

# **USING CONSUMER VIEWS IN PERFORMANCE INDICATORS FOR CHILDREN'S SERVICES**

## **FINAL REPORT**

### **CONSULTANCY REPORT PREPARED FOR THE STEERING COMMITTEE FOR THE REVIEW OF COMMONWEALTH/STATE SERVICE PROVISION**

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The views expressed in this report are those of the consultant, Lyn Gain, and are not necessarily those of the Steering Committee or the Children's Services Working Group (and their respective agencies).

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## 1. EXECUTIVE SUMMARY

The purpose of this Consultancy Report is to provide advice to the Children's Services Working Group about the feasibility of developing national Australian performance indicators based on consumer views. The indicators should be suitable for annual reporting of children's services performance across all jurisdictions in the *Report on Government Services* prepared by the Steering Committee for the Review of Commonwealth/State Service Provision to whom the Working Group is responsible.

The shared objective of the Australian national and state/territory governments for children's services is "to provide support for parents in caring for their children by ensuring that the care and education needs of children are met in a safe and nurturing environment."

The measurements under consideration have the multiple purposes of:

- Comparing service performance across jurisdictions
- Facilitating service improvement
- Showing government accountability for public expenditure

The carrying out of an international literature search and extensive networking with key personnel, resulted in the identification of a considerable body of work involving the collection of consumer views (mainly from parents) on children's services, but no operating model which could be directly adapted to suit the Australian purposes. The only comparable framework for performance measurement in children's services identified is a new U.S. national initiative scheduled to start collecting data in 2000.

The Consultancy was unable to identify any possible ways that appropriate indicators based on parent views data could be reported on by 2001. 2002 would be the earliest feasible time, allowing for initial decisionmaking and the time required for tendering.

The main technical problems identified in the literature in relation to the use of consumer perceptions of service performance for indicator development were:

- Matters affecting the validity and reliability of respondents (i.e., sample sizes, geographic coverage, service type coverage, representativeness)
- Matters affecting the validity of responses (e.g., subjectivism in satisfaction responses, lack of direct experience of some service aspects)

Nine possible models for collecting data for use in performance indicators for children's services were developed. One is a model for collecting proxy access indicator material for Aboriginal and Torres Strait Islander users. Another is a supplement to the Model 1 options and is aimed at extending rural coverage. The remaining models are all stand alone models aimed at collecting first hand information from parents. Of these, the four main models put forward for Working Group consideration are:

- Model 1A - New National Parent Telephone Survey - Full Version
- Model 1B - New National Parent Telephone Survey - Scaled Down Questionnaire
- Model 3 - Building on the QIAS (Quality Improvement & Accreditation System) Parent Surveys
- Model 4 - Telephone Survey of Commonwealth Subsidised Users

Each of these models addresses the main technical problems identified in the literature. Sample adequacy and bias are satisfactorily addressed through Models 1A, 1B and 4. Respondent bias remains a problem for Model 3.

The validity of responses is a problem for all four main models and for any other possible models. This Report consistently argues that the subjectivism of satisfaction responses must be a major consideration in the design of any future data collection. In particular, great care must be taken to ensure that the subjective nature of all satisfaction responses is not compounded by the selection of objects of satisfaction outside the consumer's own direct experience. This is a particular problem for collecting parent views on services used by their children, many aspects of which are not directly observable by parents.

The Report argues that these technical problems can be minimised by avoiding the use of 'satisfaction with' questions in favour of more objective approaches such as whether or how often a particular desirable aspect is actually experienced. Questions on global performance are particularly unsuitable for the purposes of performance comparison, accountability or service improvement.

A further overall consideration in making decisions about what indicators to use in the national framework is that there needs to be a balance between indicators based on the perspectives of different stakeholder groups. Although desirable, it is not considered feasible to incorporate indicators based on children's views. Nor is it feasible to include indicators based on longitudinal research into outcomes for children. Outcomes for parents should be based on the goals of parent support, not on children's experiences. Parent views are particularly useful for the development of access indicators aimed at reporting the

consequences of particular aspects of access (e.g., hours, location, cost) on families.

The Report makes the following recommendations:

- Rec. 1        That the Working Group proceed with the development of a proxy access or quality indicator to show presence or absence of Aboriginal and Torres Strait Islander staff in all service types in areas of high Aboriginal and Torres Strait Islander population via:
- (a)    Use of the relevant question already included in the ongoing Commonwealth Child Care Census
  - (b)    Negotiation between states and territories on the most effective ways to collect this data for preschools and state only funded occasional and vacation care and services.
- Rec. 2        That the Working Group not proceed with implementation of any identified models which involve the use of data from future ABS Child Care Australia surveys (Models 3A, 3B and 3C) because sample sizes are insufficient for state/territory performance comparisons.
- Rec. 3:        That the Working Group not proceed with any consumer survey until the feasibility and cost of performance indicators collected by other means has been explored, in particular the feasibility and cost of collecting comparative indicators for caregiver continuity and other proxy quality indicators endorsed in this Report.
- Rec. 4        That the Working Group acknowledge that great care must be taken in the design and implementation of any possible model of collecting consumer views on children's services for use in comparative performance reporting in order to:
- ameliorate as much as possible the subjective nature of responses
  - focus on the measuring of aspects of services directly experienced by consumers.
- Rec. 5:        That the Working Group not proceed with Model 1A (New National Telephone Survey - Full Version) because of high cost and poor cost effectiveness.
- Rec. 6:        That the Working Group not proceed with Model 3 (Building on the QIAS Parent Surveys) because of possible diffusion of the accreditation system's quality improvement goals and because of lack of sampling reliability.
- Rec. 7:        That the Working Group consider the desirability of implementing



Model 4 (Telephone Survey of Commonwealth Subsidised Users) and explore its feasibility with Centrelink and/or the new Family Assistance Office.

Rec. 8: That, should privacy considerations preclude the implementation of Model 4 (as specifically designed), the Working Group consider the desirability of implementing Model 1B (New National Telephone Survey - Scaled Down Version) supplemented by Model 1C (Rural & Remote Supplementary Survey).

## **2. PURPOSE OF REPORT**

### **2.1 Auspice and Services Covered**

This Report was commissioned by the Children's Services Working Group which reports to the Steering Committee for the Review of Commonwealth/State Service Provision. The Steering Committee and its Working Groups are supported by a Secretariat located in the Productivity Commission. Via the *Report on Government Services* published by the Steering Committee, the Australian governments (Commonwealth and State/Territory) report annually on the performance of a wide variety of government assisted or delivered programs.

The Children's Services covered by the annual report are:

- *centre based long day care* — child care services provided at a centre, usually by qualified staff. Age appropriate development programs and curricula are provided;
- *family day care* — care provided for children in the carer's own home. It is largely aimed at 0–5 year olds, but primary school children may also receive care before and after school and during school vacations. Central coordination units in all States and Territories organise and support a network of carers;
- *occasional care* — child care usually provided at a centre on an hourly or sessional basis for short periods of time or at irregular intervals specifically for parents who need time to attend appointments, take care of personal matters, undertake casual and part time employment, study or have temporary respite from full time parenting. These services are usually delivered by qualified staff and provide developmental activities for children;
- *outside school hours care* — care provided for school aged children (5–12 years old) outside school hours during term and vacations. Care may be provided on student free days and when school finishes early;
- *preschool* — services usually provided by a qualified teacher on a sessional basis in dedicated preschools. Preschool programs or curriculum may also be provided in long day care centres and other settings; and
- *other services* — government funded services to support children with additional needs or in particular situations (including children from an Aboriginal or Torres Strait Islander background, children from non-English speaking backgrounds, children with a disability or of parents with a disability, and children living in remote

and rural areas). (Steering Committee for the Review of Commonwealth/State Service Provision, Chapter 12, 1999:2)

## 2.2 Consultancy Brief

"The Consultancy Brief requires an international investigation of past and current approaches to measuring the views of clients (parents, guardians, children) about the children's services they use... The purpose of the consultancy is to review survey approaches to client attitudes to care in order to advise on the feasibility of their use in the development and reporting of outcome indicators to measure and compare how effectively State and Territory children's services meet family and children's needs. Possible options and alternative costings for the collection of data are to be developed for consideration by the Children's Services Working Group." (*Proposal in Response to Brief*, Gain, 15/7/99)

The Brief stated: "The consultancy may consider, but should not be limited to, the following performance indicators suggested by the Working Group for potential inclusion in a client survey. The indicators are: the proportion of service delivery locations/sites with colocated services; the number of services that a family uses; target group needs; and client satisfaction with the hours of service provision." (*Consultancy Brief*, Steering Committee for the Review of Commonwealth/State Service Provision, 25/6/99)

As well as reporting general findings from the literature, the Consultancy aimed to specifically report on three aspects:

- "Critique of major past and current methods uncovered in the literature
- Development and critique of client information options for possible inclusion in future performance reporting
- Development of recommendations concerning the desirability and feasibility of reporting on some aspects of service quality by 2001." (*Proposal in Response to Brief*, Gain, 15/7/99)

The following assessment criteria were proposed for examining major past and current methods:

- "Suitability and relevance of data items for comparative performance measurement in general
- Suitability and relevance as measurement for particular types of service
- Suitability and relevance as measurement for particular target groups
- Suitability and relevance as outcome measures
- Suitability and relevance as quality measures
- Cost and cost-effectiveness of particular methods
- Technical validity and reliability, including sampling and response rate considerations and quality assurance mechanisms
- Timing considerations" (*Proposal in Response to Brief*, Gain, 15/7/99)

The design criteria proposed for the development of models or options were cost and full service type coverage plus:

- "Validity of data items as effectiveness indicators (outcome and/or quality)

- Comparability across jurisdictions
- Validity and reliability of sampling methods
- Validity and reliability of data collection instruments
- Feasibility and ease of collection" (*Proposal in Response to Brief, Gain, 15/7/99*)

The purpose of the recommendations was to present the Consultant's views on:

- "the desirability of implementing some or all of the developed data collection options
- the feasibility of progressive implementation of some or all of the above options
- the desirability and feasibility of reporting using alternative outcome or quality measures which may emerge in the literature or from key personnel" (*Proposal in Response to Brief, Gain, 15/7/99*)

## 2.3 Timing and Methods

"The results of the consultancy will be reported in the *Report on Government Services 2000*, to be published in February 2000." (*Consultancy Brief, 25/6/99*)

The project commenced on 9<sup>th</sup> August, 1999 and the final report was submitted on 9<sup>th</sup> November 1999.

Methods consisted of identification and collection of material in Australia, Canada, New Zealand, the United States and the United Kingdom through:

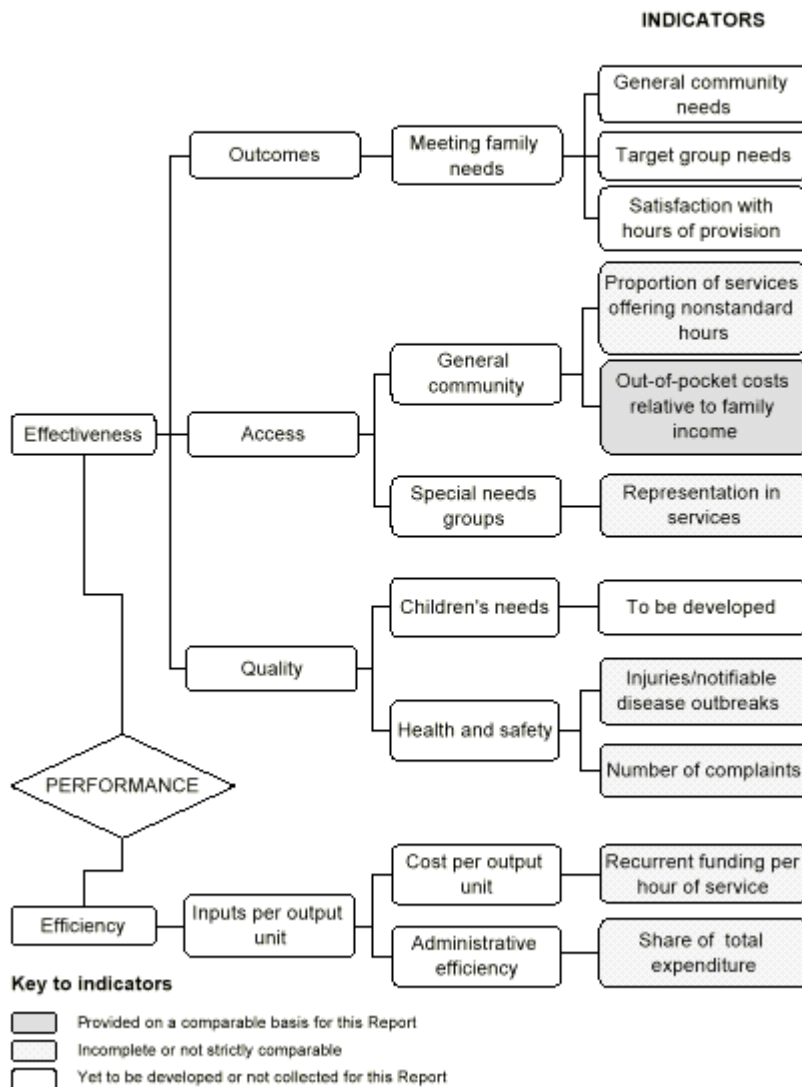
- Electronic Literature Searches
- Networking with relevant government officers, academics and non government key personnel.

137 separate documents were collected and the written material was summarised in an Annotated Bibliography (see separate volume). Additional information was collected through email and telephone contacts uncovered during the networking component. From the literature sources and the networking information, key findings, possible models and recommendations for future directions were developed for this Report.

## 2.4 Performance Indicator Framework

Three broad areas of performance effectiveness are set out in the current framework for developing performance indicators for Children's Services for use in the annual *Report on Government Services* :

Figure 12.4 Performance indicators for children's services



Source: Steering Committee for the Reform of Commonwealth/State Government Services, 1999:15

'General community' in the above framework refers to general users or potential users of children's services. The 'target group' or special needs groups referred to are: Children from non-English speaking backgrounds; Aboriginal or Torres Strait Islander children; Children from single parent families; Children with a disability or whose parents have a disability; Children from rural and remote areas.

This Report focuses mainly on indicator categories for which data could be appropriately collected in the form of consumer views. This means that the indicator categories in the above framework which are the main focus of this Report are:

- Outcome and Access indicators for the general community and for the special target groups, and
- Quality indicators for meeting children's needs.

The Report focuses on the suitability of using consumer perceptions to satisfy the data requirements for indicators within these selected categories. Alternative measures, not involving the use of consumer views, are reported only where they emerge from the literature as of particular relevance to the selected indicator categories. The Report does not attempt to cover any efficiency indicators or any other categories of effectiveness indicators set out in the overall framework.

It should be noted that although 'children's services' is the main generic term used to cover the range of services which is the subject of this Consultancy, the terms 'child care' and 'early childhood services' are also used in a generic way to refer to both care and education services for young children. The latter term excludes out of school hours care for school-age children.

### **3. THEORETICAL FINDINGS AND DISCUSSION**

#### **3.1 Children's Services, Consumer Satisfaction, Choice & Quality**

Harris & Poertner (1997) note that "Most of the client satisfaction literature is in the area of mental health" and Dyskin (1996) notes that the mainstream consumer satisfaction literature falls into the categories of intellectual disability and a variety of mental health services.

Nevertheless, the literature uncovered for this project contains a substantial amount of discussion about the use of consumer satisfaction and consumer self reports in the area of children's services.

The children's services literature pays considerable attention to the validity of consumer satisfaction (mainly parent satisfaction) as an evaluation measure for service quality.

The bulk of the quality and consumer satisfaction concern revolves around reported differences between parental ratings of quality and professional ratings.

##### **3.1.1 Parent and professional ratings of quality**

Studies in the U.S. show that parents are more likely than professionals or researchers to rate child care services as being of high quality. The studies reported here mainly focus on centre based long day care, both private and community based, although some deal with family day care and a smattering of other services.

A report of a Californian study " found that while parents uniformly rated their children's day care programs as excellent, the actual performance of the programs was far more variable." Ratings derived from observation ranged from poor to mediocre "with only one very good program out of the six". (Child Care Quality Uncertain, 1991)

A major study from the University of North Carolina showed that "Parents rated the quality of care their children received significantly higher than did trained observers." (Cryer, 1994)

A major study in four U.S. states reported by Helburn et al (1995) found that parents often gave high ratings to services classified as poor and mediocre by trained observers.

Holloway & Fuller (1992) report: "The child-care literature suggests that most parents report being highly satisfied with their current arrangement."

Early perceptions of the reasons for these differences tended to blame lack of parental ability to judge child care quality and reluctance to report dissatisfaction. As noted by Emlen (1998a) the dimensions of this perception amounted to locating parents as in denial about the poor quality of their child care, with the media going so far as to produce headlines like "The Lies Parents Tell". However, later perceptions in response to more sophisticated research, take a less simplistic view of apparent parent/professional discrepancies in perceptions of quality.

Cryer (1999) notes that quality, whoever it is judged by, is a subjective concept; and researchers having begun asking the question "Do parents value different aspects of quality from professionals?" This question has profound implications not only for the measurement of client satisfaction, but for the design and provision of all child care programs, and will be returned to in Section 3.5.

Zaslow (1991) concludes that there is a need "to ask whether parents are sensitive to the same dimensions of quality or, alternatively, if they evaluate child care along distinctly different dimensions [ than professionals/researchers]."

Galinsky et al (1994) conclude that "parents and providers agree about what is most essential" (cited in Holloway & Fuller 1999).

Britner & Phillips (1995) hypothesise that discrepancies are more likely to be the result of "shortcomings in the frameworks that guide research on parental satisfaction", rather than reluctance of parents to admit dissatisfaction with care. They note similarities in professional and parental perceptions of quality determinants, and suggest that parents "may have chosen their care arrangement on the basis of perceived quality of settings that were realistic options, given cost, hours, and location."

Morris (1999) concludes that parents and professionals value the same quality elements but that parents may not be able to judge quality of care because of lack of direct observation: "...they have to depend on the comments of their preschooler and the greeting and departure experience, both less than ideal proxies for all-day quality".

Emlen (1998a) agrees that part of the discrepancy is likely to come through different research methodologies, e.g., parent assessments do not derive from the in-depth observational access used by the researchers, but contends that parents can and do discriminate between different aspects of quality. Emlen



stresses that the methodologies which showed the largest discrepancies were those where the parent measures were least suitable and argues that the discrepancies themselves are also exaggerated (Emlen, November 1999, pers. comm.)

Helburn et al (1995) support the conclusion that lack of opportunity for direct observation leads to higher ratings of some aspects of quality by parents. They cast doubt however on the ability of parents to objectively rate aspects of quality which they value highly: "For example, when parents of infants/toddlers assessed the quality of aspects of care related to health, which they valued most highly, their scores differed [were higher] from the observer score more than when they were assessing an aspect of care they valued less, such as the adequacy of adult meeting spaces."

No Australian examples of studies were uncovered which compare parent ratings of quality with trained observer perceptions. There are a number of Australian studies which show similarly high levels of parent satisfaction with service quality (see for instance Greenblat & Ochiltree 1993, Harrison & Maddern 1999, Lever 1993, Victorian Government Department of Health & Community Services 1992b and c) but none which show quality ratings through professional observation. A New Zealand study ( Wylie et al 1996) showed similar high parent ratings but a better level of quality from professional ratings than in the U.S. and therefore less discrepancy. This latter study covered the full range of different service types.

Whatever the reasons for parental/professional differences in quality ratings or whatever the level of difference involved, it is widely acknowledged that these differences do exist. Their implications for the use of parent satisfaction in performance reporting are taken up in detail in section 3.5.

### **3.1.2 Professional ratings of quality**

As Wangmann (1995) notes: "In general, research workers, educators and practitioners adopt essentially child-centred definitions of quality in which the primary focus is on the outcome for the child."

A considerable amount of the identified literature relates to how to determine and measure this concept of quality. The clearly favoured methods are through

classroom observation using a variety of observation instruments; and through staff interviews or service self-reports.

The indicators of quality most commonly mentioned<sup>1</sup> include the following:

#### Structural Indicators

- Child/staff ratios and group size
- Staff qualifications and training and professional development
- Physical setting characteristics (safety, attractiveness, toys and equipment)
- Program characteristics (age appropriate activities)

#### Process Indicators

- Stability in staff turnover
- Caregiver/child interactions (warmth, communication, sensitivity)
- Caregiver/family interactions and partnership (welcoming, respectful, information sharing)

#### Outcome Indicators

- A variety of child outcome indicators (social, emotional and cognitive development)

A number of sources categorise these indicators into structural and process measures (e.g., Cryer 1999, Tietze et al 1999, Ochliltree 1994) and into regulatable and environmental elements (e.g., Phillips et al 1991). Pascal et al (1999) identify "contextual or enabling indicators" and "process or quality indicators" in their proposed evaluation framework. Evans suggests that development of quality indicators should include an understanding of: inputs/provision (the primarily static dimensions of programs; process/practice (the dynamic dimensions of programs) and desired outcomes/product.

### **3.1.2.1 Proxy Quality Indicators**

Structural indicators are described as proxy indicators of quality process by Tietze & Cryer (1999). They note that most European research measures quality based on structural characteristics and few studies measure children's direct experience. The authors make a case for measuring quality by proxy structural indicators based on past research findings, but note "However, structural quality measures are only a proxy for process quality and cannot replace its direct assessment."

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<sup>1</sup> By, for instance, Child Care Accreditation Council 1999; Commonwealth Child Care Advisory Council 199a & b; Cryer 1999; Farquahar 1990 and 1991; Hofferth & Wissoker 1991; Helburn et al 1995; Howes et al 1995; Holloway & Fuller 1992; Kontos & Fiene, Lerner & Phillips 1994; Love 1997, Melhuish & Moss eds 1991; Morris 1999, Ovchliltree 1994, Phillips et al 1991, Scarr et al 1993 & 1990; Tietze et al 1999, Tuompo-Johansson et al 1998, Wangman 1995, Whitebook et al 1989, Wylie et al 1996, Zaslow 1991.

The structural indicators listed above are used as proxy indicators of quality in that part of the identified research which aims to investigate the relationship between child care quality and child outcomes.

Evidence for the impact of various indicators on children's social, emotional and cognitive development are reported in a number of studies including the following<sup>2</sup>.

Helburn et al (1995) report that: "Across all levels of maternal education and child gender and ethnicity, children's cognitive and social development are positively related to the quality of their child care experience....The quality of child care is primarily related to higher staff-to-child ratios, staff education, and administrators' experience..."

Melhuish & Moss (eds) (1991) report that in the U.S.: "Secure attachments with caregivers, stable caregivers and peer groups, trained caregivers who skillfully mediate peer interaction and relatively small groups of peers facilitate the development of social competence with peers." They report that in the U.K. , factors likely to affect the quality/child development differences observed include: group size, adult-child ratios, accommodation, equipment, staff training and experience, stability of care.

The main conclusion of Howes et al (1995) is that children's intellectual and emotional development is improved as a result of regulation for lower staff:child ratios.

Galinsky et al (1998a) reported that cognitive, attachment and learning activities increased through increased teacher education and ratio requirements and that language proficiency increased with increased teacher sensitivity.

Hofferth & Wissoker (1991) note that research has shown the following three characteristics are associated with child outcomes: group size, child/staff ratio, caregiver education and training.

Kontos & Fiene note that intellectual, language and social development are more clearly influenced by clusters of centre characteristics rather than by single indicators. The clusters accounting for most variance were staff experience and qualifications and group size.

Clarke-Stewart in Phillips ed. (1987) summarises the results of five studies in the U.S. and Canada. She reports the "best predictors of advanced child development" as: a licensed program; frequent verbal and educational child/caregiver interaction (rather than custodial/controlling); structured play; adequate adult-child ratio; reasonable group size; caregiver "has a balanced

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<sup>2</sup> See also Blau, Burchinal, Carr, Peisner-Feinberg, Ochliltee, Galinsky et al (1998a), Whitebrook et al 1989, Kontos & Fiene

training in child development, some degree of professional experience in child care, and has been in the program for some period of time."

Tietze & Cryer (1999) ) report on a 1997 study by the European Child Care and Education Study Group which "shows that a combination of process and structural measures representing ECE program quality were found to explain a substantial amount of children's developmental outcomes" in terms of social competence, mastery of daily living skills and language development.

Scarr et al (1990) conclude: "Reliable indices of child care quality include caregiver-child ratio, group size, and caregiver training and experience. These variables, in turn, facilitate constructive and sensitive interactions among caregivers and children, which promote positive social and cognitive development."

A just released OECD report on early childhood education and care (ECEC) links quality of care to "the intensity and focus of programmes and to the qualifications of staff." In turn, quality of care is linked to child outcomes: "Overall, the findings of the studies show that young children who participate in a quality ECEC environment are likely to develop reasoning and problem-solving skills, to be more co-operative and considerate of others, and to develop greater self-esteem." (Centre for Educational Research & Innovation 1999)

### **3.1.2.2 Multiple Indicator Perspectives**

A number of sources discuss the need for the inclusion of multiple perspectives in quality evaluation.

Katz 1994 puts forward the idea of five perspectives on quality: top down (from an administrator's viewpoint and assessing structural program features); bottom-up (from the perspectives of the children); inside/outside (from the perspectives of the children's families; inside (staff perspective); and the ultimate perspective (community and larger society perspective). Katz states that "Ideally, judgment of the quality of a program should be based in part on how the parents perceive the services provided to them and their children."

Cryer (1999) notes multiple perspectives on program quality and suggests that the real question might be "What outcomes are produced under this definition of quality? Depending on the desired outcomes, the answer to the question What is quality? will then become apparent."

Farquhar (1991) identifies eight perspectives including: child development; government/regulatory; social service; parent perspective; child perspective; social policy funding; staff; and cultural perspectives.

Podmore et al (1998) propose to evaluate early childhood quality from the perspective of children and staff and assert that their "framework encapsulates the key elements of programme quality, viewed from a child's perspective, which should be the focus of evaluation and assessment practice."

Moss & Pence eds. (1994) reinforce the notion of the relative or subjective nature of quality and the need to reflect multiple stakeholder perspectives, including (according to Meade 1988 cited in Moss & Pence): children, parents, family, employers, providers and society.

Ochiltree (1994) in discussing the values approach to quality taken by the European Commission Childcare Network states: "In this subjective value-based approach to quality it is argued that three perspectives must be taken into account - those of children, of parents, and of professionals."

Wangmann (1995) notes that: "a variety of perspectives need to be considered in relation to definitions of quality."

In general, however, direct observation or talking to children tends to be part of outcome rather than quality measurement (see Section 3.2; for the few exceptions see Section 3.1.4); and the role of parental views in the children's services literature on quality measurement is very much less well developed than that of centre and staff characteristics.

### **3.1.3 Parental views on quality**

Parental views on quality in children's services are much less readily discernible than those of professionals, from the available literature. A number of studies show that parents value the same quality elements as professionals (see earlier Section 3.1.1), but the picture is complicated by several other findings:

- *Parent ratings of the quality of their children's services sometimes does not correlate with particular quality items that both parents and professionals value as important* (e.g., Britner & Phillips 1995 found that group size was considered important by parents as a quality indicator but was not associated with satisfaction; McGregor et al (1998) report that adequate staff child ratios and the presence of trained staff are major motivating factors for child care choice, while Galinsky (1990) quote a study by Shinn et al (1990) as showing that "...mothers, surprisingly, were more satisfied when group size was

larger and staff/child ratios were poorer. There was no relationship between maternal satisfaction and whether or not the provider had been trained.")

- *Parent satisfaction with services is not determined simply by their perceptions of quality aspects but by a range of other related factors (e.g. cost and convenience)*<sup>3</sup>
- *Some studies have reported contradictory results in terms of what factors affect parent perceptions and choice of care (e.g., Shinn et al 1991 cited in Britner & Phillips 1995 found that location and flexibility did not influence parental satisfaction whereas the opposite is found in a number of other studies; Sonenstein & Wolf cited in Hofferth & Phillips 1991 found that low staff/child ratios contributed to satisfaction and McGregor et al 1998 noted adequate child/staff ratios as a commonly mentioned reason for choice of care, whereas Hofferth & Wissoker 1991 found only a weak link between staff/child ratios and parental choice ).*

It is possible that the first two of these findings may reflect the multiple goals of children's services (while the third item contradictory findings, is more likely to be explained by methodological differences). There are usually at least three main goals of children's services - to assist parents, to care for children in a safe environment and to promote children's development. It seems reasonable to hypothesise therefore that indicators of performance for these three different but related aims may themselves legitimately vary. This topic is explored more fully in Section 3.5

There is some discussion in the literature about multiple goals.

Farquhar (1991) notes that "One of the main barriers to being sure about what quality means has been the diversity of aims and goals of early education and care." She goes on to note that from the parent perspective "quality is defined as the extent to which early childhood services meet parents' needs and fulfil their expectations". Scarr & Phillips (1990) note a difference between the needs of children (quality care for child development) and of parents (affordability, availability, consistency, dependability & flexible employment options). Wangmann (1995) observes that definitions of quality will depend on service goals or functions. McGregor et al (1998) note that "Few participants [parents in focus groups] considered the primary purpose of child care was for the benefit of the children themselves."

However, in the bulk of the children's services literature 'quality' is clearly focused on the child safety and development aims. This may account for some of the discrepancies in ratings already noted in section 3.1.1. When parents are asked to rate quality of services, they look at a broader set of variables than child safety and development, but when professionals think of quality it is child centred quality.

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<sup>3</sup> See, for instance, McGregor et al 1998, Morris 1999, Emlen et al 1999, Farquhar 1991, Harrison & Maddern 1999.

As Emlen stresses " Perception of quality is an important component of parental satisfaction, but not the only one. Satisfaction is not a sufficient parent measure of quality." (November 1999, pers. comm.)

The main broad predictors of parent satisfaction identified in the literature include: Cost (affordability), convenience (location, flexibility) and quality.<sup>4</sup>

The elements most commonly reported<sup>5</sup> as associated with parental satisfaction with or high ratings of quality include:

- Safety and hygiene (including child feels safe and secure)
- Child's happiness and enthusiasm
- Warmth and caring nature of caregiver
- Provider/child interactions
- Appropriate program activities (educational, social, physical)
- Social support and shared information from caregiver
- Shared caregiver/parent perceptions of desirable quality characteristics
- Shared caregiver/parent child rearing values
- Homelike setting
- Child socialisation and self respect
- Parent choice
- Staff training and experience (contradictory findings)
- Child/Staff ratio (contradictory findings)

It should be noted that some of these elements are associated with high quality only for particular types of care, and that they are expressed and measured in a variety of ways.

### **3.1.4 Children's Views**

Three examples of collecting children's views (as distinct from interviewing or testing children to measure quality or outcomes) were included in the identified literature. Two of these related to interviewing older children.

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<sup>4</sup>See, for instance, Camasso et al 1991, Emlen 1998a, Emlen et al 1999, Farquhar 1991, Kisker cited in Galinsky 1990, Larner & Phillips 1994, Greenblat 1993, Harrison & Maddern 1999, Meade 1988, Hofferth et al 1996, Hofferth & Phillips 1991, Hofferth & Wissoker 1991, McGregor et al 1998, Scarr et al 1990; Wangmann 1995; Wylie et al 1996.

<sup>5</sup> See, for instance, Britner & Phillips 1995; Camasso et al 1991; Choice 1994; Cryer 1999; Emlen 1997a; Farquhar 1991; Galinsky 1990; Griffin & Fiene 1995; Harrison & Maddern 1999; Hofferth & Wissoker 1991; Larner & Phillips 1994; McGregor et al 1998; Scarr et al 1990; Stonehouse 1998.

The first of these was an Australian study which interviewed 5-8 year olds and 9-12 year olds about their preferences for out of school hours care (Consumer Contact 1996). This study used graphics to elicit attitude information other than simple likes and dislikes.

The second study, also Australian, was aimed at determining quality dimensions for family day care and asked older children about what aspects they liked and disliked (Stonehouse 1999).

The examples of interviewing younger children are from Denmark. Langsted (1994) reports two separate exercises from the BASUN Project, the first of which involved interviewing five year olds about their daily activities, using semi structured personal interviews. The second exercise interviewed kindergarten attendees about the difference between the worlds of care and home. The main factor liked by children about the care world was the presence of other children, followed by activities, toys, and 'nice staff' . This source provides a number of examples of the open-ended questions used by the interviewers.



## **3.2 Outcome and Access Measurement**

It was noted (in Section 3.1.2) that various measures of children's cognitive, social and emotional development which could properly be considered outcome indicators appear in discussions of quality measures. This analysis is supported by Zaslow (1991) who notes that "interactive behaviour in day care settings has been conceptualized as both an approach to defining quality, that is, as an independent variable... and as an outcome measure".

Access indicators which might include convenience of hours and location, affordability, cultural appropriateness and physical disability access are also noted in the quality literature.

The work on outcomes is focused on children's development. With the exceptions noted below, there is little mention in the literature of outcomes for parents or the society as a whole.

### **3.2.1 Child Outcomes**

The child focused outcomes research is in two 'waves' (see Zaslow 1991): investigations of the effects on children of non maternal care; and investigations of the impact of quality of care on children's development.

Much of the second wave research into outcomes is reported in general quality terms rather than in terms of the effect of particular indicators. The Centre for Educational Research & Innovation (1999) in summarising OECD research into early childhood education and care (ECEC) conclude that "studies uniformly show that the quality of provision has an important impact on children's development from the earliest stages; young children who receive high quality care, attention and stimulation in the first three years of life are likely to demonstrate better cognitive and language abilities and experience more positive mother-child and social interactions than children in arrangements of lower quality (NICHD, 1997)."

That same study reports "a consensus over short-term benefits of ECEC" and "mixed evidence on longer-term benefits". Short term benefits are identified as "important immediate and short-term impacts, which affect children's school readiness and other outcomes in the year or two (or more) after they leave the programmes." The mixed evidence over longer periods includes the effects of ECEC on children's cognitive development, socialisation and school success. The Head Start program reports loss of "some cognitive advantages by the end of the second year of school, and social and motivational ones by the end of the third year (McKey et al, 1985)." The OECD report notes other longitudinal research (e.g., Lazar et al 1982) which shows "sustained improvements in other performance measures such as reading ability and retention in grade". Positive

early childhood gains can be reinforced with later positive education experiences (Centre for Educational Research & Innovation 1999).

Research into child outcomes is currently focusing on distinguishing between family impacts and care impacts.

Recent literature examining or noting care and family impacts on various aspects of child development include: Blau 1997, Burchinall 1999, Emlen et al 1999, Holloway & Fuller 1999, Kontos & Fiene, Ochiltree & Edgar 1995, Peisner-Feinberg et al 1999, Peisner-Feinberg & Burchinall 1997, Scarr et al 1993, Wylie et al 1996.

Burchinall (1999) criticises earlier studies which did not control for the impact of family characteristics (such as higher parental education) on child outcomes and concludes that family characteristics are more strongly related to child outcomes than are quality of care factors and that the quality of centre-based care "may be" related to better cognitive outcomes while that of both centre based and family based child care "may be" related to better social outcomes. She notes the background findings of Lamb 1997 and NICHD 1996 as showing that "Families who select higher-quality child care tend to be better educated, have more income, have more stimulating and responsive home environments, and have child rearing beliefs and practices that have been linked to better child outcomes."

Emlen et al (1999) notes that the above NICHD approach showed that family factors overrode quality factors.

Holloway and Fuller (1999) note that family-level characteristics which influence child care decisions include "maternal education, family size, mother's age at first birth, ethnicity and beliefs about child learning" and conclude that: "Studies of child care effects on children's development that neglect to account for parental selection are likely to over-estimate the program effects."

As noted earlier (in Section 3.1.2) Kontos & Fiene noted consistencies and inconsistencies with previous studies, but claimed strong connections between clusters of individual centre characteristics and child development, especially intellectual development. They noted, however, that family background was the prime or only significant predictor for three out of six child development measures but did not affect social development.

Peisner-Feinberg et al (1999) found that higher quality centres (measured through the standardised observation tests) resulted in better performance on cognitive and social skills, regardless of family background. They also found that at risk children were more likely to be affected by quality of care than other children were. In an earlier study of the same children (Peisner-Feinberg & Burchinall 1997) a relationship between assessed child care quality and

preschool children's cognitive and socioemotional outcomes was found and moderating influences of family backgrounds was variable.

Scarr et al (1993) reported that factors other than quality which affect child development include family stress, parental intellectual status and economic characteristics. They found that quality factors which affect child development include group size and ratios as well as the ITERS and ECERS environmental measures. In an earlier article which directly addressed the topic of outcome indicators, they conclude: "Contemporary researchers recognize the necessity of taking into account not only the quality of child care, but also the quality of the home environment, individual differences in children, and the history of children's experience with child care."... "Longitudinal research is necessary to determine which effects of child care are transitory and which represent enduring influences on development.... For these reasons, we can make few definitive statements at this time about the direct effects of child care on children."

From the above material, it can be seen that the measurement of child outcomes in children's services presents similar problems to that noted in the child welfare literature<sup>6</sup>, i.e., the difficulty of unravelling the relative causal importance of child care interventions from other factors likely to affect children's cognitive, social and emotional development.

### **3.2.2 Non Child Outcomes**

Non child outcomes include outcomes for parents and outcomes for the general society or local community.

As noted in Section 3.1.2 little of the identified literature discusses parent outcomes. Sources which do mention parent outcomes tend to do so in the context of quality evaluation. Examples are the already noted Cryer (1999) suggestion about the need to base quality measurement on prior outcomes questions; and the Farquhar (1991) inclusion of the parental perspectives in quality. Farquhar describes the parental perspective as "quality is defined as the extent to which early childhood services meet parents' needs and fulfil their expectations."

A similar example is given by Moss (in Moss & Pence 1994) in discussing the measurement of service performance by the extent to which a service meets its goals or objectives. "... 'customer' satisfaction may be considered a service goal and therefore the basis for evaluating quality. A 'good' service is one that attracts

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<sup>6</sup> Gain & Young 1998:

and satisfies 'customers': 'quality is defined as fully satisfying agreed customer requirements' (Bank, 1992)" Moss notes that the objective of customer satisfaction is "particularly appropriate where market-oriented approaches are applied to early childhood services".

The apparent conflating of quality and outcome measures for parents in children's services requires considerably more conceptual work to untangle. It is a dangerous tendency which is looked at in some depth in Section 3.5.2.3. It also reflects a lesser tendency to conflate quality and outcomes for children: Zaslow (1991) notes that "interactive behaviour in day care settings has been conceptualized as both an approach to defining quality, that is, as an independent variable... and as an outcome measure". Stonehouse (1999) asserts that 'outcomes' are 'how it is desirable for the child's daily experience to actually be'.

There is also an interesting discussion in Moss & Pence eds (1994) about the ubiquity of quality in children's services and the confusion this causes. Moss observes: "'Quality' is an international buzz word... Yet in its mantra-like repetition, the word is in danger of being rendered meaningless... Many may share the doubts voiced by a Swedish researcher:

' "Quality" is not a very useful analytical concept... I have been struck from time to time with the thought that it would be a relief to have an agreement not to use (the term) 'quality' in scientific studies of early childhood services, at least for a couple of years.' (Johnsson 1993)"

The small amount of identified literature which mentioned broader community/society outcomes is also related to discussion of quality and includes Farquhar's (1991) identification of cultural and community perspectives, the Katz (1994) identification of the community/social perspective and the Meade (1998) identification of a societal perspective on quality (cited in Moss & Pence 1994) . In addition, Pascal et al (1999) include 'community' as a category of core indicators in their proposed common indicator framework and as a category of stakeholder in their Outcome Impact Indicators.

### 3.3 Satisfaction is Multi Dimensional

A substantial amount of the general consumer satisfaction literature and some of the children's services literature deals with the multi dimensional nature of satisfaction and the comparison of global satisfaction with more focused satisfaction. (See, for instance, Krahn et al 1999; E-Qual 1998; Harris & Poertner 1997; Dyskin 1996; Britner & Phillips 1995.)

Harris & Poertner (1997) describe these two approaches: "There seem to be two overall themes embedded in the client satisfaction literature. One theme is the idea that satisfaction is the consumers response to a question of the type: How satisfied are you with service x ? Another theme is that there are specific features of the service to which the consumer reacts."

There is considerable consensus that global satisfaction questions are the most likely to suffer from the defect of subjectivism and are also least helpful for quality improvement purposes (see, for instance, Sawyer et al 1996, ) There is also some suggestion that global satisfaction questions are most likely to promote bias through social desirability or acquiescence factors (Emlen 1997a). (Although it should be noted that Harris & Poertner report findings that acquiescence bias is less likely to affect global satisfaction than more specific areas of satisfaction.)

Considerable research in children's services and other areas has focused on unbundling specific elements or predictors of global satisfaction. Methods often involve regression analysis to identify which items or clusters of items account for most overall variance.

Krahn et al (1999) examined predictors of satisfaction for services for children with special health needs. They concluded that "Although consumer satisfaction is typically acknowledged to be multidimensional... empirical examination of dimensionality has yielded diverse results."

Sawyer et al (1996), when investigating satisfaction with a children's hospital, concluded that for program improvement purposes: "The results suggest that when investigating quality of care it is important to measure specific aspects of care, not just a global assessment of 'satisfaction'."

A rich article by Singh (1991) specifically explores the technical nature of the structure of satisfaction for services in general, as opposed to products. Singh distinguishes between the "conceptualization of satisfaction" as a cognitive evaluation and an emotional state and asserts that market research has favoured the emotional response while health research favours the cognitive view. He notes that while much satisfaction research is about satisfaction with

'quality', this is an 'inherent weakness' and argues for the inclusion of factors such as waiting lists and cost .

Many researchers have dealt with the multi dimensional nature of consumer satisfaction by including both global and specific questions. See, for instance, Emlen 1998c, A.C.T. Department of Education & Community Services 1999, Galinskey et al 1998b, Harrison & Madden 1995.

The specific dimensions associated with parental satisfaction with child care services have already been noted in Section 3.1.1.3.

### 3.4 Other Technical Aspects of Satisfaction

Measuring consumer satisfaction is generally acknowledged to be fraught with methodological difficulties. The most commonly mentioned problems include:

- Low response rates (Harris & Poertner 1997; Dyskin 1996)
- Response bias including acquiescence bias and social desirability (Harris & Poertner 1997; Dyskin 1996; Stuntzer-Gibson et al (1995); Emlen xxx)
- Uniformly high levels of satisfaction (Harris & Poertner 1997; Dyskin 1996)
- Subjectivism and lack of specificity (Dyskin 1996; Wood 1996; E-Qual 1998; Stuntzer-Gibson et al 1995; Tuompo-Johansson et al 1998)
- Distortions because of power differentials (Dyskin 1996; Gain & Young 1998)
- Lack of organisation or internal observational information by respondents (Dyskin 1996; Emlen 1998a; Morris 1999)

Whilst low response rates and some aspects of response bias can be overcome through more effective research design, usually involving greater expense, some of the remaining problems are more intractable.

*Subjectivism and lack of specificity* have two major implications for the use of client satisfaction in monitoring and evaluation: subjectivism may invalidate the value of the responses for monitoring purposes due to lack of consistent and therefore comparable criteria; lack of specificity may render them valueless for program improvement purposes.

Dyskin (1996) includes a substantial discussion of subjectivism in her review of common problems. The main issue is that satisfaction (and other attitude responses) are the result of individual expectations - a person with low expectations may express higher satisfaction and vice versa when using identical services. This makes the use of global satisfaction and other very abstract views highly questionable as a measure of comparative objective performance as illustrated in the following quote from E-Qual (1998): "significant differences in levels of satisfaction between two samples may not reflect differences in the level of performance of the two services from which the samples are drawn."

Dyskin (1996) notes two possible ways of countering subjectivism: the inclusion of objective measures; and controlling for consumer characteristics such as temperament and expectations. The first of these would be most appropriate for non global measures where reporting of actual behaviour could be more closely specified and related to particular service characteristics. The second form of amelioration would, in general, be more appropriate and feasible for in depth evaluation studies rather than for ongoing collection of national performance indicators.

A proposed national collection of 'Best Value' performance indicators in the U.K. (see DETR & Audit Commission 1999) gives examples of possible national performance indicators for a range of services other than children's services. The

following two examples from the proposed possible indicators illustrate an indicator based on a very subjective global satisfaction question and one based on a more objective specific views question:

"Corporate Health: The percentage of citizens satisfied with the overall service provided by their authority..."

Culture: The percentage of library users who found the book(s) they wanted..."

*Information deficits* between consumers and providers have already been noted as a possible reason for discrepancies between ratings of quality in children's services (see Section 3.1). It is a particular problem for the sorts of services where the consumer whose views are requested experiences only part of the service and is asked for a view on the whole. While it would not be possible to change the scope of the consumer's experience, the problem may be mitigated if consumers are asked only about items they are in a position to directly experience or observe.

*Uniformly high satisfaction rates* have also been mentioned previously in relation to children's services (see Section 3.1). Conclusions have sometimes been made (directly from this finding only or in conjunction with the additional findings about differing parent/professional quality ratings and the existence of power differentials and some acquiescence or social desirability bias) that this result reflects:

- an inability to distinguish differences in quality
- a reluctance to admit the use of poorer quality care
- gratefulness for access to any service regardless of quality (low expectations)
- fear that services will be removed if dissatisfaction is expressed

Two points can be made in relation to this issue: Whilst satisfaction is high it is not uniform - there are differences in relative satisfaction found between many studies; and quality is not the only factor affecting satisfaction. Additionally, it might be worth considering that higher rather than lower satisfaction rates would be expected from voluntary purchasers of any services, even if the market is limited.



### 3.5 Purposes of collecting consumer views

The technical or theoretical feasibility of using consumer views, including consumer satisfaction, in relation to the monitoring and evaluation of children's services is affected by the purpose for which measuring these views is required.

For our current exercise the broad purpose is comparative reporting of performance across jurisdictions. The Report on Government Services (1999:1) gives two purposes for this reporting:

- to show Government accountability for public expenditure (i.e., whether services meet stated goals)
- to facilitate service improvements.

In terms of comparative performance reporting in general, global satisfaction measures suffer from the general defects noted in Sections 3.3 and 3.4 above. Of these defects, subjectivism and high satisfaction rates are the most important.

Ratings that differ according to respondents' expectations and knowledge cannot be taken to indicate comparative objective performance. They can only be a valid measure of subjective satisfaction with performance.

The problem with high satisfaction rates is best summed up by observations quoted in Dyskin (1996) in relation to the practice of using the generally high positive response rates to justify existing policy. This "draws resources and claims consumers' time without delivering any visible results". Where the satisfaction measures are superficial (and therefore most easily collected), the satisfaction measures are not capable of "even reflecting the true consumers' perception of the organisational performance."

Whilst these objections also apply to more specific consumer perceptions it is more feasible to avoid their negative implications. The most useful method is that already foreshadowed in Section 3.4 - the use of more objective measures. For instance, perceptions about the suitability of hours of provision can be collected in ways other than asking for satisfaction with current access. With appropriate background research, questions can be designed to assess the specific effects of current access. A hypothetical example of such an approach might be: "Over the last x months, has lack of child care at suitable times ever meant that you have needed to: take time off work, miss an appointment, felt frazzled and stressed, etc.? If Yes, How often has this happened in the last x months: constantly, often, sometimes, rarely?"

The following sections look at consumer views in relation to the two narrower objectives of service improvement and government accountability.

### **3.5.1 Satisfaction and Service Improvement**

In general terms, Lobsco and Newman (1992) identify research findings that show that quantitative summative information of the type gathered through satisfaction measures is less useful for program development than qualitative formative information.

As noted (in Section 3.3) global satisfaction measures are not useful for service improvement purposes, as they do not, by themselves, provide sufficient information about aspects of the service which require improvement.

The usefulness of satisfaction measures of specified aspects of service performance increases with the amount of specificity. Satisfaction with quality aspects that are not directly experienced by the relevant consumer are not valid measures.

The use of more objective measures than satisfaction for the collection of consumer views about specific service aspects (of the type illustrated at the end of the previous section) would provide useful results for improving service performance in particular areas.

### **3.5.2 Satisfaction and Accountability**

Global and specific satisfaction measures are only useful for accountability purposes if there are aspects of program objectives that relate to performance criteria that consumers can validly judge and meaningfully report.

As noted previously (in section 3.1.3), children's services in general usually have at least two broad objectives: parent/family focused and child development and safety focused.

Tietze & Cryer (1999) in their review of child care in 15 European countries state: "It is now generally recognized that ECE [Early Childcare & Education] programs should provide the fundamental requirements for children's personal care, health and safety, socialization, and education in an integrated manner and that those services should be available to support family life, at an affordable cost for all parents who need and want them."

In Canada, Friendly (1999) notes that " The two main rationales for child care are, first, enhancing healthy child development and, second, supporting parents' workforce participation." She identifies the absence of a national child care framework and makes suggestions for its development .

Wangmann (1995) points to the implications that these two broad objectives can have on what is researched and reported in an Australian context: "Because other [non preschool] children's services, particularly day care, have not been regarded historically as educational but as services to parents, evaluations, when they have been carried out, frequently only investigate whether the services are meeting parents' needs'."

### **3.5.2.1 Australian Program Objectives**

In Australia, different types of children's services are supported and delivered through a variety of State/Territory and Commonwealth programs. The State/Territory governments regulate most children's services programs including those mainly supported by the Commonwealth. Moyle et al give a description and history of the different State/Territory programs with their relevant objectives and regulations as at 1996, although it should be noted that changes have occurred since then. These different objectives are reflected in the overall shared objective set out in the 1999 Report on Government Services:

"The common objective for children's services is to provide support for parents in caring for their children by ensuring that the care and education needs of children are met in a safe and nurturing environment."

The 1999 Report on Government Service also notes that the Commonwealth emphasis is on supporting workforce participation while the States/Territories have a wider focus and support "a greater variety of family needs". Both tiers of government are identified as supporting quality, and services included in national reporting: "seek to provide appropriate care and developmental activities for children, although the emphasis on these two broad objectives may differ across service types."

### **3.5.2.2 Parents Needs**

It seems clear from previous sections, that the provision of support to parents is something that parents can experience and observe. Parents can respond, through their own experience, about whether or not they feel supported by their children's services and identify particular aspects of the service which they feel support specific personal or family needs.

The principle of the inclusion of measurement of parent views in relation to the meeting of parent needs for service improvement purposes is therefore uncontroversial. Its desirability for measuring relative service performance has however already been shown to be highly questionable, particularly in the form of global satisfaction measures, on the basis of subjectivism (at the beginning of Section 3.5). In relation to showing accountability for meeting service objectives,

it can be argued that if a goal of the program is to support parents, then parental perceptions of the support they receive are valid measurements of whether this goal is being met. Once again, however, the relationship between objective service performance and feelings by parents that they are supported are not necessarily connected. This is a problem for using parent perceptions as part of an overall indicator framework described as measuring performance.

### **3.5.2.3 Children's Needs**

Debate continues about whether parent responses about their children's experience and the effects of child care on their children are less valid as measures of service accountability than parents' perceptions about their own experience.

It must be acknowledged that parental perceptions of quality are not the same as professional ratings of quality. Parents place more weight on different aspects of quality and are not usually in a position to properly evaluate a variety of quality inputs and children's experiences.

It might be considered that this problem is one of semantics which can be solved by having indicators measuring what Arthur Emlen calls "Quality from a Parents Point of View" as well as the conventional professionally measured quality indicators, and even developing some quality indicators involving children's direct reports. However other considerations suggest that solving the problem is not so simple.

Herman 1997 warns about use of consumer quality ratings in isolation as this does not allow for assessment of administrative aspects of programs; and advocates the use of multiple alternative quality measures. She claims that this will help address "a conflict experienced by many current generation program evaluators whose 'theory of value' calls for considering multiple stakeholders' interests but does not provide them with clear direction on whose criteria should be used to judge the success of a social program..." Herman concludes that : "Evaluators should continue to value the perspectives of consumers and providers of services. At the same time, evaluators must learn to balance these perspectives when trying to determine the effects of service quality on the achievement of strong positive outcomes."

Holloway and Fuller (1999) discuss the policy implications of what they call the early childhood education perspective and the family-oriented perspective. They argue that the early childhood education perspective which favours centre provision, does not sufficiently allow for the meeting of differing parental preferences among different cultural groups. On the other hand the argument

that market forces will produce services that correspond with parental perceptions of quality does not sufficiently take into account the need to provide services which will meet children's ongoing educational needs.

The market forces argument is also addressed by Morris (1999) who concludes that: "The market simply does not appear to reward high quality child care." Morris also notes the lack of correlation between cost and quality.

Wylie et al (1996) in New Zealand take a very strong line in arguing against the use of parental perspectives in policy making: "The difference between some parental perceptions of ECS quality and research-based evaluation, and the lack of correlation between cost to parents and ECS quality, indicates that parental choice should not be the foundation for ECS policy, for service provision, or for service improvement."

Taking a different tack, Emlen (November 1999, pers. comm.) argues for their inclusion: "I think there is a moral (or political, or policy) argument for wanting to know what parents think and for creating parent measures - no matter what current research or science has to say. It calls for a long-range perspective. The development of discerning questions for parents about their child care and services helps parents to learn and to become an informed voice for improving policy and services."

The dangers that Wylie et al (1996) identify would be encouraged if parent satisfaction were collected in the absence of more objective indicators of quality and outcomes for children. This is a real danger because measuring parent views, while quite costly in itself, is much less expensive than directly measuring service quality through observation or than measuring developmental outcomes.

The most frequently and inexpensively collected quality and child outcome indicators are proxy ones such as staff and service characteristics (e.g., child/staff ratios, staff qualifications and experience, staff turnover and centre safety and physical conditions). Many of these characteristics are already regulated in Australia. Some of these indicators are already reported on in Australia at a national level, i.e., staff qualifications and experience, child/staff ratios and child injuries. There are immense difficulties, however, in developing performance indicators that are nationally comparable across all jurisdictions. Internal Working Party documents on the development of performance indicators (to which this current consultancy is related) are considering other indicators to measure service effectiveness such as direct child outcome indicators or the proxy child outcome indicators noted above. Consideration is also being given to other quality measures which could act as proxy child outcome indicators, such as proportion of services offering development programs and child/caregiver interaction observations.

There are currently no examples in the literature or plans in Australia to include children's satisfaction with services as a performance measure.

### 3.5.3 Conclusions

Global consumer satisfaction is not appropriate as any form of effectiveness indicator. One exception might be parental satisfaction with (or preferably more objective measures than 'satisfaction with') the extent to which their children's services are a support to themselves as parents. However, the lack of causal connection between objective service performance and parental perceptions of support make this approach dubious.

Even if global perceptions are used, they would need to be supported by perceptions of more specific aspects of service provision to be meaningful.

The following conclusions relate to more specific measures than global satisfaction:

*Specific Satisfaction as a Quality Measure:* Consumer satisfaction with specific aspects of quality are not appropriate as an objective measure of quality in children's services. Measures of parental satisfaction with particular aspects of service quality might be more properly categorised as outcome or access indicators.

*Specific Satisfaction as an Outcome Measure:* Consumer attitudes to specific aspects of their experience are appropriate as measures of meeting particular program objectives relating to parental satisfaction with the support they receive. So long as questions are carefully designed to focus on more objective conditions than 'satisfaction' they are suited for assisting service improvement and as an overall, non comparative, indicator of accountability. Their suitability for comparative performance measurement is less clear cut and would rely greatly on the nature of the questions designed. The perceptions of older children about their enjoyment of services may also be a valid outcome measure, depending on service goals.

*Specific Satisfaction as an Access Measure:* Consumer attitudes to specific aspects of access are appropriate as both outcome and access measures. Again, more objective measures than simple satisfaction ratings are required.

### 3.6 Special target group considerations

The results and discussion reported so far have covered children's services users in general. As noted in Section 2, the Australian performance indicator framework makes provision for the development of indicators for the following target or special needs groups:

- Children from non-English speaking backgrounds
- Aboriginal or Torres Strait Islander children
- Children from single parent families
- Children with a disability or whose parents have a disability
- Children from rural and remote areas

The bulk of the general findings also apply to the special target groups.

The nature of the general findings do not require amplification for ***sole parent families***.

***For children from non-English speaking backgrounds and Aboriginal and Torres Strait Islander children***, the general findings have already mentioned that cultural differences play a part in determining parental perceptions of quality and the implications these have for children's services policy.

Farquhar 1990 identifies the cultural perspective as defining quality in terms of social norms, values, customs and beliefs of people served. Burchinal (1999) additionally cites Garcia-Coll et al. 1996 as arguing "that what constitutes high quality and quantity of care may be different for children of color and Hispanic children because of differences in the history of social discrimination and cultural practices". Wangmann (1995) notes: "... good developmental outcomes for children may be defined differently within different cultural and socio-economic contexts. For example, competitive behaviour in children may be valued more than cooperative behaviour in some cultures, but not in others."

Additional relevant research findings for ***parents from non-English speaking backgrounds*** include:

- The likelihood that parents from some ethnic communities place more value on the socialisation role of children's services than on the educational role (Holloway & Fuller 1999)
- A preference for care with caregivers who share cultural child-rearing values (Holloway & Fuller 1999, Luxmoore 1998)
- A preference amongst some communities for non institutional warmth versus centre based care (Holloway & Fuller 1999)

The main implications of the above findings for our current purposes have already been presented in the general discussion about parental perceptions of quality. They are likely to affect the development of quality indicators but should have little effect on the development of parent outcome indicators or access indicators.

Additional relevant research findings for ***Aboriginal and Torres Strait Islander parents*** include:

- The importance of a sense of ownership of services - they should be Aboriginal managed and run (Kutena 1995).
- Cultural trust - service providers must be knowledgeable about Aboriginal culture and child rearing practices (Luxmoore 1998, Kutena 1995, Priest 1997)
- The great importance of meaningful consultation to Aboriginal communities - a preference for personal contact, inappropriateness of self-administered questionnaires ( Priest 1997)
- Perceptions of the irrelevance of distal<sup>7</sup> indicators (Cardona 1996)
- Cynicism about the outcomes of white research (Kutena 1995)
- The inappropriateness of family day care models for aboriginal communities (negative perceptions about being paid to care for the children of their own community) (Dadleh 1999)

Kutena (1995) states: "Programs and services must be community initiated, community designed, community driven, and community controlled."

The above research has all been Australian. However an observation about indigenous people in North America is also applicable to Aboriginal and Torres Strait Islander parents. Cryer (1999) cites Williams (1994) as explaining that the generally agreed child-centered approach to quality would not be very appropriate to Native American culture "where the development of the individual is not as important as the relationship of the individual to the group and where knowledge is not seen to be individually constructed but socially constructed."

Priest (1997) suggests that employment of Aboriginal staff is the most appropriate way to ensure Aboriginal cultural trust.

The main implications of these additional findings for our current purposes are: Effectiveness indicators for Aboriginal and Torres Strait Islander parents are likely to require the collection of special data items (e.g., whether Aboriginal and Torres Strait Islander staff employed, whether Aboriginal and Torres Strait Islander people involved in management); and different methods of data collection may be required.

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<sup>7</sup> Distal indicators are contrasted in the general performance indicator literature to proximal indicators (see Gain & Young 1998). Distal means remote or less immediate in terms of both temporal and conceptual distance.



Many of the findings already presented in the general findings apply to **parents or children with disabilities**. A number of the generalised instruments were used in studies that included parents of children with disabilities.

For parents with disabilities and parents of children with disabilities additional research findings include:

- Lower levels of satisfaction with services (Emlen 1998b & 1997b, Emlen et al 1999)
- Need for more specialised service components (Cryer 1999)
- Greater emphasis on continuity of care (Luxmoore 1998)
- Greater care required in use of language and design of data items including avoidance of abstract items and use of positively worded questions (Dyskin 1996)

Cryer (1999) cites Atwater et al (1994) as judging agreed definitions of quality as "inadequate ... in meeting the needs of children with disabilities, who often require more exacting teaching strategies than do typically developing children."

Apart from general questions of definition, the main implications for surveying parent views is a conflict between the need for positively worded questions and the general finding that positive language is likely to encourage acquiescence bias (Harris & Poertner, 1997).

Whilst many of the general findings apply to **parents of rural and remote children**, additional research findings include:

- An overall lack of service models appropriate for remote areas (Contact 1998, Luxmoore 1998)
- Use of different service types e.g., occasional live-in carers (Priest 1997)
- Flexibility of models required - including flexibility of regulations (Contact 1998, Priest 1997, Talangatta Community Education Centre Inc. 1994)
- An increased emphasis on distance as a barrier to use (Talangatta Community Education Centre Inc. 1994)

The implications of these findings are relevant to the development of access options and indicators and, perhaps, proxy quality indicators, but do not appear to affect the design of any possible outcome measures developed through this consultancy.

### **3.7 Different service type considerations**

As noted in Section 2, the types of service which are the subject of this Report are:

- centre based long day care
- family day care

- occasional care (centre based)
- outside school hours care
- preschool (centre based)
- other services (including remote services and those for other special target groups)

The bulk of the identified literature findings is about care and education for children of pre school age in either centre based or family day care. Within this broad category, studies focused mainly on long day care (both community and private), family day care and preschools. However, some studies were identified which dealt with the remaining service types: outside school hours care (e.g. Consumer Contact 1996, Victorian Government Department of Health & Community Services 1992a); occasional care (e.g., Harrison & Madden 1995) and special care models (e.g., Contact 1998, Priest 1997, Lobscoo & Newman 1992, McWilliam et al 1995)

Most of the most relevant research was concerned with:

- identifying different parental attitudes to different service models, including satisfaction and reasons for choice (e.g., Greenblat & Ochiltree 1993, Emlen et al 1999, Harrison & Maddern 1999, Hofferth et al 1996, Lever 1993)
- comparing usage (e.g., ABS 4402.0, New Zealand Department of Labour 1998)

Findings in relation to parental satisfaction with different types of care generally showed similarly high levels of satisfaction with both formal and informal care and with centre based and family day care, although there are mixed findings in relation to formal and informal care .

Greenblat & Ochiltree (1993) reported slightly higher satisfaction with informal care than with formal care and found that that satisfaction does not significantly vary between centre based and family day care. Emlen et al (1999) reported that quality does not vary with type of care but does so within care types. Harrison and Madden (1999) reported 90% satisfaction with family day care and 92% satisfaction with centre based care. Lever (1993) reported 43% satisfaction with informal care and 64% satisfaction with formal care.

Hofferth et al (1996) reported that other studies had shown that there is a large relationship between cost and mode choice but only a small relationship between quality and mode choice. Their own study showed that travel time was the only factor with a strong negative association with mode choice between formal, informal, centre based, family day care, day care and nursery care modes.

Lever (1993) summarises the "key variables influencing parents' choice of child care for under school age children" as: mother's employment situation, number and ages of siblings, availability of friends/relatives, nature & circumstances of child; family values, culture and preferences.

Implications of these findings for performance measurement in general relate mainly to the use of appropriate tools for measuring quality. Different observation scales have been developed for centre based and family day care (see discussion of common instruments in Section 4.2.2). With the exception of one short questionnaire on parent views, this study has not identified any tools designed to measure the performance of home based care models and other service variations identified as most suitable for rural and remote users.

Overall, for the purposes of surveying parents or children to collect views as part of comparative performance measuring, the main issue in relation to different service types is definitional. Consumer survey questions must allow for the accurate definition of the type of services about which views are sought.

### **3.8 Co-location of Services & Number of Children**

This issue is given a separate section in this Report because it was one of the indicator areas that the Working Group specifically requested the Consultant to consider. The other two indicator areas were satisfaction with hours and special target group needs. Both of these latter indicator areas are discussed in the Report as they arise in the literature. However, no reference in the literature to co-location has been uncovered.

In the absence of research findings the following view is offered:

*The proportion of service delivery/locations/sites with co-located services could be suitable as a proxy indicator of convenience of access for families that use more than one service.*

Advice is that co-locations could be feasibly collected for services whose users receive Commonwealth cash assistance, through data already included in the Commonwealth's Administrative Data Base. The feasibility of collecting compatible data from the state and territories for preschools and other services not supported by the Commonwealth would need to be addressed. If, however, the indicator is to be used only in relation to families that use more than one service, questions on co-location and number of services used would need to be included in one of the parent survey models described later.

#### 4. ILLUSTRATIVE METHODOLOGIES

It is important to stress that this study has uncovered no current or past examples of work which exactly fits our purposes. A number of studies have been found which investigate consumer views of children's services. Very few of these have been designed to measure service performance in a standardised way over time for reporting purposes. Two sources have been identified which address the measurement of consumer views about children's services in a national performance indicator framework, and in both of these the work is still in the preliminary planning stage.

It would appear that this Australian exercise is one of the pioneering bodies of work on using consumer views to develop children's services performance indicators.

In the U.S., the National Research Council is co-ordinating the development of possible national performance indicators for children's services. The first workshop in this process was held in September 1999 and the second is scheduled for the spring of 2000. The results are insufficiently developed for current reporting but a report is expected to be available later in 2000. Arrangements have been made for the co-ordinators to inform the Review Secretariat of the results as they are developed. (Thomas, October 1999, pers. comm.) A separate but related piece of work is being carried out by the national Administration for Children and Families' Child Care Bureau in conjunction with state government and non government child care administrators. A set of performance indicators to be operationalised in 2000 has been drafted. While the core national framework does not include consumer views, provision has been made for some states to collect some indicators based on parent views on their own initiative. (Divine, November 1999, pers. comm.)

New Zealand considers the parent/service relationship to be fundamental and there are expectations that parents' views will be integrated with service delivery but they have chosen not to use parental perceptions in the development of national performance indicators because of lack of depth (Brenda Bourke, October 1999, pers comm.). Some of the thinking behind this decision relates to the possible implications for quality practices and distortions of policy considerations reported in section 3.5.2.2 (Wylie 1999).

Satisfaction is not collected by the U.K. government in relation to universal children's services. There are as yet undeveloped plans to use consumer satisfaction for reporting on the national Objectives for Social Services for Children as part of the Quality Protects initiative (Gray, September 1999, pers. comm.) and for a national evaluation of the pilot Early Excellence Centres which include children's services (Pascal 1999). The Best Value joint exercise between

the Department of Employment, Training & Regions and the Audit Commission is currently consulting about proposed national performance indicators, including some involving the collection of consumer views, but none of the latter apply to children's services (DETR & Audit Commission, 1999). The Social Services Inspectorate has just developed a parent questionnaire to be used in conjunction with inspections of particular services for 'under eights' (Barnes, October 1999, pers. comm.)

In Canada, there are no national objectives for children's services (Friendly, 1999). "The performance indicators for child care across Canada are reflected in the provincial and territorial child care regulations. These differ across the jurisdictions but all address basic health and safety requirements, the maximum number of children per care provider (this varies with the children's ages), and the child-care specific training required by care providers." (Doherty, September 1999, pers. comm.) Canada has recently embarked on a major national consultation with parents through the National Children's Agenda.

## 4.1 Studies Used for Performance Reporting

### 4.1.1 Client Satisfaction within an Overall Performance Indicator Framework

One of the few identified studies which dealt with the use of consumer views in children's services within an overall performance indicator framework was Pascal et al (1999). ***The purpose of this study was to develop a national evaluation framework for the Early Excellence Centres Pilot Programme in the U.K.*** The study therefore does not illustrate a working methodology, but designs a proposed future methodology.

The purpose of the Early Excellence Centres pilot is to "develop and promote models of high quality, integrated, early years services for young children and families". Services participating include early childhood care and education services, parenting and family support services.

The collection of parent attitude data is recommended as part of an extremely wide range of evaluation data relevant to 72 proposed sub-indicator groups relating to 22 common indicators. Client satisfaction is located with a number of other items in the Use of Services sub-indicator group which is a subsection of the Family category of stakeholders which is a subsection of the Outcome Impact set of common indicators.

The report contains no developed recommendations about collecting client satisfaction data but sees their collection as part of a range of interviews with parents which would be routinely carried out by all services as part of their ongoing process of validated self-evaluation.

Collection of data directly from children is confined to recommendations about testing for outcomes such as cognitive development, enhanced disposition to learn, social skills, reduction of risk factors and health status. Such data would also be collected at individual service level as part of the ongoing self-evaluation process.

In summary, the methodology proposed in this study, described by the authors as "a layered model of evaluation which promotes a model of 'validated self evaluation' within each EEC, and 'meta-evaluation' at a national programme level", is innovative and the proposed indicators are extremely comprehensive.

The dependence on some form of consistent and ongoing self-evaluation at the service level, however, limits the usefulness of the methodology in Australia, especially for the full range of service types. The only consistent self-evaluation nationally is that carried out through the Quality Improvement and Accreditation System which applies only to long day care centres.

Possible application of aspects of the Pascal et al methodology is taken up again in Section 5.3 in relation to a possible Australian model.

**Another U.K. initiative, the Best Value project, is currently consulting with local authorities about a large range of indicators to be collected for national performance reporting purposes** (see DETR & Audit Commission 1999). Out of 150 best value indicators, the two which relate to children's services are:

BV30 - "Percent of 3 year olds who have access to a good quality free early years education place in the voluntary, private or maintained sectors."

BV36 - Net expenditure per pupil in LEA schools (a) Nursery and primary pupils under 5."

The Best Value consultation ended on November 4, 1999, and results are intended to be available at the end of 1999. The consultation included a substantial section on the best ways for local authorities to collect consumer views. It discussed similar pros and cons for survey methods to those addressed later in this Report. It did not address the technical issues relating to the validity of consumer satisfaction measures addressed earlier in this Report. No consumer views based indicators for children's services were proposed. As already noted (Section 3.4) measures ranged from very global subjective indicators (i.e., for Corporate Health: "The percentage of citizens satisfied with the overall service provided by their authority, and with its handling of complaints.") to more specific indicators based on observable events (i.e., for Culture: The percentage of library users who found the book(s) they wanted and/or the information they needed.")

**The current U.S. Child Care Bureau initiative has drafted a national framework for child care performance indicators to begin collection in 2000.** (Divine, November 1999, pers. comm.)The framework is divided into two Administration for Children and Families goals and three sub goals:

- Goal 1 - Increase economic independence and productivity for families:
  - Increase and then maintain accessibility of child care for served [by CCDF]<sup>8</sup> families
  - Increase and then maintain affordability of child care for served [by CCDF] families
- Goal 2 - Improve the healthy development, safety and wellbeing of children and youth
  - Increase the quality of child care to promote healthy development and wellbeing of children

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<sup>8</sup> Child Care & Development Fund, the national subsidised child care program.

The performance indicators under Goal 2 relate to all children, not just those participating in CCDF subsidized services. Proposed indicators include the number of reported injuries and the number of nationally accredited facilities. There is a section for states to "self select" a number of indicators. These state selected indicators include the number of state accredited or quality controlled facilities, the number of providers completing training or professional development, and three parent views indicators:

- Parent perceptions of safety of care
- Parent perceptions of the individual attention their child receives in care
- Parents' desire to change care if possible

The proposed framework notes that parent satisfaction is usually high. Safety and individual attention have been chosen because of reported greater variation in views on these particular aspects of care.

#### **4.1.2 Client Satisfaction Indicators Used for Performance Reporting**

Three sources of work which involve the use of parent views for reporting purposes were identified:

- Australian Capital Territory (A.C.T.) annual Pre-school Satisfaction Survey
- Oregon Quality of Care Indicators
- Arizona Child Care Program Client Satisfaction Survey

***The A.C.T. survey*** is used to report on parent satisfaction with preschool education in the Annual Report of the Department of Education and Community Services. (Its overall purposes are described as evaluation and service improvement.)

The indicator used is "Parent satisfaction with their children's preschool education" and it is included in the Annual Report as a quality/effectiveness measure. Satisfaction is shown as the combined percentage of the 7-10 ratings on a scale of 1 (poor) to 10 (excellent) in answer to the question "Please indicate your general level of satisfaction with your child's preschool experience."



Other preschool indicators shown in the Annual Report measure: quantity (number of children, preschools and hours per week per child); timeliness (parents of home area children are notified of a vacancy in the term prior to enrolment); and unit cost (average cost per preschool child).

**The Oregon Population Survey 1996** (bi-ennial) uses three questions from the Quality from a Parent's Point of View: Questionnaire on Child Care (Emlen 1997c). The purpose of the survey is to measure "progress towards priority goals in quality of life." The results are publicly reported and used for planning purposes by a number of government agencies.

The selected items are "My child feels safe and secure in care; my caregiver is open to new information and learning; my child gets a lot of individual attention." Emlen (19 short 96) reports disquiet with the choosing of only three items from a total of 55 quality of care items, and is currently working on a short version of the questionnaire.

One of the purposes of current work on the Quality from a Parent's Point of View questionnaire is to develop quality benchmarks for inclusion in the Oregon Progress Board's regular benchmark reporting (Emlen 1998a). Other benchmarks used by the Oregon Progress Board include an affordability benchmark: 10% of household income is spent on paid child care (Emlen & Koren 1993).

**The Arizona survey** does not, strictly speaking, use indicators for performance reporting. Results of the survey are set out in a specific report which is prepared annually and is publicly available (see Arizona Department of Economic Security 1999). The survey was first carried out in 1988 and there have been consecutive annual surveys since 1995. The survey is targeted to parents who use the Department of Economic Security's child care subsidy program which provides fee relief for eligible parents to choose their own child care service.

Specific indicators are not reported on, but results are set out for specific questions which include:

- It takes (time range) to get from home to my child care provider and to work/school/training agency;
- I am satisfied with the services that I receive at my local DES Child Care Office (strongly agree to strongly disagree, including no opinion);
- Overall, the DES Child Care Program is excellent, good, fair, poor.

Results are also reported for other questions which ask about:

- the type of provider (centre, home relative);
- the main reason for using the provider (cost, location, quality, other);
- whether the DES subsidy pays for a provider "that meets my child's needs" (strongly agree to strongly disagree plus no opinion)

- the consequences of not receiving DES Child Care (quit/reduce work, request public assistance, rely on family or friends, pay total cost, quit training/school, leave my child home alone).

The survey itself is a postal one sent to a random stratified sample of program clients. Response rates have varied. The 1988 response rate was 30% and the 1998 response rate was 21% (Cook-Dixon 1989). Response rates in other years have been higher. All surveys except the 1998 survey have employed a two to three week postal follow up methodology.

## **4.2 Studies Measuring Consumer Views about Children's Services**

Studies referred to in this Section include those which target individual services and groups of services mainly for evaluation and general exploratory research purposes. Studies sometimes use a combination of quantitative and qualitative methods (e.g., Victorian Government Department of Health & Community Services 1992b which employed a quantitative parent survey combined with in-depth focus groups).

Qualitative methods such as the focus groups used in the South Australian study by McGregor et al (1998) can provide valuable information to assist with program and service development but are not suitable for the type of statistical generalisability required to compare performance across jurisdictions. The reason for this is that they have not been chosen, nor are their members usually numerous enough, to 'represent' portions or 'samples' of particular universes from which extrapolation can legitimately be made. Without a representative sample we can say that certain views are likely to be commonly held, but can make no estimate about how widespread individual views are likely to be, i.e., their incidence in the relevant population as a whole.

### **4.2.1 Sampling and Distribution Methods**

The quantitative data collection methods include the full range of survey methodologies: Self administered surveys; Telephone surveys; Face to face surveys; and various combinations of these. Tuompo-Johansson 1998 used a combination of personal and self-administered interviews; Wishart et al 1992, Thompson 1997, Hill & Lyhne 1996 combined phone and mail; Wylie 1996 combined telephone and face-to-face, and the New Zealand Department Of Labour (1998) used face-to-face interviews to supplement their main telephone interviews; Consumer Contact (1996) used telephone interviews for parents and personal interviews for children; the Canadian National Longitudinal Survey of Children & Youth 1997 combined all three approaches.

#### **4.2.1.1 Self Administered Surveys**

The bulk of the identified studies which surveyed parents, employed self-administered questionnaires.<sup>9</sup>

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<sup>9</sup> See ACT Department of Education & Community Services 1999, Arizona Dept. of Economic Security 1999, Australian Federation of Child Care Associations 1999a & b, Britner & Phillips 1995, Camasso & Roche 1991, City of Kingston 1999, Choice 1994, Emlen 1998b, Farquhar 1991, Frecknall & Luks 1992, Greenblat & Ochiltree 1993, Johnson et al 1995, Lever 1993, McWilliam et al 1995, Kutena 1995, NACBCS 1997, Herman 1997, Peisner-Feinberg 1998?,

Self-administered questionnaires often result in what is sometimes called a 'self selected' sample, i.e., questionnaires are distributed to all or a proportion of parents using a service or services and the results are based on whoever returns a completed questionnaire. Distribution methods for these surveys are mainly via direct provider hand-out, but sometimes through mailing to a list of service users made available by the service provider. Surveys are either mailed back in self-addressed envelopes or filled in and returned on the spot.

Response rates reported in the identified literature have ranged from 12% (of parents exiting care) to 80% (of users of a particular remote family service). Response rates obviously vary with consumer motivation. A 10% response rate would be the minimum generally expected from any self-administered survey and 50% would be considered very creditable. However, even with high response rates, self-administered methods are flawed for representative purposes because those who do not respond may hold very different views from those who do. Where motivation to respond is the determining factor in sample composition, results cannot be validly taken to be representative.

Elaborate attempts have been made in some studies to reduce self-selection through intensive follow up, either by telephone or through the mail. Some studies have also attempted to demonstrate that responses from non-respondents are similar to those collected from self-selected responses on the basis that such an outcome would validate the results in general. For such an approach to be valid, however, the scope and intensity of the follow-up or alternative method exercise would probably prove to be more expensive than if a representative telephone survey had been designed in the first place.

One of the most innovative uses of combined mail and telephone approaches is Wishart et al's (1992) random allocation of potential respondents into telephone and mail samples. The authors claim that telephone interviewing is no more effective than postal self administered interviews but do not expand on whether they are referring to response rates or quality of responses. However it should be noted that the postal interviews, even with prior agreement to participate, required telephone follow up in 10% of cases and that the sample was very tiny. Additionally, the ability to specifically identify all members of the overall universe (in this case, disability association members) is a pre-requisite for this split method approach which is therefore unsuitable for the purposes under consideration in this Report.

Non sampling drawbacks with self-administered instruments are that :

- Unless preliminary research has been thorough, a limited range of pre-coded options can bias the results

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Queensland Department of Family Services & Aboriginal & Islander Affairs 1999, Remote Family Care Service 1999, Stonehouse 1998.

- Some useful questionnaire design techniques suitable for other types of instruments (e.g., unprompted questions flowing from the broader to the more particular) do not work
- Open-ended responses must remain unprobed and are therefore sometimes not sufficiently precise or relevant to be used.

In summary, self-administered questionnaires which rely on the motivation of the respondent for their final response rates often suffer from low response rates and there are some question types and techniques which they preclude. Their main technical problem for the purposes of this Report, however, is sample bias. Unless sample bias can be overcome, this type of methodology, whilst it can be useful for service improvement purposes, is inferior for the systematic comparison of performance which requires representative responses.

In the absence of centralised user data bases, a further problem with the use of self-administered questionnaires for comparative reporting purposes at abstract aggregation levels such as states or territories, is that distribution must be done by individual service providers or lists must be made available by service providers if questionnaires are to be centrally posted. Both of these methods require either extremely high motivation on the part of the service providers or some form of ensuring compliance, e.g., as a condition of funding.

#### **4.2.1.2 Face to Face Interviews**

Structured personal face-to-face interviews were used in some identified studies (e.g., Wylie 1996, National Longitudinal Survey of Children & Youth 1997, Consumer Contact 1996, Brown 1995, Contact 1980, McWilliam et al 1993, Scarr et al 1993).

Where face-to-face interview samples are based on representative sampling techniques, this type of survey is ideal for eliciting attitude information. Rapport between the interviewer and respondent can be established more successfully than over the telephone with less chance that responses are misinterpreted. The other technical advantage of structured face-to-face interviews over telephone interviews is that geographical probability samples can be drawn which do not depend on the household having listed telephone numbers.

The main drawbacks of face-to-face interviews are cost and time. Some researchers have traded off a wider geographical coverage in order to be able to use the more in-depth face-to-face interview method without exceeding budget (e.g., Wylie 1996). This option is not one that is available to any surveys that might be used to provide comparative reporting information which is valid across all Australian jurisdictions.

#### **4.2.1.3 Telephone Interviews**

It was not always possible to discover how some of the telephone samples in the identified literature were selected but the most commonly specified method was computer generated sampling techniques (e.g., Victorian Government Department of Health & Community Services 1992b, Queensland Office of Child Care 1999, VandenHeuval 1993, Herman 1997). Representative samples of telephone names and numbers can be computer generated and allow for stratification on area code or by linking to Collectors' Districts. Most of these studies also made use of computer assisted interviewing.

Other identified children's services studies which used telephone interviewing, either alone or in combination include: Harrison & Maddern 1999, Queensland Office of child Care 1999, Brown 1995, Contact 1998, Thompson 1997, Kontos & Fiene, National Child Care Survey 1990, Tuompo-Johansson et al 1993, Wylie 1996 and Galinsky 1998a & b. Studies using telephone interviews were also identified in the literature on related areas (e.g., Sawyer et al 1996, Jorm & Astbury 1996 - child health; Livingstone 1998 - parenting program).

The primary advantage of telephone interviewing is that the same relatively unbiased high response rates achieved by door knocking can be obtained with considerably less contact time and effort, and therefore with less cost and greater speed. Although quite time consuming interviews have been carried out over the telephone (e.g., Galinsky 1998b, N.Z. Department of Labour 1998, ABS Child Care Australia 1996, Herman 1997, Sands et al 1991), phone interviews are generally considered to be more appropriate for shorter, less complex and less in-depth questionnaires than face-to-face interviews. Their structural design advantages over self-administered questionnaires have already been noted above.

The other drawback with telephone interviews is that they are only representative of households with telephones. This is not expected to be a major problem for contacting users of universal services given the high incidence of telephones in Australian households.

On balance, telephone interviewing from a strictly selected representative sample, with rigorous call-back requirements, is best placed to provide the base for comparative reporting data. It is less expensive than face-to-face interviewing, and though possibly more costly than postal surveys, it allows for a representative sample impossible to collect nationally through self-administered interviews. Questionnaires designed for use in telephone surveys can also take advantage of techniques designed to reduce bias, improve flexibility and elicit

more in depth information than self-administered questionnaires, although they are less capable of in depth probing than face-to-face questionnaires.

## **4.2.2 Data Collection Instruments**

### **4.2.2.1 Standardised Instruments**

Many identified studies reported the use of standardised scales and other standardised measures for measuring service quality. The most commonly reported instruments were Early Childhood Environment Rating Scale (ECERS) and Infant/Toddler Environment Rating Scale (ITERS). There is also a Family Day Care Environment Rating Scale (FDCERS).

Other standardised instruments mentioned (see, for instance, Kontos & Fiene, Howes et al 1995, Helburn et al 1995, Phillips et al 1992, Peisner-Feinberg & Burchinal 1997) ) included Arnett Caregiver Sensitivity, Caregiver Interaction Scale and Preschool Behaviour Questionnaire.

Although developed in the U.S., these instruments are used internationally (see Tietze & Cryer 1999). However, Pascal et al (1999) warn against their transferability and identify other U.K. instruments such as the Child Tracking Schedule, the Leuven Involvement Scale for Young Children and the Adult Engagement Scale.

Although some of these standardised instruments include staff/parent interaction measures (e.g., ECERS, see Barclay & Benelli 1995), the only standardised parent views instrument identified was Emlen's Quality from a Parent's Point of View: Questionnaire on Child Care (Emlen 1997a). These child care quality parent measures are currently being used in 15 other studies in the U.S. including Alaska.

After eight identification and selection questions, the first section of the Emlen scales is based on a set of event statements to be rated according to how often they occur. The rating consists of the following responses: Never, rarely, sometimes, often, always. The statements for rating are grouped into the following 5 sections:

- Caregiver's warmth and interest in your child
- Caregiver's skill
- Your relationship with the caregiver

- How your child feels
- Risks to health, safety and wellbeing

This section is followed by 3 questions aimed at eliciting global perceptions. The overall rating for quality of care is A - F, Excellent to Awful.

Later pre-coded sections relate to:

- Continuity of care
- Child's special needs
- Family and caregiver flexibility
- Reasons for choice
- Convenience of location
- Affordability

The final section consists of three open-ended questions about :

- Worries or concerns about the care
- Praise or criticism of the current arrangements
- What to do if uneasy

The scales have been tested for internal consistency and reliability and are being further validated in a number of studies including one at Harvard ( Emlen et al 1999). A short form of the rating scales is currently being developed and tested for reliability and validity (Emlen 1998a).

In critiquing the questionnaire for the purposes of this Report, the most immediate problem overall is the validity of asking parents questions about how often non observable events occur. This consideration relates mainly to some items in the sections on How your child feels and Risks to health, safety and wellbeing, e.g., My child feels accepted by the caregiver; my child feels isolated and alone in care; the caregiver gets impatient with my child; the children watch too much TV. However statements in other sections cannot always be verified by parental observation, e.g., My child gets a lot of individual attention, the caregiver provides activities that are just right for my child. Whilst suitable for raising parent awareness about individual aspects of quality (which is one of the multiple aims of the Emlen work) such questions are less suitable for the purposes of comparative service performance reporting.

#### **4.2.2 Customised Instruments**

A great many customised instruments for collecting parent views were identified.

The following studies developed their own questionnaires to collect parent satisfaction and attitude information: ACT Department of Education & Community Services (1999); Arizona Department of Economic Security (1999); Australian Bureau of Statistics (1996b, 1999); Australian Federation of Child



Care Associations (1999a & b); Britner & Phillips (1995); Brown (1995); Camasso & Roche (1991); City of Kingston (1999); Choice (1994); Contact (1980); Consumer Contact (1986); Cryer (1994); Farquhar (1991); Galinsky (1990); Galinsky et al (1998b); Greenblat & Ochiltrie (1993); Harrison & Maddern (1999); National Childcare Accreditation Council (1994); New Zealand Department of Labour (1998); Pascal et al (1999); Queensland Department of Family Services & Aboriginal & Islander Affairs (1999); Queensland Office of Child Care (1999); RICE 1999; Remote Family Care Service (1999); Scarr et al (1993); Stonehouse (1998); Tuompo-Johansson et al (1998); VandenHeuval (1993); Victorian Government Department of Health & Community Services (1992b); Whitehead et al (1990); Wylie et al (1996).

Some studies were based on data collected through large scale instruments such as the National Child Care Survey 1990 and the National Longitudinal Survey of Youth (see for instance the Hofferth studies).

#### **4.2.2.3 Some Selected Examples**

Whether in standardised or customised instruments, the types of questions used can be broadly categorised into:

- those asking directly about satisfaction and using the word 'satisfaction'
- those asking for evaluative responses of service performance but not directly using the word "satisfaction.
- those not asking for direct judgements about services used but focusing on background attitudes (such as what care characteristics are important in choosing a type of care)
- those not asking for direct judgements about services used but focusing on whether certain factors have had certain results (such as whether limited service hours have meant time off work).

This Section looks at examples in the above four categories. The questionnaires chosen for closer examination are:

- Quality of Care from A Parent's Point of View: Questionnaire on Child Care (Emlen et al 1997c)
- Florida Parent Survey (Galinsky et al 1998b)
- Out of School Hours Care Family Preferences - Child & Parent Questionnaires (Consumer Contact 1996)
- Queensland Parent Survey (Queensland Office of Child Care 1999)
- A.C.T. Preschool Parent Satisfaction Survey ( ACT Dept of Education & Community Services 1999)
- Long Day Care and Family Day Care Parent Questionnaires (City of Kingston 1999)

- City of Banyule Child Care Services 1998 Questionnaire (Harrison & Maddern 1999)
- New Zealand Childcare Survey 1998 (NZ Dept. Of Labour 1998)
- Australian Bureau of Statistics Child's Questionnaire 1999 (ABS 1999)
- QIAS (Quality Improvement and Accreditation System) Parent Questionnaire (National Childcare Accreditation Council 1994)

Copies of these questionnaires are contained in a separate Attachment to this Report: Sample Questionnaires.

The **questionnaires dealing specifically with satisfaction** mainly used a four to seven point Likert scale ranging from 'very satisfied' to 'very dissatisfied' (e.g. Banyule 1998, Galinsky et al 1998b, Q. A34 & B9; Consumer Contact Qs.9 & 10). Interim scale expressions varied. Sometimes 'satisfied' and 'not satisfied' were used, sometimes 'somewhat satisfied' or 'somewhat dissatisfied'. Where a midpoint was used this was sometimes expressed as 'no opinion' (Galinsky) or 'not sure/neither/don't know' (Consumer Contact) etc. This type of response was attached to a wide range of global and specific satisfaction items.

**Example Set 1: Global & Specific Satisfaction**

**Source: Banyule Child Care Services 1998 (Harrison & Maddern 1999)**

*Q. 56-58 Now I'd like to ask some questions relating to the service you have received for ALL of your children. Thinking about the child care centre service OVERALL. I'd like you to rate your level of satisfaction. Are you satisfied or dissatisfied with the child care centre service OVERALL? Is that totally, very or somewhat? (Precoded responses: Totally , very, somewhat satisfied; Somewhat, very, totally dissatisfied, plus Don't Know)*

*Qs. 60-86 (order randomised) request the same information for the following factors:*

- *Level of knowledge of the staff*
- *Convenience of the location of the centre*
- *How affordable the service is*
- *The hours of opening*
- *How responsive the services are to people's cultural needs*
- *The cleanliness of the centre*
- *The value for money you receive for the fees you pay*
- *The standard of resources or equipment*
- *The standard of buildings and grounds*
- *The frequency of information you receive*
- *The courtesy of the staff*
- *How responsive the staff were to your needs*
- *The personal support you received*
- *The standard of educational programs provided*

**Example Set 1 (contd.)**

- *The standard of food provided*
- *The safety of children while in care*
- *The standard of staff interaction with your child*
- *The quality of information you receive*
- *The availability of Council operated child care in Banyule*

Where lack of satisfaction is expressed for some of the above items, an open-ended fully probed question asks for reasons.

**Questionnaires seeking alternative ways of collecting performance**

**evaluations** (on either global or specific dimensions) used either yes/no responses (National Childcare Accreditation Council 1994) or a range of scales including:

- specific evaluative statement is 'always true' to 'never true' (City of Kingston 1999)
- specific event statement 'always happens' to 'never happens' (Emlen 1997c)
- specific evaluative or service characteristic statement is rated from poor to excellent on a scale of 1-10 (A.C.T 1999)

**Example Set 2: Alternative performance evaluation questions****Example 2A: Source City of Kingston 1999**

Qs. 1-13 ask for 'always true, mostly true, rarely true, never true' responses plus room for comment on each of 13 statements including:

- *I find the childcare staff are courteous and polite and respect my beliefs and wishes*
- *I feel confident with the staff who care for my child/ren. They have the necessary skills and training to meet my child/ren's needs*
- *Staff at the centre inform me of my child/ren's activities and routine on a daily basis*
- *I find the hours the centre is open between 7 a.m. and 6 p.m. Monday to Friday suit my childcare needs*
- *Overall, I am satisfied with the quality of care provided to my child/ren*

**Example 2B: Source Emlen 1997c**

Qs. 15-20 focus on 'Your relationship with the caregiver' and ask for 'never, rarely, sometimes, often, always' responses to:

- *My caregiver and I share information*
- *We've talked about how to deal with problems that might arise*
- *My caregiver is supportive of me as a parent*

**Example Set 2 (contd.)**

- *My caregiver accepts the way I want to raise my child*
- *I'm free to drop in whenever I wish*
- *I feel welcomed by the caregiver*

**Example 2C: Source Emlen 1997c**

Q.39 *All things considered, how would you grade the quality of the care your child is in? A+ = Perfect, A = Excellent, B = Good, C = Fair, D = Poor, E = Bad, F = Awful*

This question is immediately preceded by:

Q.37 *All things considered, the care I have is just what my child needs:  
No Mixed Feelings/Yes*

Q.38 *If I had it to do over, I would choose this care again:  
No Mixed Feelings/Yes*

**Example 2D: Source A.C.T. Preschool Survey 1999**

Qs.1-8 *We are interested in finding out what you think about the current preschool program and operation. Please circle your rating for each question from 1 - 10. 1 is poor, 10 excellent . Examples of questions are:*

Q.6 *Does the preschool provide a safe, hygienic environment?*

Q.7 *Do the preschool session times suit your family needs?*

Q.8 *Please indicate your general level of satisfaction with your child's preschool experience?*

**Example 2E: Source National Childcare Accreditation Council 1994**

Q.4 *If your child has special needs (such as non-English speaking background, an Aboriginal or Torres Strait Islander background, a disability or is talented or gifted), do you feel that the staff take these special needs into account and plan suitable activities for your child?  
N/A, Yes, No, Don't Know*

**Questionnaires seeking background influence indicators** often asked how important certain factors are in choosing care (e.g., Queensland Office of Child Care 1999 Q.10, Galinsky et al 1998b Q.C1, ABS 1999 Qs. 31,34)

**Example Set 3: Influences on Choice.**

**Example 3A: Source Queensland Office of Child Care 1999**

Q.10 On the following scale please rate how important the following issues are to you when you choose who will provide care for your children  
(Precoded responses: 'Not at all important, not very important, neither, somewhat important, very important')

Cost	Aspects of the carer
Location of service/carer	Activities or programs available
Time service/carer available	Promotion of Child's learning and development
Surroundings of service/carer	Services offered to assist parents
Organisation/structure of care	

Q.11 requested ranking of the above items into the 'most important, second most and third most important'.

Qs. 12-20 are precoded multiple response questions listing various aspects of each of the following items and asking 'what things are very important to you':

- Cost of child care
- Location of child care
- Times the service or carer is available
- Surroundings
- How child care is organised or structured
- Characteristics of person taking care of child
- Characteristics of the activities or programs
- How child's learning and development are catered for in child care
- Services designed to assist parents

**Example 3B: ABS 1999**

Q.29 What are ALL the reasons you chose that long day care centre?  
Cost, availability, hours of operation, quality/reputation, close to home, close to own/spouse's/partner's work, on the way to own/spouse's/partner's work, close to child's/brother's/sister's school, other (specify)

Q.31 Which of these reasons was the MAIN reason you chose that long day care centre?

Examples of **questions looking for more objective indicators of the impact of child care services** (see also the earlier discussion in Section 3.4) are scarcer. They involve the identification of causal relationships between aspects of service provision and particular events or conditions in the consumer's experience. Questions can be phrased to ask for the description of an event or condition first, then ask for the reason this occurred (e.g. Galinsky et al 1998b, NZ Child Care Survey 1998, ABS 1999).

**Example Set 4: Reported Causal Reasons**

**Example 4A: Source Galinsky et al (1998b).**

- Q.D13a *Excluding regularly scheduled vacation days and holidays, how many work days have you missed during the last three months?*
- Q.D13b *(If any). How many of these days did you miss because of your child care needs? (For example, your provider was sick or on vacation, or a child was sick and you had to stay home)*
- Q.D14a *How many days have you been late to work or left early during the last three months?*
- Q.D14b *(If any). Of the days or parts of days you were absent or came in late or left early during the last three months, how many were because of your child care responsibilities?*
- Q.D15 *(If uses child care) Approximately how many days in the last three months did you have to make special arrangements for child's care because provider was sick or unavailable or program was closed? (Probe: Such as finding another provider or staying home yourself) Don't count the days when you would have had a holiday anyway.*

**Example 4B: Source NZ Childcare Survey 1998**

- Q.46 *How many hours was ... at (that/those) childcare centres on (day)?*
- Q.50 *Would you like ... to go to (that/those) childcare centres for more hours than he/she usually goes now? Yes/No*
- Q.51 *If yes. Why isn't ... going for those hours now? Precoded responses: Cost, Waiting List, Transport Difficulties, Lack of suitable hours or flexible hours, Lack of culturally appropriate services; Lack of quality programme/service, Other specify*
- Q.52 *Would you like ... to go to (that/those) childcare centre(s) at a different time than (he/she) usually goes not? Yes/No*
- Q.53 *If yes. Why isn't ... going at that time now? (Precoded responses are the same as for Q.51).*

**Example 4C: Source ABS 1999**

Q.36 *Have you claimed, or do you intend to claim, the Childcare Cash Rebate through Medicare for the cost of this care? Yes/No*

Q.37 *If no. What is the main reason you haven't claimed the childcare cash rebate for the cost of this care? Precoded responses: Not aware of rebate, Care not work-related, Total fees less than rebate, Income too high, Receives other government/child care assistance, Carer not registered, Respondent not registered, Already over maximum weekly rebate allowable, Not worth the trouble, Other.*

**Example 4D: Consumer Contact 1996**

Q.13j *Have you experienced any difficulty in accessing vacation care services? Yes/No/Not sure*

Q.13k *If yes. Why was that? Precoded Responses: Waiting lists, none in area, too expensive/can't afford, times not suitable, programs not suitable, other specify*

The above examples were all directed at parents as consumers. The main example of a **questionnaire asking children's views** is Consumer Contact 1996. This questionnaire used graphics to elicit evaluative responses to out of school hours care from primary school aged children up to and including 12 years. The remaining questions were mainly factual except for some questions about likes and dislikes.

**Example Set 5: Children's Views Source Consumer Contact 1996**

Q.8 *(Whether or not child is in formal or informal care). How do you feel about where you go after school ... before school? (Show smiling faces card)*



Q.12 *What do you like most about going to care before or after school? (Do not prompt) Precoded responses: friends/other children, activities*

Q.13b *Do you like the food and drinks at before/after school care? Yes/No don't like food/No, don't like drinks*

There are obviously many question techniques available for use in measuring consumer views. *In summary*, and as concluded from the theoretical literature in Section 3.5.3, the techniques most suitable for use in comparative performance measurement are those which try to ground the questions in the direct experience and observation of the consumer. To reword an additional earlier theoretical conclusion, those approaches which avoid 'satisfaction with' questions in favour of what Emlen (1998a) calls 'events based' ratings are likely to achieve the least subjective and therefore most comparable responses.



The opinions about the models considered in this report are those of the consultant, Lyn Gain, and are not necessarily those of the Steering Committee or the Children's Services Working Group (and their respective agencies). These models, along with other options, will be considered as a way of collecting client views.

## **5. POSSIBLE MODELS**

One of the specific consultancy requirements is to describe and cost some possible models for collecting consumer views suitable for use in the national annual reporting of state/territory comparative performance in children's services. The requirement is not to design any specific questionnaires but to identify broad survey design factors (such as sample sizes, data collection methods and question development approaches) which are most suitable for our purposes and which will impact on the comparability, cost and frequency of any regular data collection.

Previous sections (4.2.2.3 and 4.2.1) have already identified the broad types of questions which may be incorporated in a parent survey and the most suitable methods for collecting performance measures through parent surveys. Reasons for the broad general desirability of experience-grounded questions and telephone survey methods have been set out.

Section 3.5 argued that the most legitimate use of parent views is for outcome and access indicators, so long as the indicators are expressed in terms of meeting parents' specific needs rather than global parent needs or children's needs and so long as the program goals include support for parents. That section also noted that great care is needed in the design of questions to be used for comparative performance reporting across jurisdictions. Global ratings are not appropriate. Questions relating to specific experiences must be designed in ways that minimise the subjectivism of responses.

In Section 2, it was noted that this Report focuses on indicator categories for which data could be appropriately collected in the form of consumer views. The indicator categories in the overall national framework which are the main focus of the following models are Outcome and Access indicators for the general community and for the special target groups.

All but one of the following models focuses on the collection of consumer views. The exception is a model which proposes an alternative indicator for access for Aboriginal and Torres Strait Islander families.

The consumer views referred to in the models in this section are those of parents. The collection of the views of school age children for some services is technically feasible but models for this have not been developed here. The identified literature in this area is scanty, and considerably more development work and discussion would be required (on, for instance, the goals of particular service types and whether children's enjoyment of their experience is an outcome or a quality measure) before models could be developed. Therefore the models themselves do not address the framework area of quality indicators for children's needs. This area is returned to in the conclusions and recommendations.

## 5.1 Model 1: New Annual National Telephone Survey

### 5.1.1 Model 1A: Full Survey - Description

This model would consist of the design and implementation of an annual *telephone survey* to measure parent views about a range of particular identified aspects of children's service performance. The costings for this model assume that the design, implementation and analysis of the survey would be put out to public tender.

The *questionnaire* would need to be custom designed. No suitable standardised data collection instruments were identified, although a number of items in the Emlen (1998c) questionnaire developed in Portland, Oregon could serve as a base.

The data items to be included would cover views about access aspects such as:

- Convenience of location
- Suitability of hours
- Out of pocket costs

A number of examples of questions measuring these aspects have been set out in Sections 3.4 and 4.2.2.3.

If parent outcomes in terms of service performance were to be included, questions could ask about levels of parental comfort with service characteristics such as safety, hygiene, parent/carer interactions, adequacy of information received and observed child/carer interactions. If a global indicator of performance in terms of meeting parent needs were to be included, this should be framed in terms of the existing program goals for parents, i.e., whether parents feel supported. Any global indicator of performance in meeting parent needs, however, should not be reported as a stand alone indicator. Reporting should include the various access and outcome indicators noted above.

Considerations about the design of questions measuring these aspects have been set out in Section 4.2.2.3.

Other questions required will be relatively straightforward ones addressing demographics and factual usage of service types. Identification of views relating to children with special needs in any family would need to be included to facilitate analysis in this area.

For comparison purposes, the *sample* for contacting must be strictly representative of the population of each Australian state and territory. Within the

overall sample, target families would be those with children aged 0-11 years<sup>10</sup> who use any form of formal child care. The target respondent would be the person who knows most about the child care used. Separate views would be collected about each service used by each child.

The *coverage and size of the sample* must be sufficient to capture the users of the smallest groups of service types (e.g., users of occasional care services overall and users of most other types of care in the less populous states and territories<sup>11</sup>) within each state and territory at statistically useful levels.<sup>12</sup>

The following sample size has been based on A.B.S. statistics from Child Care Australia 1996. Costings have been derived from two sources: the actual costs of a national N.Z. 1998 child care survey carried out by Statistics New Zealand, and the actual costs of an Australian state-wide child care survey recently contracted out to a private sector company. Extrapolation from all these sources is of necessity imprecise and both sample sizes and costs should be considered as broadly indicative only.

<b>Model 1A: New Annual National Telephone Survey - Full Survey</b>											
<b>Summary Description and Costing</b>											
Sampling Method:	Random computer generated telephone listings within each state/territory stratified by area code and prefix.										
Sample Sizes:	<table> <tr> <td>Total Households to be Contacted</td> <td>= 26,395</td> </tr> <tr> <td>Total Expected Households with children 0-11 yrs</td> <td>= 9,554</td> </tr> <tr> <td colspan="2">(NSW= 2,196; Vic=1,989; Qld=1,214; SA=1,051; WA= 988; Tas=1174; NT=930; ACT=411)</td> </tr> <tr> <td>Total expected children using formal services</td> <td>= 3,398</td> </tr> <tr> <td colspan="2">(NSW=789; Vic=571; Qld=445; SA=415 WA=283; Tas=316; NT=311; ACT=211)<sup>13</sup></td> </tr> </table>	Total Households to be Contacted	= 26,395	Total Expected Households with children 0-11 yrs	= 9,554	(NSW= 2,196; Vic=1,989; Qld=1,214; SA=1,051; WA= 988; Tas=1174; NT=930; ACT=411)		Total expected children using formal services	= 3,398	(NSW=789; Vic=571; Qld=445; SA=415 WA=283; Tas=316; NT=311; ACT=211) <sup>13</sup>	
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(NSW= 2,196; Vic=1,989; Qld=1,214; SA=1,051; WA= 988; Tas=1174; NT=930; ACT=411)											
Total expected children using formal services	= 3,398										
(NSW=789; Vic=571; Qld=445; SA=415 WA=283; Tas=316; NT=311; ACT=211) <sup>13</sup>											
No. of Questions:	For convenience of costing, this model takes the same number of questions as the NZ Child Care Survey: 140 mixed question types (the equivalent of some general usage questions and around 10 questions for each type of care) for each child and 69 questions about parent and family										

<sup>10</sup> Children 0-12 years would be most appropriate. 0-11 has been selected in order to be able to use incidence rates reported in the Child Care Australia survey for sample estimation.

<sup>11</sup> See Child Care Australia, 1996, ABS Cat. 4402.0, p. 14

<sup>12</sup> It might be considered that such a survey should also be designed to be large enough to capture smaller groups such as Aboriginal and Torres Strait Islander and rural users. This is not considered feasible and alternative methods for collecting indicators for these groups are set out separately under Models 1c and 5.

<sup>13</sup> Based on 1996 usage reported in ABS Cat. No. 4402.0

	characteristics, including a number of scales but no open-ended questions (data items not estimated)
Approximate Cost:	Ongoing Annual Cost = \$300,000 - \$310,000 One-off Set Up Cost <sup>14</sup> = \$100,000 - \$370,000
Timing:	Data Collection: 2-12 weeks during common school term periods across jurisdictions. Year 1 Lead Time: 12 months

### 5.1.2 Critique of Model 1A

#### Disadvantages:

As already noted Model 1A does not allow for the collection of Aboriginal and Torres Strait Islander and rural users in adequate numbers. It is also the most costly of any options. Lead time is considerable which would not allow collection of indicators for reporting in 2001.

A variation on Model 1A which would be more streamlined for parents, would be to ask questions about each different type of care used but not for each child using the same service. This would reduce the number of final cases which would therefore require sample expansion to produce adequate minimum cell sizes for the less frequently used types of care or care in the less populous states/territories. It would therefore not be cheaper. An alternative which could be slightly cheaper might be to interview for each child in some jurisdictions only.

Model 1A would require the preparation of several supplementary versions of the questionnaire:

- use of TTY and/or a self-administered version for posting to hearing impaired parents identified in the initial contact
- a questionnaire using dichotomy responses rather than scales for parents who have an intellectual disability
- questionnaires translated into different languages, for use by interviewers in the appropriate language, for parents who are identified as having insufficient English

The results would be useful for government accountability and general research purposes and could inform service improvement through overall program development., but would not be of immediate use to individual services.

<sup>14</sup> Includes consultation, design, piloting and process testing. The wide variation in costing is probably attributable to the relative rigor and complexity of questionnaire design and testing. Actual cost would most likely be towards the upper end of the range.

**Advantages:**

Model 1A is comprehensive in terms of service types and jurisdictions.

It is the most flexible option in terms of capacity to include the full range of data items required for a variety of indicators.

It could provide data annually.

**5.1.3 Scaled Down Questionnaire**

A variation on Model 1A which would be less costly would be to cut down on the full range of measuring questions to be asked. This is not an optimally desirable option in terms of cost effectiveness as a proportion of the overall ongoing cost is in the contacting of households. Once a target parent has been reached, reducing the length of the interview would decrease the overall costs but not in direct proportion to questionnaire length.

**Model 1B New National Telephone Survey - Scaled Down Questionnaire Summary and Costing**

Sampling methods and sample sizes would be the same as for Model 1A.

No. of Questions: To include: type of care used per child and whether child has special service requirements ; plus three questions each per child per type of care on hours, location, costs; 6 questions per type of care used on other parent experiences; age per child; and 6 family demographic questions including metropolitan/regional/remote location within jurisdiction, cultural background, family structure and household income. To total no more than 46 questions per household.

Approximate Cost:	Annual Ongoing Cost	-	\$120,000
	One Off Set Up	-	\$150,000

Timing:	Data Collection:	2 weeks during common school terms
	Year 1 Lead Time:	6 months

**5.1.4 Critique of Model 1B**

**Disadvantages:**

Model 1B is subject to all the same disadvantages as Model 1A except for cost.

**Advantages:**

As for Model 1A.

### **5.1.5 Model 1C: Rural & Remote Supplementary Survey**

This is an extension of Models 1A and 1B and is not put forward for stand alone implementation.

The most pressing problem for rural parents has been identified as lack of suitable services and suitable models (see Section 3.6). For these reasons, rural usage is low and would not expect to be captured in statistically useful numbers through Models 1A or 1B.

Model 1C would expand these models 1 to include potential users of services in rural areas. In this way, sample numbers would be more adequate and indicators about the real issue of service availability would be collected.

Due to lack of access to appropriate data, the additional sample size and therefore cost of Model 1C cannot be calculated in this Report.

## 5.2 Model 2: A.B.S. Childcare Australia Survey

This is really three possible models using the national tri-ennial Childcare Australia survey as the data collection and analysis vehicle.

### 5.2.1 Description

#### **Model 2A: Redesign**

The current survey could be completely redesigned to replace questions about choosing particular types of care (which are asked only for long day care and preschools) with questions about attitudes to performance of particular aspects of all types of care used.

The questionnaire already contains questions about affordability for all service types. Questions on convenience of location, availability and hours of operation could be redesigned to apply to each service type.

#### **Model 2B: Adaptation of Indicators**

In line with the saying "cut your coat to suit your cloth", some of the current data items in the Childcare Australia survey could be used as performance indicators.

This approach particularly applies to the set of questions (113 to 122) asking about parental experiences in the last four weeks. These are grounded in parents' experience. They ask about whether any or more formal child care was wanted and if so why, which service type and why it was not used. Items include: reasons for parents wanting to use the care (including a list of parent activities); whether the service was available and if not why not (including unavailability due to no places, distance, cost, unsuitable days/times, child's special needs and parents attitude to service/carers); and main reason for not using (same list as for lack of availability question).

This model would not provide performance information about parents' perceptions of their existing care unless they wanted to use more of it. It could however give some indications about the most common usage problems with existing care.



### **Model 2C: Minor Revision**

This model relates particularly to the question of suitability of hours as an outcome indicator for parents. Data collected for such an indicator would need to be identical across all service types used. The alteration would require the deletion of the current effect of hours/days questions and the substitution of a standard set of questions for each service type used.

The questions to be designed would be of the 'cause and effect' type where parents are asked whether they could not carry out particular activities (similar to those currently listed in Qs.105 and 117) during a specified period and whether the main reason for this was various aspects of times of service availability.

This approach would provide a consistent set of data applicable to each service type which could be used as a national indicator of the effects of available hours/days on parental lifestyles.

### **5.2.2 Critique of Model 2**

#### ***Disadvantages:***

None of the Model 2 options can be costed without further discussion with the Australian Bureau of Statistics.

None of the Model 2 options could provide annual data as the survey is carried out every three years.

Because of the Childcare Australia sample size, none of the Model 2 options could provide reliable data for the less frequently used services or for most services in the smaller states/territories. This means that reliable information would not be available for:

- Occasional Care in states/territories other than the three eastern seaboard states.
- Most or all service types in Tasmania, Northern Territory and A.C.T.

Sample sizes could not be increased without losing the cost advantage of carrying out the survey as a supplement to the Monthly Population Survey (MPS). (The methodology for the MPS is described in Labour Force, Australia (ABS Cat. 6203.0))

Model 2a would require substantial set up costs and increased implementation costs.

Only Model 2b could be implemented for reporting by 2001.

Model 2b would provide only partial indicators of parent views about selected service aspects. It would not capture parents who do not require more care.

**Advantages:**

Model 2b would incur no additional cost.

## **5.3 Model 3: Building on the QIAS Parent Surveys**

### **5.3.1 Background**

This is quite a different approach from those already described. It is similar in concept to the model proposed by Pascal et al (1999) which bases national indicators on the aggregation of data collected through regular self-evaluation processes by individual services (see Section 4.1.1).

The QIAS (Quality Improvement and Accreditation System) parent surveys are carried out by individual long day care centres (community based and private) as part of the initial accreditation and ongoing review process. A sample form is contained in the National Childcare Accreditation Council's (NCAC) Workbook and services are expected to copy and distribute this to all families who use the centre. The results form part of each service's Self Study Report.

There are plans to redesign the current questionnaire after completion of the current Review of the QIAS by the Commonwealth Child Care Advisory Council (CCCAC). The current questionnaire consists of 20 questions based on 52 quality Principles. It is proposed to reduce these 52 Principles to 40 Draft New Principles divided into four parts: Part A: Interactions and Communications; Part B: The Program; Part C: Nutrition, Health and Safety; and Part D: Centre Management and Staff Professional Development. Goals and indicators relating to Part A are particularly relevant to the type of parent survey which is the subject of this Report. Because the purpose of the current survey is to assess parents views about quality in line with the overall purpose of QIAS, questions about access (namely convenience of location, suitability of hours and affordability) would not automatically be included.

The questionnaires form part of the ongoing accreditation and review process. Currently reviews of individual services are conducted on a rolling basis every one, two or three years depending on the last quality rating. The Advisory Council Review of the QIAS is also considering frequency of service reviews.

They intend to move to a standard period between reviews for all services and would prefer the period to be every two years. Cost factors have placed a 2.5 year standard period under consideration.

The deadline for submissions about the draft principles and the review periods is November 15, 1999.

The NCAC advises that as at July 1999 4,100 centres<sup>15</sup> were participating in the QIAS and that response rates to the self-administered questionnaires within individual services is at least 50% (Jenny Bourke, August 1999, pers. comm.) These figures would result in the collection of parent views for a minimum of 88,850 children nationally with no problems about state/territory coverage. For cost efficiency reasons, a reduced number of questionnaires could be randomly selected for data entry and analysis purposes.

Planned changes to the overall system provide an opportunity for input into the design of the parent questionnaires to incorporate data items that can be used as valid indicators of a range of service aspects grounded in parents' direct experience; and to negotiate the design of a system which could produce aggregated figures at a state/territory level.

<b>Model 3: QIAS Parent Survey Summary and Costing</b>	
Tasks:	(a) Redesign of current parent questionnaire in conjunction with the NCAC. (b) Development of a system for collection and aggregation of parent responses by the NCAC. (c) Negotiation with the CCCAC in favour of a two-year period between reviews (d) Work with NCAC to improve response rates.
Cost:	Development & Software Purchase: \$200,000 Ongoing Annual: \$150,000*
Timing:	Data Collection: Ongoing - Results reported every 2 years Set Up: 12 months
* This costing includes provision for a contribution to additional expense incurred by more frequent review periods. It is a very 'ballpark' figure and would require refinement through consultation with NCAC. It relates only to collection of data for services participating in the current accreditation process.	

<sup>15</sup> According to the 1997 Census of Child Care Services, there were 4,018 long day care centres in Australia of which 1,116 were community based, 2603 private for profit and 299 employer sponsored and not-for-profit.

### 5.3.2 Critique of Model 3

#### ***Disadvantages:***

Under current circumstances, service coverage would be confined to long day care centres only. However, there are plans at national level to set up similar quality accreditation systems for Family Day Care and for Out of School Hours Care. At least one state is also planning to develop an accreditation system for preschools. Coverage for services which attract no Commonwealth payments would be dependent on future plans and decisions within each state/territory.

Extension of the model to a wider range of services could result eventually in a similar level of ongoing costs to those estimated for Model 1A.

The level of detail required and therefore the length of the questionnaire might preclude acceptance of this model by services and parents, given that the current parent survey consists of only two pages. On the other hand, a five page parent survey is currently being used in the U.K. for purposes similar to the Australian QIAS purposes.

Considerable consultation, negotiation and planning and development work would be required. The Self Study Reports already require considerable central support to services. Decisions would include whether to design and support comparable reporting formats for each service for bi-ennial central aggregation or whether to request services to supply the actual questionnaires for central data entry and response tallying. The former decision would require investigation of existing centre software and design of a compatible report format and would possibly involve additional ongoing cost in the form of subsidies to individual services.

Indicators could not be reported by 2001.

Potential users in rural/remote areas would not be covered.

The most problematic practical aspect of the model is that expansion of questionnaire items to include three non quality factors (convenience of location, suitability of hours and affordability) may not be acceptable to the NCAC and would not be acceptable to the Commonwealth Government. Such expansion would diffuse the focus of the QIAS on quality improvement and overly complicate an already complex and burdensome process.

The most telling technical disadvantages are:

- the less than ideal response rates (see previous discussion about self-administered surveys in Section 4.2.1.1)
- the likelihood of bias in responses when questionnaires are directly collected by services used
- the likely variable quality of survey administration processes at individual services

***Advantages:***

This approach would be less costly in the short term than Model 1A.

The Model 3 approach would provide useful feedback to services capable of immediate enhancement of service quality.

Investment would be staged, with the capability of eventually including most service types.

Rural/remote users of long day care would be amply covered initially.  
Rural/remote users of family day care and out of school hours care would eventually be amply covered.

## **5.4 Model 4: Telephone Survey of Commonwealth Subsidised Users**

This model has been developed as an alternative to the other main models principally for cost effectiveness reasons although it would also allow more adequate rural coverage.

### **5.4.1 Background & Description**

Although surveys of known child care users from centrally compiled lists could be expected to considerably reduce survey costs, the difficulties of collecting such lists was addressed in section 4.2.1.1. The provision of user lists by all services, or a selection of all service types, in all states and territories is unlikely to be a viable option overall as the successful implementation of such an exercise is dependent either on high motivation by the responding services or on some form of ensuring compliance such as funding. It is unlikely that services would consider national performance comparisons to be a high priority for their service, and although each service requires licensing, it would be unreasonable to place such a burden on under-resourced services as part of their licensing requirements. For these reasons, plus the likely inaccuracy of some lists, privacy considerations and the general consideration of logistics, no models relying on centralised collection of lists have been proposed. Model 3 relies on services to distribute questionnaires to their users as part of accreditation requirements, but the results would be of immediate use to services in terms of feedback and their own self-evaluation role, making the overall objectives less remote.

There are two centrally maintained sources of child care users at a national level. One is the administrative data base maintained by Centrelink on parents requesting Childcare Assistance. The other is the records of the Health Insurance Commission on parents claiming Childcare Rebates. It is understood that both these collections store telephone numbers. In July 2000 these payments will be rationalised into a single Childcare Benefit to be administered by a new Family Assistance Office.

Model 4 would use the centralised lists to target child care users. A similar scaled down questionnaire to that proposed in Model 1B could be designed to focus on particular aspects of parents' experience including convenience and implications of hours, location and cost. Responses to some carefully selected aspects of parents' experience with the service itself, e.g., aspects relating to parent/caregiver interactions and information supplied, could be used as indicators of some additional aspects of performance in relation to support to parents.

Figures published in July 1999 ( Department of Family & Community Services 1999) show that there were 416,100 families nationally receiving Childcare

Assistance in 1997. Usage was mainly of centre-based long day care plus family day care and school age care with a smaller number (11,700) using 'other' care. The Childcare Rebate was claimed by 273,400 families in 1997-98, 97% of whom used some type of formal care. In 1996 there were (very roughly) around 847,500 families using some form of formal care nationally,<sup>16</sup> so each collection provides contacts for a substantial proportion of child care users. The current two source collections would require comparison to remove duplication of families and those using informal care only.

**Model 4: Telephone Survey of Commonwealth Subsidised Users  
Summary and Costing**

Sampling Method:	A systematic interval sample of the rationalised Childcare Assistance and Childcare Rebate data bases, stratified on jurisdiction and type of service used. Some service type samples and a rural sample could be artificially boosted if usage figures are too low for statistical comparison.		
Sample Size:	Further information will be required from the data bases about types of services used before a final sample could be calculated with any accuracy. For the purposes of costing, a total figure of around 2,000 families is used, aimed at collecting information for the same number of children as that in the Model 1A sample (3,398).		
No. of Questions:	To include: type of care used per child and whether child has special service requirements ; plus three questions each per child per type of care on hours, location, costs; 6 questions per type of care used on other parent experiences; age per child; and 6 family demographic questions including metropolitan/regional/remote location within jurisdiction, cultural background, family structure and household income. To total no more than 46 questions per household.		
Approximate Cost:	Annual Ongoing Cost	-	\$95,000
	One Off Set Up	-	\$150,000 <sup>17</sup>
Timing:	Data Collection:	2 weeks during common school terms	
	Year 1 Lead Time:	6 months	

<sup>16</sup> This is a very rough calculation arrived at by applying the percentage of all children aged 0-11 years using formal care to the number of income units with children 0-11.

<sup>17</sup> This is simply a 'guesstimate'.

## **5.4.2 Critique of Model 4**

### **Disadvantages:**

Indicators developed using such a model could not be claimed to cover all parents. They would relate only to low and middle income parents using formal child care.

Occasional care services not participating in the Commonwealth Childcare Assistance scheme would not be covered. Some vacation care services in some states would not be covered. Parents using preschools for other than work or training related purposes would not be covered.

### **Advantages:**

This is a relatively low cost option and is the most cost effective of all options.

All jurisdictions would be covered.

Long day care, family day care and out of school care would be well covered. Coverage would include some parents using preschools, occasional care and vacation care.

Rural users would be covered.



## **5.5 Model 5: Aboriginal and Torres Strait Islander Access Indicator**

The unsuitability of impersonal data collection methods and highly abstracted performance indicators for Aboriginal and Torres Strait Islander parents has already been indicated (see Section 3.6). However, the more qualitative methods and less widely generalisable types of data that this finding dictates are unsuitable for the measuring of comparative performance across jurisdictions.

Model 5 is directed at the development of an alternative access indicator for collection from centres rather than parents.

The indicator is whether or not any Aboriginal and Torres Strait Islander staff are employed in services in areas of high Aboriginal and Torres Strait Islander population. Data for this indicator is already collected through a question in the bi-ennial Commonwealth Child Care Census which asks whether each staff member identifies with an Aboriginal or Torres Strait Islander background.

This Census covers all long day care centres, all family day care services, some out of school hours care services (except for vacation care in some states or territories) and some occasional care centres (those which receive Commonwealth funds directly). It does not cover state only funded occasional care centres or vacation care, or any preschool centres. This deficiency could be overcome if states and territories were prepared to collect data for these latter services separately.

There would be no additional cost of collection for the Commonwealth Child Care Census. Costs of collection of the supplementary information by the states/territories would differ depending on different existing data bases.

The Model 5 indicator could not be reported on by 2001, as the 1999 Child Care Census has already been carried out and the date of the next one has not been scheduled but would not normally be due until 2001.

The recommendations in this report are those of the consultant, Lyn Gain, and are not necessarily those of the Steering Committee or the Children's Services Working Group (and their respective agencies). The recommendations, along with other options, will be considered as a way of collecting client views.

## 6. CONCLUSIONS AND RECOMMENDATIONS

As noted in Section 2, recommendations from the Consultant were promised in the following areas:

- the desirability of implementing some or all of the developed data collection options
- the feasibility of progressive implementation of some or all of the above options
- the desirability and feasibility of reporting using alternative outcome or quality measures which may emerge in the literature or from key personnel.<sup>18</sup>

It is not possible to implement any of the identified possible models involving consumer views in time for reporting on in the 2001 Report of Government Services except for Model 3b which cannot be recommended (see Rec. 2).

Model 5 (Aboriginal and Torres Strait Islander Access Indicator) is the only one which it is both desirable and feasible to implement immediately.

- Rec. 1            That the Working Group proceed with the development of a proxy access or quality indicator to show presence or absence of Aboriginal and Torres Strait Islander staff in all service types in areas of high Aboriginal and Torres Strait Islander population via:
- (a)    Use of the relevant question already included in the ongoing Commonwealth Child Care Census
  - (b)    Negotiation between states and territories on the most effective ways to collect this data for preschools and state only funded occasional and vacation care services.

In considering the feasibility of implementing any of the other models, the question of coverage or potential coverage of all service types within all state and territories must be considered. On these grounds, Models 2a, 2b and 2c can all be ruled out.

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<sup>18</sup> Response to Brief, Lyn Gain, July 1999.

Rec. 2 That the Working Group not proceed with implementation of any identified models which involve the use of data from future ABS Child Care Australia surveys (Models 3A, 3B and 3C) because sample sizes are insufficient for state/territory performance comparisons.

In considering the desirability of implementing any of the four remaining main models (Models 1A and 1B: A New National Telephone Survey Full Version or Scaled Down Version; Model 3: Building on the QIAS Parent Surveys; Model 4: Telephone Survey of Commonwealth Subsidised Users ),<sup>19</sup> a number of factors must be taken into account.

The first consideration is a broad contextual one: Assuming a finite amount of funds to be devoted to the development and collection of performance indicators for children's services, what is the probability of being able to finance a major consumer views exercise and also to finance other types of indicators? The main category of other indicators identified, which are both feasible and might be considered to be priorities, is proxy quality indicators, in particular measures of staff turnover or caregiver continuity. Measures of caregiver continuity have been identified by numerous literature sources as desirable performance indicators: "From the child's point of view stability of caregivers is probably the most important..." (Melhuish & Moss 1990). Other feasible proxy quality indicators include: child/staff ratios and staff experience and qualifications. These, and other proxy indicators, are reported in the literature as being valued by both parents and professionals. They are currently under consideration by the Working Group<sup>20</sup> but are not the subject of a special consultancy like this one on parent views.

A second consideration is the need for balance in indicators reported. This issue is extensively canvassed in Section 3.5.2.3. It is worth repeating the observations by Herman (1997) in relation to the use of consumer quality ratings in isolation and the desirability of using multiple alternative quality measures. She claims that this will help address "a conflict experienced by many current generation program evaluators whose 'theory of value' calls for considering multiple stakeholders' interests but does not provide them with clear direction on whose criteria should be used to judge the success of a social program...." Although neither Herman, nor any other identified literature sources, explain how the balancing of multiple indicators should work, it is clear that unless there are a range of indicators there can be no balance.

Therefore, a first conclusion based on the above considerations is that resources should not be devoted to costly consumer surveys at the expense of gathering other balancing indicators. The converse, however, is also true: Proxy quality indicators should not be developed at the expense of consumer-sourced

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<sup>19</sup> Model 1C is a supplement to Model 1A or 1B and so cannot be considered in isolation.

<sup>20</sup> See discussion in Section 3.5.2.3

outcome and access indicators. (In an ideal world, this argument could be extended to include child outcome indicators. However, as these types of indicators require longitudinal measurement and are, in any case, fraught with cause and effect conceptual difficulties it is unrealistic to consider them as an option at the current level of development of children's performance indicators in Australia.)

Rec. 3: That the Working Group not proceed with any consumer survey until the feasibility and cost of performance indicators collected by other means has been explored, in particular the feasibility and cost of collecting comparative indicators for caregiver continuity and other proxy quality indicators endorsed in this Report.

In choosing between Models 1A, 1B, 3 and 4 the following specific issues require consideration:

- The validity of the results
- Their usefulness for service improvement and performance comparison as well as accountability
- Their cost
- Timeliness of reporting

The model 1 options [(New National Telephone Survey - Full and Scaled Down versions) provide full coverage except for rural users. They would cover all jurisdictions and all service types. The full version (Model 1A) is also the most costly. The scaled down questionnaire version (Model 1B) is less costly. If care is taken in the design of questions, both models could validly measure performance comparisons. They would be useful for accountability and program development purposes, but less useful for direct service improvement. Results could be published annually.

Model 3 (Building on QIAS Parent Surveys) is the most useful for direct service improvement. It is the least valid for accountability and performance comparison purposes because of likely sample bias and possible response bias. Although cheaper than Model 1A initially, it would eventually require a similar level of expenditure as further service types were included. Results could not be reported annually. Its overall feasibility is questionable in terms of additional administrative burden and deflection of a quality improvement focus.

Model 4 (Telephone Survey of Commonwealth Subsidised Users) is the most cost effective model. It can validly cover all jurisdictions and most service types and has the advantage of adequately covering rural users. Its main disadvantage for universal reporting purposes is that it would target low and middle income families rather than all families using formal childcare. It would be as effective as Models 1A and 1B for accountability and performance comparison purposes but not as effective as Model 3 for direct service improvement purposes. Results

could be reported annually. The feasibility of Model 4 would need to be further explored in terms of privacy requirements.

- Rec. 4        That the Working Group acknowledge that great care must be taken in the design and implementation of any possible model of collecting consumer views on children's services for use in comparative performance reporting in order to:
- ameliorate as much as possible the subjective nature of responses
  - focus on the measuring of aspects of services directly experienced by consumers.
- Rec. 5:        That the Working Group not proceed with Model 1A (New National Telephone Survey - Full Version) because of high cost and low cost effectiveness.
- Rec. 6:        That the Working Group not proceed with Model 3 (Building on the QIAS Parent Surveys) because of possible diffusion of the accreditation system's quality improvement goals and because of lack of sampling reliability.
- Rec. 7:        That the Working Group consider the desirability of implementing Model 4 (Telephone Survey of Commonwealth Subsidised Users) and explore its feasibility with Centrelink and/or the new Family Assistance Office.
- Rec. 8:        That, should privacy considerations preclude the implementation of Model 4 (as specifically designed), the Working Group consider the desirability of implementing Model 1B (New National Telephone Survey - Scaled Down Version) supplemented by Model 1C (Rural & Remote Supplementary Survey).

It should be noted in relation to Recommendations 7 and 8, that a main advantage of Model 4, as designed, is the likelihood of a high and representative response rate. For this reason, and also for its greater cost effectiveness, Model 4 is the preferred model. However, privacy considerations might preclude using this design and might result in a proposed variation which would involve the contacting of parents by the administering agency to request their consent to participate prior to being contacted by the professional interviewers. Such a variation might have an unacceptable impact on sample representativeness and response rates and should not be proceeded with automatically. Its viability would need to be pre-tested.

In terms of location in the overall performance indicators framework for children's services outlined in Section 2:

- The indicator contained in Recommendation 1 relates to the category of outcome or access indicators for special target groups, and could also be considered as a quality indicator for children's needs.
- Recommendations 2 and 4 to 8 deal with methods to collect indicators that relate to the categories of outcome and access indicators aimed at general population needs and at special target group needs.
- Recommendation 3 relates to the category of quality indicators for children's needs.

The above recommendations have dealt with the broad study brief. As noted in Section 2, the Consultant was also specifically requested to consider the following:

- proportion of service delivery/locations/sites with co-located services
- number of services that a family uses
- special target group needs
- client satisfaction with hours of service provision

• *Special target group needs* have been discussed in Section 3.6 and also incorporated into needed variations of Model 1A options and into the questions for Models 1B and 4. The demographic sections of any parent survey model would need to contain questions on whether the child(ren) have specified special requirements. Any or all of the survey measures could then be analysed by type of special need reported and other relevant family characteristics.

Although *client satisfaction with hours of service provision* is not the precise indicator envisaged, provision for measuring the effects of hours of service availability on parents' activities are included in all the main possible models. Convenience of hours of service provision is one of the most important indicators of whether services are meeting parents' needs.

As noted in Section 3.8, the literature does not consider the use of an indicator involving the *proportion of service delivery/locations/sites with co-located services*. Although this would be technically feasible as a proxy indicator of convenience of access for *families that use more than one service* its collection is not recommended as a priority. If considered desirable, questions on co-location and number of services used would need to be included in one of the parent survey models described above.

Overall, the measurement of consumer views in children's services is desirable. As Katz (see Section 3.1.2) concludes: "Ideally, judgment... of a program should be based in part on how the parents perceive the services provided to them and their children."

Measurement of consumer views in children's services is subject to the common technical problems associated with measuring consumer views about the performance of any services. One approach to measuring consumer views

involves incorporating the concept of consumer satisfaction through 'satisfaction with' type questions. Although sometimes loosely describing consumer attitudes as 'client satisfaction', this Report identifies and prefers alternative less subjective approaches to the measurement of consumer views, based, where possible, on the seeking of self reports about the frequency of the occurrence of observable events and/or their effects.

Measuring of consumer views in children's services is complicated by the fact that parents directly experience only some aspects of the service which do not include all aspects of their children's experiences. This is not a problem for the measuring of consumer views for many other services whose only target groups are adults. Where program goals target multiple consumer groups, such as children and parents, care must be taken to ensure both that the indicators are clearly targeted to goals for the particular group and that they are explicitly balanced in consequent reporting and policy development.

Finally, it is impossible to ignore the fact that the implications of the technical complexities relating to the validity of the use of consumer views for comparative service performance are profound. Whilst this does not affect the desirability of measuring parent views for the purposes of service improvement or of showing accountability (via providing evidence for the meeting of particular consumer support related program goals), it does mean that great care must be taken in their selection and design when used for measuring service performance across jurisdictions.

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## **APPENDIX 2: AUSTRALIAN PEAK AND UMBRELLA ORGANISATIONS CONTACTED**

### ***National***

Australian Early Childhood Association (AECA)  
Australian Federation of Childcare Associations  
National Childcare Accreditation Council  
Commonwealth Childcare Advisory Council  
National Family Day Care Council  
National Out of School Hours Services  
Occasional Childcare National Association  
National Association of Community Based Children's Services  
Australian Confederation of Child Care  
National Association of Mobile Services for Rural and Remote Families

### **States/Territories**

#### ***Australian Capital Territory.***

Children's Services Association  
Canberra Preschool Society

#### ***New South Wales***

Network of Community Activity Centres  
Community Child Care  
Family Day Care Association  
Contact  
Occasional Care Association  
Children's Services Forum

#### ***Northern Territory***

AECA

#### ***Queensland***

Family Day Care Association  
Child Care Industries Association  
Creche & Kindergarten Association  
Remote Family Care Service

#### ***South Australia***

Association of Child Care Centres  
National Association of Community Based Children's Services (SA Chapter)  
Remote & Isolated Children's Exercise

**Tasmania**

Tasmanian Association of Children's Services

**Victoria.**

AECA

Association of Neighbourhood Houses & Learning Centres

CCAN

Community Child Care

Kindergarten Parents Victoria

Free Kindergarten Association of Victoria

Mobile Children's Services, Continuing Education Centre, Wodonga

**Western Australia**

Childcare Association of WA Inc

Carewest Inc