

**SAY WHAT YOU MEAN AND MEAN WHAT YOU SAY:
TERMINOLOGY AGNOSTICISM IN CHILD CARE
QUESTIONNAIRES**



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Say What You Mean and Mean What You Say: Terminology Agnosticism in Child Care Questionnaires

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Overview

A key lesson from the Design Study of the National Survey of Early Care and Education (hereafter, the “Design Study”)¹ is that child care survey data and analyses can be improved by stepping away from terminology which may have unclear or multiple meanings to different audiences. Rather than attempt to impose definitions or coin new jargon, the Design Study team tried to avoid field-specific terms in our questionnaires wherever possible. ‘Terminology agnosticism’ as we’ve described it, is advisable in most survey contexts where non-technical participants may be involved, but has particular applications in the child care survey literature, which has often relied on a vocabulary that is not consistently interpreted by parents, providers or researchers. Drawing on a literature review, cognitive testing, and feasibility testing completed for the DesignStudy, this Brief discusses three topical areas where terminology has often been used, but where we recommend jargon-free alternatives. For each, we offer evidence that the traditional terminology can be unclear, as well as suggestions for plainly-worded questions that capture the constructs without facing the same challenges of interpretation. These topics are: the mode of child care (e.g., family day care or child care center); the provision of home-based care that is privately arranged with friends, family members, and neighbors (commonly referred to as family, friend and neighbor care); and payment of fees and receipt of subsidies. We close with general guidelines for identifying technical terminology and developing alternative wording for child care surveys. Considering the range of policies that may be informed by household survey data, these guidelines offer the opportunity to improve the quality of data available for decision-making in areas such as child care subsidies, quality rating and improvement systems, and the development of integrated early learning systems.

¹ Products from the Design Study are available here: <http://www.acf.hhs.gov/programs/opre/resource/design-phase-of-the-national-study-of-child-care-supply-and-demand-nccsd>. As a note, the Design Study was conducted through a contract entitled “National Study of Child Care Supply and Demand”.

I. Introduction: Why do we need child care survey data and what happens when parents misinterpret questions?

Survey data can provide critical information to the development of child care policy in the U.S. For example, data on the ways in which parents blend formal and informal types of care to cover their child care needs, how well these care arrangements support parental employment and training schedules, and how parents combine institutional, personal and public sources of funding to cover costs of care are all relevant to developing effective child care policies. Survey data on these dimensions of child care, as well as data on the type and extent of non-parental care used by children are essential to improving policies related to licensing, quality ratings, access, and financial assistance.

Household surveys are particularly important in child care research, for the following reasons:

- **Population coverage.** Families who do not use public child care subsidies (particularly the near-poor) are not present in subsidy data, so their experiences cannot be studied using administrative data from the child care subsidy program.
- **Topical coverage.** Many topics of policy or research importance cannot be addressed with the limited data available in administrative data from the subsidy program. Child care for multiple children in a family, use of privately arranged home-based care, parental management of work and child care schedules, parental preferences and ‘unmet need’ for child care services are all topics administrative data cannot adequately explore.
- **Inferences to larger populations.** Qualitative studies can address a broad set of topical questions and reach subgroups that may not be accessible through administrative records, but the absence of probability-based sampling limits the ability to generalize results of such studies to larger populations of interest.

Currently, federal policy and research on human capital formation focus on two key facets of non-parental care: a means of promoting child development, and a source of support for parental employment and education. Among high-quality large-scale data sets, it may be difficult to study both of these facets within a single data source unless the data source has been conceived from the start for both purposes. Some large-scale survey data sets have information on child care usage through the lens of support for parental activities (for example, in a labor survey like the National Longitudinal Survey of Youth, 1997 (NLSY97) Cohort [see www.bls.gov/nls/nlsy97.htm]). Others may include non-parental care in order to understand educational opportunities available to young children (for example, the National Household Education Survey [see <http://nces.ed.gov/nhes/>]).

Because of the way that child care usage spans formal and informal sectors, survey data can be extremely useful in shedding light on policy and research priorities. At the same time, collection of survey data within the child care domain presents some hazards that must be successfully negotiated. As in any subject area, misinterpretation of survey items compromise data analyses. The effect of misinterpretation can extend from modest errors in estimation, to no information when data cannot be collected sensibly, to fundamentally incorrect results when the questions do not mean the same things to respondents and analysts. (See Section II to review one estimate of the magnitude of correctable error.)

This Brief discusses some constructs on which respondent comprehension seems to have posed difficulty in prior research, and some ideas for improving the quality of elicited data. Given resource limitations and challenges in collecting data, it is useful to build on accumulated knowledge that can help policymakers and stakeholders avoid common pitfalls.

This Brief draws heavily from experiences gained during the design of a parent questionnaire for the National Survey of Early Care and Education (NSECE), a process that involved significant consultation of the research literature as well as a compilation of existing survey items prior to the development or testing of new items. The NSECE is the first national study of child care supply and demand in the U.S. in more than 20 years. The study involves coordinated surveys of early care and education providers – center-based programs (regulated and unregulated), home-based providers, and members of the workforce who work directly with children in home-based settings or center-based program classrooms. The NSECE’s provider-side surveys will provide a basic description of the full continuum of non-parental care for children not yet in kindergarten, from care provided by privately arranged home-based providers (informal providers including family members, friends, and neighbors), to care in large for-profit chains and including such public entities as Head Start and public pre-kindergarten. This description will emphasize availability (including cost to parents), participation in public programs (such as receipt of child care subsidies and participation in Head Start), and characteristics of care. On the household side, parents and guardians of children under age 13 are interviewed about their child care usage and associated costs, employment and schooling/training schedule, and recent search behavior. All samples include substantial oversamples of households below 250 percent of the federal poverty level.

Design work for the NSECE was conducted over a two-year period, with a great deal of attention provided to understanding the current availability of data on child care providers and households with young children, including the strengths and the weaknesses of those data. The experience of simultaneously developing household and provider questionnaires afforded the research team valuable opportunities for synergies across the two questionnaires. On such topics as subsidy receipt and administration, mode of care, provider sensitivity to family needs, and identification of privately arranged home-based providers; provider and family perspectives jointly informed our questionnaire approaches.

The design work most relevant to the topic of this Brief included four rounds of cognitive interviewing on the household questionnaire with a total of 35 parents, and four rounds of cognitive interviewing with 10 different providers of home-based care. We further honed our approach and recommendations through a series of feasibility tests that included validation of parents’ self-reports on subsidies, a second feasibility test in which the household survey was completed with 140 households, and a field test in 2011 in which the household survey was completed with another 300 households. The feasibility test efforts and cognitive testing of the household questionnaire are documented respectively in Bowman, Connelly, Datta, Guiltinan, and Yan (2010) and Bowman, Datta, and Yan (2010a).

By explicating three specific issues that we encountered and attempted to resolve for the NSECE, we describe an overall approach that emerged from the questionnaire design process. Briefly, we assert that the customary use of jargon or industry-specific terminology has introduced ambiguity and confusion into parent surveys on child care. We describe a ‘terminology agnostic’ approach to designing survey questionnaires in order to improve respondent cognition and resultant data quality. We discuss three specific issues: how to capture parental reports of type(s) of care used; techniques for capturing use of privately arranged home-based care; and techniques for documenting receipt of financial assistance in paying for child care and other aspects of paying child care expenses. Most household surveys on child care usage will include at least one if not all three of these issues. The ubiquity of the topics as well as the apparent magnitude of misclassification make these among the most productive ways to improve the accuracy of parent survey data used to inform child care policy.

II. Example 1: Mode of child care

A. Evidence of inconsistent usage in other surveys and in the child care literature

The mode (or type) of child care used is perhaps the single most basic and most common question about usage. Our review of prior published research and previously conducted surveys unearthed a wide variety of taxonomies for mode of care, with the same term often being defined in different ways in different contexts. Table 1 shows the modes of programs used in analyses with four of the foremost data sets on early care and education. It is noteworthy, for example, that the classification of licensed home-based care differs across all four of the listed surveys. This inconsistency in definition demonstrates two problems. First, analyses are difficult to compare across studies and common themes are difficult to identify when principal classifications are unstable. More saliently for this brief, if researchers use a term like ‘non-relative care’ with varying meanings, then we must presume at least as much instability in how the term will be interpreted by a non-technical audience, such as parents participating in a survey.

| Table 1: Modes of Child Care Reported Across Various Surveys | | | |
|---|--|--|--|
| 1990 Profile of Child Care Settings ¹ | National Household Education Survey ² | National Survey of America’s Families ³ | Survey of Income and Program Participation ⁴ |
| <i>Non-profit</i> -Head Start - Public schools - Religious-sponsored - Other sponsor - Independent | <i>Relative</i> <i>Non-Relative</i> (includes regulated home-based) | <i>Center-based child care</i> (child care center, Head Start, nursery school, preschool, prekindergarten, before-after school programs) | <i>Relative care</i> (various relationships) |
| <i>For-profit</i> -Independent -Chain | <i>Center-based</i> (includes day care centers, Head Start programs, pre-kindergarten, preschools and other early childhood programs) | <i>Family child care</i> (care by a non-relative in the provider’s home) | <i>Non-relative care</i> Organized care facility - Day care center - Nursery or preschool - Head Start, school (Includes children in a federal Head Start program or in kindergarten or grade school.) |
| <i>Regulated Home-Based</i> | | <i>Baby-sitter or nanny care</i> (care by a non-relative inside the child’s home) | <i>Other non-relative care</i> - In child’s home - In provider’s home - Family day care |
| | | <i>Relative care</i> (care by a relative in either the child’s home or the relative’s home) | <i>Other care arrangement</i> |

1 Source: Kisker, Hofferth, Phillips, & Farquhar 1991
 2 Source: Iruka & Carver, 2006
 3 Source: Capizzano & Adams, 2003
 4 Source: Laughlin, 2010

The magnitude of likely errors due to suboptimal questionnaire wording is difficult to estimate, but data from the NLSY97 offer one example. In the 2003 fielding of this survey, a list of possible child care arrangement types was discussed with respondents, who were then asked to report whether or not they had used each type in the prior week. In the 2004 fielding, in response to concerns that respondents were not understanding the arrangement types properly, the questionnaire was changed so that the interviewer would confirm the definition of the arrangement type with the respondent prior to selection. For example, when a respondent reported sibling care in the 2004 interview, the interviewer would say, “sibling care – that’s when your child’s older brother or sister looks after a younger child or children.” The respondent then had an opportunity to correct the response before moving on. Note that the terms themselves did not change, only how intensively the definitions were used in conjunction with the terms.

Table 2: Changes in Reported Usage of Arrangements after Changes in Questionnaire Protocol

| Child Care Arrangement | 2003 (minimal definitions) % reporting arrangement | 2004 (confirmation with definitions) % reporting arrangement | 2005 (confirmation with definitions) % reporting arrangement |
|-------------------------------------|---|---|---|
| Spouse or Partner Care | 22.8 | 24.1 | 25.1 |
| Relative Care | 56.7 | 52.1 | 49.8 |
| Sibling Care | 4.3 | 1.7 | 1.9 |
| Self Care | 2.5 | 0.5 | 0.2 |
| Non-relative Care (in child’s home) | 8.2 | 6.9 | 7.2 |
| Family Day Care | 5.9 | 10.8 | 9.2 |
| Child Care Center | 25.1 | 26.1 | 28.3 |

Source: National Longitudinal Survey of Youth, 1997 Cohort. Responding parents were aged 19-21 in 2003, 20-22 in 2004, and 21-23 in 2005.

Table 2 shows that arrangements that may be unlikely to be misunderstood, such as spouse/partner care or child care center usage, show little change between the two years. Terms that may be less familiar to parents showed more dramatic changes in usage, particularly the use of ‘family day care’ and ‘sibling care’ (which many respondents interpret to refer to siblings of the parents rather than of the child). In 2005, when the 2004 protocol was again repeated, the prevalence of responses was very close to the 2004 results. The impact of these levels of errors depends on the policy application in question. However, the 80% increase in the use of family child care from 2003 to 2004 when the survey language included additional definitions appears to indicate significant differences based on the more robust approach to the interview question.

B. Evidence from cognitive testing of ambiguity for parents

The NSECE development process included cognitive interviews (Bowman, et al., 2010a), review of data from other surveys, and other sources of information that identified the most common misinterpretations of the standard modes of care. We found many of these conflicts in definitions and modes came not only from parents but also from providers. The term, “family child care,” which is regularly used by child care practitioners and agencies licensing care, is probably the most often misunderstood by parents. The presence of the word ‘family’ suggests to parents that this must be care provided by relatives, while we see that the definition used in the National Survey of America’s Families is for ‘care provided by a non-relative in the provider’s home.’

'Relative' care is usually defined by researchers as care provided by relatives. Whether or not care is compensated can affect respondents' willingness to apply this label. Many parents feel that relative care must be unpaid because the relationship between provider and child is being emphasized. As with the notion of payment, some respondents are uncomfortable with the notion that a grandmother caring for her grandchild is an 'arrangement.' There can be a sense that compensation, a minimum threshold of hours, regularity of care, or some other minimum effort is appropriate before a natural family interaction is classified in this formal way. This is an extension of the notion that parents cannot themselves provide 'child care' for their own children because such care is simply the act of parenting.

Another difficulty in terminology is with classes of relationships that are not blood relations, most commonly when a child's parents are not married. It is not clear, for example, whether a child's father's girlfriend can provide 'relative' care when she is not related to the child or to the father. A child's paternal grandmother may be related to the child, but not to the mother (if she is not married to the child's father).

In terms of center-based care, many providers and parents report that 'child care' refers only to non-parental care that supports parental employment or education. Arrangements that cover hours not required for parental activities, or that have a strong child development focus are often exempted in people's minds from 'child care.' Thus, pre-schools, Head Start programs, pre-kindergarten programs, Montessori schools, or other activities that parents or providers see as primarily for their children's benefit (rather than the parents' benefit) may be excluded in respondents' minds from the 'child care' category.

For other parents and providers, 'center-based' or other institutional child care carries an implication of quality, so that a family child care provider may be elevated to 'center-based' child care to the parent because the family child care provider has a 'real program.'

Some misinterpretation is difficult to avoid in survey language, but the level of tolerated errors should be small enough that they cannot undermine analytic results. Even in qualitative data collection like the NSECE cognitive interviews, there were high rates of errors that would compromise data analysis. Moreover, we see that the errors are quite explicable and consistent with lay definitions and non-technical usage, for example, the use of the word 'family' being associated with relatives.

C. Recommended Solution

In designing the NSECE instruments, we saw two inter-related difficulties in classifying modes of care. First, the field itself lacks consensus on how modes should be classified and what definitions should be applied. Second, even when some apparent consensus prevails, the terminology could be at odds with how naïve users might define those terms. Our solution tackles both of these difficulties. We chose as much as possible to focus on key elements that describe the care setting, rather than applying a name to the setting-type per se. The elements themselves are then worded to avoid as much as possible the biggest flashpoints of misinterpretation. Our key elements list included:

1. Was the care provided by an individual or an organization?
2. If by an individual, did you have a prior personal relationship to the provider? If so, what was the personal relationship?
3. If by an individual, is that person co-resident with the child (but not primarily responsible for the child)?
4. If by an organization, what is the age of child who is being cared for?

5. If by an organization, what is the type of organization providing the care: church-affiliated, public elementary school, preschool or child-care center, or other?
6. If by an organization, is tuition charged to any parents for this program?
7. Is this care arrangement used at least 5 hours each week?²

Additional elements we would have liked to include but determined to be infeasible to collect from parents are listed below. These are items that parents rarely know about the individuals providing care for their children:

1. If an individual caregiver, how many other children are cared for at the same time?
2. Does the individual caregiver care for any children with whom the caregiver did not have a personal relationship prior to beginning caregiving?
3. If an individual caregiver, what is the caregiver's licensing status?
4. What is the full age-range of care provided?
5. Is the organization sponsored by another organization or part of a (for-profit or not-for-profit) chain?

The responses to these questions can be combined in various ways to classify care according to the most commonly used taxonomies in the research and policy literature. The primary advantage of these questions is that parents understand them and are able to answer them accurately. A secondary advantage is that they offer flexibility to researchers, who can adopt different taxonomies for different purposes, rather than having to accept whatever taxonomy was imposed by the survey designer. The main (perhaps only?) disadvantages of the 'elemental' approach to capturing mode of care are that it can occupy greater administration time than a single item on type of care, and that subsequent item wording can be difficult if there is no shorthand term adopted to refer to different modes of care. For example, you cannot ask a follow-up question of the form, "And how long have you been using [family day care/pre-school]?" since the whole approach is to avoid adopting those types of terminology. Using the actual name of the provider is often adequate to work around this last issue, and is the solution adopted successfully within the NSECE instruments.

III. Example 2: Provision of privately arranged home-based care (Commonly referred to as family, friend and neighbor care)

A. Terminology used in other settings

Privately arranged home-based providers, commonly referred to as family, friend and neighbor (FFN) care, is likely the most widely used form of non-parental care (Susman-Stillman & Banghart, 2008), but it can be particularly difficult to identify and track. The difficulty stems partly from privately arranged home-based care potentially being an extension of the way a family functions rather than an 'arrangement' in the formal sense of the word. Also, privately-arranged home-based care is more likely than other modes to be used outside of parental education and employment support and in casual ways (such as 'date nights') that are of less policy relevance. The breadth of variation in what can constitute privately-arranged home-based care further complicates matters. Providers can be subsidized, paid directly, or not paid at all; they can range from relatives

² The NSECE instruments sometimes use the word 'regular' with the definition, 'at least 5 hours per week.' Our cognitive testing (cf Bowman, et al., 2010a) indicated significant variation in the interpretation of the word regular, especially among individuals who have inconsistent work or care schedules. We found, consistent with earlier work, that asking parents to apply an additional filter of 'at least 5 hours per week' is cognitively difficult for them and so often generates inaccurate results in which they exclude or include inappropriately. A better solution is to ask them to report all arrangements (unfiltered), then ask for each whether or not it meets regularity or other criteria. Of course, this improvement in accuracy increases interview length.

co-resident in a household with the cared-for child or neighbors who had no prior acquaintance with the child's family; they may be 'looking after' an eleven-year old child for an hour or two per day or caring for an infant 50 hours per week.

B. Experience of cognitive tests and feasibility test

The NSECE feasibility test immediately revealed one challenge of identifying and interviewing privately arranged home-based providers: families and providers often do not recognize these individuals as providing child care. Consider the instance of an adult male who lives in a household with his sister and her nine-year old son. The uncle may be typically home after school with the child until the mother returns from work two hours later. At this age, the son probably requires minimal oversight, so the duties associated with being responsible for the child are negligible. The mother may say that her son is not home alone, but may also not see the uncle as a provider of child care.

We heard from other researchers that attempts to elicit use of privately arranged home-based care typically result in under-reporting, consistent with the example of the nine-year old and his uncle. We experimented with a variety of verbs, including 'provide care for', 'take care of', 'care for' 'are responsible for' and 'look after'. Of these, 'look after' seemed to suffer the least under-reporting, especially among unintentional providers.

C. Recommended solution

Because of difficulty getting parents to identify privately arranged home-based care arrangements, according to the preferred parameters of the research design, the NSECE solution moves aggressively toward a terminology-free approach. Our approach, which may be infeasible in other surveys (because of administration time required), is to simply ask when the child is with someone other than a parent or guardian, then to ask who is 'looking after' the child at that time, and finally to also collect the parental activities (employment, schooling and training) which would qualify a care spell as relevant (as opposed to 'date night'). Such an approach avoids the three sets of terminology where our research intent conflicted with parents' views of the situation: 1) is this an actual 'arrangement' or some more informal situation, 2) is the person a 'provider' or simply a personal contact participating in a natural social interaction, and 3) is this a spell that is needed for parental employment, training, or education support or also for the child's benefit directly.

IV. Example 3: Payment of fees and receipt of subsidies

A. Previous work done in this area

Subsidy receipt is of great policy interest within the child care domain, as is the broader issue of cost burden to families and how they bear that burden. While the other two examples in this brief have not been extensively written about previously, there is a small but important record of interest in the methodology of asking parents about subsidy receipt. One particularly valuable paper by Giannarelli, Adelman, and Schmidt (2003) describes data from two waves of the National Survey of America's Families (NSAF). The paper contains two relevant conclusions. First, parents can describe 'help' received in paying for child care. Second, parents do not necessarily know who (what agency or organization) provides the financial assistance, and almost certainly not the amount of that assistance. An open question in the first wave of NSAF data was the presence of significant center-based care that was provided 'for free' – that is, the parent does not pay nor does anyone else pay the program for the child's care. Although privately arranged home-based care can be provided for free, center-based care is less likely to be free. The authors implemented some improvements between the first and second waves of NSAF, and found that clarifying whether the care is provided 'for free' could resolve some of these apparent puzzles.

Another important study of self-report of child care subsidy receipt is the Head Start Verification Study from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B). This verification study follows up with providers of children whose parents report a provider and government program participation status. The study confirms prior, smaller-scale efforts that indicate that parents are able to report the name of their children’s provider, but are often incorrect about whether or not the provider is a Head Start program and about what subsidies the child might receive.

B. Experience of cognitive tests and feasibility test

The NSECE work built directly on the NSAF and ECLS-B efforts. Through cognitive testing and other item development work, we focused on improving the reports of subsidy receipt, and on improving the accuracy of reports of payments to providers.

The NSECE Feasibility Test (Bowman, et al., 2010) included a small qualitative comparison in which we selected providers with a mix of parents’ subsidy receipt and other program participation status (e.g., Head Start, public pre-kindergarten). Within this purposively selected group, we further selected parents of varying subsidy and program participation statuses. We asked parents about whether or not they received any subsidies or participated in government programs helping families afford care, and we also asked providers the subsidy and program receipt statuses of those same families. We found that parents were generally able to report that they were receiving subsidies or participating in public programs, although they were rarely correct about the source of subsidy/participation or the amount received.

There was one common case in which providers reported families’ receipt of assistance but families did not: when families participate in a publicly-funded program, such as Head Start or public pre-kindergarten, where no families are paying tuition. This makes some sense intuitively as very few families with children enrolled in public elementary school would likely describe themselves as receiving help paying for their children’s education. From their perspective, public school *is* free – public school districts are not programs that assist families with paying for their children’s education. Although the feasibility test sample was not selected to be statistically representative, and the sample sizes were small, it is helpful to find that parents are able to report most instances of subsidies, and that those instances they are not reporting are consistent with common understandings of how government programs work.

Our other focus was on improving what we knew about subsidy receipt or other program participation by families. Here we adopted the approach of trying to ask questions that parents can answer, and avoiding those topics which they are unable to discuss accurately. We found that parents were quite accurate in reporting whether or not they had contact with the agency locally responsible for administering Child Care and Development Fund subsidies. They were also aware of whether or not there were job-related requirements (such as hours or earnings) they needed to maintain to retain their child care subsidies.

C. Recommended solution

In some ways, the challenge of documenting financial or program assistance is the thorniest of the three issues we discuss in this brief. We can say generally that the conclusion of prior research (Department of Education, National Center for Education Statistics, 2001; Giannarelli et al, 2003; Meyers & Durfee, 2006) is that detailed, high-quality subsidy receipt information is simply not possible to capture from parents. In a sense, the ‘terminology’ to be avoided here are the names of specific programs and sources of assistance. The NSECE recommended solution is to:

1. Scale down the ambitions for the type of data that can be captured on subsidy receipt. At best, information can probably be captured on the receipt of some type of assistance, but neither the amount of assistance nor the source of assistance is likely to be identifiable.
2. Build a ‘circumstantial’ case in which a variety of data are captured about the family context, which may enable reasonable inferences about the type of assistance that may have been received. For example, knowing the family’s income, employment status of parents, hours of care, name of the facility, existence of subsidy programs such as public pre-kindergarten in the local area (and their eligibility rules), and information about the amounts the parent does pay directly, may permit some deducing of the source of assistance.
3. To the extent possible, ask specific details that parents can provide, rather than more general questions requiring parents to have broader familiarity with how the child care system works. For example, in a local area, one could ask whether or not the respondent had talked with the specific agency administering the child care subsidy, or code the exact name and location of the child care provider for later reference to subsidy lists or other background information about what programs may be administered at that site. Asking whether or not the parent is supposed to pay a co-pay, whether ‘free’ care is Head Start or public pre-kindergarten, or whether work requirements are associated with the cost arrangement are all additional modest enhancements.
4. Finally, wherever possible, collect payment and subsidy information at the arrangement level. If two or more children attend the same provider, their cost information should be collected together. Asking parents to report weekly child care expenditures, when in fact, many payments may instead be made at daily, bi-weekly or monthly intervals, adds arithmetic burden and reduces reporting accuracy. (Again, this approach is more costly in survey administration time.)

IV. General guidelines for avoiding terminology

The three examples in this Brief are intended to illustrate for readers how terminology unfamiliar to parents can creep into parent surveys and be problematic for respondents and analysts. Although all three issues covered in this brief are quite common scenarios which may occur in many, if not most, child care-related parent surveys, there are certainly many other topical areas where the notion of terminology-agnosticism applies and can help improve questionnaire design. Questionnaire designers can employ design principles throughout their questionnaires by 1) identifying potentially confusing and ambiguous terminology in draft questionnaires, and 2) developing alternative question wording that avoids problematic terminology.

A. Identifying problematic terminology

One indication of problematic terminology is that a term appears in the literature or in other surveys with a variety of definitions. Using such a term increases the likelihood that analyses can be misinterpreted. A variety of definitions for a term also suggests that the term has limited inherent meaning for parents, and must be defined for them.

Even if a term is used consistently in other surveys and analyses, if the term can only be used with an accompanying definition it may indicate that the term can be eliminated altogether in favor of a question that uses only the definition. For example, consider two alternative question wordings: “In a private pay arrangement, a family pays the full cost of care with no subsidies or discounts. Do you have a private pay arrangement with this provider?” or, “Do you pay the full cost of this care, without subsidies or discounts?” The latter question eliminates the use of the term ‘private pay arrangement’ by using only the definition language of the first question. The latter item is shorter, and less burdensome on respondent cognition, but may still not be sufficiently ‘stripped down.’ For example, ‘full cost of this care’ may be an unknowable concept to a parent. ‘Subsidies or discounts’ may also require interpretation by respondents.

An additional tool for identifying opportunities to reduce use of terminology is feedback from parents and other non-researchers. Jobe and Mingay (1989) describe cognitive interviewing as a tool for questionnaire improvement. Even if such an approach is not feasible because of cost or other factors, having a naïve parent, or even a non-parent adult who is unfamiliar with standard child care research terminology review a draft questionnaire can be very valuable in identifying ambiguous or unfamiliar language.

B. Developing alternative wordings

Once terms have been identified for removal, the questionnaire designer can use a variety of techniques to develop alternative wordings. Using the term’s definition instead of the term itself is one such technique, as demonstrated above in the ‘private pay arrangement’ example. Reducing a complex notion into its component elements as demonstrated in Example 1 above (Child Care Mode) is another. Ideally, one would use in the instrument the words that a respondent might use voluntarily to describe a construct. Conversations with individuals in the target population, transcripts of qualitative interviews or other ethnographic data, and written materials produced for parents (such as instructional documents, applications, or provider marketing materials) are all additional resources for more parent-friendly questionnaire language. The adoption of ‘look after’ as the verb for privately arranged home-based care is an instance where we adopt parental language in survey items.

As described in Example 3, using specific names and examples (such as the name of the local subsidy administration agency) can be yet another way of avoiding inaccessible terminology. In the City of Chicago, one could ask, “Did you visit Action for Children to talk with someone about getting help paying for child care from the Illinois State Child Care Assistance Program?” instead of asking, “Did you seek help from an agency that helps screen families for participation in the Child Care Development Fund subsidy program?” While the former is far more clearly understood by families in Chicago, it may be essentially incomprehensible for a family just across the state line in Indiana, so customization must be very carefully implemented in conjunction with survey sample management.

One obvious caution when simplifying language is to confirm that revised wording will continue to provide comparability with other sources if these are necessary for the planned analyses of survey data.

Finally, even terminology-agnostic language is important to pre-test – if not formally, at least through quick read-throughs of the draft instrument by members of the target population.

V. Implications

What lessons can be learned related to how findings are disseminated to policy makers and how information has been used by policymakers?

The work synthesized in this Brief documents on-going evolution in how key terms are defined and used within the child-care policy and research community. While different constructs will always be needed to address different substantive issues, well-established terms and definitions can facilitate improved communication with policymakers. This is especially true for policymakers who may not primarily work in the child care area and for whom lack of correspondence in terms across research products can seem confusing, if not misleading. Even without a commonly used set of definitions in the child care field, the simple, jargon-free questions advocated here would also enhance dissemination of findings to non-research audiences.

More importantly, the cumulative work by various researchers reported here indicates that some level of respondent confusion has been common pertaining to some data items, although the extent of error is not clear at this time. Data inadequacy comes in three forms: modestly imprecise, unavailable, and wrong. The most important objective is to avoid the collection and dissemination of misinformation, but we also work toward obtaining data where none have previously been available, and improving the accuracy of previously available data.

The three examples cited in this Brief span these situations. Researchers have been puzzled by some inconsistencies in subsidy report and program participation data, which have either been ignored, or perhaps unfortunately misused. The ideas here build on previous work that greatly reduces the risk of wrong information, and incrementally improves the accuracy of a smaller set of measures. To date, we have had extremely limited data on privately arranged home-based providers. Ideally, with the reported enhancements to identifying and discussing privately arranged home-based care, we can remedy the vacuum of information about this important group of caregivers. Finally, although the evidence is strong that respondents have difficulty working with the modes of care they are often asked about, we have enough distinct sources of information to assert that we have gotten right the classification of child care modes used by families. We will learn more and with more certainty if we can clean up a few persistent sources of ambiguity.

Given the methods/state of the field, what are the limitations of the work (e.g., generalizability, applicability to different populations)?

Terminology agnosticism is in some sense just an aggressive application of best practices in survey questionnaire design (Sudman & Bradburn, 1982). We know that questionnaires should be written for the people who will answer them, not for the people who will use the data collected in them. The contribution of this Brief and of the NSECE development work that precedes it is perhaps to alert us all to how much terminology has often been embedded in child care questionnaires and the extent to which that may be problematic for respondents and therefore for analysts. Every segment of the population will benefit from removal of industry-specific terminology, although less-educated respondents and those who are less accustomed to the language of child care professionals will benefit the most. Of course, the solutions proposed here may not be optimal for some subsets of the population, where even further stripping out of jargon may be necessary to achieve high levels of respondent comfort and comprehension.

The preparatory work conducted for the NSECE indicated that conventionally used question wording often results in substantial misclassification of types of care (especially ‘family child care’ vis a vis ‘relative care’), and of receipt of public assistance to cover the full cost of care. Misclassification damages the accuracy of data available to inform policy issues such as providing families access to child care, projecting funding required to support subsidies for privately arranged home-based care, and estimating the portion of children under age five who can be reached through licensed home-based or center-based providers. In these times of limited public budgets, imprecise tabulation of the true public investment in supporting early care and education is also counterproductive and limits return on investment calculations. The approach described here offers low cost means of improving the quality of the data that can be collected for these and other policy applications.

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