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Parent Satisfaction with the Open kindergarten in Norway

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ABSTRACT

Open kindergartens are a low-threshold pedagogical service that preschool-aged children, accompanied by an adult caregiver, can attend without appointment or registration. The aims of this study were to examine users' experiences with the open kindergarten in Norway and to identify predictors for the overall satisfaction with the service. User satisfaction surveys were conducted over a 6-8-week period between 2015 and 2018 in open kindergartens in 11 municipalities in Norway. Every adult user who visited the open kindergarten during the survey period received a survey; 292 completed it (response rate 56%). The users were very satisfied with the open kindergarten and found it beneficial for themselves and the child. Multilevel analyses identified that four out of the eight scales, namely the physical environment, the evaluation of the staff and the benefits for the child and the caregivers, were significant predictors for the overall satisfaction of the users with the open kindergarten. The results suggest that the open kindergarten is an important arena that is highly valued by its users. The service complements the other existing communal health-care services for children and their families and fills a gap that no other service covers.

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User satisfaction; open kindergarten; low-threshold service; health promotion; universal prevention

Introduction

Public policies, both internationally and in Norway, highlight the need to shift resources from treatment to preventive strategies (World Health Organization 2013; The Royal Health and Care Ministry 2012-2013). Efforts in early childhood are believed to be the most effective in promoting equity in society (Irwin, Siddiqi, and Hertzman 2007) and childhood development, and in reducing social costs (Garcia et al. 2016).

Norway has a high attendance to regular kindergartens from early age on. About 97% of all 3 to 5 year old and about 84% of 1 to 2 year old children attend the kindergarten in Norway (Statistics Norway 2019). The first year most children stay at home with either the mother or the father during the period with paid leave. For those children that do not attend a regular kindergarten for various reasons and for families during the period with paid leave, open kindergartens can be an alternative. Open kindergartens are low-threshold pedagogical services that are embedded in the local community. In contrast to regular kindergartens, preschool-aged children are accompanied by at least one adult caregiver and

can attend the open kindergartens during operating hours without appointment or registration and free of charge. This provides a universal setting in which to support children and their caregivers, with the aim of promoting health and development. Activities in open kindergartens are similar to those in regular Norwegian kindergartens, including various types of play. The preschool teachers that work in open kindergartens often organize activities like sing-a-longs or read books with the children. Sharing a meal is also an important part of the day in open kindergartens (Adolfson et al. 2012).

There are about 200 open kindergartens in Norway, most of them owned by municipalities or churches (Haugset et al. 2014). This study focuses on open kindergartens located in Family's Houses or Family Centres but to enhance the readability we will use the term 'Family Centres' only. Family Centres offer universal preventive services like maternity care and health-care services for children. Some Family Centres also include other services like the pedagogical-psychological service that offers selected interventions and the child welfare service that offers indicated interventions. The aim of Family Centres is to improve collaboration between its different services and between the professionals working there. This organization might foster good collaboration between professionals and also early identification of challenges and promote the swift initiation of needed support and intervention (Adolfson et al. 2012). Early childhood education and care is important for all children and their families, even more so for those who are vulnerable or in disadvantaged situations. The needs of the children and families can be complex and cannot be handled by regular kindergartens or open kindergartens alone. This requires a holistic approach that puts the well-being of children and families first (Vandekerckhove et al. 2019). Norway adopted the Family Centre model from Sweden (Bing 2005) as part of a national plan to improve mental health (Thyrhaug et al. 2012). Family Centres are based upon the premise that preventive and health-promoting efforts must target both parents and children because their well-being is interconnected (Kekkonen, Montonen, and Viitala 2012).

Open kindergartens are meant to be health-promoting arenas, offering safe, informal, and easily accessible meeting places for children and their caregivers. The setting allows its users the possibility to socialize and strengthen their family's social network. At open kindergartens, caregivers can discuss topics that concern them with other parents, with professionals that work in the open kindergartens or with visiting professionals from other parts of the health and welfare system. This offers the possibility for caregivers to receive informal information and advice related to their child's health and well-being. Health promotion in this context is seen as an empowering process 'of enabling people to increase control over, and to improve, their health' (World Health Organization 1986). This implies that the families visiting open kindergartens are actively involved in shaping the activities therein; they are not just passive receivers of a service. For this reason, the experience of the users of open kindergartens is an important part of assessing service quality. Additional goals of open kindergartens are to stimulate positive interaction between children and their parents, to identify challenges at an early stage, and to initiate contacts with and solicit interventions from other service providers (Vedeler 2012).

To our knowledge, there has only been one previous caregiver satisfaction survey conducted among users of the open kindergartens located in Family Centres in Norway (Vedeler 2012); it was conducted in 2008 in six such open kindergartens. The results of that

survey showed that the vast majority of the respondents were mothers (97%), with an average age of 31 years, and half of them had high school as their highest completed education level. The average age of the children was 1.5 years, which might be related to parental leave regulations in Norway. Most respondents reported visiting the service weekly, and a total of 96% were very satisfied with the service, especially with the staff; with the social aspect of the open kindergarten; and with the well-being of the child when attending the open kindergarten. A qualitative study of six open kindergartens in Sweden also reported positive evaluations by parents and found that the people attending were representative of the population in the local community, indicating that open kindergartens attract families from different socioeconomic backgrounds (Abrahamsson and Bing 2011).

The aim of the current study was to examine caregiver satisfaction with open kindergartens located in Family Centres in Norway. Exploring different aspects of the open kindergarten through the users' eyes might give insight into the quality of the service. This includes satisfaction with the well-being of the child at the open kindergarten, the physical environment of the open kindergarten, its accessibility, the staff, information the users receive, user participation, benefits for the child, and benefits for the caregiver. Another aim of the study was to identify factors that predict overall satisfaction with the open kindergarten and benefits for the caregivers and the child based on demographic information and experiences with the service.

Method

Participants

User satisfaction surveys were conducted between July 2015 and February 2018 in open kindergartens in 11 municipalities in Norway. A total of 292 users completed the survey (response rate 56%, range: 16%-90%). The number of inhabitants in the 11 municipalities ranged between approximately 5000 and 72,000, and therewith the size of the open kindergartens and the number of respondents (range: 10–55 users per municipality).

Measures

The survey was available in Norwegian and English and consisted of 53 questions in addition to a comment field at the end. The questions were adopted from www.bedrekommune.no, an online tool for municipalities to conduct user satisfaction surveys developed by Kommuneforlaget and the Norwegian Association of Local and Regional Authorities (KS), from the Knowledge Centre for the Health Services (Kunnskapssenteret), and from an earlier user study conducted in six open kindergartens (Vedeler 2012).

Most survey items are presented in Tables 1 and 2. The first four items collected general information, such as the name of the municipality where the open kindergarten was located, and the number of times the user had visited the service over the last 3 months. Another 34 items collected information on user satisfaction within eight different categories (well-being of the child, 4 items, $\alpha = .80$; physical environment, 3 items, $\alpha = .67$; accessibility, 2 items, $\alpha = .38$; staff, 11 items, $\alpha = .96$; information, 4 items, $\alpha = .89$; user participation, 2 items, $\alpha = .83$; benefits for the child, 4 items, $\alpha = .80$; and

Table 1. Characteristics of the study sample (N = 286–288).

| | N | % |
|--|-----|-----|
| Caregivers relationship to the child | | |
| Mother | 243 | 84 |
| Father | 38 | 13 |
| Other | 7 | 4 |
| Age of the caregiver (years) | | |
| ≤19 years | 2 | 1 |
| 20–30 years | 108 | 38 |
| 31–40 years | 145 | 51 |
| 41–50 years | 28 | 10 |
| 51–60 years | 1 | 0.5 |
| ≥61 years | 2 | 1 |
| How many children do you usually take to the open kindergarten? | | |
| 1 | 246 | 86 |
| 2 | 33 | 12 |
| 3 | 7 | 2 |
| ≥4 | 0 | 0 |
| Children's age | | |
| 0–12 months | 160 | 50 |
| 13–23 months | 106 | 33 |
| 2–3 years | 40 | 12 |
| 4–5 years | 17 | 5 |
| Highest completed level of education | | |
| Primary and lower secondary school | 12 | 4 |
| Upper secondary school | 88 | 31 |
| College/university (1–3 years) | 81 | 29 |
| College/university (≥4 years) | 102 | 36 |
| What is your native language? | | |
| Norwegian | 225 | 78 |
| Another European language | 30 | 11 |
| Another non-European language | 32 | 11 |
| How many times have you visited the open kindergarten over the last 3 months? | | |
| Just once | 13 | 5 |
| 2–5 times | 94 | 33 |
| 6–12 times | 104 | 36 |
| ≥12 times | 76 | 27 |

benefits for the caregivers, 4 items, $\alpha = .78$) all of which were assessed on a 5-point scale (e.g. 1 = not at all to 5 = to a very great extent) and categorized as not at all/to a minor extent, to some extent, or to a great extent/very great extent. One item assessed overall user satisfaction with the open kindergarten (1 = very dissatisfied to 5 = very satisfied), and the last 11 questions were about demographic characteristics of the user and the child. The remaining three items asked whether the user had met with staff from other services; whether the user had talked with professionals from other services; and finally, if these discussions were perceived as helpful.

Procedure

This analysis was part of a larger study (Collaboration and service quality in health-care services for children, youths, and their families; SKO-study, uit.no/forskning/sko-studien) that conducted employee and user satisfaction surveys in 34 different municipal health-care social services for children, adolescents, and their families (e.g. maternity services, health-care stations, pedagogical-psychological services, and child welfare services) in Norway. The results presented here are based on data from the 11 municipalities included in the SKO-study that had an open kindergarten.

Table 2. Frequency distribution of responses to survey items by user satisfaction category.

| | Min- Max | M | SD | Not at all/To a minor extent | To some extent | To a great extent/To a very great extent |
|---|-------------|------|------|---------------------------------|----------------------|---|
| Well-being of the child (N = 285–287) | | | | | | |
| Play and activities | 1–5 | 4.06 | 0.78 | 2% | 18% | 79% |
| Kindergarten is fun | 2–5 | 4.54 | 0.60 | 0% | 4% | 95% |
| Positive interactions with adult staff | 2–5 | 4.41 | 0.69 | 1% | 10% | 90% |
| Good friendships with other children | 1–5 | 3.97 | 0.92 | 6% | 26% | 69% |
| Physical environment (N = 148–289) | | | | | | |
| Outdoor space | 1–5 | 3.08 | 1.32 | 33% | 28% | 39% |
| Indoor space | 1–5 | 4.33 | 0.73 | 2% | 11% | 88% |
| Physical indoor environment | 2–5 | 4.31 | 0.80 | 3% | 12% | 85% |
| Accessibility (N = 288–291) | | | | | | |
| Location | 1–5 | 4.43 | 0.88 | 5% | 8% | 87% |
| Opening hours | 1–5 | 3.88 | 0.93 | 8% | 25% | 67% |
| Staff (N = 286–291) | | | | | | |
| Shows consideration toward you | 2–5 | 4.48 | 0.65 | 1% | 7% | 93% |
| Understands your situation | 2–5 | 4.42 | 0.70 | 1% | 8% | 90% |
| Shows consideration towards your child | 2–5 | 4.55 | 0.62 | 0% | 6% | 94% |
| Meets you with courtesy and respect | 3–5 | 4.67 | 0.49 | 0% | 1% | 99% |
| Talks to you in a way that you understand | 3–5 | 4.65 | 0.50 | 0% | 1% | 99% |
| Takes your views as a parent seriously | 2–5 | 4.49 | 0.64 | 0% | 7% | 93% |
| Sufficient time to talk with staff | 2–5 | 4.31 | 0.79 | 2% | 14% | 84% |
| Cooperates well with you | 2–5 | 4.49 | 0.63 | 1% | 5% | 94% |
| Appears to be professionally capable | 2–5 | 4.51 | 0.65 | 1% | 5% | 94% |
| Shows interest in your views | 2–5 | 4.34 | 0.70 | 1% | 9% | 90% |
| Easy to make contact with | 2–5 | 4.52 | 0.66 | 1% | 7% | 92% |
| Information (N = 281–287) | | | | | | |
| About child's development | 1–5 | 3.69 | 0.98 | 10% | 31% | 58% |
| About what is going on in the kindergarten | 1–5 | 4.01 | 0.87 | 5% | 19% | 75% |
| About other services offered at the Family's Houses/Family Centres | 1–5 | 3.54 | 1.00 | 12% | 38% | 50% |
| Overall, the kindergarten provides me with the information I need | 1–5 | 4.08 | 0.81 | 4% | 18% | 79% |
| User participation (N = 284–285) | | | | | | |
| Interest in your point of view ² | 2–5 | 4.11 | 0.84 | 1% | 26% | 72% |
| Opportunities to influence the activities ² | 2–5 | 3.79 | 0.87 | 3% | 42% | 56% |
| Benefits for the child (N = 285–286) | | | | | | |
| Social development | 2–5 | 4.32 | 0.69 | 1% | 8% | 90% |
| Content of the activities | 1–5 | 3.97 | 0.85 | 5% | 23% | 72% |
| Contribution to language development | 1–5 | 3.72 | 0.99 | 10% | 31% | 59% |
| Overall, how beneficial were the services at the open kindergarten for your child ¹ | 1–5 | 4.33 | 0.73 | 0% | 14% | 86% |
| Benefits for the caregivers (N = 286–290) | | | | | | |
| Support role as a parent | 1–5 | 4.11 | 0.85 | 4% | 18% | 78% |
| Connect/socialize with other parents | 2–5 | 4.12 | 0.84 | 3% | 19% | 77% |
| Ask staff for advice | 1–5 | 3.93 | 1.06 | 10% | 22% | 68% |
| Overall, how beneficial were the services at the open kindergarten for you as a parent? ¹ | 1–5 | 4.27 | 0.79 | 2% | 15% | 84% |
| Overall satisfaction (N = 286) | | | | | | |
| Overall, how satisfied or dissatisfied are you with the open kindergarten? ² | 1–5 | 4.66 | 0.59 | 1% | 3% | 96% |

Answer categories 1 = not at all and 2 = to a minor extent and also 4 = to a great extent and 5 = to a very great extent were combined. ¹ 1 = not beneficial to 5 = extremely beneficial. ² 1 = very dissatisfied to 5 = very satisfied.

Three municipalities had two or more open kindergartens that conducted the survey whereas the rest had one. In most cases, the open kindergarten was part of a Family Centre, representing one of many services. In one case, the open kindergarten was an independent service that collaborated closely with a Family Centre. Each Family Centre appointed a contact person who helped coordinate the study and distribution of the

surveys on site. Open kindergartens received all necessary materials: employee information letters about the SKO-study, recommendations/instructions for employees about the practical execution of user satisfaction surveys, general informational material for users (posters), and prepared user envelopes containing the survey (which could be completed online or on paper), an information letter, and a pre-paid envelope addressed to UiT The Arctic University of Norway. Data collection lasted between 6 and 8 weeks and was extended if the number of respondents was considered to be low by the employees. Every adult user who visited the open kindergarten during the survey period received a prepared user envelope and could ask questions to the employees who distributed the envelopes. The study was approved by the Data Protection Official for Research, Norwegian Centre for Research Data.

Statistical analyses

Statistical analyses were conducted with SPSS version 25 and included the calculation of descriptive statistics, correlations, and Cronbach's alpha. Multilevel analyses were conducted to predict overall satisfaction with the service. The municipality was used as the grouping variable. Open kindergartens from the same municipality will often belong to the same organization, sharing leadership, working conditions and routines. This is why municipality was used as the grouping variable and not Family Centre.

The intraclass correlation coefficient was .06, which indicated that a relatively small proportion of the variance was explained by the grouping variable, and the design effect was 2.53, which indicated a relatively small underestimation of the standard errors (Maas and Hox 2005). Model 1 examined the influence of selected demographic characteristics on overall user satisfaction. Model 2 was based on Model 1 but also included the eight categories of user satisfaction (well-being of the child, physical environment, accessibility, staff, information, user participation, benefits for the child, and benefits for the caregivers). Another multilevel analysis was conducted to predict benefits for caregivers and the child. This scale consisted of the two single questions that assessed how beneficial the parents found the service to be for themselves and how beneficial the parents found the service to be for the child ($\alpha = .87$). Model 3 examined the influence of selected demographic characteristics on this scale. Model 4 was based on Model 3 but also included six of the eight categories of user satisfaction (well-being of the child, physical environment, accessibility, staff, information, user participation). Model fit was evaluated by using the Likelihood ratio test.

Results

The majority of respondents were mothers, and the age group 31–40 years was most represented, followed by the age group 20–30 years (Table 1). Furthermore, 4% of the caregivers had as highest completed level of education primary and lower secondary school, 31% finished upper secondary school, and over half part of the sample (65%) went to college or university for at least 1 year. When looking at the different items in the survey, users were most dissatisfied with the physical environment of the outdoor space (33%; this space often does not exist in open kindergartens) and the information they receive about other services offered at the Family Centres (12%). A total of 42% were only satisfied to some extent with the user participation opportunities to influence the activities in the open

kindergarten. Furthermore, in the category benefits for the caregivers, 10% of respondents stated that it would not be relevant for them to ask the kindergarten staff for advice on the care of the child. Finally, of the 286 users who answered the question on overall satisfaction, 96% were quite or very satisfied with the open kindergarten, nine (3%) answered neither/nor, and two (1%) were quite dissatisfied with the service. This positive impression was also reflected in the remaining questions (Table 2). Users were in general most satisfied with the staff ($M = 4.49$; $SD = 0.54$; Table 3). The lowest mean value, on the other hand, was found in the information category ($M = 3.84$; $SD = 0.79$).

Of the 286 users who answered the item regarding whether they had met with staff from other services, 186 (65%) had done so, 77 (27%) had not, and 23 (8%) did not know or thought that such a meeting was not relevant for them. Of the 186 users that had met with staff from other services, 96 (53%) had used the opportunity to discuss the care and upbringing of their child, and of those 69 (72%) reported that this discussion was beneficial for them. The remaining users who met with staff from other services ($n = 27$; 28%) reported that this meeting was only beneficial to a minor extent or not at all. In addition, 77 users completed the comment field at the end of the survey. Most comments emphasized how great the service ($n = 36$) or the staff ($n = 8$) was, and 28 users wanted extended operating hours, both number of hours per day and number of days per week.

Multilevel analyses to predict overall satisfaction showed that none of the demographic characteristics were significant predictors in Models 1 or 2, but four of the eight categories of user satisfaction (physical environment, staff, benefits for child, and benefits for caregivers) that were added in Model 2 were positive and significant predictors of overall satisfaction (Table 4).

Multilevel analyses to predict benefits for the caregivers and the child showed that two of the demographic characteristics were significant in Model 3 (the child's age and Norwegian language). In Model 4, Norwegian language and three of the six categories of user satisfaction were significant (well-being of the child, accessibility, and user participation; Table 5).

Table 3. Descriptive statistics (N = 280–292).

| | <i>M</i> | <i>SD</i> | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. |
|-------------------------------------|----------|-----------|--------|------|-------|-------|-------|-------|-------|-------|-------|-------|
| Demographic characteristics | | | | | | | | | | | | |
| 1. Child >12 mo ¹ | - | - | - | | | | | | | | | |
| 2. Norwegian language ² | - | - | -.17** | - | | | | | | | | |
| User satisfaction categories | | | | | | | | | | | | |
| 3. Well-being of the child | 4.24 | 0.60 | -.00 | .06 | .80 | | | | | | | |
| 4. Physical environment | 4.12 | 0.76 | -.10 | -.11 | .37** | .67 | | | | | | |
| 5. Accessibility | 4.16 | 0.71 | -.06 | -.01 | .36** | .35** | .38 | | | | | |
| 6. Staff | 4.49 | 0.54 | -.01 | .08 | .56** | .31** | .28** | .96 | | | | |
| 7. Information | 3.84 | 0.79 | .01 | -.01 | .60** | .37** | .36** | .62** | .89 | | | |
| 8. User participation | 3.95 | 0.79 | .18** | -.02 | .54** | .35** | .36** | .59** | .60** | .83 | | |
| 9. Benefits for the child | 4.08 | 0.65 | .05 | .03 | .70** | .44** | .39** | .60** | .67** | .72** | .80 | |
| 10. Benefits for the caregivers | 4.10 | 0.69 | -.01 | .14* | .65** | .31** | .31** | .62** | .59** | .64** | .74** | .78 |
| Overall evaluation | | | | | | | | | | | | |
| 11. Overall satisfaction | 4.66 | 0.59 | -.02 | .11 | .45** | .30** | .23** | .45** | .37** | .39** | .49** | .47** |

Cronbach's alpha is presented in cursive in the diagonal above the correlation coefficients. ¹0 = At least one child younger than 13 months and 1 = Child older than 12 months. ²0 = Other language than Norwegian and 1 = Norwegian language.

* $p < .05$. ** $p < .001$ (two-tailed).

Table 4. Multilevel analyses predicting overall satisfaction (N = 265).

| Parameter | Model 1 | | Model 2 | |
|-------------------------------------|----------|-----------|----------|-----------|
| | <i>B</i> | <i>SE</i> | <i>B</i> | <i>SE</i> |
| Demographic characteristics | | | | |
| Age caregiver | .06 | .05 | .06 | .04 |
| Child >12 months ¹ | .01 | .07 | -.05 | .06 |
| Education level of caregiver | -.00 | .04 | .01 | .03 |
| Norwegian language ² | -.11 | .08 | .07 | .07 |
| User satisfaction categories | | | | |
| Well-being of the child | | | -.02 | .07 |
| Physical environment | | | .09* | .04 |
| Accessibility | | | .01 | .04 |
| Staff | | | .21** | .07 |
| Information | | | -.02 | .05 |
| User participation | | | .03 | .05 |
| Benefits for the child | | | .18* | .08 |
| Benefits for the caregivers | | | .17** | .06 |
| -2*log likelihood | 446.42 | | 307.97 | |

¹0 = At least one child younger than 13 months and 1 = Child older than 12 months. ²0 = Other language than Norwegian and 1 = Norwegian language.

* $p < .05$. ** $p < .01$.

Table 5. Multilevel analyses predicting benefits for the caregivers and the child (N = 274).

| Parameter | Model 3 | | Model 4 | |
|-------------------------------------|----------|-----------|----------|-----------|
| | <i>B</i> | <i>SE</i> | <i>B</i> | <i>SE</i> |
| Demographic characteristics | | | | |
| Age caregiver | -.01 | .06 | -.02 | .05 |
| Child >12 months ¹ | .20* | .09 | .09 | .07 |
| Education level of caregiver | -.07 | .05 | -.02 | .04 |
| Norwegian language ² | .30** | .11 | .19* | .09 |
| User satisfaction categories | | | | |
| Well-being of the child | | | .47*** | .08 |
| Physical environment | | | -.06 | .05 |
| Accessibility | | | -.11* | .05 |
| Staff | | | .17 | .09 |
| Information | | | .06 | .06 |
| User participation | | | .20** | .06 |
| -2*log likelihood | 590.30 | | 449.88 | |

¹0 = At least one child younger than 13 months and 1 = Child older than 12 months. ²0 = Other language than Norwegian and 1 = Norwegian language.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

The aims of this study were to examine users' experiences with the open kindergarten in 11 municipalities in Norway and to identify predictors of overall satisfaction with the service. Most respondents ($n = 243$, 84%) were mothers aged 31–40 years that accompanied one child under the age of 2 years to the service. Overall, users were very satisfied with the open kindergarten and found it beneficial for themselves and the child. The users were most satisfied with the staff and the well-being of the child at the open kindergarten, and the vast majority felt supported in their role as a parent. These findings are comparable to those reported by Vedeler (2012). The multilevel analysis identified that evaluation of the physical environment, the staff, and the benefits for the child and

for the caregivers were crucial factors for the overall satisfaction of the users of the open kindergartens.

The assessment of the physical environment included both outdoor and indoor space in regard to, e.g. the child's development, noise, and cleanliness. About 33% of the parents criticized the outdoor space in the open kindergarten, as many of the open kindergartens lacked an outdoor space. For many Norwegian families, being outdoors is an important part of everyday life, and most regular kindergartens offer an outdoor space where children can play. The users may experience not having an outdoor space as a shortcoming. The results of this study indicate that both the outdoor and the indoor environment are important in contributing to the overall satisfaction with the service.

The evaluation of the staff was also a significant predictor of overall satisfaction. Also the European Quality Framework for Early Childhood Education and Care (2016) identified the workforce as one of the five quality aspects of early childhood education and underlines the importance of both education and continuous professional development. The current findings underline once more the importance of the relationship between users and employees. Indeed, low-threshold services like open kindergartens depend on establishing trust between the users and the staff (Bulling 2016; Edland-Gryt and Skatvedt 2013). The current study implies that the setting has elements of what Cottam (2011) described as relational welfare, i.e. services where the relationship with professionals is an important part of what is perceived by the users as helpful. Many aims of the open kindergarten, like the fact that users talk with employees about things that are related to the child's care, can only be achieved if caregivers trust the staff and feel that the staff respect them and take them seriously. The finding that the assessment of benefits for the child and the caregivers were important predictors of overall satisfaction showed that open kindergartens are considered a resource for the adults themselves as well as for the children.

Furthermore, the multilevel analysis to predict benefits for the caregivers and the child showed that Norwegian language, well-being of the child, accessibility, and user participation were important predictors. This indicates that caregivers, who have Norwegian as a mother tongue, reported the open kindergarten as more beneficial for themselves and for the child than caregivers who do not speak Norwegian as their first language. A qualitative study has found the open kindergarten to be a meeting place that facilitates integration processes, as it brings the minority and majority population together (Bulling 2017). However, it is likely that caregivers with Norwegian as their first language experience the setting as more beneficial than the one that cannot speak the main language that is being used. This shows the importance of being aware of the language barriers in low-threshold services to better support families with immigrant background. The predictors well-being of the child and user participation were positively associated with benefits indicating that both are important factors. Accessibility was negatively related to benefits for the caregivers and the child, which is more difficult to explain. It could be that users who experience the open kindergarten as less accessible take more effort to visit the service because they find it to be more useful and beneficial than users who rate that the service is easily accessible for them.

One shortcoming which this study identified is the lack of information users received about other services offered at the Family Centres. This may be related to the level of integration of the open kindergarten with the other services in the Family Centre. The

professionals in the open kindergartens that work closely with other services have more knowledge of what the different services and professionals can offer, and use this more frequently in their conversations with the families (Bulling 2016; Bulling and Berg 2018). Collaboration or integrated working is complex and there are many factors that can promote or hinder it (D'Amour et al. 2005; Xyrichis and Lowton 2008; Myors et al. 2013). The Inclusive Education and Social Support to Tackle Inequalities in Society project aims at generating recommendations and tools to, among others, establish collaboration between different services to children and families. Related projects are INTESYS that examines integrated early childhood systems and research conducted by Vandekerckhove et al. (2019) about the role of early childhood education and care in integrated working. The latter one identified four key conditions for integrated working: '1. A shared vision, starting from the needs of children and their families in the community. 2. A competent system with strong leadership and reflective staff. 3. Supportive policy and funding. 4. Family and community participation' (Vandekerckhove et al. 2019, 6).

Another shortcoming is that a total of 42% of users reported that they were only satisfied to some extent with the opportunities they had to influence the activities in the open kindergarten. However, to develop the open kindergartens as a supportive setting, it is vital that families are active participants and are allowed to make use of their assets, not simply passive receivers of a service (Bulling 2017; Barry and Jenkins 2007). Open kindergartens should therefore work on involving their users in the planning of services and activities but also in other aspects like the evaluation of the service. This study shows that there is potential for increasing the involvement of families in the development of services and activities in the open kindergartens.

Several users wanted extended operating hours. Flexibility is important to many users of open kindergartens, as it makes it easy to attend with young children. Other activities often require more commitment, e.g. to come when an event starts. Reducing opening hours would decrease this flexibility and could potentially lead to a loss of a part of the target audience (Bulling 2016).

Limitations

One limitation of the study is its cross-sectional design, which does not allow to make causal conclusions. Another limitation is the use of self-report measures only, which can lead to response biases and common method variance (Donaldson and Grant-Vallone 2002). One explanation for the high overall satisfaction may be that open kindergarten is not mandatory; users who do not like it can choose not to visit it. Furthermore, families that are hard to reach may not visit the open kindergarten and may therefore not be included in this study (Vandekerckhove et al. 2019). We do not know if the people attending the open kindergarten were representative of the population in the local community, like Abrahamsson and Bing (2011) found in their qualitative study. The open kindergarten is free of charge and a universal service for every caregiver so that it does not create some sort of extra barrier for families that are in need of support (European Quality Framework for Early Childhood Education and Care 2016). However, as Vandenberg and Lazzari (2014) point out there are many other barriers such as culture, language, or lack of trust in and knowledge about public services. The response rate was in general high (between 50% and 90%), except for one municipality where the response rate was 16%. If

this municipality had been excluded, the average response rate in this study would have been 63% instead of 56%. The response rate was lower than desired but not uncommon for surveys. For example, the mean response rate was 50% in a meta-analysis of survey research in clinical and counselling psychology (Van Horn, Green, and Martinussen 2009). Despite the low variation in the overall satisfaction score, the multilevel analysis was able to identify significant predictors. Some of the predictors in the multilevel analyses were highly correlated (e.g. benefits for the child and user participation or benefits for the caregivers). However, conducting an additional analysis removing benefits for the child from the model did not lead to an increase in the standard error of the remaining predictors, and the coefficients increased only slightly. Also the VIF values, which quantify the severity of multicollinearity, were under 5 (Akinwande, Dikko, and Samson 2015). One limitation might be the inclusion of the user satisfaction category 'accessibility' in the multilevel analysis, because of the low Cronbach's alpha ($\alpha = .38$). However, the category consisted of only two items, and its exclusion would not have changed the conclusion of the analysis. Some of the concepts like accessibility might be more complex and hard to grasp in a survey. More qualitative studies that capture the perceptions of the families through observations and interviews are needed.

Conclusion

In accordance to the Norwegian Framework for kindergartens, kindergartens should attend to the children's needs for care, play, learning, promote friendship, fellowship, communication, and language development (Norwegian Directorate for Education and Training 2017). Activities in open kindergartens are similar to those in regular Norwegian kindergartens. In addition to the advantages the open kindergarten offers to children, the service is also a meeting place for caregivers providing them directly with support. The results of this survey suggest that the open kindergarten is an important arena that is beneficial to children as well as their caregivers. This shows that there is a need for services like open kindergartens that do not select participants on the basis of risk, but that are accessible to all caregivers. Daro (2016) stated that «all parents have issues and concerns and differ only in the extent to which they have the capacity to address these issues» (p. 420). Open kindergarten may contribute to increasing this capacity. Open kindergartens are part of the local community, free of charge, require no registration, and provide a service to children and their caregivers. These characteristics make the open kindergarten a unique low-threshold service that is universal aimed at the general population and promotes health and prevention. In Norway, the municipalities are responsible for offering health-promoting and preventive services to children and their families. The open kindergarten is a good complement to the other existing services like health centres and fills a gap that no other service covers.

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Data availability

Based on the requirements from NSD - Norwegian Centre for Research Data under which permission to conduct the research was obtained, we are unable to make these data openly accessible.

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