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Value the Training – Raise the Status

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INTRODUCTION

This research presentation encompasses two separate pieces of related research. The first is in regard to carer training and reimbursements while the second looks at carer professional development.

Family day care home-based is defined as supervised early childhood education in a carers home. Carers are selected and agree to abide by regulatory requirements, policies and practices of the organisation with whom they are contacted to.

CARER TRAINING AND REIMBURSEMENTS

This piece of research came about from an identified issue which was increasing carer reimbursements in recognition of the training they have completed or are undertaking. Training involves study towards the New Zealand Family Day Care Certificate which comprises of seven modules completed over approximately a two-year period through a New Zealand Qualifications Authority recognised training provider. The seven modules are: an introduction to home-based care (20 hours), human development, communication skills, play, human relationships, keeping children safe, and working with children (all 50 hour courses).

The Dunedin Community Childcare Association currently pays for the training of its carers. To be accountable for this increased expenditure we had to ensure that this training made a difference to outcomes for children, increased carer knowledge of how children learn and how to support learning, and encouraged more carers to undertake further recognised early childhood training. To find this out a series of questionnaires were prepared to gather data prior to the completion of each training module. The first questionnaire asked for information about the carers such as their age, previous employment and other training. The other questionnaires related to the individual training modules and asked questions, for example, about the topic that interested them most, the new knowledge they had gained, and the changes they had made in their home-based setting as a result of taking the module. In addition to the questionnaires, incidental observations and “stories” were gathered by coordinators

on visits to carers. These observations and stories were based around the changes that coordinators observed in carer practice.

The successful aspects of carrying out this research included the following:

- We were able to develop our questions to ensure we gathered the data specific to our research. The questions gave carers opportunities to reflect on the knowledge they had gained and put into practice in their work with children;
- In-house research has been valuable to determine future directions for our organisation, to trial some ideas, and to justify this increased expenditure and to plan for the future;
- We had a good response rate and a cross section of carers completing the questionnaires.

The findings from this research so far include:

- The majority of respondents viewed being a carer as a long term commitment;
- All regarded training to be (to a lesser or greater degree) a necessary part of meeting expectations of being a carer;
- From the data gathered, the module covering human development seems to be the module that increases caregivers understanding of children;
- Carers, once hooked into learning, were generally keen to continue with further modules;
- Most carers implemented something from the modules into their planning at home immediately.

The issues and implications arising from this research are:

- Whether we had a thorough understanding of research ethics in doing research which involved people. We should have clarified to carers that they had a choice to complete or not complete the questionnaires. Organisations, such as ours, should develop policies and procedures for research including ethical requirements;
- It was difficult to get the coordinators to complete the incidental observations and stories. We heard some really inspiring stories, but these however were not reflected in their written accounts;
- It was easy to prepare a questionnaire. The collation of data was very time consuming. We needed to put more time into thinking through the whole process before we started;
- We found we lacked knowledge about doing research and experience;
- We probably went too wide in our data gathering. Following a smaller group of carers through modules would have been more manageable;
- We gathered unnecessary data which had no bearing on the research, such as the carers names. We needed to give the respondents clear guidelines and we should have set a time limit for the return of completed questionnaires;

- We wondered if carers wrote the answers that they perceived we wanted to hear, because of our position in the organisation;
- We found that it is important to ensure that the employer recognises research as part of professional development and that finance and time is made available for research to happen.

CARER PROFESSIONAL DEVELOPMENT

The research I (Jane Ewens) conducted occurred concurrently with the study Pat Davey outlined. My study was about the effects of professional development on the implementation of Te Whaariki in home-based settings – focusing on carers who have completed their New Zealand Family Day Care Certificate (NZFDC) or another early childhood qualification worth 40 licensing points or more.

Training has been identified in the international literature as a predictor of positive outcomes for children’s development in early childhood settings. The NZFDC certificate has been seen in New Zealand to be the benchmark qualification for carers working with children in their homes. With this limited qualification, coordinators expect carers to act as “fully trained” early childhood professionals. However, due largely to their isolation, carers can become “stale” in their practice and find it difficult to keep up-to-date with current theories and trends. This was a concern as family day care is the fastest growing of all the early childhood services. Training provided for carers ceases usually once they have completed their certificate.

This year the Dunedin Community Childcare Association contracted the professional development team at the Dunedin College of Education to provide professional development for these carers. My study looked at the changes to the carers’ knowledge and practice due to professional development, and linked these changes to outcomes for children. This topic of research identified itself and is relevant to my work – therefore the results are of interest to me and those who work with me.

I reviewed current literature in relation to adult learning and professional development. I had difficulty finding any literature specifically related to home based care. To meet the ethical requirements for this study I gained the written permission of the course providers (Dunedin College of Education Ethics Committee), our organisation, and the course participants.

The professional development course was delivered over four evening sessions at the College campus, over a six month period. The cluster group model was used. The sessions were followed up by our coordinators during our three-weekly cycle of visits to carers’ homes where we discussed what they had learnt and provided advice and support.

I collected both quantitative and qualitative data by using an identical entry and exit questionnaire as well as interviewing four carers, randomly chosen, after each session at College. Having background knowledge of the carers made it important for me to take each answer at face value and not to interpret more into it due to my previous knowledge of the carers. I also gathered data using the course evaluation summaries. My decision to use these sources of information came after much discussion with people who are experienced researchers. Without this discussion I would have found it very difficult to know where to start, or what to leave out. After reading books on data collection I was all set to interview all the participants after each session which would have given me far too much data to analyse and interpret, and taken far too long. I appreciated the advice to use a small randomly chosen group, after all, the qualitative data I was collecting by interviewing was only to back-up the quantitative data of the entry and exit questionnaires.

Designing the questions for the entry and exit questionnaire was a major issue for me. Although I had a clear purpose for the study I was not experienced enough in research methodology to design questions to give me the information I required – instead I used a questionnaire previously used for a similar study. I then altered it slightly to make it more relevant to my study. It became clear however, after reading the responses to the entry questionnaires that I was not going to get the information I required from this. This limited the data I obtained as I had committed myself to using identical questionnaires before and after the course. In retrospect it would have been helpful to design my own questions and then have them checked by an experienced researcher before proceeding. I would also now pilot the questions on a small group prior to the study. This, however, would take some time and I would have had to start preparing much earlier than I did.

I designed the questions for the interview myself and this enabled me to target the information I required. I designed open-ended questions to obtain as much information as I could and at the same time to encourage the carers to “tell their stories” – showing that I valued their contributions.

As a coordinator for the organisation from which the participants were accessed, I was very aware of the different hats I wore during the interview process. Although none of the carers chosen were from my own family daycare scheme, they could have been, which may have complicated matters due to the unique relationship a coordinator has with his/her carers. As it was, I had previously worked with three of the four interview participants in varying contexts within our organisation.

Being a practitioner conducting this research meant that I had an intimate knowledge of the organisation and the role of the carer within it. Therefore the research participants used the same terminology and shared the same understandings as myself which limited possible misinterpretations between us. My empathy with the participants increased my credibility with them and facilitated the trust relationship

between us. The knowledge of the organisation also helped me in my interpretation and analysis of the data. However there was a down side to this also. A coordinator can be seen as the “boss” by the carers – and sometimes has to act in that role in order to meet statutory requirements. This meant that there were a few power dynamics to overcome to try to ensure that the carers were not just saying what they thought I wanted to hear. They appeared apologetic if they had not completed a take-home task and sometimes checked with me about what they were doing. It was difficult for me to remove my coordinator’s hat on occasions, especially when asked for advice. I also had to be careful not to share what the carers said when later talking with other coordinators.

Once I had finished collecting the data I was then faced with the collation and analysis of it. I found it difficult to sift through and sort out the necessary from the unnecessary information. This was another step in the process that was very time consuming and having someone to share it with would have been very helpful.

Despite all of these hurdles the research has been worthwhile. It has been used by the course provider to improve the professional development courses offered to carers. Family day carers are a unique group of people previously not catered for by professional development providers. Being involved in this sort of research has improved my practice in that I have become more critical and reflective, not only of my practice but also of other research I read. Research is a valuable tool I would recommend to other practitioners.

IDEAS FOR SUPPORT OF PRACTITIONER RESEARCH BY ACADEMICS AND ORGANISATIONS

Opportunities need to be set up for practitioners to work alongside academics, like a buddy system. The academic “buddy” must:

- Not have a vested interest or use the findings against the practitioner or the practitioner’s organisation;
- Be a guide and advisor, particularly during the planning, collating and writing;
- Not take control of the process. Allow practitioners to make mistakes and to learn (except in situations where something needs to be said as ethical considerations must take priority).

Opportunities should be set up for practitioners engaging in research to meet with others and to share their experiences, and practice presenting to small groups of colleagues. Practitioners can be encouraged to share their findings with other groups or organisations, locally and nationally. Academics and organisations should support inter-centre/organisation research projects with a common focus. They should also encourage and support practitioners from different centres/organisations (with different philosophies) to work together in carrying out research.

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