents, practices that reinforce these, the bonds between them, are all shared.

5.4.2 Strengthening Relationships

As has been discussed in previous sections, services adopt a number of strategies to facilitate the daily communication and exchange of information between families and care providers. Actions on the part of the manager, in larger services, maintained the flow of information and sharing with a range of stakeholders. These included, being present in strategic locations at particular times of day, having an ‘open door’ policy in practice, taking on board suggestions and being receptive to taking out-of-hours calls from parents, as many of the leaders in services were. This facilitated the strengthening of relationships between stakeholders.

‘If I had a concern I’d ring up Paula, or call in to her. In the evening time when we can talk..... and it’s not a problem [to call in the evening]. And that’s reassuring. It’s great because when you arrive at the door your child is there and they want your attention, and there are other parents coming in so it's hard to talk then’ (Nuala, mother).

Through observations in larger services, managers and other staff were seen to greet everyone who entered the services, by name, and typically had a comment to make that recognised the person, the family and the child. These comments may be child related, may be related to the service or even the community or local town in which they are situated. This recognition is a sense of validation, that they are welcomed, they are part of something, that there is an identification of them as part of this group. Managers provide that overall connection between the individual rooms and groups, particularly as children progress to new groups. This is recognised by parents, by staff and by managers themselves:

‘It’s more like we are a little group rather than this room and this room and this one’ (Denise, manager).

‘....and parents need a relationship with [the manager] as well. Because you need common ground as well around everything. You don't always get the time to talk to them when they're flying in the door and flying out. You do get to spend some time but they still need someone, you need that inbetween person, and I think it’s important
that the parents need a relationship with the, well Denise in this instance……She's a big reason why this place works so well. She's a go-between’ (Tessa, practitioner).

Many services have photographs of the children and their families, posted in the corridors, in the individual room, or within photo albums stored on child level shelves for children to view, with one practitioner talking about how this action was linked to the national curriculum framework\(^4\). At one service a practitioner, Maggie, and group of 1 to 2 year old children were observed sitting in a cosy corner later in the day, looking at family photos posted on a low point on the wall, at the children’s level.

The practitioner was pointing out people in the photos, children, siblings, parents, saying names of people in photographs, engaging in conversations with children around families. “Who is this? Look at Felicity with her dog – What’s the name of your dog, Felicity? There’s Dan at the beach with his brother.” While this was occurring, a parent entered the room.

Jocelyn (almost 2 years) calls out: “Hailey mommy!”
Maggie: “Yes Jocelyn, there’s Hailey’s mommy, say hi to Thelma. Hailey - Look who’s here?”
Several children say “Hailey mommy! Hailey Mommy!”
Maggie: “Hello Thelma”. Maggie models the correct greeting for the children, smiling and welcoming the mother.
Some children repeat what Maggie has said “Hello Thelma!” “Thelma!” Some continue to say mommy.
Thelma: “Hello everyone. Hello Hailey – are you too busy there? Not coming to me?”
Children point to Thelma and Hailey in photos, saying their names. Hailey goes over to her mother, embracing her.

This spontaneous activity, a simple recognition of faces in images, was reinforced by the arrival of a mother, seen in a photo on the wall. As part of the national curriculum

framework the concept of identity and belonging is built on by this service, to create a sense of community within room, and beyond room, to include close and extended family members.

In another service, at morning arrival time, the researcher was in the toddler room with a group of children and staff as parents and other children were arriving. The room had large windows looking out into playground and parking lot beyond.

Two year old Cian was looking out the large windows, and recognised a car arriving.

Cian says to Tessa, a practitioner: “Sarah is here! Tessa! Sarah is here!”
Tessa: “Can you see Sarah’s car, Cian? Is she coming to play?”
Cian: “I see Anne! Anne! And Sarah mommy”
Tessa: “Is Diane there, Cian? Is she helping Anne and Sarah out of the car?”
Cian: “Yes!” Cian is clearly excited at the arrival of his friend.
Tessa: “Are you excited to play with Sarah today, Cian?”
Cian: “Yes Tessa, yes”
Tessa: “They’ll be in soon, Cian”.

Cian watches the family come from car and walk towards front doors. Cian hurries over to door to toddler room, waiting for the family to enter. As door opens Cian jumps up and down “Sarah, Sarah, look Tessa, its Sarah! Hi Sara”. Tessa explains to Diane and the children how Cian watched them arrive and was excited to see Sarah. Mother bends down to Cian.

Dianne: “Oh Cian, were you waiting for Sarah? That is so nice. Sarah, Cian was waiting for you”.

Sarah is quiet, takes off her coat and hat, assisted by her mother, and hangs up her belongings, then kisses her mother goodbye. The two children go off to play together at the chalk board. Tessa and Diane exchange information, then Diane calls out: “Bye Sarah, Bye Cian” and she and Anne, Sarah’s older sister, leave the room.

This type of exchange was regularly witnessed in the homes and the playrooms of the participating services as children greeted other children, and as parents greeted their
children’s playmates. Comments were made about other children by parents, such as haircuts, or other changes. If a child was upset or crying, at the morning separation, other parents often inquired as to their wellbeing, such as this parent:

Alice and her father arrive in the toddler room. Anna is sitting at a table where children are manipulating playdough. Nadia is sitting on Anna’s lap, crying slightly, while Anna rubs her back.

Father: “Oh dear, someone is sad today. Look Alice, one of your friends is sad”.

Anna: “Hi Dan, good morning Alice. This is Nadia. She’s only new - just settling in with us.”

Father: “Oh, poor Nadia. Nadia misses her mommy, doesn’t she Alice?”

Anna: “Yes, Nadia misses her mommy. Is mommy gone to work, Nadia? She’ll be back soon, won’t she? And how are you today, Alice?”

Many stakeholders within the different groups demonstrated concern and interest about others within the setting, beyond the clear connection of the parent-child-caregiver triad. Relationships were broader than this small grouping. Queries were made about the situation of families, for example, if it was known someone was ill, or if a new baby was born in a family, other parents inquired, seeking news and offering good wishes. Not all parents and not all families engaged with others in care settings as has been described, and while this was not the case for all those who used the childcare service, there was a prevailing feeling of welcoming and engagement in these settings.

In one service a father who brought his daughter to crèche each morning, greeted every child within the room. He then exchanged news with the two caregivers, before saying goodbye to his daughter, then the other children, individually, by name, and leaving for the day. It seemed to be a good natured game, testing himself, to see could he remember all the names of the children, with an occasional reminder from staff.
Many of the practices engaged with by early years caregivers seemed to have the ‘spill over effect’ of also facilitating the sense of community within the various services. In supporting children’s developing social skills, friendships and connections between parents were facilitated. Managers and practitioners were observed supporting the development of friendships amongst children in the service and promoting these friendships with parents. The following observation took place in the foyer of a service as children arrived in the morning.

**In foyer:** Mother and son, aged 3 years, enter foyer. Manager present at desk. Greets family:

Manager: “Good morning; Tomas – did you have a good week off? Mark has been asking about you every day”.

Tomas: “Is Mark here today?”

Manager: “He’s not here yet but he will be soon. He’ll be happy to see you”.

Boy smiles broadly at news. Mother and manager exchange smiles and greetings, clearly pleased for the boy and his happiness at receiving news of his friend. The manager then enquires about the family’s holiday the previous week.

At a different service, the following observation took place in the foyer at collection time:

**In foyer:** the manager and a mother are chatting together, when another mother enters the service to collect her child. The two parents are introduced to each other by the manager.

Manager: “Nina, this is Tracy, I don’t know if you met before, Tracy’s son Frankie is in toddlers with Nolan”.

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Manager explains their children have developed close friendship lately, playing together at outside time in the sandbox. Manager describes what the boys have been creating, and how they are enjoying that time together.

These are but two examples of the manner in which caregivers in services facilitate the broadening of social networks and relationships amongst those who engage with their settings.

As part of the care offered to children and families, special events, holidays and other celebrations were marked in some way at all of the participating services. Many of the early years settings saw these events as opportunities to bring families into the service, to share special occasions and community events. During the field work process the researcher witness a number of such events, from coffee mornings to mark Mother’s Day, a Halloween party, a St. Patrick’s Day parade, a ‘pyjama party’ fundraising for charity, a supporter’s day to mark the success of a local sporting club, to name a few. Parents and caregivers spoke of other events, such as Christmas concerts/parties and summer barbeques. These types of events were held by all services participating in the research, whether small or large.

‘And they have activities so there will be a barbeque in the summer and a preschool Christmas concert later in the year, then they do coffee mornings, there are lots of things, all of that. So it makes it feel more of a community; that it’s a community for your children’ (Francis, mother).

‘So I think the more information that you can give them, the better, even about that sort of stuff, the fun days and other stuff we do. So they can feel that this is a place that they can come and find out about things they need to find out about…..Yeah we have bbq’s in the summer, our graduation for our full day care…..So I think we try, we’re not perfect but we do try to meet different needs and I think we do lots of good things’ (Tina, manager).

As well as offering a range of events and activities to bring parents into the service, many childcare providers represent a link to other services in the locale, whether that is a formal link, such as arranging visits to/from local national schools, arranging for evening speakers to visit on a parent’s night, or whether it is an informal sharing of information about local services. Notice boards in the larger services displayed
information about such events happening in the local community, including parent information nights, registration dates for the local primary schools, local health centre contact details, as were noted through the documentary analysis at research sites.

5.4.3 Transitions

Addressed in the previous section, services employ a range of strategies to facilitate ongoing communication between caregivers and families. These strategies enhance relationships, as parties come to know each other more fully. These and other strategies used in services to facilitate communication, also have the potential to create a sense of community amongst and for those involved in the service. The initial induction or ‘settling in’ process works to allow both parties – caregivers and parents – to come to know each other better. Morning arrivals at services offer a routine that eases parents back into employment, post maternity-leave. Ongoing routines provide a welcoming environment and a sense of belonging.

In larger services as children grow and develop they move from one room to another, as part of a transitional process, moving from infants to toddlers, to preschool groups as they mature and reach milestones. All services involved had clear processes to support transitions, understanding these needed to be well thought out, as children and parents have built up relationships with caregivers and peers in one room, and these will need to be fostered within the new group. As children move along in the service, families come to know more of the service staff, building increasing relationships within the setting.

‘And, like, she's probably due for a move quite soon I'd say. So she'll get to go and spend a few hours in the new room with those girls. And then the staff might move around too. So for example, it used to be, now I doubt it’s on purpose, but the crèche is small enough that Áine used to be in her room, and now Áine is in the room that she will be moving up to next. So she knows a lot of staff now, so as she gets bigger the moves get easier, 'cause she might know the new staff that she will be going to’ (Louise, mother).

‘Well they brought some of the girls, and this is what they always did, or seem to do in my mind, they would bring somebody from the older group down to kind of introduce them, so they will be the caregiver, temporarily, while the child is making the transition. So the child isn't kind of, there isn't a huge tug, saying bye bye Hannah.
They come to know the person that they are going up into, so they have known them both in the baby room and in the new location. So that really the child isn’t kind of distraught going to a new area. And then the group she was with, in the baby room, some of those children had made the transition so they were there in the toddler room. So it’s very well planned from that perspective’ (Francis, mother).

The planning for and managing of these transitions, while focused on easing the change for the child involved, expands the families’ social networks, as parents and children come to know more of the personnel in the service, new families and children in the different rooms, and are reassured that their child’s developmental needs are being addressed foremost. While groups often ‘merge’ early and late in the day, as numbers decline, and as a means of accommodating staff shifts (as discussed in the previous section) groups also might be blended during other times in the day, particularly at outside play times. This was discussed by some practitioners as another strategy used to ease transitions and to maintain relationships, post-transitions. One manager discussed the benefits of mixing groups, including children coming to know the ‘next group up’ again, to ease the transition from one room to another, as well as to maintain connections with past caregivers and peers who they left in their ‘old’ room. Parents who collect at that point in the day may also come to know the other staff, or at least have a familiarity with others, prior to transitions. One manager mentioned how siblings attending their service might spend full days apart, which she felt was not the most desirable situation, were it not for the blending of groups at different times of the day, offering siblings enhanced opportunities to be together.

During observations of an outdoor play period with a toddler group, a second group, the preschool group, came outside to play in the large grassy play area. Many of the children came running over to the toddler group. Two children were seen hugging each other. The caregiver with the toddler group was heard saying: ‘How nice that you came to see your sister, Kealan’. Other children came over to the staff, chatting to them, sharing news. It was evident these children had well developed relationships with these staff, possibly having been in their room in the past, or perhaps, just knowing them from being together within the setting.
5.4.4 Creating Community

As discussed above, and in the earlier sections, practitioners in childcare settings take conscious action to develop positive relationships with families, and to facilitate the strengthening of relationships. It is seen as important to the leaders in services that they have an overall sense of each child within the service, how that child is progressing, working under the guidance and direction of parents in the care they offer children. As relationships develop, many parents come to see the service as a site not only of care for their child, but as a source of support, offering advice as well as emotional and practical support. Services are also a source of information and local knowledge, as a place of celebrations, of shared activities and events in which parents, siblings, as well as children in the setting, are welcomed and encouraged to partake.

During the research process behaviours and actions observed in the field also supported the emerging concept of early years settings representing a site in which a community of people, sharing a similar interest in the care and wellbeing of young children, come, meet, engage and share. The daily exchanges that occur within the settings contribute to the development of a broader sense of belonging, focused on the child, but extending to parents and other family members, to include local news and events, as well.

Parents readily discussed how settled and happy their child is in their care setting. They used terms like ‘at home’ or a ‘sense of belonging’ or ‘part of a community’ or ‘extended family feel’ to express how they saw their child in terms of the larger group of children and practitioners.

‘Oh I mean to me... it’s like he walks in the door and it’s like home. Do you know what I mean, so he’s comfortable there. And he’s happy there. Do you know what I mean? So eventually, he'll be going to playschool..... so he'll be coming out of that environment, which I'm sure he's going to miss, you know. So, but he sees there as like his second home and he would miss it if he didn't go there, you know’ (Pauline, mother).

‘There’s a great welcome for them there every morning’ (Tara, mother).

Within several participating services, there were families who had used the service for a second or subsequent child, creating strong bonds over a number of years, and
between many members of a family, with others in the setting, from other children, to
staff, to other parents and families as well. In childminding settings, bonds between
cared for children and extended family members were witnessed during the research.

‘And I think a lot of people who are here, they would have been here from when they
started their family. And they may have a second or third child here, like me. So that's
a real vote of confidence from the families. I'm probably the longest here but there a
few other families here a long time. And so our children have sort of grown up with
Paula's [manager’s] children too, not just the crèche, the staff. So there's this extended
family feel here too’ (Nuala, mother).

Oh yeah, Kevin. He is awful fond of Kevin (elderly father of childminder). He brings
Ethan out to the garden in the summer time, Ethan will go out after him and it’s lovely’
(Valerie, mother).

This sense of community can extend beyond the walls of the service itself, with the
community bonds existing in the broader local area, as the following quotes shows:

‘Absolutely, my son was starting school and really all his, everyone who would be in
his class had been here, he knew them all. He couldn't wait to see them going in. They
were hugging each other. There was no problem about going to school. It got rid of
all of that. And it means you have friendships within your community, they’re more
aware of what's going on within the community. They know the parents from the area.
It’s just, the community sense here, it’s very strong really’ (Danielle, mother).

‘And like all our children have friendships with the kids they have literally grown up
with since the baby room. They go to each other's birthdays or just over to play and
we now know the parents, so there is a real community environment about the place’
(Francis, mother).

‘And you know, if we ever see any of the girls [staff] down the town of a weekend, the
kids go running over to them, they can’t get a day’s peace, really’ (Bevin, mother).

This sense of belonging, both to the community within the service, and to the broader
community in which the service is set, is reinforced when local issues ‘spill over’ into
the daily conversation within the setting. Participants were observed discussing local
events and sharing local information, well beyond the expected early childhood topic
of conversations. In one service the recent victory of a local sporting club was the topic
of conversation, as parents came and left, with many of them discussing the qualifying
match. Speculation about possible parades, the wearing of team jerseys, and ways the
service might celebrate a final victory, were discussed and shared. In another service the sad news of the death of an elderly member of the local community was shared by many parents as they came and left over the course of a few days. The circumstances of the man’s death, funeral arrangements, and reflections on their personal interactions and relationships with the man were shared amongst the parents, staff and managers. At a childminder’s home, the caregiver was observed explaining the process of parent/teacher meetings in their local primary school to a parent. This parent would soon be participating in these meetings for a first time, and the childminder shared several years of experience taking part in the process.

As highlighted above, observations during the field work process provided evidence to support the view that bonds within the service are genuine and often extend out, beyond the service setting. Many providers said families found them through ‘word of mouth’ in the community; that they are well known by others locally and that is one way families can find out about them. In other instances, families simply knew the care provider, from living locally themselves. During the interview process, several of the managers and the mothers mentioned how the sense of ‘localness’ in the staff or managers was seen as attractive to parents, using terms like the ‘girls from around here’ or ‘they were local like me’. Another parent shared how her child sometimes asked to go to the home of a practitioner from the crèche, on the weekends, as they knew she lived nearby and wanted to visit: ‘Can we go play at Bernie’s house?’ This comment highlights the sense that the community based around the childcare service, moves beyond the walls of the building, both physically, into the locality, but also conceptually, in the sense that they are all part of a larger entity. During the field work process the following interaction was observed.

A mother arrived at the service, and was greeted by the caregiver.

Mother: “Hi Tara how are you? Kevin is glad to be here today, we were talking about ye all weekend, weren’t we Kevin?”

The boy, being held by his mother, nods and smiles at caregiver, in a shy, coy manner.
This exchange reflects an earlier quote, from a mother involved in the research project: ‘It’s a very important part of what's going on in our lives at the moment’. Even when the children are not present in the service, the service, the caregivers and managers are still a presence in the lives of the families, and as later quotes will highlight, these bonds are also felt by staff, managers and childminders.

Within the childminding settings, families using the service come to know the childminders’ family, her children and spouse, but in both cases involved in the research, extended family members such as grandparents, also come to know the minded children, and to interact with them in caring, community minded ways. One mother spoke of there being a ‘seamless’ sense to who were the minded children and who were the caregiver’s own children, and this was even seen in how the childminder’s parents engaged with the children. Another mother talked about how she and her family joined in the childminder’s family celebrations, how she felt welcomed by the grandparents, and witnessed how loving they were towards her young son.

‘I suppose I got a chance to meet them all at Mary's [childminder’s daughter] birthday, and I got to see how they were interacting with Ethan. And that kind of...not that I'm one of these that I like to see how they were mad about him, but he was very open with them. And her parents are quite lovely and I would be quite familiar with them now’ (Valerie, mother).

At another childminding service and research site, a father came to collect his two sons. The childminder and children were playing outside in the garden. The father and childminder chatted for a time, and then the father, noticing the car of the childminder’s spouse was parked at the house, enquired after him. The father went into the house to chat and visit with the spouse for a while, before collecting the boys and leaving for the day. Again this demonstrates how the relationships within these settings are far more extensive than the parent-caregiver-child triad.

In one small rural crèche, situated beside the owner’s home, the owner/practitioner opened the service each morning, accompanied by her two younger children, aged one and a half, and four years. A short while after children started arriving, her older two
sons came over from the house, visiting briefly, before leaving for school. The following describes the interactions that were noted during early morning ethnographic observations.

Tommy, aged fourteen years, comes into small crèche along with Dan, twelve years. Present are Tommy’s mother, Paula the manager, his two younger siblings and two minded children. Two children are playing with blocks in the corner. Hannah, just under two years, is seated in a highchair being fed her breakfast.

Hannah: “Hi ya, hi ya!” Hannah is waving her hands in the air as she sees the boys enter.

Tommy: “Hi ya Hannah”. Hannah continues waving her hands.

Tommy “High-five, Hannah?” Hannah smiles, holds her hands still, but keeps them up in the air. Tommy comes over to Hannah and pats her hands with his. Hannah smiles broadly and pulls her hands down to her lap, looking pleased.

Nessa, three years, playing with blocks calls out “High-five, Tommy” and holds up her hands. Tommy comes over to her and ‘high-fives’ Nessa. Tommy ‘high-fives’ the second child, his youngest brother, who is also playing at the blocks with Nessa. Tommy then goes over to his other sibling, Stephen, sitting at a table completing a jigsaw puzzle.

Tommy: “High-five, Stephen?” Stephen shakes his head no. He is too busy with the task before him.

Tommy “Okay”.

Mother/practitioner: “Okay boys, ready to go? Bus will be here”. She kisses the two older sons. Goodbyes are said to children, more ‘high-fives’ given and the boys walk down drive way to wait for their school bus.
A few minutes later Paula hears a car outside. After a short time, when no one enters, she goes to the door. Paula calls out to a parent. In a moment David, three years, and his mother enter.

Paula: “Were you watching Tommy and Dan getting the bus, David?” David nods.

Hannah who is now out of the highchair, comes over to David and his mother: “Hi ya! Hi ya!”

Paula: “Hannah is saying hi to you David. Do you like the big boys, David? You’ll soon be getting the bus to school too”.

Mother: “Hi Hannah” then to Paula “He loves to watch them getting on the bus. We’ve had to sit and watch them several mornings lately”.

The morning visit by the older boys was witnessed most days during the field work stage, with the offering of ‘high fives’ part of a routine that is expected by the children within this service. During this period of observation at this small service, ‘Hannah’ the youngest child attending, and typically the first to arrive each morning, was seen to greet all comers to the service, children and parents and to be greeted in return. Asked about her friendliness and welcoming nature, Kathy a practitioner in the setting, responded as follows:

‘She’s the youngest one here as well, so we all kind of molly-coddle her. Everyone loves Hannah. And she’s great, you come in in the morning and she’s ‘hi Kathy’ and ‘up’ and she’s in your arms. I don’t know how to describe it, she’s the baby, she’s lovely’

This exchange, and other examples shared from the observation process, represents how a wider range of participants are seen to be part of these broader communities. Actors engage one another, draw them into and at times facilitate social networks of exchange, recognition and validation, whether they are adults – parents or caregivers - or whether they are the youngest of children within the setting.

From the research interviews conducted with all participants, it is apparent the emotional side of these relationships can be very strong, and reinforces the sense of belonging experienced by many of the research participants. A rational perspective of
what is occurring in these settings could describe the phenomenon as a pure economic activity, an exchange of care services for payment. The reality of what is happening is a much more emotional and human activity than a purely functional or rational one. The idea of a professional relationship, which can include a sense of friendship and strong emotional bonds, is perceived within these settings and between many parents and practitioners. During the research interviews, mothers were asked if they were to seek out childcare again, from their experienced position, what would be on their ‘shopping list’. Alternatively, if they were to advise a friend seeking childcare, what would they recommend as important. None of the responses referred to the business side of the arrangement. They all spoke of the qualities of the service, the warmth, the relationships, the welcoming of their child, while a few also commented on the space, being open, clean, and with a nice outdoor area. Only one mother felt qualifications were a priority, with many saying there were other, more immediate concerns.

‘Qualifications weren’t, I suppose, I know there should be a minimum standard in terms of qualifications in practice across every sort of service provision, but, I think it’s the type of person over, really, qualifications. Qualifications can’t get you these qualities…. They are unique to that person, and either you have them or you don’t. So it’s really based on the recruitment of those people’ (Sarah, mother).

‘Flexibility. Definitely. …. So they were able to adapt to her routine rather than forcing her into theirs. And that it’s a ‘no problem’ attitude’ (Noreen, mother).

‘I don’t think the money comes into it as much as you would expect’ (Orla, mother).

Returning to the issue of strong bonds in the settings, emotional bonds were evident between the practitioners, the parents, the children, in the proposed ‘multi directional webs of care’, beyond the parent-child-caregiver triad. A childminder involved in the research described how a child attending her service has bonded with all her family members. Due to his mother’s impending maternity leave, he will soon be leaving her service, and this is expected to be upsetting for the entire family.

‘Now Nolan, come Friday, will be finishing up full time with me and coming two days a week. Just for a few hours, and that will fizzle out over the summer and he will be going to playschool over in [local village]. And I won’t have him. I’ve had him here since he was 7 months, I can’t even talk about it, oh [tears up] I really don’t know what I’ll do. I know that Stuart [minder’s son] is going to school in September, but still he will miss him coming, even [older daughter]. Even [husband] is very fond of him
coming. It's just, you do. I get too attached. Much too attached. I'd have made a bad nurse [laugh]ʼ (Theresa, childminder).

The following quote is from a practitioner describing bonds with parents, with particular reference to families moving on from the service or transitioning to other rooms:

ʻBut you still do have a bond with them, so you'd be sad to see the child go, because you'll miss the parents as well. You spend a lot of time with them as wellʼ (Tessa, practitioner).

One manager, in discussing her awareness of bonds between parents, children and the caregivers in her service, reflected on how she has noticed the beginnings of these bonds developing.

ʻIt's funny I never seen it really until this year, who picks which child to like, nearly. But when a new child comes in, the girls will go, I don't know if it's a physical thing or an emotional thing, or what it is, but they will pick, not....you know, they don't talk about it. But within two or three weeks you can see the parents are going over to the person that has bonded with their child and you can see that that child is, even....with them in that bondingʼ (Denise, manager).

The bonds between practitioners and children often continue beyond the transition process. This practitioner discusses how two children who have moved up to her room, still have close bonds to the practitioners they ‘left’ in the previous room:

ʻSarah and Kerrie, they still go down to give Katherine and Francis a hug in the morning, before coming in to our room and its been, what is it? Three months now?ʼ (Tessa, practitioner)

Other conversations, during the research demonstrated the strong bonds between the caregivers and the children, as the quote below, and the quote from the childminder, above, demonstrate.

ʻYou go home thinking about them, like if they're sick, you're like, I wonder how she's doing? How did she get on with the doctor? Small things. You know you never think.....most people leave their work at work. Where as here it's so different. Because you are caring for small people, it's so hard to leave it at workʼ (Doreen, practitioner).

Along with the providers demonstrating strong bonds with parents and with children, managers of services had strong bonds in many cases with the children for whom they
provided care. This quote, from a manager at a large private service, highlights how the relationships are not solely financially motivated, but have strong emotional and human connections, even at the management level.

‘I think at times people think, you are just minding children, but the children are in your head. You know, you can't.....If you're right for the job they're in your head. You can't say, right I'm finished now and that child just went into hospital there and I won't think of him for the evening. It’s madness. Like I have texted parents in the night and said how is he, after today, this or that, how did he sleep? So you kind of go well beyond your 6 o'clock finish but I don't know, I presume it's the same everywhere, because it's like that here’ (Denise, manager).

Many of the families attending the services involved in the research, have used the services for the care of several children, spending many years coming to the service on a daily basis, engaging with the caregivers, watching other children grow up alongside their own. One mother addressed how this experience has been a strong part of how their family and their children developed, as people, acknowledging how much she feels the practitioners contributed to the raising of her children along with herself and her spouse. She spoke of the continuity this offered her family, and the sense of having an emotional bond with the practitioners. Another mother referred to the reassurance that those involved in her child’s care are known to her and are not ‘strangers’ to her or her son.

‘Yeah, I suppose what we are looking at it is through this long lens, looking back over the years as a family and it is extremely valuable to us as parents, the relationship with all the women who work here. I would trust them very much so, and I know that the kids are genuinely being cared for. Not just physically being fed and minded, taken outdoors, that they are tuned into the children and how they are as people. There is a kindness there, you know. ….it is a great benefit to us to have that continuity’ (Francis, mother).

‘I am, yeah, now the girls were actually down in the baby room a lot as well, so I don't feel any of them are strangers to Harry. They all seem to know him and he seems to know everybody over there’ (Bevin, mother).

‘I had a relationship with Breda even before Frankie came to us, because Frankie's sister had been in our room a few years ago. So you kind of get to know some of the families. So you kind of build up those relationship with the parents. But I feel it’s more of a friendlier than a professional relationship’ (Anna, practitioner).
Parents come to see their own child as welcomed into this community, this extended family, and the relationships that this offers to their family. Their child may come to know people within community that parents have not yet met, such as support staff within larger services, or visitors to childminders’ homes, such as the young boy with the close relationship to the grandfather in the childminder’s home, as referred to earlier. One mother shared how much her son talked about the cook at his crèche, and how she made special food and brought it to their room, or they visited her in the kitchen, long before the mother actually met her. Children are seen by their parents to have lives, and social networks within the childcare service.

‘So you do meet others and you see them interacting with families, everyone is very familiar and it’s lovely. And if I met somebody with Frankie, that I didn’t now, he’ll be like, Oh hello, and he’ll say that’s who ever, and that’s great. And like Helen - Helen cooks the dinner, but we know her too, and Frankie loves Helen. So there is a real sense of community’ (Francis, mother).

‘But I will see her there, sitting at the table, with her freinds and she’s talking with her friends. It’s a big thing to see your baby, with her own peers, sitting at the table, doing her own thing’ (Breda, mother).

While conducting the observations as part of the research process, from time to time a parent was observed coming to collect a younger child attending the service, accompanied by an older child who had previously attended. On these occasions caregivers chatted to the older child, clearly pleased to see them. These moments offered a chance for providers to catch up with children they previously cared for, and to see how they are growing and maturing, strengthening bonds between the service and the family. Parents and caregivers or managers were also observed discussing older children, and what was going on in their lives, such as a birthday, or other milestones. It was apparent that both parties, the parent and the practitioner who knew the older child, enjoyed sharing these developments, as well as reminiscing about their time in the service.

Not all families, or all parents, actively engage in these interpersonal interactions. As discussed in the previous section, most staff endeavour to connect with ‘hard to reach parents’ seeking common ground around topics that interest both stakeholders, with the aim of drawing the hesitant parent into more regular, comfortable daily exchanges.
Even with these efforts on the part of staff, some families, or some parents within families, are not as inclined to interact in the friendly, easy going informal manner as has been described throughout this section. Some prefer to maintain a formal, is slightly distant relationship with those who provide care for their child.

5.4.5 Negotiation

Returning to the theme of negotiation, as presented in the previous sections, making the decisions to return to the workforce, selecting the care setting for their child, negotiating the care of their child with another, negotiating and moving back into the workforce, is the process that all of the mothers in this study followed. As stated earlier, many families perceive their childcare service as a support to them, in transitioning back to the workplace, and in their ongoing parenting role. The child care service offers the potential for parents to feel welcomed, supported and feel a sense of belonging. In spite of this, and despite feeling empowered in making what mothers perceive to be the correct choice, arranging suitable care and feeling they have met their maternal obligations, some of the mothers in the study still talked about feeling guilty for not being the daily carer for their child. They discuss worrying that they have made the right decision, feeling perhaps their child is missing out in some way from them being in the workforce, and revisiting their decision making processes, for some mothers more frequently than others.

‘Yes [we’ve struck a good balance] but I think you are constantly torn. Constantly, on a daily basis... Constantly on a treadmill trying to catch up to yourself... and mean I know he's fine but I'm thinking I'm his mother, he's not getting his mother's hugs during the day. But Cian seems very well adjusted......It is, it is. It's mine most definitely, [the concern] I know, It’s mine’ (Tracy, mother).

‘Ahm......leaving them here, fine, good, I'm happy. Personally, from my own perspective, I would like to be more involved with them, but that isn't an option. So this is the next best scenario. Where, ultimately, I feel that they aren't, the children aren't being deprived in any way, I am the one being deprived of their, of being around them, that's it more, but I actually don't feel that they are being deprived in any way’ (Tara, mother).

Other parents, while expressing satisfaction with the choices they have made, and the balance they have struck, still wonder if the long term choices are right for their children.
‘But the only thing, when you are working the time can go awfully fast. But from the time when, well Emma will be 8 from the end of March and to think that she’s been in crèche since she was a tiny baby, now she is very happy and very well rounded little kid, but gosh you always question, what if I had stayed at home? Whatever. But I suppose you can’t keep kind of second guessing yourself constantly’ (Francis, mother).

‘I would like to be working two days a week and the rest of the time be a stay at home mother. We waited a long time to have children and here we are with small children, they are growing up too quickly and we’re giving them to someone else to mind, it’s mad, it’s just not ideal at all. And I worry – could it have long term effects on the children?’ (Orla, mother).

These mothers, while speaking about their perception of their child’s needs, highlight the issues remain more with themselves, their views of what they should be doing, as mothers, and their maternal identity. They have not stated that they are certain their child is suffering, rather they highlight all through the research interviews, how content and well-adjusted their child, and children, appear. Again, this reflects the internal negotiation mothers struggle with, in surrendering control of their child’s daily care, sharing this with others, and wondering often if the correct decision has been made, and identifying their own role in these processes. These few mothers who have expressed a sense of maternal guilt, acknowledge that they are the ones missing out, or that the issues they raise are their own issues, and not seen in their child.

While all the mothers in the study had a child who was under three years, and many of the experiences they shared concerned their return to work after this child was born, there was a group of mothers who had older children, and so could look back from a more experienced standpoint, such as Francis, above. For those mothers who also had second or subsequent child, having been through the journey allows them the reflective position, to consider their experiences with a sense of having done the right thing, by their child, their family and their own sense of identity.

‘But no, in hindsight, I’m very glad for the way it’s worked out. And if we did it again I’m sure we’ll go through the same emotional conflict. But the next time I’ll logically be able to say that I know this is the right decision for me’ (Louise, mother).

‘Yeah it [childcare service] absolutely helps you balance it… Yeah…… Because before Mary started here, Thomas had been here, and it made it alot easier going back to work because I knew she’d be fine here. So it wasn’t like ‘Oh my god’ dreading it, because I knew. ‘Well actually she’s going to get on really well here’ so it wasn’t a
worry. The trust was there. We knew what it was going to be like, and everything, so...... dropping in a baby there wasn’t the concerns around it there might have been’ (Danielle, mother).

For most of the mothers in this study, the idea of a working mother was one that they would not have been commonly exposed to through their own childhood, as Ireland had a historically low level of maternal employment, but one which many of these mothers have embraced. Several of the mother-participants spoke of being a role model to their own children, particularly to their daughters. They felt they were demonstrating the possibility of having a happy family life while also engaging with the work force and receiving satisfaction from all these aspects of their lives.

‘My mother was always at home with us and I always swore that I would be financially independent, the way she wasn’t. So although there are pros and cons to it, I think overall it works best and I’m much happier knowing that I am out doing what I need to do, and coming back again in the evening’ (Tracey, mother).

‘I love my job……my hours, which are good and flexible……. And I think it’s important for our children, especially Jocelyn, being a woman, that she can see that you can have your work ……… And the children know I have [work]. I have brought them to see my [work], they have been in it, so they know about it and can understand when I talk about [work]’ (Breda, mother).

One mother in the study spoke of the criticism that can often be levelled at women, whether they choose to work full time or choose to stay at home full time, and at times they may feel they are in a no-win situation. This mother perceived the strongest criticism coming from other women:

‘I think the biggest enemy for women, going back to work or trying to do work, or deciding what they are going to do, is actually other women. The women who are at home, trying to justify their existence and maybe not using whatever their previous experience was, by kind of knocking away at the women who are out working and vice versa, the women who are out working chipping away at the ones at home, saying oh god you have it so easy, you know what I mean, oh I’m killed out working, you know. If we could just live and let live, it would be an awful lot....I think men don’t put half as much pressure on other men, in that scenario. Because it’s accepted that they all go out to work and they also function as fathers……So I do think the biggest pressure is from women undermining other women, you know’ (Francis, mother).

This quote highlights the dilemma and conflicting opinions within society regarding the role of women and mothers whether they are in the home or the workplace. While
it has always been understood that men can hold the role of father and provider simultaneously, this broader image is not yet fully accepted for and by women. The mothers in this study perceived their role as an economic provider to their family, as well as a care-provider, arranging for care to be provided in their absence, and negotiating on all these fronts. Their behaviour reflects the increasingly common perception that a ‘good mother’ is one who does not necessarily provide for their child’s care individually, but who shares that care with competent others, be they private individuals or groups within larger settings. This is a significant paradigm shift, particularly within Irish society, as less than a generation ago the role of women was seen as a provider of care and nurturance within the home.

The process the mothers/participants have followed, moving from novice user of childcare services, to well established, confident mothers, mostly secure in their childcare choices, is one in which the issue of negotiation has been a recurring theme. These findings suggest mothers are vulnerable in their actions of seeking out and selecting a childcare service, surrendering the care of their child to relative strangers, based on intuitive decision making and hoped for trust. Mothers negotiate with a range of actors, from employers, to care providers and internally with themselves, in order to justify and validate decisions made. Not only do mothers need to reassure themselves that the choices they have made were the best for them, their family and for their child, but equally, they have to justify these choices against a societal backdrop which undermines choices mothers make, whether that is to remain in the home and maintain full control of their child’s care, or to hand over that care to others in a negotiated relationships of shared care.

The research process revealed a powerful factor which reassured mothers through this process of doubt and concern was the witnessing of their child’s contentment in their care setting, seeing them happily arriving, observing them engaged with playmates and caregivers, and noting their ongoing healthy development. Though doubt never seems to completely leave, this is a strong indicator to parents that decision made were the best ones for them, and that the caregivers they engage with are key to facilitating, supporting and reassuring parents.
5.4.6 Established Relationships

The main focus and the original intent of this research project was to explore relationships between parents and childcare practitioners with whom they engage to provide for the daily care of their child. During the interview process practitioners talked about how relationships need to be developed, and that it takes time and opportunities to be together, to chat casually, in order to come to the stage where you feel more comfortable with each other.

‘I get on very well with them all. They are all very chatty and warm. There's no one who will just come in, grab the bag and go away again. We have some new moms, like Ethan's mom there today, she sat on the couch and stayed for a while and was willing to chat with us, so we're getting to know her better now. So there's lots who will chat to you and see how you got on, how was your weekend? They take an interest in you, as well, you're not just someone who minds their child, like’ (Doreen, practitioner).

A few mothers also highlighted how it takes time to become friendly with anyone, and the more they came to know the caregivers the more relaxed and at ease they were in their interactions. Following up on that point, and being asked if they could describe the relationships, both practitioners and mothers were hard pressed to clearly define it. The majority of participants in the research described relationships positively, stating they had good relationships, that they were genuine, positive, and other words to that effect. Some stated they felt it was professional, and yet it didn’t adhere to previously held notions of ‘professional’; others used terms like ‘emotional attachment’ and ‘friendship’ to explain how the relationship had changed over time, and bonds had developed.

‘I think you definitely have an emotional attachment’ (Suzanna, Mother).

‘It's a professional relationship, but it's not............you have to be professional with them but at the same time I would categorise a lot of them more as friends. You know, if you met them outside in town you'd stop and talk to them.... The boundaries are not as clear’ (Kathy practitioner).

‘I would....my relationship with parents ....I'd say it's close to friendship. Maybe some of the parents don't see it that way, at all. But I'd like to think they could come and talk to me about anything’ (Paula, manager).

‘It’s a totally honest and open relationship, more like a friend’ (Valerie, mother).
Several mothers described the daily exchange of information, and the conversations they have as building that friendly rapport with practitioners. As they come to know practitioners, they engage with casual conversations, initially around the care of the child and her/his needs each day, but it soon develops further, in many instances. Participants highlight how they come to know more about the caregiver, or about the parent and the family, and take a broader interest, ‘at a human level’ as stated by one participant. Many participants spoke of the light-hearted nature of the daily exchanges, which is part of the friendliness they experience.

‘I expected it to be much more formal than it is, and it's nice that it's not. I don't really like formalities. So I have to say that's nice. And I like her, I get on with her, and I think that's important too, because if I didn't I wouldn't be able to relate to her’ (Orla, mother).

A few mothers discussed how that casual, friendly chat, on an ongoing basis, creates an atmosphere in which any issues arising can more easily be addressed. As rapport has been developed, there is an ability to discuss concerns in a constructive manner. During the interviews, when discussing information sharing and communication, most caregivers expressed a view that regular ongoing communication was key to developing open relationships, facilitating the ability to discuss any concerns, for both parties. Having that rapport and the comfort level day to day eased the situations that had the potential to be tense or upsetting, such as a concern a caregiver might have about a child. This was discussed earlier in this chapter.

A ‘genuineness’ in the care shown for their child was a quality many of the mothers cited as particularly valued by them and a characteristic they felt present in their child care situation.

‘It’s that whole emotional thing, the caring aspect of the people who are going to be minding for your child. That they are kind. Caring. Over and above what the facilities might be available. That there is somebody who will genuinely look after your child. And you know, form that attachment to your child’ (Breda, mother).

‘I think she loves him. I think she loves all the children who come to her’ (Orla, mother).

Being aware of their child’s comfort level in the setting, of arriving happy to go into the childminder’s home, or their play room, reassured the parents that the child is
content there, is well cared for. They take this as a good measure of the happiness within the care group.

‘Number one that I can see there is a good and kind relationship between them and the children. Children are very discerning, in ways. If they don’t get a good feeling for somebody then they are just not going to bother with them. They are a very good litmus test for what someone is like. If they take to someone then there is a genuine goodness or kindness there’ (Francis, mother).

This genuineness in the relationships enhanced feelings that the information sharing process was open and honest, that caregivers shared the good and the bad stories, and that everything wasn’t glossed over, in an attempt to please parents. Through the open communication, both parents and practitioners are able to discuss concerns either has regarding the child, in a supportive, responsive manner. Practitioners involved in the research found that by discussing concerns at an early stage, you reduced the likelihood that they develop into major issues. In addition, opportunities to talk through concerns facilitated a collaborative approach to caring for the child, and meeting her/his needs.

‘And I think the regular chats helps to eliminate a lot of that’ (Pauline, manager).

‘From what I have been finding, is that when there is good ongoing communication, constant, everyday, things never really build up to the point that there is a complaint, its dealt with early and easily’ (Anna, practitioner).

‘And I really think most parents are pretty happy with the service we’re providing.... I would hope they would just feel comfortable coming to me if they have a problem with me that they would be able to say it and not feel that I would be offended. And that if I had a problem or noticed something that I’d mention it and I’d hope that they take it on board’ (Kathy, practitioner).

‘I think our parents have the confidence and feel that they can come to us. And maybe that is why we never have any major issues’ (Marie, practitioner).

Equally, parents expressed the appreciation that issues can be aired, that advice can be sought and that practitioner are willing to work with them, for the benefit of the child’s improved care. Parents remarked that practitioner are proactive, if they feel they have knowledge that parents would benefit from, they are forthcoming in sharing.

Yeah, I appreciate all those things. Because you know, it’s a learning curve. I'd give
someone a medal if they thought they could do it alone. I really would’ (Molly, mother.)

‘I'd go and talk to Denise, because she's very good. Especially in September, when he had that difficulty transitioning into the toddler room, we had many conversations about what it could be’ (Tracy, mother).

‘Yes. I think they are brilliant. They are really fantastic. Even little things, you know, I remember around Frankie, eating and weaning him off bottles, or the support when it came to training time, how they trained him at the crèche. And say, how the day went, how they are coping with things. So it’s good’ (Breda, mother).

One mother shared a story of how her son appeared to be making a difficult transition to primary school, that he was ‘not himself’ and how the family assumed it was the new school and a new baby in the family. Due to the family’s lengthy history at the childcare service, all the staff knew her child very well. His main caregiver in the after-school group pointed out several times that she was concerned for the boy, and felt there was an underlying issue.

‘And I trust their opinion very much…….Susan actually upstairs, said to me, there is something up, he's just in funny form. She said there is something the matter. But we couldn't put our finger on it. ........And low and behold, we found out about a month later he was being bullied at school. And Susan picked up on that, long before we did, because she would have been familiar with James, really from when he was a baby’ (Francis, mother).

In discussing their relationships with parents, several common themes arose from the interviews with practitioners. Just as parents spoke of the issue of trust, practitioners equally highlighted that being trusted by families was important to them. Sensing parents respected them, as knowledgeable caregivers and sought their advice on how to approach various issues was also valued by these practitioners. The third area highlighted by many practitioners was enjoying when the relationships with parents that had reached a point where they both felt comfortable with each other, ‘chatty’, with an easy going atmosphere in which they interacted each day. This tended to result from more established relationships, where there were bonds between stakeholders. The following quotes will highlight these issues, beginning with trust.

‘Yeah, I think the fact that they are trusting you enough to mind their child, then they, it means they are going to be friendly. And they know that I'm going to be friendly
back. It’s a big ask, to ask somebody to look after your child. The fact that they, well I feel it’s great that they trust me to leave their child here when I’m here’ (Kathy, practitioner).

One practitioner spoke of trust between herself and parents as resulting from the bonds that had developed between her and the families.

‘Yeah......there is an emotional bonds with parents to an extent ...... so you’d be sad to see the child go, because you’ll miss the parents as well. You spend a lot of time with them as well. They trust you to look after their child. Yeah. Trust I suppose. Or like respect as well, actually......That bonding. Its a lot easier cause they understand, they let you, that if they trust you to look after their child, and to do the right thing by them, then it makes it easier’ (Tessa, practitioner).

A parent seeking advice from a caregiver is one way that they demonstrate that respect and valuing of the role caregivers play in their family’s life. The following quotes highlight how parental respect validates caregivers, how they feel their daily effort to provide care for the child was appreciated.

‘I'm honoured that they'd even ask. Seeing as they may have had kids before, but they might say do you think we should try this, or push this now, do you think he's old enough. Or we'd have parents saying do you think she's ready for the next room. So there's always that .....Yeah I am surprised. But it's a compliment, that they feel I know their child that well to ask me what I think, my opinion, yeah’ (Doreen, practitioner).

‘But there is, some of the parents, they'd be coming in and they'd be asking you, so for instance, with potty training, they'd be asking your advice, and all that stuff, nothing big, all to do with the child, like. But you still do have a bond with them’ (Tessa, practitioner).

‘Some of them would see you as the person who minds my child, and they pick up the child and go home and that’s it. Then others they think oh you care for my child, you do this for my child, you do that for my child, and they see you as part of his life, you know’ (Tara, practitioner).

One of the service managers noted the importance of this recognition for the staff.

‘What makes a relationship work well, ehm... it’s when the staff feel valued by the parents and for the contribution that they are making to their child’s care and education. And from the parent’s perspective, if their child is happy and secure and they have the opportunity to build that relationship with a consistent staff member. But yeah it’s important for staff to feel valued and sometimes they don’t’ (Tina, manager).
Following on from this manager’s view, it was clear that while many relationships are seen as quite positive, responsive and pleasant, not all relationships reach that point. The following set of quotes highlight the variances in relationships between caregivers and parents, with the later quotes focusing on the positive relationships.

‘Oh yeah. There are some parents I'd never ask how their weekend went, which sounds terrible. (Laugh) But they'd just look at me. But that's a very small percentage. Most of them would just chat away’ (Pauline, manager).

‘Yeah that's it. The boundaries are not as clear. Definitely, they'll come in in the evening and have great chats. ...... You just...yeah...they just invite you in I suppose’ (Kathy, practitioner).

‘Yeah, I did, now, I'll be honest. I didn't I expected it to be so close ’ (Rita, practitioner).

‘They are purchasing a service and I suppose....it doesn't feel like that. Well for me it doesn't feel like that’ (Bernie, childminder).

As stated previously, practitioners make an effort to develop the relationships with parents, as they are coming to know each other, feeling parents should be valued, just as they appreciate being valued by parents.

‘There are some of them that feel you are more than just someone they hand their child to in the morning, they think more of you.Yeah......Friendliness I suppose is a big thing, You don't want to go into a place where the girls are cranky or nasty and don't take an interest in you, yourself. Things like that. Now we always ask, so where are you working, are you working local, do you live local. Take an interst in them as a person, rather than just more money paying our wages, filling the place, ticking things over, take an interest in them as family, like that, its important’ (Doreen, practitioner).

And many practitioner spoke of the bonds they had with the children that were at the heart of these relationships.

‘You nearly feel like they were your own. Even though you know they're not. Because you are with them all day, five days a week. So when one of them takes step we’d get emotional. Or when they move to the next room, we'd get emotional’ (Doreen, practitioner).

‘Yeah, yeah that’s it. The money doesn’t matter, or anything. You just love the job. Mind you I'd love the job more if I could keep some of them in the baby room. if they didn't have to go. But you do love them. It doesn't matter about the money or
The issue of wages, societal valuing of care generally, and childcare specifically, was a topic explored at the research interviews, with both parents and practitioners. From the practitioners’ perspective, they acknowledged that they had a strong emotional investment in their work, but they were equally conscious that society, generally, didn’t value their work. One caregiver spoke of her opinion of childcare prior to taking up this work, and how she doesn’t let other people’s opinions affect her, as she loves her work.

‘I used to not have a great impression of crèches….. but anyone who has worked in a crèche, or used a crèche, they know what hard work it is….. and really we care so much….. so now if someone says anything I just ignore it – they don't know’ (Melanie, practitioner).

‘I don't dwell on the fact that the pay is lower, because of the fact that I enjoy the job. But the pay is low. And I suppose a lot of people don’t appreciate the amount of work that goes into it either......And I suppose a lot of people would just presume that its an easy kind of a job. But I find myself that it’s physically tiring and mentally tiring as it is......Yeah I don't dwell on it (laugh)’ (Kathy, practitioner).

‘A child who would never be able to do something and then can do it – it’s that step. That makes it, to me, it makes my job worthwhile, and the reward is so big in those little things. That’s why I love this job’ (Anna, practitioner).

Mothers recognised the low pay as an issue, but felt the system as it was structured was a barrier to enhancing pay, as parents already paid a high amount for care. As was noted in the context chapter, Irish childcare fees are found to be double the EU average, with limited government subsidy to support parents in paying fees, or to services to enhance wages.

‘Oh yeah I think they are underpaid, but I suppose it’s a double edged sword. Because if they were to be paid more I’d have to pay more for the service, which would make it cost prohibitive then’ (Danielle, mother).

‘Majorly undervalued. I think the reason the wages are so low is parents can’t afford much else. So you know, you get small wages and it’s a very hard job. It’s exhausting. From 8 oclock in the morning ’till 6 o'clock at night. It’s exhasuting like. And I can fully appreciate that. And I wish it wasn’t that way. I wish it was better paid. There is
so much at that age that is so important. And there are girls there that trained in that area because they love it. And it’s a pity that it’s so under funded’ (Noreen, mother).

‘It’s definitely, it’s not a high paid job, which is a pity. Cause I guess that there’s a kind of stigma attached .... So I guess wages are set based on what people are going to be willing to pay.....you can only set it to what people can afford I guess to pay. But I do see that it is a very valuable job. Unfortuanley that’s just the way it is, isn't it’ (Susan, mother).

Parents and early years practitioners in this study appear to move from being relative strangers, in most instances, to developing close relationships, with feelings of friendship, close bonds, trust, based on honest open communication, in a short space of time. In reflecting on the ongoing relationships between parents and childcare providers, participants valued the ability to build rapport, through the daily exchange of information, and also, through light hearted daily ‘chats’ about a range of topics, not solely concerning the child. Such ongoing interactions facilitated the development of bonds between these parties. Rapport was further enhanced by parents demonstrating their appreciation and ongoing valuing of the care provided by practitioners, the esteem in which they held caregivers. The observations that were carried out as part of the field work process noted mainly positive daily exchanges between the parties involved. The achievements and developmental progress of the child concerned typically dominated conversations, with both parties observed to take pleasure in the sharing of news concerning the child’s wellbeing.

5.4.7 Summary

The final section of this chapter, exploring themes emerging from the research, has proposed that early years services, such as the ones involved in the research project, represent ‘communities of care’ for a wide range of stakeholders involved in the varied settings studied. This proposition was developed from the analysis of data collected through observations, research interviews and informal comments shared during the field work process, along with field notes developed as part of the reflective component of the data collection.

As these relationships develop, the focus seems to broaden, to take in not just the care of the child, at its centre, but to be open to a range of other topics, sharing updates of events around family life, community happenings, parental-employment related
experiences, and other news. Services play a role in expanding these proposed ‘communities’, as they support the extension of social networks within the settings, provide a link for families to the broader community, offering a sense of belonging and valuing of stakeholders.

Observations during the field work stage of the research project, offered evidence that not only are parents and caregivers actively engaged in drawing others into these ‘communities’ but young children display their agency in how they interact with other children, as well as with other parents, caregivers and others connected to their care settings. Not all potential ‘members’ of these communities seem drawn into participating in daily exchanges, typically of a congenial nature. Practitioners are conscious that barriers exist for certain parents and families, whether these are perceived or actual, and generally work to overcome them, seeking common ground to encourage more engagement on the part of ‘hard to reach’ parents.

Where stakeholders actively engage, as members of these proposed communities, early years services come to represent a consistent part of families’ and parents’ social network, expanding as participants come to know more and more members, offering opportunities for bridging further connections, amongst others within the service, as well as within the broader extended local community. These institutions offer space for coming together as a community, at a time where other traditional community settings, such as faith groups, extended family connections, long established neighbourhoods, may be seen to be less relevant, or are less accessible, in day to day family life. What has been witnessed during the field work process, are settings with easy going, welcoming atmospheres, where light hearted, daily exchanges, developed over time, set the foundation for deepening relationships and the potential basis for the proposed developing communities.

The focus of the research project was to explore relationships between mothers and the providers of care for their children. The initial section discussed these relationships, tracing their development from first meetings. The ongoing daily interactions between parents and caregivers facilitated the settling in, with mothers conceptualised as quite vulnerable through these early stages.
The second section followed the mothers’ progress, engaging with care on a daily basis, transitioning back to the world of employment, supported by early years practitioners. The importance of clear, consistent, reliable communication was highlighted in this section, as was the professional philosophy, on the part of caregivers, which guided their supportive approach to working with families.

The third section of this chapter sets out the proposal, arising out of this analysis, that early years settings have the potential to represent ‘communities of care’, to stakeholders, where families, children, practitioners and others are welcomed, valued, held in esteem and feel a sense of belonging. These communities are founded on the well developed relationships that have evolved from the time the mothers first arrive at care settings, and through this process, ‘members’ develop bonds and affiliations with others in the settings.

The concepts presented throughout the chapter highlight the central characteristics of these important, supportive and valued relationships, between mothers and early years practitioners. Both parents and practitioners acknowledge that it takes time to develop caring relationships, and that ongoing daily communication is central to managing potential challenges or concerns between actors, and to maintain positive interactions. The developing relationships leads to rapport between actors, with participants describing the relationships as friendly or more like friendships, though the professional aspect remains. In addition, both actors highly value and refer to a sense of genuineness within the relationships. Mothers feel there are genuine loving bonds between carers and children, wherein the child’s wellbeing is of great concern. Alternatively, caregivers who sense genuineness in a mother’s appreciation of, and respect for the care provided to her child, feels validated in her daily work.

Trust, as a key characteristic, presents as an enigma in understanding these relationships: mothers share how they trusted their caregivers from the start, though there could have been no evidence or past experience to support this trust. Their initial instinctive acts are supported, as the relationships progress, through the actions of practitioners and managers, justifying their original intuitive decision.
Negotiation was a prevailing theme, evolving throughout the mother’s process of engaging with early years services. From initial decisions in selecting a service, to ‘surrendering care’, vulnerability is present, for mothers and for their child. Such vulnerability is assuaged by the actions of caregivers, who support, reassure and validate trusting decisions taken by mothers, as the child’s wellbeing and development is fostered in their care settings. Negotiation is present as mothers address work situations, where able, arrange for childcare and direct the style and practice of care. Mother are also presented as negotiating ‘internally’ with their selves, in considering all the changes and processes they have engaged with, in returning to the labour market and sharing the care of their child with others.

Through the reflective element of the research process, considering the observations of interactions, the conversations that were part of the interview process, and the overall sense of these relationships, it was perceived that the relationships between parents and caregivers had a multi-directional engagement occurring. They both gave to and received from the other, valuing the other’s role, demonstrating esteem and efficacy in the other, regarding their role with the child, the child’s ongoing development and wellbeing. Parents demonstrated an appreciation for the care provided, and caregivers responded to this appreciation. This was evidenced as participants’ shared stories, discussing the joys of the day, working to understand concerns both may have around any developing issues, welcoming them each morning, and facilitating the parents leaving for work, reassured that their child will be happy and well cared for in their care setting.

The characteristics of these relationships, the issues of trust, negotiation, the evolving relationships between mothers and practitioners, and the concepts developed through this chapter, such as the ‘communities of care’ will be further developed in the following chapter. Chapter Six will offer a discussion of these emerging concepts, as they have been presenting here, evolving out of the empirical aspect of this research project and drawing on the literature set out in Chapter Three as part of the discussion.
Chapter Six: Discussion

6.1 Introduction

This chapter offers a discussion of the research findings, as analysed with respect of the underpinning theoretical framework – the ethic of care – and in consideration of the relevant literature relating to the various areas explored in the research project. While the ultimate aim of the study was to respond to the guiding research question and objectives, the process of doing so is not exact or direct, due to the decision to develop an exploratory research design. Through this chapter the findings will be extended, presenting key concepts and themes, in building responses to the research objectives as well as the main research question. In seeking to better understand the nature of relationships between mothers and early years practitioners, what is presented here are processes, structures, ideas and contexts that assist in conceptualising these socially constructed entities.

The intention of this study was to take an exploratory approach to examine the relationships between mothers and the early years practitioners who provide care for their children. The rationale in developing this project lay in the increasing use of non-parental care, not seen before within the Irish context, and the policy and legislative imperative promoting a ‘partnership’ approach between these two main actors. There is an extensive international body of literature which underpins the promotion of stronger relationships between families and early years settings, based on proven benefits of high quality ECEC to the child, the family and for society in the long term. There is an equally extensive body of research highlighting the challenges that exist in developing positive, collaborative relationships, proposing continuums of relationships, and suggesting typologies of involvement. However, there is a gap in understanding the nature, expectations or characteristics of such relationships, both within the international and within the Irish contexts. Due to the very recent, rapid and large scale engagement with non-familial early years care in Ireland, limited indigenous literature exists exploring the Irish childcare sector in comparison to the depth of international focus on the sector. In particularly, there is a dearth of research that considers the mother-caregiver relationships herein. These factors when
considered in total created the impetus to investigate this topic area within the Irish early years arena.

As set out in the methodology chapter, an ethnographic study was carried out, characterised by periods of time spent within a range of early years settings in Ireland and by the use of a variety of research tools and methods to explore the relationships in question. The methods included observations in the field, semi-structured interviews with both mothers and early years practitioners, the analysis of documents and other artefacts of interest from the field, and the maintenance of a reflective research diary. The approach developed was purely qualitative as it was felt the type of information being sought, the personal accounts and the depth and richness of data, was best revealed through methods available to the qualitative researcher. Following the data-driven coding of the material collected from the field, the findings were presented in the previous chapter, setting out the experiences of mothers and practitioners in regard to their developing relationships.

The analysis of research findings undertaken in this study, and presented in this chapter, has been underpinned by the ethic of care as a theoretical framework. The empirical evidence from this study reinforces many aspects of the care ethic, including the contextual, temporal, relational and agentic qualities explored by many writers and theorists in the field. This study highlights the care ethic perspective that the qualities of care are privileged in everyday lived experiences, and are a fundamental aspect of daily interactions within our social worlds. The reality of experiences explored in this study reinforce the call by theorists who challenge paternalistic notions of care as a unidirectional activity. The empirical findings, analysed throughout this chapter, will clearly illustrate complex webs of care, wherein care is offered through attentive, responsible and competent practice and responded to by others in their expanding relationships. The care ethic holds that individuals are at various times care givers and care receivers, creating vulnerability in us all. This study highlights how those roles can be simultaneously held by actors in responsive relationships characterised by multidirectional caring.
The relationships under study are initiated by the first contact parents make with early years settings. This is typically at a time when a family’s first child is still an infant and the mother is making preparations to return to the workforce. When considering the practice of choosing a childcare setting, as a general course of action that more and more Irish families are now engaging, it could be perceived as quite a functional and straightforward process. However, the experiences shared by participants through this study reveal it is far from straightforward. When fully explored and analysed it is apparent that this is a highly emotive period of time, with parents relying on intuition and at times, irrational decision making, focusing on the affective dimensions of the service and the practitioners therein. Equally, practitioners provide far more than the care of the child in the parents’ absence, as they guide and ease families through the new experience, offering reassurance and ongoing support.

Through the exploration of these relationships, several key aspects are apparent from the analysis of the research findings. These are set out and elaborated in the following sub-sections, utilising the ethic of care and the relevant literature to support this analysis. These aspects include: the concept of trust and its enigmatic construction in these relationships; the responsive, interdependent, nature of the relationships; the impact of repositioning care activities from the domestic realm to a market context; the proposed ‘communities of care’ wherein a range of actors are recognised and affirmed by similarly situated others; and the evolving identity of mothers as they move from mother/carer, at home, fully in control of their child’s care, to sharing the care of their child, and engaging with the labour market; the proposed developmental model, illustrating the staged progression of these relationships; and finally, the contribution this study makes to the policy debate in Ireland regarding the role, place and function of ECE services for both families and societies is offered.

This chapter is presented in three sections. This first introductory section has reminded the reader of the study undertaken by recalling the rationale for the project, the methods used, followed by a brief summary of the ethic of care as the framework drawn on in the analysis of the research findings. The main research findings were briefly set out in this section, presenting what was found to be the key aspects of the relationships studied. The next section lays out the main research findings, in response
to each of the research objectives, and analysing these through the ethic of care and the relevant literature. A brief outline will begin each response. Findings from the project will then be developed and analysed, drawing on previous research, relevant literature and with particular attention to the ethic of care. A final summary will conclude the chapter, recalling what was presented under each response, highlighting the importance of the results, underpinning the contribution to knowledge arising from this study. This summary will reinforce the main findings of the thesis and the relation of these to the ethic of care.

6.2 Main Research Findings

6.2.1 Objective One: To contribute to knowledge in regards to our understanding of relationships between mothers and childcare providers.

This study has revealed that there are a number of ways the relationships between mothers and practitioners can be understood. In response to this objective, the following section will begin with a focus on the presence of trust and its enigmatic construction within these relationships. The temporal element of these relationships allows for the characterisation of these relationships as responsive and interdependent, with this element also discussed. The final area explored under this objective will be the repositioning of care within a market place context, particularly in the Irish experience, and the implications of this on our understanding of these relationships.

6.2.1.1 Trust

In analysing the nature of these relationships, the characteristic of trust is a key aspect for mothers and families, considered crucial in the initial selection of a setting. Trust continues to play a role as a child is settled into a service, as relationships develop and as trust is reinforced by the behaviours of practitioners. Mothers declared as an imperative the need to trust the practitioners with whom they leave their child from the outset, despite the actors being barely more than strangers.

The notion that trust could be present in these relationships, particularly from the earliest stages, was described as an enigma in the previous chapter. While mothers suggested time was required to develop open honest communication, to feel
comfortable with caregivers, to share details about their child and family, this seemed not to be the case with trust. Trust was perceived as essential and present from the outset.

In exploring what is previously understood about the notion of trust in relationships, the literature reveals that across empirical studies ‘trust researchers have been surprised to find high levels of initial trust’ (Hernandez and Santos, 2010, pg. 177) in a range of relationships, supporting the findings of this study. Mothers in this study speak of an intuitive decision making process in deciding to engage with their care-settings. They take the decision to entrust their child to the care of another, based on initial calculated judgements regarding the ‘trustability’ of the caregivers (Hernandez and Santos, 2010). The experiences shared by these mothers highlighted that if trust was not reinforced early in the relationships, families sought out alternative arrangements, as was the case for about one third of these families. These changes typically occurred in the early stages of arranging childcare provision.

While the ongoing caring behaviours of practitioners reinforce initial calculated decisions, moving towards relational-trust (Hernandez and Santos, 2010), the original decisions to select a service and to trust providers therein, were based on intangible characteristics, ‘gut feelings’ about a setting, a ‘leap of faith’, and a sense of warmth and kindness in a caregiver. In larger settings, this trust may be initially based on parental interactions with the manager of a service, and is ‘transferred’ to employed caregivers in many instances (Ferrin et al, 2006). Mothers spoke of a manager ‘always hiring great girls’, or how the leaders guided the staff in their service, setting the overall approach or ethos in the setting, with these comments evidencing trust-transferability in practice (Ferrin et al, 2006).

This research perceives the act of entrusting their child to caregivers as creating vulnerability in mothers. Mothers hand over their young child, and in doing so hand over a basic human obligation to care and protect their infant, with practitioners acknowledging the enormity of this process for parents. Illustrated in terms of creating vulnerability, this act is truly a ‘leap of faith’, a surrendering of control to another,
with the literature constructing vulnerability as created through risk-taking behaviour (Ferrin et al 2006; Mayer et al 1995). Many mothers spoke of feeling vulnerable or of the vulnerability of their child. However, this risk taking was validated through positive interactions with practitioners, and further validated by the ongoing development and wellbeing of the child at the centre of the relationships.

The literature highlights particular actions, such as regular communication, ‘courtship behaviours’ or strategies, used to enhance trust within relationships (Hernandez and Santos, 2010). A range of qualities were seen to support the primary decision to trust the caregivers, and were important in reinforcing this initial choice: warmth and kindness in a caregiver, open and honest communication, flexibility in approaching families and meeting their needs, were also characteristics valued by mothers in this study. A range of strategies were employed to encourage parents to open up, to share and engage with services. The rationale for such ‘courtship’ was based on a number of perceived benefits: it was seen to support the child’s development and wellbeing; it was expected to enhance day to day practice, by ensuring care was being offered in collaboration with families; and finally, it offered consistency in care practices for the child, between home and care setting.

Theoretically, the ethic of care perceives our need to give and receive care rendering us powerless and powerful at various times through the life course (Hankivsky, 2004). The very essence of our humanity requires that we enter into a vulnerable state, in opening ourselves up to care (Williams, 2002; Sevenhuijsen, 2000; Tronto, 1999). This exploration of maternal-caregiver relationships highlights how mothers are rendered vulnerable, and potentially powerless, in their decision to entrust the care of their child to possible strangers, the proposed caregivers by proxy. This research presents trust as a critical characteristic, considered enigmatic in these developing relationships. Indeed, the ethic of care posits that we are all in need of care, and that we are far more complex in these care needs than prevailing state policy recognise (Engster, 2005; Williams, 2002). In settings where positive, supportive relationships are sensed, mothers act on trust in surrendering the control of their child’s day to day care to early years practitioners who in turn justify that trusting action through reinforcing behaviours. The dynamic aspect of these relationships supports the longer
term development of caring, mutually beneficial relationships, with the child at the centre.

6.2.1.2 Responsive Relationships

A number of characteristics, behaviours, and issues have emerged from the findings chapter as significant in understanding the relationships under study. Mentioned above, these include the desire on the part of both actors – parents and practitioners – to engage in open and honest communication. Mothers in the study generally value practitioners who are approachable, ‘likeable’ and who demonstrate genuineness and warmth in the care provided to their child. Along with honesty, practitioners value relationships wherein parents are equally approachable, if they have a concern or an issue to discuss, that this can be worked out in a collaborative manner between them. When parents are willing to listen to and take on advice or guidance, practitioners feel respected and appreciated in their role. The analysis of these research findings led to these interactions being characterised as ‘responsive relationships’ in that the key actors respond to the behaviours and messages from the other, in the aim of working together to meet the needs of the child, through strengthened relationships.

The style of practice often observed in this study is underpinned by an ethos which recognises parents as the most significant person in the lives of the child for whom they care. This parent-led ethos is typically reflected in the philosophy of the manager/leader in larger settings, and by individual practitioners in all settings, and is supported by current national policy, promoting a ‘partnership approach’ in early years (NCCA, 2009; CECDE, 2006; DoHC, 2006). This philosophy was evidenced through the research process, in service policy manuals, through observations of care practices and in discussions at interview with caregivers. Mothers in the research project also spoke of valuing the role of practitioners in their child’s care, with several describing how they held their care providers in high esteem and appreciated them as a source of advice and information.

While some parents are not as involved or as engaged in communication, those who do engage with practitioners, and who seek out their advice and guidance, enhance the bonds between them, as caregivers feel respected and trusted. The literature frequently refers to the emotional bonds caregivers develop, particularly with children, but also
with families, stressing this aspect is perceived as critical to care providers. Citing care work as frequently underpaid and undervalued in society, the additional emotional rewards are referred to in the literature as valued qualities in the experience of caring labour (Brooker, 2010; Cox, 2010; Daly, 2002; Shpancer, 1998).

The qualitative aspects referred to by participants are reflective of these responsive relationships, demonstrated through behaviours of the actors involved in the study. Engster (2007) suggests ethical caring activities are underpinned by three virtues: attentiveness, responsiveness and caring in a respectful manner. Similarly, Tronto (1993) suggests four elements of the ethic of care as attentiveness, responsibility, competence, responsiveness. In considering the important characteristics of the relationships discussed herein, these virtues/elements appear present in many of the accounts by research participants. The virtue of responsiveness, as per Engster (2007), refers to the behaviours of caregivers in responding to the care needs identified through their attentive behaviour. Highlighting the multidirectional feature of the ethic of care, for Tronto (1993) responsiveness indicates the actions of care-receivers, in responding to the attentive, responsible and competent provision of care from caregivers. This feature, in both its constructions, is demonstrated through reciprocal behavioural patterns of actors in these relationships. Mothers respond positively to care provided to their child, acknowledging care practice, with practitioners responding to that acknowledgement. Research set in two early years services in the UK suggest a ‘triangle of care’ involving the parent, the child and the caregiver, reflecting this multidirectional nature of caring relationships (Brooker, 2010). This study suggests the potential for relationships to develop responsive qualities wherein both actors give and receive from the relationships, providing additional benefits to the child. However, the study notes that functional care is more commonly found, whereas a higher level of caring, such as that which reflects the virtues and elements discussed above (Engster, 2007; Tronto, 1993) is more challenging to achieve in practice and unlikely to be addressed in many training programmes (Brooker, 2010).

The literature exploring personal relationships contends an inherent need to develop close bonds with others in our social networks (Dibble et al, 2012; Lynch, 2007). For mothers within this study, this need is enhanced in their desire to develop a relationship
with the person to whom they entrust their child for daily care. For caregivers, close bonds with parents affirm their role in and contribution to the child’s development and wellbeing as well as recognising the skills and knowledge they bring to their daily practice. The ethic of care perceives relationships as mutually beneficial, though these are often constructed from the care provider’s perspective (Lloyd, 2006). In the unique relationships explored in this research project, the shared experiences create dynamic responsive relationships, wherein care is given and received by many actors.

6.2.1.3 The Market Context

From a cursory consideration of the subject area being researched in this project, families could be perceived as seeking out and entering into exchanges with early years providers in search of a specific functional process, that being someone to care for their child in the parents’ absence. As discussed thus far, it is apparent that the resulting relationships hold the potential to offer much more to those involved. In Ireland, the repositioning of care duties from the private domestic realm to the public arena sees the majority of these arrangements within the commercial market context. Even those that are set within the not-for-profit voluntary or community sector, the provision still involves the exchange of a fee for the service provided. From a cursory perspective, these could be expected to be rational, market based interactions. However, earlier analyses reveal qualities such as emotions, vulnerability, trust and responsiveness at play within these exchanges.

The typical conceptualisation of commercial markets is of impersonal arenas where profits are maximised and costs are reduced (Gabb, 2010; Beisecker, 1997). However, the literature discusses many areas of service provision where caring, interpersonal relationships develop between service providers and ‘customers’. These are more likely to develop in ongoing exchanges involving recurring individuals, rather than once off transactions (Ellesgaard, 2012; Beetles and Harris, 2010; Iacobucci and Ostrom, 1996). In the case of childcare provision, parental behaviour tends to be in contrast to the commonly held view of the rational actor, engaging with the marketplace from a profit-loss imperative. Described as a ‘rationality mistake’, the actions of the families in this study conform with the extant literature, where parents speak of intrinsic and intangible qualities such as trust, warmth, genuineness and
kindness, as imperatives in their decision making processes (Duncan, 2004; Barlow and Duncan, 2000). The literature suggests parents are confounded by a range of factors in their decision making, but are typically swayed by the presence of these intangible and qualitative aspects of care provision (Leach, 2009; Meyers and Jordan, 2006).

Within this study all the participants acknowledged that what they were engaging in were customer-service relationships, though they voiced the view that it was far more than what is found in any other market exchange. Many participants spoke of the closeness they felt towards the others in the relationship with several describing a feeling of friendship, as they shared news about their lives outside of the service, such as common interests, special family events, and at times struggles or difficulties they were experiencing. Several mothers recalled their anxiety in arriving at care settings for the first time, unsure of what they were seeking, and the ability of the leader in the setting to reassure them, to alleviate the stress and worry, and to put them at ease. Some recalled experiencing coldness and impersonal interactions at settings viewed, compounding their anxiety. These were services they chose not to avail of, or where they stayed for only a brief period, changing to their current service provider due to these concerns.

While the literature describes parental behaviour as a ‘rationality mistake’, there is a large volume of research illustrating caregivers equally operate against the preconceived notions of market actors. Early years providers are found to be consistently underpaid and undervalued for the work they provide in most states relying on market-based provision of care services (Moss, 2012; Dahlberg et al, 2007; MacDonald and Merril, 2002), reflecting the devaluation of gendered labour commonly highlighted by care theorists (McEwan and Goodman, 2010; Robinson, 2012; Hankivsky, 2004). However, research also finds practitioners valuing intrinsic qualities in their care relationships, such as self-fulfilment, emotional rewards, and the close bonds that develop between themselves and the children and families (Brooker, 2010; Cox, 2010). Many studies suggest it is these very qualities that serve to undermine action towards greater recognition of care provision and of care providers (Cameron et al, 2001; Moyles, 2001). The overall satisfaction by practitioners in
settings participating in the study was evidenced not only through conversations at interview, but also in the low staff turnover in all settings, as all staff who took part in the study had been in their current setting for a number of years. Staff turnover is an area the literature consistently holds as indicative of satisfaction levels by workers in care settings (Leach, 2009; MacDonald and Merrill, 2002; Moyles, 2001).

Theorists within the ethic of care literature contribute to current debate regarding care provision and the marketplace, and while many feel care provision will be downgraded through market engagement (Hankivsky, 2004; Held, 2002), others suggest that markets, based on exchanges between buyers and sellers, are ultimately social organisations (Nelson and England, 2002), and as such, are governed by values, morals, and rules. Further, some writers hold that commodification itself is a socially constructed notion, and as such, is open to interpretation (Folbre and Nelson, 2000). The relationships explored in this research project have clearly managed to find a way past the simplistic notion of the buyer-seller market-based relationship and have constructed their relationships far more broadly than a monetary exchange. Reflecting the research of Ellsegaard (2010), Beetles and Harris (2010) amongst others cited, actors in these ‘economic’ exchanges engage in interpersonal relationships, developed through their daily interactions, clearly suggesting there is scope to construct markets as social institutions.

Recent societal transformation in Ireland reflects changes across other states. There is an increasing shift of care provision from the private to the public realm as states move away from the immediate provision of care services and as many time-pressed families turn to the market for support to meet their obligations (Gabb, 2010; Gray, 2009; Daly, 2002). Rather than fearing the values of profit maximisation will overwhelm care provision, evidence from this study demonstrates actions by parents in privileging intrinsic values when selecting care settings. This suggests the values associated with care and caring relationships may have stronger influence over market-based behaviours than the values of maximising profits and reducing costs, and contributes to the calls for a debate on the role of markets within care provision.
6.2.2 Objective Two: To develop an understanding of the role of early years services in the lives of families.

The response to the first objective analysed characteristics and concepts that stood out from the exploration of relationships between mothers and care providers, contributing to our understanding of these understudied relationships. Most notable, the necessary presence of trust, the responsive nature of the relationships, the context of the market place in shaping and being shaped by the qualities and values inherent in these relationships. The concepts explored in response to this second objective could equally be placed in the previous response as they further our understanding of these relationships; however, it was felt these ideas best suited the discussion on the role that early years services play in the lives of families.

The origins of these relationships are in their functional role: the basic replacement of maternal care so that mothers may engage with the labour market. However, through the interactions and the emotional and personal investment by those involved, these were seen to develop into supportive, caring communities, in which both actors contribute and from which both benefit. While the relationships are centred on the care of the child, they develop and expand to serve a range of functions, offering informal and formal supports in flexible and adaptable ways, meeting the various needs of different families, where possible. An additional role of early years services is in supporting the proposed ‘evolving maternal identity’ and in recognising the mother for all of her perceived identities, as mother/worker/carer/provider, rather than denying aspects of her identity. This additional role, of recognising and valuing women for their varied life-roles, can also be seen as a process; one that this research proposes as leading to the development of previously mentioned communities within these care-settings, in which families are potentially welcomed and valued, developing a sense of belonging and recognition.

6.2.2.1 Communities of Care

If, as this research suggests, the values associated with caring hold the potential to inform market activity, then building on this, the manner in which society constructs commercial care settings need not reflect traditional views of the marketplace. This research has shown that as relationships within a care-exchange develop, these early
years’ services are well placed to be seen as helpful fixtures in the lives of families, providing a range of supports, sharing the care of their child, facilitating their engagement with employment while recognising their role as a parent and primary carer. In return, practitioners who sense they are trusted and respected, develop bonds with parents and children, contributing to the emotional fulfilment they received from their chosen career. This research contends these settings reflect many of the characteristics of ‘community’ and from that, suggests relationships within these settings provide the foundation for the proposed ’communities of care’, outlined in the previous chapter and further analysed herein.

The literature regarding the ethic of care resonates with the concepts that underpin the notion of ‘communities of care’ within early years settings, also reflecting the literature on community and the desire to belong, as well as what arose from the review of the social relationship literature. The proposed concept also builds on the theories concerning social networks, social support and the associated concepts (Dolan et al, 2006; Berkham, 2000; Cutrona, 2000; Due et al, 1999) which equally reflect the ethic of care. The concept of social anchorage, offering affiliation and acceptance within a group, and social engagement, wherein social experiences define and reinforce social roles, are characteristics equally relevant to the concept of community as they are to a discussion of social networks. For mothers, evolving in their identity as women, mothers, carers and economic providers, these settings offer recognition by those with whom they share their caregiving. The settings also offer opportunity to engage on a social level, with others challenged by the same issues and experiences, providing reinforcement of choices made and actions taken. Highlighted by many mothers in the study, women grapple with the ongoing debate concerning the choices they make, with neither the choice to stay home and provide ongoing care nor the choice to engage a care setting, promoted and valued consistently by society. It is an area very much in flux in popular discourse and media debates and one with which many women struggle emotionally and practically.

It is the contention of this study that within these care settings, mothers belong to a group of like-minded and similarly-situated others, experiencing the same daily challenges. Exchanging care, engaging with the labour market, attempting to meet the
varied needs of family life and employment responsibilities - these are issues faced by many families with young children. Their daily interactions with caregivers validate and support their decisions to share care, normalising the choices made by ‘working mothers’. Mothers in the study spoke of leaving their care service most mornings, to engage with employment, reassured and confident, with positive morning interactions in the service ‘[setting] you up for the day’. It is suggested in a small area of the literature, that not only is there the potential for mothers to be offered affiliation and affirmation within early years settings, but the many actors who engage with care settings, from fathers and other family members, to practitioners, managers, support staff, equally find the experience of belonging to a community of people, underpinned by their ongoing engagement with these care settings and the actors therein (Duncan and Te One, 2012; Duncan et al, 2005). This affiliation begins with the care of the child, at the centre, but broadens to include relationships with other parents, other caregivers, other children and general others, reflecting the ethic of care contention that lived experiences evidence how we engage in interdependent webs of care.

For early years practitioners, relationships based around the care of the child often develop to a level of friendship, though the professional element remains. Practitioners spoke of emotional bonds, with children, and later with parents, and how that gave them great satisfaction in their daily work. In addition, several caregivers and managers spoke of how their relationships bypass the typical end to their working day, as they often spoke to parents in the evening, as well as thinking about the children and families they cared for, outside of their work setting. Connections to children and to parents who were no longer in their ‘rooms’ along with visits from older siblings who had left the service, were other behaviours witnessed in these settings, leading to the contention of broader communities, than were initially considered.

With regard to the literature, research by Duncan and Te One (2012) and Duncan et al (2005) has conceptualised early years settings as communities with potential to foster social capital, strengthen relationships, enhance civil society and community resilience, within the immediate childcare setting, and offering a potential bridge to the broader local community. Arising strongly from the findings of this project, and supported by the limited literature on the topic, the array of actors within early years
settings observed, demonstrate their agency within these ‘micro-communities’ (Duncan and Te One, 2012) interacting and facilitating deeper and more meaningful relationships, broadening social networks, seeking common ground for continued engagement, with these behaviours not limited to adult members of the community. A daily occurrence recorded through the ethnographic observations, highlighted young children initiating engagement with other children, with practitioners, support staff, and also with other adults and extended family members, such as the parents or siblings of their peers. Analysing care settings through the ethic of care, it is suggested that children learn about caring in social relationships from their own experiences of being cared for in group settings. Within these contexts young children have their earliest opportunities to ‘care’ for others, demonstrating their own emerging agency (Brannen et al, 2007; Freeman et al, 1999). This study highlights how children are potential catalysts for creating caring communities, and just as capable of initiating and maintaining caring relationships as are adult members.

The literature exploring communities on a broader level suggests society is becoming increasingly mobile and diverse, with individuals identifying less often with traditional communities (Mooney and Neal, 2009; Crow, 2008). Affiliations with communities of interest and individuals moving through communities, matching particular points in their life course and reflecting our highly mobile society, is increasingly common (Mooney and Neal, 2009; Day, 2006). Agency is demonstrated in selecting and engaging with a range of ‘communities’ reflecting one’s identity of choice, though this identity may be temporally constructed and evolving. This study contends early years settings provide the very opportunities for affiliation, based on the characteristics described. Parents who find themselves newly at this point in their life course, have the potential to ‘belong’ with similarly situated others, in a setting that meets their temporal needs for support, recognition, information and advice, reinforcing choices made, as they manage the day to day demands of contemporary family life, working and raising young children. Practitioners, who perceive society underestimates and devalues their chosen career, are held in esteem by those within the community, who recognise their skills and abilities, reinforcing their commitment to practice.
The dominant message from the literature discussing the community-potential in early years settings comes from a family support intervention perspective. From this orientation, childcare provision is presented as part of a continuum of services in a community setting, supporting families where identified needs have been the subject of intervention by a form of state welfare services. The review of literature found limited examples that recognise these settings as communities in and of themselves. As mentioned, the work of Duncan and Te One (2012) and of Duncan et al (2005) in Aotearoa/New Zealand promote greater recognition of early years settings as communities, suggesting a range of benefits to members and to the broader local community from such a conceptualisation. Beyond this work, the literature on the Italian Reggio Emilia approach to early years highlights the very assumption of community within the care setting. Services following this approach are considered part of the wider community, with community members having a stake in the operation of the service and considered as active in the early learning experiences of the child attending.

This research finding was not foreseen as relevant prior to the field work process, due in part to the limited attention this concept has received in the early years research literature; however, the concept of ‘communities of care’ was an area that emerged strongly out of the ethnographic research experience, reinforcing the ethic of care contention that we engage in complex and interdependent webs of care.

6.2.2.2 Evolving Maternal Identity

Referred to consistently throughout this study, there has been a strong and rapid shift in Irish social behaviour, with women, specifically mothers, more highly engaged with the labour market than at any time previous. There is a greater reliance than ever before on mothers to provide economically for their families. Findings from this study showed many women feel they must work in order to support their family financially, though many also voiced their desire to work, to have a life and an identity outside of the domestic realm.

Reflecting the literature on maternal choices in returning to work, decision making and the associated views and values (Cox, 2010; Leach et al, 2006; Dillaway and Pare, 2008), most mothers in this study felt uncertain in their initial decision making, with
some feeling they were acting against constructed norms in seeking out others to provide care. A few mothers stated that had they any option at that time they would have stayed home to provide care, or sought more of a shared arrangement, though most no longer feel as strongly in this regard. Of the mothers in this study who voiced the strongest views to maintain maternal care or have a greater share of the caring duties, these were the participants who were in employment situations that offered no flexibility or recognition of the demands faced by working parents. These mothers preferred to reduce days of employment, though it wasn’t a current option to them, with this view reflecting a common stance in the literature (Sharry, 2011; Leach et al, 2006; MacDonald and Merrill, 2002). Those who felt their choices were working well spoke most confidently in the care provision and the work/life balance they arranged.

As part of this evolving identity, mothers in this study were seen to struggle with issues of control, of surrendering control and of negotiating to maintain some control in changing situations. Mothers negotiated on a range of fronts, including: their employment situation, seeking out more flexible conditions where possible; with care providers, in initially arranging care; and then through their ongoing interactions with caregivers, in directing care provision. Mothers were also depicted as ‘internally negotiating’, as they grappled with issues of providing care, arranging shared care, with these experiences set in a societal context of mixed messages and conflicting expectations.

How society manifests its understanding of a ‘good mother’ varies considerable, with inconsistent views of motherhood found in both the academic literature and in popular media discourse. Perspectives of ‘motherhood’ are culturally, contextually and experientially informed. This creates challenges for women in this study, as well as for women in broader society, to know what is the acceptable and expected behaviour for women today (Dillaway and Pare, 2008). As stated above, the involvement of these mothers in the proposed ‘communities of care’ facilitates a normalising of care choices, both through individual interactions with care providers, and also through the social engagement and the social anchorage provided from the networks of other mothers, other families, and care providers, creating these unique microcosms.
Within the confines of this study it could be argued that the structure of early years settings offer a context where in these women may take on all the identities that they are, including mother, worker, carer and provider. In neo-liberal policy, the worker/taxpayer citizen is valued for her contribution to the economy through dedicated engagement with employment, as care duties remain hidden in the private realm, and therefore disregarded (Gray, 2009; Williams, 2001). Conflicted with this is the traditional view of the mother, who provides care for her child personally, within the domestic sphere, absenting herself from the public realm of the labour market. The results of this research infer that early years settings are situated on the threshold between these two realms, where the woman as mother and carer is supported and her caring role augmented by early years practitioners. It is also a setting where the mother as worker and economic provider is not found wanting by judging-others, but rather, finds like-minded and similarly-situated others, following a similar path, reaffirming choices made, and the agency displayed.

The relationships explored in this study are developing against a backdrop of prevailing policy privileging independence, self-sufficiency and economic imperatives. Such policy differentiates between the realms of care/private/reproductive versus work/public/productive (England, 2010), whereas this study challenges this dichotomising in situating care-settings on the threshold between these two realms. Such a conceptualisation constructs the mother/worker/carer/provider as recognised and valued for all the identities she holds. The public/private merge into a communal understanding, with support for reproductive caring seen as necessary to facilitate maternal engagement with productive, economically recognised labour. This is in contrast to the neo-liberal view that fails to acknowledge the broader lives of workers.

6.2.3 Objective Three: To develop a model or guide for working with families, with the potential to inform both practice in the field, and also, education and training programmes for the sector.

Developed to reflect the narratives told by participants, the study argues that new mothers follow through a process as they move from a position of caregiver, at home, to that of working parent, with this process supported and facilitated by early years
practitioners. The proposed developmental process builds on the earlier concepts of trust, responsiveness, communities of care and an evolving maternal identity, reflecting the ethic of care position that we all engage in interdependent webs of care. Whether a family chooses a sole provider, such as a childminder, or a group care setting involving several caregivers, the care provider plays a crucial role in supporting mothers through this process, facilitating decision making, easing separation, and reassuring the child’s needs are being met on a daily basis, in their absence. The following sets out this proposed developmental process, at points drawing on key ideas and themes set out in the preceding sections and the previous chapter.

6.2.3.1 Proposed Developmental Process

Deciding: The proposed first stage involves a family’s decision that the mother will return to the labour market, following the birth of their child and typically, maternity leave. For first time parents this initial stage concerns the families alone, however, care settings may play a role when there are subsequent children, with previous positive experiences alleviating many of the stresses and anxieties that often characterise this decision making process. All of the mothers involved in this study had already made the decision to return to work, arranging a suitable service to meet the needs of their child and family.

Seeking: Following the first stage decision, families progress to the second stage of seeking out a childcare service. First time parents arrive at this stage primarily from a position lacking knowledge and previous experience, relying on the service providers to introduce them to the sector of early years care. Caregivers guide and inform families, revealing aspects of ECEC that parents may not consider or be unaware of, reassuring families they are able to support the mother-child through the separation process. Parents ‘know’ they have found the right setting, often based on intrinsic, affective qualities and a sense of trust in the care provider.

This intuitive and deeply personal decision making process, sees a family seeking to replace the mother-care that the child has received since birth, allowing the mother herself, to make that separation. Service providers offer emotional as well as instrumental support, as families make this second-stage transition, with mothers depicted as vulnerable through this and the following stage.
Initiating: In this third proposed stage the mother has secured a setting, and begins to separate from her child, in order to return to employment. Mothers have engaged with a series of negotiations: with employers, with care providers, as well as internal negotiations, in order to separate, to enter/re-enter the labour force and to provide for their child and family economically.

Practitioners come to know families and the type and amounts of information needed to support these transitions, recognising that each child and each family are unique, responding accordingly. When the child is settling well and easing into the care arrangement, mothers typically demonstrate gratitude to caregivers, as they return each day to collect their child. In spite of this progress, and the outward signs of satisfaction, many mothers experience feelings of loss, of doubt in decisions taken, with ongoing feelings of vulnerability caused by the perceived lack of control in the situation.

Accepting: The fourth stage in this process is acceptance by mothers. They have accepted their child is settled and content, and developing their own social world. They have accepted that they can share the care of their child with another. They are also accepting that their own identity is still changing, developing a self-perception of ‘working mother’. The role of the practitioner continues to build these relationships, encouraging and supporting greater sharing and engagement between these key actors. The mother is reaffirmed in her decision making process, and is reassured in knowing that the surrender of control to caregivers has been vindicated in the wellbeing of the child, the mother, and the family unit. The initial trusting decisions taken by mothers at the start of this process are reinforced by the responsive actions of caregivers on an ongoing daily basis.

Consolidating: The final proposed stage is reached when the exchange of care becomes a part of a family’s daily routine. When this process works well, the mother is able to leave her child each day and connect with the labour market, knowing she has met her basic obligation to her child. The mother has passed through the vulnerable stage; a strong sense of trust exists and is continually reinforced by caregivers. In return, practitioners feel respected and trusted by parents, reinforcing the bonds between these actors. The empirical findings of this study contend that early years
settings come to represent caring communities, wherein members are valued, respected and supported, offer care and are cared for, extending beyond the immediate triad of the mother-practitioner-child.

**6.2.3.2 Proposed Developmental Model**

The model below illustrates the conceptualised process set out in this section. The model outlines the progressive stages, the characteristics and behaviours of mothers and caregivers within each stage and the prevailing themes aligned to each. In illustrating this process, ideas and concepts presented earlier in this chapter are drawn on, where they are useful in characterising these relationships.
Note: Perceived stages merge from one to the other, with no clear separations. Overlap of themes, experiences, interactions, occurs as each stage builds on preceding stages.

## Developmental Model

<table>
<thead>
<tr>
<th>Stage</th>
<th>Mothers</th>
<th>Caregivers</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deciding</td>
<td>Familial decision that mother will return/join workforce following postnatal period. Circumstances, familial context vary, based on individual situations.</td>
<td>Uninvolved in this stage unless family previously availed of childcare – then possible influencing factor in decision making process for family, alleviating maternal anxiety and apprehension.</td>
<td>‘Good mother’: carer or provider or both?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Informing and reassuring on child’s progress.</td>
<td>Guiding through separation process and return to the workforce.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ongoing support.</td>
<td>Reassurance. Strengthening relationships.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reinforcing trust, maternal choices and actions.</td>
<td>Trust and Respect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strengthening relationships through ongoing support, advice, information sharing.</td>
<td>Shifting Identity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trusted and respected for role.</td>
<td></td>
</tr>
<tr>
<td>Seeking</td>
<td>Seeking information and care. Vulnerable in considering separation from child. Compounded by lack of knowledge and experience. Intuitive decision making process. Emotionally tumultuous.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepting</td>
<td>Reassured decision taken is correct (or changes made). Further committed to decision. Reinforced through trusting actions and information sharing. Shifting identity as ‘working-mother’.</td>
<td>Ongoing support.</td>
<td></td>
</tr>
<tr>
<td>Consolidating</td>
<td></td>
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</table>
Presented as a means of understanding these relationships, the proposed phased development provides both a descriptive summary and an illustrative model, outlining the stages through which these relationships evolve. The process outlines how mothers move through phases, as they decide, seek, initiate, accept and ultimately, collaborate with caring others in meeting the needs of their child for daily care and nurturance. Acknowledging the role of practitioners is crucial to understanding this process as they support, guide and facilitate mothers through this evolution.

The proposed model reflects strongly the work of Robinson (2010) and Tronto (2010) in reaffirming the multidirectional notion of care, and highlights the interactional, temporal and agentic qualities of the main actors, reinforcing Brannen et al’s (2007) characterisation of the care ethic. Returning to the genesis of the care ethic, and the work of Gilligan (1982) who promoted responsibility and relationships as central to ethical behaviour, the care-focus ties ethical actions to ‘concrete circumstances’ (Tronto, 1993, pg. 79) as opposed to abstract ethical conceptualisations. In the model presented, the lived experiences of both mothers and care providers evolve over time, as actors engage and respond to one another, recognising and validated the role of the other in the process.

This process represents a model that is clearly suited to application as a training tool or adapted to be part of an educational programme for early years practitioners. The model not only outlines the role of practitioners in this process, it highlights how this role also evolves and adapts to meet the changing needs of mothers as they move through the proposed phases. The model highlights many of the characteristics of the relationships explored, including maternal vulnerability, reassurance regarding risk-taking, the need for responsive behaviours which reinforce initial trust, negotiation, and of the temporal element, with time needed to ground these relationships.

Equally useful in developing this process as an effective training model, is the knowledge that the relationships studied were broadly consistent across care settings. Whether mothers were using home based care, community services, or private services, including small settings or larger, purpose built, corporate operations, the
behaviours of mothers and responses by caregivers that were valued and held in esteem varied little between or within care settings. This consistency not only renders this model potentially effective if developed as a training tool, but it also highlights its broad ranging application of the model across setting types within the sector.

6.2.4 Objective Four: To provide recommendations regarding policy development, informing state development of the sector, including insight into ECEC services potential role in supporting families in Ireland.

Reflecting the ethnographic orientation to this study, the response to this final research objective is considered through the words of Geertz (1968): ‘We hope to find in the little what eludes us in the large, to stumble upon general truths while sorting through special cases’ (pg. 4). The research findings, while developed from special cases and representing the little, allows the research to be set within the large, offering some general truths about the developing early years sector in the context of contemporary Ireland. Recalling the work of Moss (2012; 2009) and Dahlberg et al (2007) these writers set a challenge to re-conceptualise the dominant discourses that have come to define early childhood institutions. In other states, where there is an extensive history of ECEC provision, the call to reconceptualise how we perceive early childhood services (Moss, 2012) is relevant, however, this call may be premature in the Irish context.

Ireland’s initial manifestation of ECEC was clearly as a labour support, facilitating the engagement of increasing numbers of women with the labour market. Since that time, rapid and ongoing policy development has resulted in continual change for the sector over a relatively short period of years. It is argued in the context of this study that Ireland has yet to conceptualise what early years provision could represent to Irish society, never mind to reconceptualise these institutions. The ongoing developments have not been taken in a well thought out, broadly considered manner, but have been haphazard and reactive. Therefore, this thesis argues Irish society is well placed to have that debate, now, while the early years sector could still be considered as being in its formative stages of development.

Ireland has moved rapidly from a time of a general reliance on the home and the mother to provide the care and early socialisation of children, with early education not
considered a priority until recent years. This startling shift in social practices, economic fortunes, maternal behaviour and the resultant development of the early years sector has been delineated thoroughly throughout this thesis. These findings suggest that such rapid and recent change in society has not allowed the space or time to consider the potential for these institutions, newly arrived on our social landscape. Are they to be merely the site of maternal replacement and producers of a maternal workforce? Are they to be producers of future labour, in the preparation of children? Should we perceive them as the creators of future consumers through early engagement with markets, or as sites of redemption where deficiencies in parenting and child development are remedied (Dahlberg et al, 2007)?

This thesis contends that Irish early years settings can be conceptualised as they have been presented through this study: as settings where families are supported in the challenging tasks of day to day living; where the choices made by families in regard to caring and providing are respected through collaborative practice; where mothers are recognised and validated for all of their varied roles, supporting a holistic identity as they re-engage with the workforce; where practitioners are respected and valued for their contribution to supporting families through their day to day challenges; where the values nurtured through caring relationships have the potential to influence market behaviours; where communities of care are created and recreated by members through their engagement in intricate and responsive, multi-directional relationships of care-giving and care-receiving.

The initiation of the ECEC sector in Ireland was from an employment support perspective, set in the rapidly expanding economy of the late 1990s. The delayed response, followed by the rapid, reactionary approach to develop the sector, resulted in a system that was subjected to wide spread criticism from national and international policy commentators. Recent developments are moving towards a child-centred, outcomes-focused orientation; however, these changes can be viewed as random and ad hoc. This is evidenced through the implementation of isolated schemes, rather than part of a well thought out and clearly delineated policy plan for the growth, development and long term sustainability of the sector.
What has been revealed through this study is of value to policy makers, in that the findings offer significant insight into the day to day lived experiences of families and childcare providers, across a range of setting types. The study also highlights the genuine contribution made by dedicated professionals to the lives of families. These findings call for greater recognition of how ECEC settings support families as a day to day service, with implications for greater state provisioning to continue their vital contribution, including the immediate and crucial care of the child, while meeting the wide ranging needs of families. This study is not suggesting the model of relationships presented through this thesis is found in all early years setting within the state. What is claimed is that these relationships do exist, and more importantly, have the potential to exist across the sector, as a practice model to which services can aspire. This will only occur if support is forthcoming from the state to enhance training of practitioners, offering further supports to services, establishing and crucially implementing coherent overarching policy directives in this area, and taking a purposeful approach to the resourcing of early years services, ensuring long term development and sustainability.

The Irish state, mirroring many of its European neighbours, has moved to a policy orientation which promotes full employment, resulting in the derogation of the non-employed, regardless of personal circumstances. The ethic of care, and the findings from this study, challenges the privileging of the worker-citizen, devoid of personal responsibilities or indeed, personal relationships, as they engage with the labour market (England, 2010; Williams, 2002; Williams, 2001). This study fully validates the care ethic perspective that it is only within relationships of caring and interdependence that actors are enabled to commit to the labour market (Williams, 2002; 2001). In establishing confidence that their obligation to care for others in their lives is being met, this facilitates a greater contribution to an individual’s employment obligations. The care ethic challenges the neo-liberal dichotomising of the care/private/reproductive versus the work/public/productive (England, 2010) with this research proposing the fuller identity of mother/worker/carer/provider, validated by care settings found on the thresholds between these two realms.
6.3 Summary of key findings

Understanding relationships set within the intersection of traditional familial practices and newly developing social behaviours was the rationale for developing this study, with the overarching research question, to understand the nature of relationships between mothers and early years practitioners. This study has revealed that there are a number of ways these relationships can be understood. They can be considered in terms of what characterises these relationships, including their temporal aspect. We can analyse these relationships by exploring the functions they perform, the processes that occur through them, and the outcomes of these. Finally, this research suggests these relationships are understood based on the contexts in which they are found, with affecting and affected implications arising from these broad and overarching contexts as well as from the locally based micro-contexts. These elements will be discussed in summarising the responses to the research objectives, highlighting what was found in relation to the ethic of care, the theoretical framework through which these findings were developed.

In terms of characteristics, trust has emerged as crucial to these relationships and an imperative in understanding the dynamics that are occurring between the actors involved. The perception of trust is essential for mothers to initially engage with caregivers. Mothers are willing to trust caregivers they may have only met, to take a risk in placing their child within care settings, if there is confidence in the ability of the caregivers to meet the needs of their child and of themselves. Behaviours on the part of practitioners, to reinforce the maternal trust placed in them are required to sustain relationships, and are demonstrated in their manner of caring for the child and communicating that care to the families.

The ethic of care contends that humans are relational beings, with a need to interact in interpersonal social exchanges, in multi directional relationships of caregiving and care receiving. For these relationships, this need on the part of mothers is enhanced by the additional need to ensure her child is receiving the type and quality of care she has sought and arranged. Believing this to be the case, bonds with caregivers develop and are reinforced as the child’s ongoing development and wellbeing are apparent. Sensing
families have trust in them, creates feelings of being respected and valued as early years practitioners.

Building on the presence of trust, and useful in perceiving how this quality is reinforced, these relationships can also be characterised by their responsive nature. In order to share the care of the child, effective communication, where in both actors are willing to listen and share together in a collaborative manner, supports harmony in the approach to the child’s care. Highlighting the temporal aspect of these relationships, this responsive nature can take time to develop and is predicated on genuineness, open and honest communication, flexibility and dependability, on the part of both mothers and caregivers.

Reflecting the virtues (Engster, 20007) and elements (Tronto, 1993) of the care ethic, understanding these relationships as responsive constructs suggests they are mutually beneficial, where in both actors give and receive in caring exchanges. The literature frequently highlights the imperative of practice based ‘partnerships’ between parents and caregivers, due to the perceived benefit for the child. However, by constructing these relationships as responsive, this highlights the investment on the part of both mothers and practitioners. These findings present these relationships as multi-directional, wherein both actors are perceived as caregivers and care receivers. This is founded on trusting actions, reinforced through caring, responsive behaviours, with both serving to reinforce the bonds between actors in their developing interpersonal interactions.

A contextual element offers a different perspective on how these relationships are understood. Due to the strong reliance on private services to provide childcare in Ireland, the majority of the relationships studied were found within the context of the market place. A common perception of markets is of impersonal commercial arenas focused on profit/loss imperatives. However, these research findings illustrated personal relationships co-existing within professional, market-based exchanges. The research participants strongly privileged the intrinsic qualities found in their relationships, with mothers valuing the warmth, kindness, trustworthiness of the professional with whom they placed their child for care. Equally, practitioners spoke of the affective and emotional aspects of their relationships, sensing friendships and
closeness built on the developing relational bonds. This understanding is supported in a growing area of literature, wherein personal relationships are found to exist within commercial exchanges, particularly where the exchanges are based on the provision of an ongoing service.

Arising from this study, the findings contribute to the view that the qualities and values associated with care-based relationships hold the potential to affect market-based exchanges. From such a perspective, this understanding suggests the contexts in which relationships are based are more likely to be affected by the relationships therein, rather than the qualities typically associated with commercial enterprises affecting the care exchanges. These findings are based on the limiting experiences of the research set within potentially ‘exemplar’ settings involved in the study. Interestingly, the privileging of values and intangible qualities were equally discussed in the not-for-profit, community based settings, as in the private services, indicating a consistency of relationship characteristics across setting types.

The discussion under the second objective considered the functional element of these relationships, in understanding their role in the lives of families. The origins of these relationships are in this functional perspective; the basic replacement of maternal care so that mothers may engage with the labour market. However, through the interactions and the emotional and personal investment by those involved, these were seen to develop into supportive, caring relationships, to which both actors contribute and from which both benefit. While the relationships are centred on the care of the child, they develop and expand to serve a range of functions, offering informal and formal supports in flexible and adaptable ways, meeting the various needs of different families, where possible.

An additional functional aspect of these relationships is the manner by which early years practitioners were perceived as facilitating mothers in what was presented as an ‘evolving maternal identity’. This study presented mothers as evolving from mother at home, solely responsible for the care of the child, to employed mother, sharing that care with another or with a group of others. Mothers were also presented as engaging with a series of negotiations through this process, exacerbating the vulnerability resulting from this ‘risk-taking’ behaviour. The practitioners’ role in this process was
crucial, initially in introducing mothers to the whole area of ECEC, guiding them through their separation, reassuring them the process was developing effectively, that their obligation to care for their child was being met. This is a process that practitioners have followed many, many times, with first time mothers seen as novices in their interactions with care services.

Issues of control and negotiation were compounded by the ongoing societal debate concerning maternal expectations, employment and childcare decisions. For mothers in this study, not only do practitioners support them in their decision making, but their engagement with care settings facilitates their belonging to group of like-minded and similarly-situated others, reinforcing decisions taken, providing social anchorage and normalising care choices. These settings are perceived as being situated on the threshold between the private domestic realm and the public realm of the labour market, where the woman is recognised for all of her perceived identities, as mother/worker/carer/provider, rather than denying aspects of herself.

This additional functional element of support through this evolving identity, and of recognising and valuing women for their varied life-roles, can also be seen as a process; one that this research proposes as leading to the development of communities within these care-settings. This research perceives an additional role of early years services as providing a community in which families are welcomed, valued, feel a sense of belonging. These settings provide opportunities for belonging and recognition, for members to expand social networks, develop bonds and strengthen relationships, and to act as a connecting point between these smaller settings and the broader local community in which services are situated.

These elements focus on the functional and process aspects of these relationships, in supporting families in their day to day care needs, in facilitating mothers to make that separation, engaging with the labour market and of being valued for all the identities they hold, through their connection with others in the proposed communities of care. The community concept reflects an outcome of these relationships, highlighting the temporal element, referred to above. The ethic of care sees us all as relational beings, engaging with others through networks of interpersonal, caring interactions. The theory also constructs us as vulnerable due to our need for care, which renders us
variably powerless and powerful, throughout our lives. This reflects the mother’s need to negotiate, in an attempt to regain some control, lost in the sharing of care and the separation from the child.

Not only does the care ethic perceive us as relational beings, we are additionally seen as active agents, engaging in negotiated giving and receiving based within these relational webs of care (Brannen et al, 2007). The agentic quality of these communities was highlighted through the study, as various actors instigated and sustained a range of connections with others in the community. The context of care settings constructed as ‘community’ facilitates the normalisation of care choices made by families. As with the broad-based market context, the community context provides an additional way of understanding and constructing these relationships, through this locally based micro-context.

The findings of this thesis suggest an urgent need for a societal debate on the role, purpose and expectations of ECEC within Ireland. This study challenges Irish society to consider how these settings could be conceptualised to better represent this unique culture, meeting the particular needs of young families, in an evolving Irish social milieu. This debate has yet to occur, as the state has taken a rushed and reactive approach to developing the ECEC sector. This thesis calls for the recognition of the daily benefits to supporting families, creating communities, without need to value these relationships as contributing to longer term results as a validation for their importance. It is the here and now of families’ lived experiences that are crucial to those engaging in these care-based relationships, and this needs to be recognised in the manner in which the state perceives and resources these settings.

6.4 Conclusion

This chapter offered a discussion of the empirical findings arising from this research project, setting out the key aspects of these relationships. The chapter opened with a reminder of the research project undertaken and recalled the ethic of care – the conceptual framework used as the primary theory in the analysis of research findings. The chapter moved on to respond to the research objectives in a sequential manner, highlighting the key aspects, functions, process and outcomes that occur within these
understudied relationships. A summary of the key findings was presented, in response to the main research questions, highlighting the theoretical analysis of the findings, as presented through the discussion of the ethic of care.

This thesis has contributed to a greater understanding of the relationship between mothers and early years practitioners set within this evolving Irish context. The unique contributions to knowledge arising from this study include:

- the enigmatic construction of trust, its importance from the start and its evolution as relationships develop;
- the responsive, interdependent nature of these relationships and the temporal component at play;
- the unique understanding of the role of early years services and caregivers, in creating ‘communities of care’ wherein families are supported and validated and in facilitating an evolving maternal identity, as the many identities mothers hold are recognised and valued;
- the presentation of a staged model illustrating the development of, and importance of these relationships, constructed as a training tool for use in early years practitioners educational programmes;
- the addition this thesis has made to the policy arena, in calling for a societal debate focused on how we conceptualise these settings, better recognising the contribution of early years services and practitioners to the lives of Irish families.

The following chapter will conclude the thesis, providing a summary of what has been developed. This concluding chapter will discuss the research limitations, both in regard to the methodological processes and the approaches taken. Building on the research findings, a programme of future research with the potential to further develop the ideas and concepts proposed from this study, will be suggested. A final set of concluding remarks will close the chapter and the thesis.
Chapter Seven: Conclusion

7.1 Introduction

The intent of this final chapter is to present a summary of the thesis to the reader. This thesis was developed through seven chapters. The first introduced the study, outlined the focus of the research and indicated what each chapter of the thesis would present. The second chapter highlighted the changing policy, demographic and early years contexts in which the research was based. Chapter Three presented the relevant literature and knowledge across several topic areas, focusing in the ethic of care as the main theoretical framework underpinning the study. The approach to the research methodology was outlined in the fourth chapter with the initial research findings presented in the following chapter. Chapter Six offered a discussion of the key findings of the study, responding to each of the research objectives, set out at the start of the project. The findings were analysed through the ethic of care, with the chapter indicating where research findings supported the perspective of the care ethic, where it reinforced and furthered the theory, and where it added to the debate.

This concluding chapter will recall the purpose of this study, briefly reviewing the context, the rationale and aim of the project, leading on to a summary of the implications arising from the research findings. A review of the methodological approach is then presented, with the next section outlining the limitations of this study. A proposed programme of research building on this thesis and its findings is then suggested, prior to the final section, which offers concluding reflective remarks to close this thesis.

7.2 Research Rationale

Ireland has undergone significant economic and social transformation over the past two decades, affecting Irish social life, particularly family life. The economic developments and the demands for an increased workforce beginning in the late 1990s shifted the paradigm from the traditional male breadwinner model of economic activity within the family unit, to one of dual income families, amongst other models. The current economic recession has impacted on male employment rates more severely than female rates, continuing to alter familial structures, roles and
responsibilities. Many families are now economically reliant on female generated income, at times to supplement other family income, or in some instances as the main or sole income in the family unit, as this research found.

Closely aligned to the increase in female employment, the Irish state witnessed the large scale development of the ECEC sector, facilitated by both European and Irish funding programmes. The focus on the early years sector by the state, was initially intended to support greater female employment and further stimulate the rapidly developing economy at the recent turn of the century. Where once the care and socialisation of young children was predominantly found in the domestic sphere, Irish society has become more reliant on the commercial arena to support families in meeting their various care needs. This summarises the rapidly evolving social context in which this study was set, leading on to the research rationale.

The practice of transferring care of young children to childcare settings can be perceived as a functional act, freeing up otherwise encumbered parents from their daily care duties, enabling their engagement with the labour market. When considered at a personal and familial level, this act is one where the basic obligation to meet the needs of a young child is transferred from parents to potential strangers. Understanding relationships set within this intersection of traditional familial practices and newly developing social behaviours was the rationale for developing this study. This research project and the thesis through which it has been presented, explored the relationships between parents and the early years practitioners to whom they transferred their daily caring duties, seeking a greater understanding of the nature of these relationships within a rapidly evolving social context.

The aim of the research project was to explore these relationships, developed between mothers and early years practitioners, centred on the care of the young child. The main research question was: What is the nature of relationships between parents and childcare practitioners? This question was supported by a group of supplementary questions, developed to guide the research. These included: What characterises these relationships? What is valued in these relationships? Do they vary – between actors, between settings? What factors influence these relationships, both negatively, and positively?
In addition to research questions, the study was also supported by the development of a set of research objectives, as follows:

- To contribute to knowledge in regards to our understanding of relationships between mothers and childcare providers
- To develop an understanding of the role of early years services in the lives of families
- To develop a model or guide for working with families, with the potential to inform both practice in the field, and also, education and training programmes for the sector
- To provide recommendations regarding policy development, informing State development of the sector, including insight into ECEC services potential role in supporting families in Ireland.

The previous chapter set out the analysis of the findings from the project, responding to the research objectives through a developing narrative. This narrative highlighted the dynamic, evolving and complex nature of the relationships explored in the project. The importance of positive working relationships between parents and caregivers, due to the beneficial outcomes this offers the child, is frequently referred to in the literature and in state policy regarding ECEC. This research reveals that the relationships between mothers and caregivers within early years settings are important for what they offer to those who interact in these social exchanges: it is the contention of this thesis that these relationships are to be valued in their own right.

The exploratory approach to the research meant the response to the research question and to the underpinning objectives would not be a straight forward process. The findings have revealed that there are a range of ways of understanding the relationships which were the focus of the study. The prevailing characteristics include the presence and importance of trust, and of the responsive nature of the relationships. These characteristics reveal how some aspects are present from the start of these relationships while others require time and interactions to develop. Considering the functional aspects of the relationships is another way to understand them, including, the role of caregivers as providers of support to families, in facilitating the mother’s return to the labour market, and in providing a community to which families, mothers, fathers,
children and others, are welcomed and validated. These functions also contribute to the process elements of these relationships, as the interdependence of actors within the relationships support the notion of an evolving maternal identity, as mothers shift from mother/carer to mother/carer/worker/provider - a fuller concept representing all the aspects of the maternal identity. A final way of understanding these relationships is to consider the contexts in which they are found. The broader macro-context of the market place was presented as not having as strong an influence on the values and priorities of families and providers as might have been predicted, with actors responding to effective dimensions of care provision over starkly economic, structural or rational components. Returning to the finding of ‘communities of care’ this functional element also represented a micro-context through which families found their life-circumstances reflected by similarly situated others, struggling with the joys and challenges of raising young families while engaging with employment and meeting their responsibilities to both arenas.

Considered from a theoretical standpoint, the findings of this research support, confirm and add to the debates that are relevant when theorising from the ethic of care perspective. Key findings outlined through this and the previous chapter, highlight the applied nature of the care ethic, with the theory best illustrated through lived experiences (Robinson, 2010; Hankivsky, 2004; Tronto, 1993). The temporal, relational and negotiated elements of care activities have been frequently affirmed through the analysis of behaviours displayed within these caring relationships (Brannen et al, 2009) while also reinforcing the interdependent and responsive nature of the care ethic and care activities (Engster, 2010; Keller, 1997; Tronto, 1993) as displayed by a range of actors, both young and old. The ethic of care, and evidence from this study, demonstrates the perspective that it is only through interdependent relationships that one can truly establish autonomy: autonomy to engage with the labour market, knowing care obligations are being met, by the proposed caregiver by proxy. This is a notion that prevailing state policy would prefer to ignore, as taking this perspective would lead to enhanced calls to better support families to meet their care needs and fill the care deficit that often exists. Irish policy and the state’s funding programmes concerning ECEC reinforces the view that care labour is marginalised through poor remuneration, low recognition and a devaluing of care practice (Lynch,
though the narratives shared by practitioners in this study reflects the prevailing message from the literature that affective dimensions and emotional rewards are highly valued by care providers.

The fundamental premise of the care ethic is that by our human nature we are situated in interdependent webs of care giving and care receiving, with this study reinforcing this stance, highlighting the vulnerable state this situation leaves us in, and recognising the care settings place as a context in which these ‘webs’ take on a day to day lived existence.

7.3 Methodological Approach

The main area of interest for this study concerned individuals’ lived experiences, their behaviours, practices and interactions with one another, set within the local context of early years settings. As a social constructionist orientation underpinned the methodological aspect of the project, a qualitative approach, supporting an ethnographic methodology, was developed. The field work phase included periods of time spent in early years services, and employed a range of data collection methods, including research interviews, observations, analysis of documents in the field. These methods were supported by the reflective stance of the research, demonstrated through the reflective research journal, underpinned by a reflexive understanding of the role of the researcher in the research process. From the outset, the study adopted an exploratory approach, enhanced by the reliance on purely qualitative methods. As the researcher sought deep and meaningful stories, presenting the lived experiences of the key actors - the mothers and the early years practitioners - the approach developed was most suited to this goal. The time spent in the field lent itself to rapport building with research participants, facilitating a deeper understanding of their lived experiences within the childcare venues, and the impact of these on their lives beyond these settings. The exploratory approach and the triangulation of various data sets, made it possible for the rich narratives that revealed the nature of these relationships to be exposed, examined and presented through this thesis.
7.4 Research Limitations

This study engaged with a random selection of research sites and research participants over the course of the fieldwork component of this project. Both the settings and the individuals involved were voluntary participants, selected through a purposive sampling process. Their interest in the study and willingness to volunteer to take part, suggests they were comfortable with, and positively inclined towards the subject area. While this view is an assumption, it must be considered when reflecting on the outcomes of this study and the possibilities of generalising from the results to the broader early years sector in Ireland. The research revealed highly positive, supportive interactions, suggesting the ECEC services involved in the study be viewed as possible exemplar settings, rather than examples of typical settings which may be found throughout Ireland. However, this does not mean the experiences, interactions and relationships are not genuine and are not examples of what is happening in some ECEC services in Ireland today. While this issue highlights a limitation of this study, in regard to the research sample, it also highlights a real strength of the project: its ability to understand the depth and nuances of these relationships, through the exploratory methodology developed. What has been revealed through this study is a positive approach to practice in regards to developing relationships and the benefits of these relationships to those involved, including the practitioners, the parents and the children. The practices revealed lend to producing an ‘ideal type’ or a set of practice aspirations for those working in the sector, regarding the development of interpersonal relationships in early years settings.

A second limitation to this study is in regard to the sample of mothers solely representing the parental perspective in the project. Due to the policy context within Ireland, only mothers are entitled to any government support to remain in the home in the post-partum period, with fathers having no entitlement to parental or paternal leave within the Irish social welfare system. Therefore, mothers are predominantly the parent who has the greater involvement and responsibility for selecting and initiating the relationships with childcare providers. In all the early years settings engaged with for the study, these were staffed solely by female employees. The ethic of care seeks to challenge essentialist notions of care as a gendered concept; however, the lived reality is that early years settings are highly gendered workplaces. In addition, the
context of familial caregiving in Ireland tends to be perceived as a maternal responsibility, though this is changing. Theorists developing and evolving the ethic of care as a framework for analysing policy, academic developments and daily lived experiences, seek to challenge the gendered associations with care. This project explored the experiences of women - mothers and female care providers - and could be seen to be limited by this exclusive gendered focus. However, the findings arrived at, including the evolving maternal model, offer new insight into the maternal experience, and may not have been achieved with a mixed gender parental sample.

7.5 Programme of Future Research

In terms of the research findings, and in recalling Geertz (1968), this study sought to develop understandings from special cases to lead to general truths about the broader subject areas, with these findings providing guidance in regards to future practice and policy understandings in the ECEC arena. The findings also contribute to the knowledge base concerning our understanding of these relationships. However, extending findings too broadly and with extensive conviction, may not be possible in all areas. The methodological approach developed was necessary to achieve the depth of understanding sought by this research project. Developing rapport with research participants was crucial and is more likely achieved through qualitative methods, including relatively small samples, lengthy interviews, and periods of time in research settings. The results of these processes were the significant findings that have been revealed and developed through this thesis.

As is often the case, findings that are arrived at through one research project reveal potential for future research, to extend the emerging concepts and ideas. The following sets out a programme of future research suggested as a supplement to what has been explored and established through this study, to extend this work and to advance these findings.

Raised as a limitation of the study, the exploratory nature of the project resulted in mothers volunteering to participate. While the absence of fathers reflects some pragmatics of the field work process and of early years engagement by families, it does not deny that there is an additional perspective worth pursuing. This researcher
would welcome the opportunity to develop an additional research project, similar to what has been conducted, focusing on fathers and their understandings in terms of their relationships and experiences in early years settings. The study would again include practitioners, but would focus on their engagement with fathers in their daily work, with the results complimenting what has been established through this project.

The concept of ‘communities of care’ emerging from the research process, was a surprising finding of this project, and represents an area that deserves further exploration within the Irish context. There is a great deal more that could be investigated under this area, such as exploring the extent to which services view their settings as ‘communities’ and what this perspective offers to ‘members’. By developing this new project with a mixed methodology of both qualitative and quantitative techniques, and an expansion of setting types and participant numbers, it would be possible to expand and extend the findings from this study.

A further opportunity to expand this research, to further develop and clarify concepts and ideas presented in this thesis, could focus on the concept of an evolving maternal identity, the proposed developmental process and illustrative model of engagement with early years services. These, like the community perspective, were surprising findings arising through the exploratory approach. And like the community concept, these ideas are at a stage where further investigation of these proposals is enticing to this researcher. This proposed study could be developed with a broader diversity of the sample group of participants and care settings so that the limitations of this study could be addressed. This new study could be focused on particular aspects, such as the phases of engagement, the role of practitioners in supporting the processes, in an attempt to scrutinise, quantify and hopefully extend more widely from these findings.

A final area that presents as interesting and worthy of further exploration concerns our increasing reliance on the commercial realm as a provider of care services. Private markets are being turned to, filling gaps created by reduction in government service provision and changing familial practices across many states. This thesis echoes other voices who challenge prevailing assumptions of markets based on profit and loss imperatives, although focused work is needed to further explore the impact of these changes. The services involved in the project were limited and as stated, possible
considered ‘exemplar’ in their provision and development. Therefore, further study of the role of private service providers, their relationships with families, the effects on practitioners, the values and ideals which govern their provision is required. This is an area that holds great potential for continued examination, potentially as part of a broader international project. In light of the increasing dependence on markets for the provision of early years and other care services not just in Ireland but across many states, this would be a timely study.

7.6 Concluding Reflections

This study set out to answer the broadly established research question – *what is the nature of relationships between parents and early years practitioners* – with this question underpinned by a research aim and rationale, by supporting questions and research objectives. The exploratory approach established, facilitated an open and receptive research orientation, and was prepared to be surprised and possibly challenged by what the research would reveal about these understudied, yet very important relationships. As has been established through this thesis, Ireland’s recent engagement with childcare services has shifted the paradigm of early years experiences and maternal care within the Irish context. The state reacted to an unmet need in the late 1990s, availed of existing EU funding and hastened to develop a sector that could meet the pressing demands for non-parental childcare to support working families. In attempting to understand the intricacies of what is happening in these settings, newly arrived on our social landscape, the qualitative orientation facilitated a deeper, more intimate appreciation of what is occurring between the key actors through their daily interactions, set within a local context.

The study has revealed there are a number of ways of understanding the nature of these relationships. They are far more nuanced than they are often perceived, at their most basic as the functional replacement of maternal care, arranged through market based contracts with childcare providers for a fee. Whether that is a reduced fee, as through community settings, or the market value as seen in private provision, this basic construction holds. What is argued from the findings of this research is that this initial commercial interaction results in a shared experience wherein both participants contribute to the caring relationship and both receive care, respect and recognition.
through these developing and expanding relationships. Further, where relationships achieve such status, they hold the potential to challenge pre-conceived notions of market-based exchanges.

The key findings of this project highlights characteristics, contexts, functions and processes valued both by mothers and early years practitioners as contributing to and facilitating the further development and expansion of these relationships. In considering the implications of this research to the broader issue of the early years sector in Ireland, the findings of this project have been drawn on to support a call for a debate on the manner in which Irish society conceptualises early years services, due to the unique history and development of the sector, and of the distinct characteristics of both Irish society, generally, and of the relationships explored, specifically.

Key contributions to the research arena arising from this study demonstrate the complexities of these relationships. While trust would be expected to be a significant aspect, this study revealed the dynamic nature of the concept. Perceived as present at the start, trust requires ongoing reinforcement, supporting the responsive, multi-directional character of these relationships, facilitating deepening of bonds between key actors. Unique to this study is the revelation of the maternal identity, characterised as evolving, engaging in negotiations on a range of fronts, in attempting to maintain control through the risk-taking process, creating vulnerability in the mother and child. Recognising the role of the caregiver, the experienced, knowledgeable player in this staged process, reveals how the behaviours of the practitioner facilitates the successful negotiation of this evolving point in mothers’ lives.

Accepting that we are living in a changing society, where mobility, individualisation and the erosion of previously powerful pillars in society, particularly in Ireland, established the context in which the perception of these early years settings as communities is attractive. Where families were once anchored to local communities, through faith-connections, history in a locale, or extended family structures, these often no longer hold. Perceiving childcare services as communities recognises the potential of these settings to represent far more than what is assumed by them, to the many actors who engage daily with others within these structures. These findings represent a distinctive contribution to our understanding of early years care provision
within the Irish context. A final significant finding situates these services within an emerging care sector dominated by private, for profit provision. This study argues that ethically informed practice and service provision can co-exist within a market-based sphere, evidenced by the behaviours of actors – customers, employees, owners, managers – during the ethnographic research process. Further, the study argues that the binary view of mothers as either/or is not a realistic interpretation of their lives, and that early years settings are contexts in which all the identities women hold are recognised, valued, in spite of prevailing policy paradigms and societal expectations.

This exploratory study focused in the understudied but significant relationships between mothers and caregivers. The particular process used to select research settings resulted in a possibly limiting sample of early years services and experiences. What the study revealed are services and practitioners that value and privilege positive working relationships with families. This understanding reveals aspects that are significant within the Irish ECEC policy context: while these settings may be considered ‘exemplar’ in their practice, such practice is possible, is occurring daily, and can be promoted as an aspiration for all services; and for parents, when seeking childcare, they should be aware that excellent services do exist, and families are entitled to continue seeking out good care until they secure a setting wherein trusting, responsive relationships are possible.

The period of time explored in this research is an emotive time for families, and can build to be an experience wherein the care of their child is shared by genuinely concerned, caring and committed practitioners. In considering early years engagement by families it is important to privilege this understanding with the recognition of the emotional period it is for families, and of the skills and experiences of practitioners in supporting families through this point in their lives. This study has revealed the significance of these relationships, the complexities and the importance of these in lives of families, while also acknowledging caring, insightful, skilled professionals, and their crucial role if families are to have such positive, supportive experiences within the Irish early years sector.
Appendices

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Appendix 2

Introduction to Research Project

Title of Study: Exploring relationships between parents and childcare providers in the contemporary Irish early years context.

Researcher: Sheila Garrity, PhD Fellow, UNESCO Child & Family Research Centre, NUI Galway

Supervisor: Dr. John Canavan, PhD, Associate Director, UNESCO Child & Family Research Centre

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Aim of the Study:

The aim of this study is to develop an understanding of the nature of relationships between parents and childcare practitioners within the Irish early childhood education and care sector. Childcare is offered through a variety of provision types, and provided to families as a private, community or voluntary service by the market place. This purchase of service differs from other types of service provision: while it may seem to be a simple exchange of service for a fee, it is the transfer of a basic familial responsibility and human obligation to near-strangers. Developing an understanding of the dynamics of these relationships, between parents and childcare providers, is the aim of this research.

Contextual Background:

This research takes place within the context of recent societal changes, affecting Irish social life, particularly family life (Hayes and Bradley, 2006). The economic developments and the demands for an increased workforce beginning in the late 1990’s shifted the paradigm from one of the traditional male bread winner model of Irish family life to one of dual income families, single parent families, amongst other family forms (Rush et al, 2006). Working mothers have come to rely on a variety of non-parental care while they engage with the labour market. The Irish government, with influence from their European neighbours, has responded to support families in managing their work-life balance by coordinating the development of a range of childcare services across the state, as well as adapting regulations, and developing
policy and practice guidelines (OECD, 2004). It is within these rapidly developing childcare services that this research will be focused.

**Research Questions:**
- What is the nature of the relationships between parents and childcare practitioners?
- What characterises these relationships?
- What is valued in these relationships by those involved?
- Do the relationships vary? How? Between actors? Between settings?
- What influences these relationships, both negatively and positively?

**Stages of Field Work:**
1. Documentary Analysis – review of local (Childcare committee’s) and national (NVCOs; OMCYA) advisory, policy and regulatory documents concerning childcare provision in Ireland, with particular attention to areas concerning parents and providers. Review of local service policies.
2. Ethnographic field work including semi participatory observations within childcare services; focus on interactions between parents and practitioners.
3. Interviews with parents and practitioners from services who volunteer to participate.

All information gathered for this project will be treated in confidence. The names of families or services will never be used in the reporting of the research findings.

**Proposed Locations:**
It has been proposed that the research takes place in four different types of full daycare settings including: private, corporate setting; private owner-operator; community/voluntary service; home-based childminding service (x2).

**Guidance on Research Project:**
This study, as with any studies carried out through the UNESCO CFRC and through NUI Galway, is governed by the Research Ethics Committee (REC) of the college. This particular study received ethics approval by the REC of NUI Galway in June of 2011 and is currently planning for the field work stage, to commence in the autumn of 2011.

Additionally, the following policies/practices guide this study:
- UNESCO CFRC Child Protection Policy for Research and Teaching Staff, underpinned by the NUI Galway Child Protection Policy.
- Garda Vetting of all research and teaching staff and post-graduate students
- NUI Galway Data Protection Policy
- NUI Galway Indemnity Policy
- Oversight of work conducted by supervisor as well as by graduate research committee.
Background of Researcher:
Sheila Garrity studied Early Childhood Education in Toronto, Canada and worked in the field in a variety of settings, both rural and urban, before moving to Ireland in 2001. Since settling in Galway Ms Garrity operated an after school childcare service in Galway City (Scoil Rois, Talyors’s Hill) which she recently closed (June, 2010). From 2002 Ms Garrity was employed by the HSE and seconded to the Galway City and County Childcare Committee as the Childminder Advisory Officer. In 2009 Ms Garrity completed a master’s degree (part time) in Family Support Studies (CFRC) which led to her decision to continue academic studies full time, through the newly launched Structured PhD in Child and Youth Studies, commencing September 2009. Ms Garrity is currently on a career break from the HSE. She is the mother of five children ranging in age from 13 to 23 years so has also been a working parent engaging with childcare provision for her own children.

Further Details/Information: s.garrity1@nuigalway.ie / 086-6035104.
Appendix 3

November 21st, 2011

Dear Ms. ____________

RE: PhD Research in the Early Childhood Education and Care sector in Ireland

I am currently undertaking research through the National University of Ireland, Galway under a structured PhD degree programme in Child and Youth Research, based at the UNESCO Child & Family Research Centre (www.childandfamilyresearch.ie). The focus of my research is an exploration of relationships between parents and childcare practitioners in a range of childcare services within the Irish Early Childhood Education and Care (ECEC) sector. Irish government policy, regulations and practice guidance, such as Síolta and Aistear, promote a ‘partnership model’ for working with parents within the sector. Research finds that when parents and practitioners work together effectively, the outcomes for children improve. However, research also finds that achieving true partnerships presents challenges both for the practitioners and the parents due to a range of contextual and cultural factors.

The rationale for this study is that a clearer understanding of these relationships may lead to a more effective approach to partnerships within the sector, potentially leading to recommendations for both practice and for policy within the field.

I am writing to you at this time as I am at the stage of identifying potential services in which to carry out the field work. I will be seeking to engage with services in County _______ which offer care provision in community settings and in private settings including home-based provision, large corporate, chain-type services and smaller owner-operated provision.

The study will include the researcher spending time in the service, getting to know the staff and parents, so that those involved become more comfortable with the presence of the researcher. The on-site research itself will have three stages:

1. Review of documents, including local childcare service policies, letters to parents, notices, etc.; local and national advisory groups’ supports to services; and government recommendations, such as policies and regulations.
2. Observations of interactions between parents and practitioners (only of those who have agreed to take part) within childcare settings, during daily ‘exchanges of care’ times.
3. Interviews with parents and practitioners who were observed.

I will be carrying out all aspects of the research myself. I have a background in ECEC and have worked in the field for the past 25 years. I have received Garda vetting and have completed Children First-Child Protection training. All data collected as part of
this research, including names of participants and services, will remain confidential at all times in the research and reporting stages and following completion of the study.

I would appreciate an opportunity to have an initial, preliminary meeting with you, to discuss my proposed research further, answer any question you may have, and consider the possibility of engaging with your service as part of the project. Agreement would of course, be required from families and staff within the service before any research would begin, so this meeting would provide an opportunity to discuss in detail the research plans and answer any initial queries you may have.

I ask that you take some time to consider this proposal, and consider any initial queries you may have. I will contact you shortly by telephone to ascertain your interest level and to arrange a time to meet, if this suits you.

I have enclosed a copy of an article which appeared in The Irish Times recently, discussing some of the issues that are at the heart of this research.

Kind Regards,

Sheila Garrity,
Ph.D. Fellow,

UNESCO Child & Family Research Centre
School of Political Science & Sociology
National University of Ireland, Galway
University Road,
Galway
Email: s.garrity1@nuigalway.ie
MOB: 086-6035104
Appendix 4

Participant Information Sheet

Title of Project: An exploration of relationships between parents and childcare practitioners in the Irish early childhood education and care context.

You are being invited to take part in a research study carried out as part of a PhD degree at National University of Ireland, Galway. The title and focus of the research project is: An exploration of relationships between parents and childcare practitioners within the Irish early childhood education and care context. While this ‘Participant Information Sheet’ is intended to address any concerns you may have about your involvement in the study, additional questions you may have are most welcome.

Irish government policy and practice guidelines promote a ‘partnership’ approach towards the interactions of parents and childcare workers, however, what this means in practice is unclear. It is the objective of this study to develop a better understanding of these relationships, so that the findings may inform the training and education of workers in the early childhood education and care (ECEC) field, may inform government policy regarding the role of childcare services as a unique support to families, and increase our knowledge in the area of relationships in the ECEC sector.

The participation of parents who use childcare services and of workers, who engage with parents, is very important to the success of this project. This is why you are being invited to take part in this study. If you wish to take part, you will be asked to sign a consent form indicating you are aware of what is involved and agree to participate. If there is anything that you are unsure about I will be happy to clarify any queries you may have. Take your time to read this information sheet and the consent form. Your involvement is very important to this research, but your consent should only be given if you feel comfortable to do so.

This study will involve the researcher spending time within a variety of childcare services, including the service with which you are involved. Services selected will provide a range of service ‘types’ including childminding, community, small owner-operator and larger services that are part of a chain-style of operation. Your service was selected at random from the HSE list of notified pre-school services in your county. As part of the study, the researcher will:

1. Spend time at the service to come to know the service, its style of provision, and its policies and procedures.
2. Observe interactions between parents and childcare workers in the morning and evening ‘exchanges of care’.

3. Conduct interviews, of approximately one hour in duration, with parents and workers, to arrive at a clearer understanding of the relationships between these two groups. These interviews will be recorded so that the researcher is able to engage in a conversation with the participants, and write up notes following from the recordings.

Recordings from the interviews will be transcribed by the researcher, and data from each participant will be assigned a confidential ID number. Your real name will not be used in any publication or report, nor will any identifying information be used (e.g. the name of your service). Participating services will receive a summary of the findings at the end of the research process, and individual participants may also request a copy.

By taking part in this study, you have an opportunity to contribute to the research community’s understanding of the dynamics that occur between parents and their childcare providers, to contribute to possible training in the sector, and to potentially inform government policy regarding the role of childcare in the lives of families.

Please remember that you are free to refuse to take part in this study and that if you agree to take part you can change your mind about participating at any point without needing to give a reason. If you agree to take part you will be given a copy of this information sheet to keep and a signed consent form to keep.

This research study is guided by the NUI Galway Draft Policy on Data Retention. It follows the Child Protection Policy of the UNESCO Child & Family Research Centre, which outlines steps to be taken, should a researcher have a child protection concern. Your childcare service would have a similar policy and you are most likely familiar with this.

If you would like any further information about this study or have any other questions about what it involves please feel free to contact me (details below).

Thank you for taking the time to read this Information Sheet,

_________________________________________________________

Sheila Garrity
Doctoral Fellow, UNESCO Child & Family Research Centre,
School of Political Science & Sociology, NUI Galway.

Email: s.garrity1@nuigalway.ie / MOB: 086-6035104

If you have any concerns about this study and wish to contact someone independent and in confidence, you may contact the Chairperson of the NUI Galway Research Ethics Committee; c/o Office of the Vice President for Research, NUI Galway, ethics@nuigalway.ie.
CONSENT FORM: Service Manager

Title of Project: Exploring relationships between parents and childcare practitioners in the Irish early childhood education and care context.

Name of Researcher: Sheila Garrity

Name/Address of Childcare Service: __________________________________________

Please initial box

1. I confirm that I have read the Participant Information Sheet provided to me regarding the above study and have had the opportunity to ask questions.

2. I am satisfied that I understand the information provided and have had enough time to consider the information.

3. I agree to the research taking place within the named childcare service, providing staff and families agree to participate.

4. I have the authority to agree to this research taking place within this service.

5. I understand the findings will be published as a thesis by the researcher and may also appear in research journals or in other publications.

6. I understand all efforts will be taken by the researcher for identities of services and participants to remain confidential.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Participant:</td>
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<tr>
<td>Role/Position in Service:</td>
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<tr>
<th>Name:</th>
<th>Signature:</th>
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<tbody>
<tr>
<td>Researcher:</td>
<td></td>
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</table>
Appendix 6

Participant Information Number:_______

CONSENT FORM: Parents/Practitioners

Title of Project: Exploring relationships between parents and childcare practitioners in the Irish early childhood education and care context.

Name of Researcher: Sheila Garrity

Name of Participating Childcare Service: ________________________________

Please initial box

1. I confirm that I have read the Participant Information Sheet provided to me regarding the above study and have had the opportunity to ask questions. □

2. I am satisfied that I understand the information provided and have had enough time to consider the information. □

3. I agree to the researcher observing me in the named childcare service during the week of _________________. □

4. I agree to take part in an interview with the researcher and I agree to the interview being audio recorded. □

5. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected. □

6. I agree to take part in the above study and understand the findings will be published as a thesis by the researcher and may also appear in research journals or in other publications. □

Name: ____________________________ Signature: ____________________________ Date: ______________

Participant: ____________________________

I am a Parent at the named service □ I am a Staff member at the named service □

Researcher: ____________________________
Appendix 7

Interviews with Mothers - Sheila Garrity Field Work Plans

<table>
<thead>
<tr>
<th>Service:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Mother:</td>
<td>Name: Key Staff</td>
</tr>
<tr>
<td>Child:</td>
<td></td>
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</tbody>
</table>

Preamble: Not an evaluation; Confidentiality; Practice guide

- What is the nature of the relationships between parents and childcare practitioners?

Supplementary questions include:
- What characterises these relationships?
- What expectations do participants have about these relationships, if any and what is the reality?
- What influences these relationships, both negatively and positively?
- Do the relationships vary? How? Between actors? Between settings?
- What is valued in these relationships by those involved?

Initial Introductory Question:

Think back to when you first began to use this childcare service – when you met the staff who would be caring for your child, could you describe that process? Introductions?

- How do you feel about the way that was handled?

- Is there a different approach that you would prefer?

Settling in Process – could you describe that? How did you feel about that process?
Probe: Drop and leave/ stay for periods of time?

Transition to older rooms – how is it decided that its time to move on?

- Who initiated conversation?
- Who is involved?
- Meet new room staff? Process?
- How do you feel about that process?

**Topic Areas to Cover:**

<table>
<thead>
<tr>
<th>Probes/wording to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
</tr>
<tr>
<td>Describe how you find out about your child’s day?</td>
</tr>
<tr>
<td><em>Probe – maybe something I observed</em></td>
</tr>
<tr>
<td><em>Effective?</em></td>
</tr>
<tr>
<td><strong>Information sharing</strong></td>
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<tr>
<td>And about your child’s ongoing development,</td>
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<tr>
<td>- achieving milestones, that sort of thing</td>
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<tr>
<td>- more than just her/his day to day activities</td>
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<tr>
<td>- what is the process for discussing overall development?</td>
</tr>
<tr>
<td>What was your expectation of what you would want to find out about?</td>
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<tr>
<td>Expectation of how you would be informed?</td>
</tr>
<tr>
<td><em>What is your view of this system? Do you feel fully informed about your child’s development – though not there day to day</em></td>
</tr>
<tr>
<td><strong>Valuing/devaluing staff as professionals-role of staff</strong></td>
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<td>Trusting or conflictual</td>
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</table>

Probe – **haven’t had concerns** – if you did – where would you turn for advice?

Probe – **Didn’t Ask Staff**

- in some services staff provide such support and information to families
- but you didn’t ask staff here

Could you tell me about that? Any particular reason you didn’t ask staff?
From reading the Pol&Proc of the service, I see they have a formal complaints procedure;

Can you tell me have you had a concern about practice that you would feel warranted a formal complaint?

What occurred?

Who was involved in that?

What was the outcome?

Feel about outcome?

View of process management? How it was managed/handled?

Any lasting effect on relationships?

**Transition** – explored information sharing, communication and handling concerns – anything you would like to add?

Now would like to discuss interactions/relationships with the staff……for both you and your child

While you only have an opportunity to witness the staff interact with your child for a brief time, each morning and evening:
<table>
<thead>
<tr>
<th><strong>Interactions</strong></th>
<th><strong>Relationships</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you describe the relationship [your child] has with [___________(staff)]?</td>
<td></td>
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</table>

*Probe* – How do you feel about this?

**Expectations about the relationship?**

*Do you expect them to be so close?*

*OR Did you expect them to be closer?*

*Did you expect this? Surprise you?*

And vice versa – how would you describe the relationship [___________(staff)] has with your child?

*Probe* - And again – what would you have expected it to be like?

*How do you feel about that?*

*Note: if staff team (as opposed to ‘key worker’ system) responsible for care of child discuss all workers here (might be 2/3 for younger ages)*

<table>
<thead>
<tr>
<th><strong>Pick up on references to closeness,</strong> emotional attachment to lead into next</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’ve talked about how close _____ and your child are;</td>
</tr>
</tbody>
</table>

From what I have read – emotional bonds – saving grace:
| Question: if not said, refer to other interviews, or research ['saving grace'] | - Would that be something that you have seen within the work carried out by ____________?  
- Could you tell me about that?  

**OR** You described briefly, earlier (emotional bonds)  
- Could you tell me more about that aspect of _____’s work?  

Probe – what is your view of this emotional investment to their work?

Do you feel it is an important aspect of the role/position? Intrinsic?  
- Necessary? Can’t mandate for it – how to ensure this?

| Mother – practitioner | And how would you describe **your own** relationship with __________(staff)?  

*Probe – Can you recall - What did you expected it to be like?*  
- Change over time? How?  
- What factors influence this relationship?  
- What supports you in your parenting?  

If you could create an ideal relationship between parents and their child’s caregiver – what would it look like? |
What is important to you in this relationship/daily exchanged?

What types of things do you talk to ________ (staff) about?

And if ______ (staff) is away from work

- how do you feel,
- How do you perceive your child feels?
- who do you talk to/engage with?

When you were seeking a childcare service what was on your ‘shopping list’?

Probe – did you think of staff qualities at that time?

And are you aware of what the staff’s qualifications are here?

How did that affect your decision in choosing the service?

Do you have a view: type of qualification should be required?

**Advising a friend who was seeking care now – what would be on your ‘shopping list’?**
Valuing care work

follow on from discussion of qualifications – remuneration for qualifications:

As you may know, CC work is traditionally not a high paying field, in comparison to say nursing, teaching, social work;

View on this?

Maternal Identity

motherhood; women and work/care responsibilities

Apparent mothers now have more options – stay at home – work full time – more are trying to find a balance –

I wonder if you would think back to your decision to return to work, how did you make that decision to return to work?

Decision to seek non-parental care?

Probe – what sorts of factors influenced that decision?

Transition – So we’ve talked about communication and info sharing, and about how you handle concerns, about your child’s relationship with ___________; and how staff can become emotionally attached to the children they care for; about staff qualifications and your decisions regarding choosing care, returning to work……

that has been very helpful.
Talk now about this whole idea of ‘Partnership with parents’ and your experiences of this……..

<table>
<thead>
<tr>
<th>Policy / Partnership</th>
<th>Talk a bit now about the role of government policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>It may seem far from this relationship, but the regulations used for inspection by HSE, and Síolta, Aistear all promote a ‘partnership’ approach to services and families working together; also in service’s policy manual.</td>
</tr>
<tr>
<td></td>
<td>Could you describe to me what that means to you, as a parent using a service? ‘Partnership’</td>
</tr>
</tbody>
</table>
|                      | - Daily experience  
<p>|                      | - Evidence of ‘partnership’ |
| Probe                | what is your view of how the service works at establishing that partnership? |
|                      | Would you describe it as a partnership or use other terms? |
|                      | What aspects of partnership are important to you? |
|                      | Any recommendations to service – how to create partnership? |</p>
<table>
<thead>
<tr>
<th>Marketplace/role of state</th>
<th>Is this necessary/important?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is your opinion of this as a policy approach by government?</td>
</tr>
<tr>
<td></td>
<td>Currently the state funds one free preschool year for children and offers some subvention through community services.</td>
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<tr>
<td></td>
<td>Some people feel that this is adequate funding, some feel the government should be more involved in funding early childhood care and education.</td>
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<td></td>
<td>If we weren’t in this economic mess –</td>
</tr>
<tr>
<td></td>
<td>I wonder if you could share your views on this level of government funding?</td>
</tr>
<tr>
<td></td>
<td><em>Probe</em> – Ireland has a private approach to childcare, similar to health care – prefer families to meet own needs; elder care; where as other states – Scandinavian countries – are known for their generous social programmes, and higher taxes.</td>
</tr>
<tr>
<td></td>
<td>What is your view on this debate?</td>
</tr>
</tbody>
</table>

Thank you very much for your time, and for sharing your experiences and views with me. It has been really valuable and very interesting talking with you.

**I wonder if there is something I haven’t asked you that you feel I should have? Have I missed something important?**

Anything else you would like to add or ask about?
## Appendix 8

### Interviews with Practitioners - Sheila Garrity Field Work Plans

<table>
<thead>
<tr>
<th>Service:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Practitioner</td>
<td>Name: Mothers/Child in Observations:</td>
</tr>
</tbody>
</table>

**Preamble:** Not an evaluation; Confidentiality; Practice guide

- What is the nature of the relationships between parents and childcare practitioners?

**Supplementary questions include:**

- What characterises these relationships?
- What expectations do participants have about these relationships, if any and what is the reality?
- What influences these relationships, both negatively and positively?
- Do the relationships vary? How? Between actors? Between settings?
- What is valued in these relationships by those involved?

**Initial Introductory Question:**

When a family first starts to use your childcare service, when they first meet staff who will be caring for their child, could you describe that process?

*Probe* – and how do you feel about the way that this is handled?

Could you describe a better (in reply to negative response to first probe) approach that you would you prefer?

What is your view of the process for parents?

**Settling in – Process**

- PROBE: Stay for period sof time OR drop and go? View?
- View from parents?

**Transitions to older rooms – Process**

- how is decision taken?
- Who is involved?
- When parents meet new staff?
- View?
<table>
<thead>
<tr>
<th>Topic Areas to Cover:</th>
<th>Probes/wording to consider</th>
</tr>
</thead>
</table>
|                     | If I was a parent at the service, how would I find out about my child’s day?  
| Communication       | *Probe* – maybe something I observed  
|                     | Ongoing development  
|                     | - Also achieving milestones, that sort of thing  
|                     | - more than just her/his day to day activities  
|                     | - what is there a process for discussing overall development?  
|                     | *Probe* - How do you feel about this process?  
| Information sharing | How do you obtain info from parents?  
|                     | - Process?  
|                     | - Formal/informal?  
|                     | - Do parents participate in info sharing?  
|                     | - Important?  
|                     | **View? Other way?**  
| Parent still ultimately responsible for care: caregiver by proxy | From the parents perspective  
|                     | - they are absent for this development  
|                     | - **Keep them informed?**  
|                     | - what is your view of the system the service has in place from their perspective?  
| Valuing/devaluing staff as professionals - role of staff | And if a parent had a concern, or question about their child’s development or about how to handle behaviour or other developmental issues – how would they draw attention to these concerns?  
|                     | *Probe* – **Ask Staff**  
|                     | Would you tell me about that?  
|                     | How is that handled?  
|                     | Can you think of a time when that occurred?  
|                     | What was the outcome?  
|                     | Speculate – how was your advice received?  
|                     | How do you feel about offering advice to parents on their children’s development?  
|                     | Would you see that as part of your role? Explain?  
|                     | - Parents as learners?  
|                     | - Expectations – do parents expect? Don’t expect?  
|                     | *Probe* – **Didn’t Ask Staff** – in some services staff provide such support and information to families – curious:
| Open communication – sharing | And if you had a concern, or question about a child’s development or about how to handle behaviour or other developmental issues – where would you go with these concerns?  
*Probe – talked to parent*  
Would you tell me about that:  
- What was the outcome?  
- How did the parent respond to your concerns?  
- Would you handle concerns such as these the same way next time?  
  
*Probe – referred to manager*  
Could you tell me about that event?  
- What was the outcome?  
- Who else involved?  
- How was parent informed of concern?  
- What was your role in the process?  
  
What is your opinion on how service handles such concerns?  
What way would you like to see this handled?  
Was there any affect on your ability to interact with parent after this? |
| --- | --- |
| trusting or conflictual | If you had a difference of opinion with a parent – not a major concern - or a disagreement over the care/advice or other aspect of the care:  
- how would you deal with this?  
  
*Probe – can you think of a time that you felt that way/difference of Op/disagreement – tell me about it?*  
If you can think back to that time; how did you feel about that parent afterwards?  
And now? |
| Conflict; power; justice | From reading the Pol&Proc of the service, I see they have a formal complaints procedure;  
- to your knowledge, are you aware if any parents have had serious concerns about |
| **Roles and positions** | practice that would warranted a formal complaint.  
What occurred?  
Did it involved you? *(no names if others)*  
What was the outcome of the complaint?  
Initiate any formal process?  
How did you feel about outcome?  
View of process management:  
How it was managed/handled?  
How do you feel it should have been handled?  
Family still in service? How do they get on with staff? Management? |

---

**Transition** – explored information sharing, communication and handling concerns – anything you would like to add?

Now would like to discuss interactions/relationships with the children and parents……

| **Interactions** | **Relationships** | To start – can you recall what drew you to this profession?  
How would you describe the relationship you have with ____________(Child) ?  
*Probe* – How do feel about this? Expect this?  
- When you first came into this work, what were your expectations about relationships you would have with the children you care for?  
* [in response] Do you expect them to be so close?  
* Did you expect them to be closer?  
* [in response] Did you expect them to be ‘professional’ – not as close?  
And vice versa – how would you describe the relationship you have with __________(child)’s parents? |
**Probe** - And again – what would you have expected it to be like? How do you feel about that?

*Maybe:* Some people feel parents and caregivers need to be close and have ongoing communication and some degree of *emotional investment* in each other, while others see the relationship as much more distant, maybe ‘professional’; what is your view of this?

<table>
<thead>
<tr>
<th><strong>Pick up on references to closeness, emotional attachment to lead into next question; if not said, refer to other interviews, or research [‘saving grace’]</strong></th>
</tr>
</thead>
</table>
| You’ve talked about **how close** you have become to the children in the programme/*not that close*: From my reading - emotional investment - the satisfaction workers find from their work, could be described as a ‘fringe benefit’ ‘saving grace’

What is your opinion of that statement?
- Do you feel it is an important aspect of the role/position? Intrinsic?

**Probe** – if you were a parent using childcare, what would you want this relationship to be like? What would be the ideal?
- If you could create an ideal relationship between yourself and parents – what would it look like? From practitioners perspective?

<table>
<thead>
<tr>
<th><strong>Professionalism/Societal view of caregiving</strong></th>
</tr>
</thead>
</table>
| When parents are seeking a childcare service, could you speculate as to what would be on their ‘shopping list’?

**Probe** – what did you think they should be looking for?
- staff’s qualifications - do you believe this has an influence on parents?
- staff qualities – as opposed to qualifications - they are looking for?

Do you have a view on what type of qualification should be required?
Discourse on caregiver roles

I have heard a number of different titles used to describe the staff of childcare services:
- do you use a particular title? Prefer?
- Service uses which title?
- Same for all or differ via position?
What terms do parents use?

Valuing care work

Whole issue of pay rates, qualifications, ECCE scheme – more for higher qualifications - CC work is traditionally not as high a paying field, in comparison to say nursing, teaching, social work.

Do you think about this? Views? Solutions?

Mothers/ideology

Mothers returning to work – is this something they discuss with you?
- Struggle?
- Fine?
Your own perspective?

Transition – So we’ve talked about communication and info sharing, and about how concerns are handled, and about interactions and relationships ……that has been very helpful.

Now ….last part ………….look at whole area of Government policy….’Partnership’ approach……

Partnership

Talk a bit now about the role of government policy.

It may seem far from this relationship, but the regulations used for inspection by HSE, and Siolta, Aistear all promote a ‘partnership’ approach to services and families working together; also in service’s policy manual.

What is your opinion of this as a policy approach by government?

Could you describe to me what that means to you, as a _____ (use prof title as described above) working in this service?
Would you describe what is going on here between staff and parents as a partnership or would you use other terms?

What do you think this mean to parents? What is your view of how parents engage with this approach/policy?

**Is this necessary/important? To do your work?**

<table>
<thead>
<tr>
<th>Marketplace/role of state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently the state funds one free preschool year for children and offers some subvention through community services. Some people feel that this is adequate funding, some feel the government should be more involved in funding early childhood care and education.</td>
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<td>I wonder if you could share your views on this level of government funding?</td>
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<td><strong>Probe</strong> – Ireland has a private approach to childcare, similar to elder care, health care – prefer families to meet own needs; insurance; where as other states – Scandinavian countries – are known for their generous social programmes, which may result in higher taxes.</td>
</tr>
<tr>
<td>What is your view on this debate?</td>
</tr>
</tbody>
</table>

Thank you very much for your time, and for sharing your experiences and views with me. It has been really valuable and very interesting talking with you.

**I wonder if there is something I haven’t asked you that you feel I should have? Have I missed something important?**

Anything else you would like to add or ask about?
Appendix 9

Interviews with Managers/Leaders - Sheila Garrity Field Work Plans

<table>
<thead>
<tr>
<th>Service:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Practitioner</td>
<td>Name: Mothers/Child in Observations:</td>
</tr>
</tbody>
</table>

Preamble: Not an evaluation; Confidentiality; Practice guide

- What is the nature of the relationships between parents and childcare practitioners?

Supplementary questions include:
- What characterises these relationships?
- What expectations do participants have about these relationships, if any and what is the reality?
- What influences these relationships, both negatively and positively?
- Do the relationships vary? How? Between actors? Between settings?
- What is valued in these relationships by those involved?

Initial Introductory Question:

When a family first starts to use your childcare service, when they first meet staff who will be caring for their child, could you describe that process?
- Always done that way?
- What is your view of the process for parents? Seem satisfied?

Settling In process – describe it?
- Some services encourage parent to stay, leave gradually – others – drop and go; here? view?
- Moving to new rooms – transition ie infants to toddlers – what is that process?
- How are parents informed of the decision to move to new rooms?
- How does that work? What occurs? Who decides?

Topic Areas to Cover:  

<table>
<thead>
<tr>
<th>Communication</th>
<th>Probes/wording to consider</th>
</tr>
</thead>
</table>
| If I was a parent at the service, how would I find out about my child’s day?  
  Probe – maybe something I observed | And what about obtaining information from parents? |
| Information sharing | And then the Ongoing development  
|                    | - Also achieving milestones, that sort of thing – more than just her/his day to day activities  
|                    | Is there a process for discussing overall development? |
| Parent still ultimately responsible for care: caregiver by proxy | From the parents perspective  
|                                                             | - they are absent for this development  
|                                                             | - Missing out  
|                                                             | - Keep them informed?  
|                                                             | - Does system of info sharing make up for this? |
| Valuing/devaluing staff as professionals-role of staff | And if a parent had a concern, or question about their child’s development or about how to handle behaviour or other developmental issues – what do they tend to do?  
|                                                             | Probe - Ask Staff?  
|                                                             | Would you tell me about that?  
|                                                             | How is that handled?  
|                                                             | Can you think of a time when that occurred?  
|                                                             | What was the outcome?  
|                                                             | Do parents see staff as a source of advice/information about their child’s development, about parenting?  
|                                                             | What about management?  
|                                                             | Speculate – how is your advice received?  
|                                                             | How do you feel about offering advice to parents on their children’s development?  
|                                                             | Would you see that as part of your role? Explain?  
|                                                             | Did you set out to establish that – or has it just happened that way? |
| Open communication – sharing  
| - Bringing concerns to parents | And if a staff member had a concern, or question about a child’s development or about how to handle behaviour or other developmental issues – what do they do about that?  
|                                                             | Probe – staff talked to parent  
|                                                             | Can you think of an example of when that happened?  
|                                                             | How did the parent respond to the concerns?  
|                                                             | What was the outcome?  
|                                                             | Probe – staff referred to manager  
|                                                             | Could you tell me about that event?  
|                                                             | How was parent informed of concern?  
|                                                             | What was the outcome?  
|                                                             | What was your role in the process?  
|                                                             | What is your opinion on how this was handled? |
| **trusted** or **conflicted** | What way would you like to see this handled?  
Was there any affect on your ability to interact with parent after this? |
|-----------------------------|-----------------------------------------------------------------|
| **- level of**              | If you had a difference of opinion with a parent – **not** a major concern - or a disagreement over the care/advice or other aspect of the care:  
- how is this worked through?  
- Example?  
- Outcome?  
How was the relationship with the parent afterwards?  
And now? |
| **engagement/collaboration**| **Conflict; power; justice**  
**Roles and positions**  
From reading the Pol&Proc of the service, I see you have a formal complaints procedure;  
- Have you had formal complaints in the service?  
- Example (no names)  
- What was the outcome of the complaint?  
How did you feel about outcome?  
Relationship with family afterwards? |
| **Transition** – explored information sharing, communication and handling concerns – anything you would like to add? |
| **Caregiving role** | Can you recall what it was that drew you to this profession?  
- Your background?  
- Undertake training though the years? |
| **And the staff here – can you surmise why they are in this sector?**  
- how do they come to be in the service?  
PROBES: Formal adverts, word of mouth?  
- Qualifications? |

Now would like to discuss interactions/relationships with the children and parents……..  

<p>| From your observations of how the staff engages with the children – how would you describe the relationship they have with them? | 329 |</p>
<table>
<thead>
<tr>
<th>Interactions</th>
<th>What have you observed about how the children feel about the staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relationships</strong></td>
<td><strong>Mention Emotional ties</strong></td>
</tr>
<tr>
<td></td>
<td>Do you think the staff were aware of this emotional aspect to the work before they started?</td>
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<tr>
<td></td>
<td>And can you tell me what you have observed about how they relate to parents?</td>
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<tr>
<td></td>
<td>And yourself?</td>
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<tr>
<td></td>
<td>Your role? As manager – no longer in the day to day care</td>
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<td></td>
<td>My research – idea of the ‘emotional investment’ which I heard called ‘the saving grace’ of the work; some people are naturally nurturing, while others may have a more distant, ‘professional’ approach. View?</td>
</tr>
<tr>
<td></td>
<td>The idea of the professional – distant – vs carer/nurturer;</td>
</tr>
<tr>
<td></td>
<td>- Over the years have you had staff that were more ‘professional’? How did that person work out?</td>
</tr>
<tr>
<td><strong>Ethos/Culture</strong></td>
<td><strong>As manager – is there an ethos/culture here that you promote?</strong></td>
</tr>
<tr>
<td></td>
<td>- Describe?</td>
</tr>
<tr>
<td></td>
<td>- How promote it?</td>
</tr>
<tr>
<td></td>
<td>- Is it effective – what evidence can you sight that it does ‘trickle down’ to staff?</td>
</tr>
<tr>
<td></td>
<td><strong>Role of board in this?</strong></td>
</tr>
<tr>
<td><strong>Pick up on references to closeness, emotional attachment to lead into next question; if not said, refer to other interviews, or research ['saving grace']</strong></td>
<td>What other qualities in staff do you feel is important?</td>
</tr>
<tr>
<td></td>
<td><strong>Probe</strong> –if you were a parent using childcare, what would you want this relationship to be like? What would be ideal?</td>
</tr>
<tr>
<td></td>
<td>If you could create an ideal relationship between your staff and parents – what would it look like?</td>
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<tr>
<td></td>
<td><strong>Different?</strong></td>
</tr>
<tr>
<td>From parents perspective? Different?</td>
<td></td>
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<tr>
<td>-------------------------------------</td>
<td></td>
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<tr>
<td><strong>Explore</strong>: Service provision; parents pay for it; hairdressers are service providers as well; but there is a difference here;</td>
<td></td>
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<table>
<thead>
<tr>
<th>Mother – practitioner</th>
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</table>
| When mothers are making the transition back to work -  
  - When they are here meeting you, staff,  
  - what are some of the issues they discuss regarding returning to work/making that decision/leaving child? |
| What do you think would influence their decision making:  
  - use non-parental care?  
  - Stay at home themselves and care for child? |
| What expectation do they voice about the service, staff, relating to them? |

<table>
<thead>
<tr>
<th>Professionalism/Societal view of caregiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>When parents are seeking a childcare service, when they come here to view the service – what types of things seem to be on their shopping list?</td>
</tr>
</tbody>
</table>
| What did you think they should be looking for?  
  - staff’s qualifications - do you believe this has an influence on parents?  
  - staff qualities – as opposed to qualifications - they are looking for? |
| What type of qualification do you seek from staff you hire? Once here do you expect them to continue to attend training? Upgrade skills? |
| How do staff feel about this? |

<table>
<thead>
<tr>
<th>Discourse on caregiver roles</th>
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</table>
| I have heard a number of different titles used to describe the staff of childcare services:  
  - do you use a particular title here?  
  - Staff themselves – what do they call themselves?  
  - Same for all or differ via position? |
Any idea what terms do parents use?

| Valuing care work | Whole issue of pay rates, qualifications, ECCE scheme – more for higher qualifications - CC work is traditionally not as high a paying field, in comparison to say nursing, teaching, social work. Do you think about this? Views? Solutions? |

Transition – So we’ve talked about communication and info sharing, and about how concerns are handled, and about interactions and relationships ……that has been very helpful.

Now …last part ………look at whole area of Government policy….’Partnership’ approach……

| Partnership | Talk a bit now about the role of government policy. It may seem far from this relationship, but the regulations used for inspection by HSE, and Síolta, Aistear all promote a ‘partnership’ approach to services and families working together; Own service has a policy on partnership with parents. What is your opinion of this as a policy approach by government? What do you understand this to mean? What do you think the government means? Here at Clonlara – would you describe it as a partnership – or use another term? Evidence of partnership? How does this trickle down to staff? **Probe** – active inform- training – pick up on it? What do you think this mean to parents? What is your view of how parents engage with this approach/policy? **Is this necessary/important? To do your work?** |

332
Currently the state funds one free preschool year for children and offers some subvention through community services. Some people feel that this is adequate funding, some feel the government should be more involved in funding early childhood care and education.

If we weren’t in this economic mess –

I wonder if you could share your views on this level of government funding?

Probe – Ireland has a private approach to childcare, similar to elder care, health care – prefer families to meet own needs; insurance; where as other states – Scandinavian countries – are known for their generous social programmes, which may result in higher taxes.

What is your view on this debate?

Thank you very much for your time, and for sharing your experiences and views with me. It has been really valuable and very interesting talking with you.

I wonder if there is something I haven’t asked you that you feel I should have? Have I missed something important?

Anything else you would like to add or ask about?
PARTICIPANT FEEDBACK QUESTIONNAIRE:

Title of Project: Exploring relationships between parents and childcare practitioners in the Irish early childhood education and care context.

Name of Researcher: Sheila Garrity  Name of Childcare Service: _____________

The research being carried out is exploratory in nature, and the methods being used – observations, note taking, spending time in services, combined with interviews, is also being explored for its effectiveness and usefulness. If you would take a few moments to answer the following questions, it would assist further developments and improvements of the methods.

When the research first began, the presence of the researcher in the room made me feel:

- Very Uncomfortable
- Somewhat uncomfortable
- Neutral
- Somewhat comfortable
- Quite Comfortable/At Ease

By the time the research was finishing, the presence of the researcher in the room made me feel:

- Very Uncomfortable
- Somewhat uncomfortable
- Neutral
- Somewhat comfortable
- Quite Comfortable/At Ease

If you felt uncomfortable at the end of the research process, what could the researcher have done to put you more at ease? What was it that made you feel uncomfortable?

If you felt comfortable at the end of the research process, what was it about the researcher, the process, or the methods (observations, etc.) that made you feel comfortable?
From my perception, when the research first began, the presence of the researcher in the room made the children in the group feel:

- Very Uncomfortable
- Somewhat uncomfortable
- Neutral
- Somewhat comfortable
- Quite Comfortable/At Ease

By the time the research was finishing, the presence of the researcher in the room made the children feel:

- Very Uncomfortable
- Somewhat uncomfortable
- Neutral
- Somewhat comfortable
- Quite Comfortable/At Ease

If you believe the children felt uncomfortable at the end of the research process, what could the researcher have done to put them more at ease? What was it about the researcher/research that you believe made the children feel uncomfortable?

If you believe the children felt comfortable, what was it about the researcher/research that you believe made the children feel this way?

Did the presence of the researcher disturb the daily routine?

- Yes - regularly disturbed the routine
- Yes - occasionally disturbed the routine
- No Comment/didn’t notice
- No – we carried on as usual
- No – didn’t disturb; researcher joined routine in helpful manner

Following this experience, how willing are you to volunteer to take part in a future research project?

- Yes – very willing
- Yes – somewhat willing
- Neutral
- No – somewhat unwilling
- No – very unwilling

Please add any other comments regarding the research project, the presence of the researcher, your involvement in it, its effects on the children/routine, etc.:

Again, thank you very much for your participation in this research project.
PARTICIPANT FEEDBACK QUESTIONNAIRE:

Summary of Responses from Research Participants:

**Title of Project:** Exploring relationships between parents and childcare practitioners in the Irish early childhood education and care context.

**Name of Researcher:** Sheila Garrity  **Name of Childcare Service:** _____________

The research being carried out is exploratory in nature, and the methods being used – observations, note taking, spending time in services, combined with interviews, is also being explored for its effectiveness and usefulness. If you would take a few moments to answer the following questions, it would assist further developments and improvements of the methods.

| When the research first began, the presence of the researcher in the room made me feel: | 0 | Very Uncomfortable |
| | 6 | Somewhat uncomfortable |
| | 4 | Neutral |
| | 1 | Somewhat comfortable |
| | 3 | Quite Comfortable/At Ease |

| By the time the research was finishing, the presence of the researcher in the room made me feel: | 0 | Very Uncomfortable |
| | 0 | Somewhat uncomfortable |
| | 0 | Neutral |
| | 1 | Somewhat comfortable |
| | 13 | Quite Comfortable/At Ease |

If you felt **uncomfortable** at the end of the research process, what could the researcher have done to put you more at ease? What was it that made you feel uncomfortable?

If you felt **comfortable** at the end of the research process, what was it about the researcher, the process, or the methods (observations, etc.) that made you feel comfortable?

**Comments:**
- research was done quietly; researcher interacted with the children and staff and it made it a more comfortable experience overall
- very understanding of the working
- did not invade our space; children warmed to the researcher quickly
- very unobtrusive; researcher was easy going and I enjoyed conversations with her
- friendly, kind to children, didn’t interfere, helpful when necessary, clean, tidy and organised
- personality put us at ease; when I realised it wasn’t an inspection and found out more about study I relaxed; open and friendly
- by the end I didn’t mind being observed while doing my job
- interacted well with the children which made me feel at ease
- showed an interests in our work

<table>
<thead>
<tr>
<th>From my perception, when the research first began, the presence of the researcher in the room made the children in the group feel:</th>
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<tbody>
<tr>
<td>1</td>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>If you believe the children felt <strong>uncomfortable</strong> at the end of the research process, what could the researcher have done to put them more at ease? What was it about the researcher/research that you believe made the children feel uncomfortable?</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>If you believe the children felt <strong>comfortable</strong>, what was it about the researcher/research that you believe made the children feel this way?</th>
</tr>
</thead>
</table>

**Comments:**
- she helped the children when need be, she seemed one of the group
- some were shy and didn’t talk to the researcher, but by the end they were talking to the researcher and handing her toys to play with
- interaction between children and researcher
- had an obvious interest in children and their welfare and development; conversations almost always child led
- understanding to the children’s needs, patient
- I believe our children are in a relaxed atmosphere and are sure of their minders, so someone strange is not too unsettling
- calming effect on the children; they enjoyed drawing/talking to her
- she played and talked to them and they were fond of her during her time here
- didn’t force interaction or conversation, they came to her
- Someone new they were not familiar with but by the end friendly, warm, personality made the children comfortable
Did the presence of the researcher disturb the daily routine?

- Yes - regularly disturbed the routine
- Yes - occasionally disturbed the routine
- No Comment/didn’t notice
- No - we carried on as usual
- No – didn’t disturb; researcher joined routine in helpful manner

Following this experience, how willing are you to volunteer to take part in a future research project?

- Yes – very willing
- Yes – somewhat willing
- Neutral
- No – somewhat unwilling
- No – very unwilling

Please add any other comments regarding the research project, the presence of the researcher, your involvement in it, its effects on the children/routine, etc.:

Final Comments:
- Honestly found the whole thing totally unobtrusive with little or no effect on our routine here
- I think the interviews gave everyone a boost of feeling good about themselves and made us think about the importance of our jobs. Overall a pleasant experience.
- Very important and worthwhile project, generally a pleasant experience
- Overall a positive affect
- I would have like to know in advance the questions the researcher was going to ask myself and parents
- We were aware of the researcher’s presence in the area but she seemed not to disturb our routine

Again, thank you very much for your participation in this research project.
Example of data collected from observations. Highlighted text coded to: Community, Sharing/Confiding, as seen in coding stripes. Image illustrates data items under 'observation' category of codes.
Example of coding from observations. Text coded into ‘Sometimes Community just happens/Spontaneous’. Merged into ‘Community’ in a later round of coding. Section of text highlighted coded under several other ‘codes’.
Appendix 14

Example of data collected from interviews with managers/leaders. Names shaded for confidentiality. Image shows recorded transcript. Coding lines highlight number of codes this interview data was coded to, overall. Text highlighted coded into: ‘Sharing/Confiding’; ‘Reassurance/confidence’. Later merged into ‘Trust’.
Example of coding from interview data. Text coded into 'Extended Family' merged into 'Community' in a later round of coding. Section of text highlighted coded under several other 'codes' as evidenced by coding stripes.
Example of data from Reflective Journal. Highlighted text coded to: Communication, P&P relationships, Partnerships, Collaboration, Separation, guilt/regret, Facilitating control as evidenced by coding stripes.
Example of coding from reflective journal. Text coded into 'Love at first sight' later merged into 'Trust'. Section of text highlighted coded under several other 'codes'.
23/11/2011
End of day reflections. Childminding Service.
Common Themes arising out of field work: trust; communication; openness/willing to discuss concerns; welcome – genuine caring.

Reflections
Less happening in setting, due to smaller numbers, less coming and going; challenge to develop concepts/ideas/insights. In thinking through this dilemma decided to go back to the basics of reflection – Kolb’s structure - to use his cycle to develop reflections.; draw on literature and phenomena

Event/Experience: Care in the home of a childminder

Reflective Observation: Extended family, others, neighbours, come and go; all children ‘Grannied’ by CMDR’s parents; children treated the same whether they are natural or minded, valued cherished, LOVED;?? Good sense of camaraderie between childminder and mothers – they have a laugh!
Parents sense of trust very clear at interviews; very satisfied with the care; Grateful!

Abstract Conceptualisation/Analysis:  Using theory /literature to consider event:
Tronto: how do feminists talk about care?(on Gould – deliberate democracy/justice and democracy)
Evolving ethic of care – care far from origins
Hankivsky – different generations of care theorists
1st wave – Emotions/Compassion/Charity, etc.
2nd -Human vulnerability/Political and Social dimensions/more than private intimate matter
Tronto – different synthesis of care and justice: emphasise radical nature of care
Raises basic fundamental ontological and epistemological questions
Major contribution to Care theory – all humans – even able bodied ones – are vulnerable at various stages in their lives.
Tronto: Gould – Care creates a recognition for others as fellow humans = equality

Synthesis:
All humans are vulnerable – care offered to children is as much about caring for mothers (and fathers) as much as for children.
Mothers are vulnerable – through their children – become dependent on others to provide their children with loving care.
Children of course – are vulnerable by their nature – it goes without saying.
Caregivers – are they vulnerable? Need an income ….maybe this is a stretch; have a need to care – are responsive caregivers?
Work on this again – more to develop here
05/10/11. Afternoon:.
Observations: Private owner/operated service.
Some children awake from nap, others till sleeping.
Kathy alone with 6 preschool children: 2 toddlers; 4 p/school aged. Other staff on break.
Toddler asleep – wakes – Kathy brings him out from nap area; Puts on TV for children. Small television mounted high on the wall.
Children sit on soft child-sized couch and regular child chairs. 2 children – Naessa and Nolan are rough playing, wrestling and shoving each other around pulling at each other, throwing toys; Kathy seems to ignore behaviour – says the odd word ‘be careful’ but mostly does not draw attention to what is happening. Feeds younger toddler; then puts her down and feeds next toddler.
Researcher at times intervenes, when she thinks an injury might occur. Says thing to children to try and redirect to other activity.
Researchers senses that she is interfering too much. Makes a conscious decision to stop intervening and to see how worker manages behaviour; see what she reacts to, what she chooses to ignore. Kathy could be unsure of how to proceed with researcher in the room, or perhaps her approach to the children’s behaviour is to ignore their rough play, rather than intervene and draw attention to it.

05/10/11. Reflection - Reflexivity: (based on observation)
Researcher needs to remember why she is there: to model appropriate care-giving behaviour (defined by me? Or defined by worker?) or to observe practitioners working in their own natural manner? Present as a social researcher, not as a lecturer in ECEC.
Recollection of epistemological approach – practitioners/actors construct their own knowledge and ideas/understanding within their context – childcare settings - and more specifically – within their local childcare services. For all actors – parents, manager, workers – their individual experiences will differ based on - their perspectives, their own past knowledge – within the context. What meaning do different actors ascribe to different behaviours? Mutual dependence of theory and data – how will theories aid in understanding the data.
Habits – structured–by the rules, norms, values of society - and structuring – actors/behaviours in turn influence context – which in turn structures.
Challenge to researcher – avoid temptation to ‘compare’ – each interpretation will be context dependent – ‘multiple stories’ ; Juxtapose the general with the specific (hermeneutics?) ; juxtapose the general truths; find in the little what eludes us in the large (Geertz)

Appendix 19