Key features of the Quality Improvement Accreditation System (QIAS) Administered by the National Childcare Accreditation Council (Australia)

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1. Background and context

During 1994, a national *Quality Improvement and Accreditation System* (QIAS) was introduced into long day child care centres throughout Australia – designed to link the achievement of national standards of quality in child care centres to the payment of Commonwealth Child Care Benefit funding for families using those services.[1] This initiative resulted in Australia being the first country in the world to implement a national, compulsory, quality assurance system for centre-based child care services. Under the federal Minister for Family and Community Services, the body responsible for administering the QIAS is the National Childcare Accreditation Council (NCAC).

Following several years of successful implementation, a review of the QIAS and its initial 52 *Principles* of quality care was undertaken by the Commonwealth Child Care Advisory Council (CCCAC)[2] that involved an extensive process of consultation (see CCCAC, 1999). As part of this process, CCCAC engaged the Australian Council for Educational Research (ACER) to evaluate the QIAS as a means of rating child care centres, with a focus on investigating the observed subjectivity and overlapping nature of some of the system's original 52 *Principles* of quality care. This work, completed in September 1998, entailed a psychometric validation of the *Principles* based on related responses from 3702 child care centres throughout Australia (Holmes-Smith, 1998). To enhance clarity and reliability, the findings suggested the need for rewording and/or omission of several *Principles*. Eleven *overarching* factors called *Quality Areas* were identified, that have since been refined by further analysis to ten (see Figure 1, below).

In brief, the main issues raised by the review were:

- the need to make the QIAS fairer and more easily understood by child care centre staff and families;
- to simplify the processes; and
- to develop quality assurance measurement instruments that contribute to the reliability and validity of decisions affecting the accreditation of long day child care centres.

Within this context, the then Australian federal Minister for Family and Community Services requested NCAC to prepare implementation changes to the system presently used to accredit child care centres. These changes included a shift from a system based primarily on professional judgement of practices against the 52 *Principles* specified in the initial QIAS, to a system in which professional judgement was to be supplemented by measurement instruments designed to contribute to the validity and reliability of decisions profiled against 10 *Quality*

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1 This was an initiative of the then Commonwealth Department of Health and Family Services. For related documentation associated with this initiative, see NCAC (1993, 1994a,b).

2 The Commonwealth Child Care Advisory Council (CCCAC) was established within the Department of Health and Family Services on 10 March 1998 by the then Minister for Family Services, the Hon. Warwick Smith. The CCCAC now reports to the Hon. Larry Anthony MP, Minister for Children and Youth Affairs. The mandated role of the Council is the provision of advice to the Minister on child care issues.

Areas established by exploratory and confirmatory factor analyses of response data on the original 52 *Principles* (Holmes-Smith, 1998).

2. The revised QIAS

During 2000, revision work was undertaken by CCCAC and NCAC that resulted in an agreed specification of 35 *Principles* of the QIAS, organised under ten *Quality Areas*. The standards for the revised QIAS were initially described in a *Source Book* (NCAC, 2001a) which outlined the ten *Quality Areas* and 35 related *Principles*. These *Quality Areas* have 'construct validity' derived from:

- Confirmatory factor analyses of data gathered and maintained by the NCAC from an earlier set of standards used between 1994 and 2001 (see Holmes-Smith; 1998);
- Broadly based consultation with the child care field concerning changes to the previous standards; and
- Iterative consultations concerning the revised standards with 'critical friends' from a range of relevant disciplines.

Figure 1 outlines the 10 *Quality Areas* (in bold type) of the revised QIAS and the related 35 *Principles* (in normal type). Each *Principle* is described by sets of indicators rated at standards ranging from 'Unsatisfactory' to 'High Quality'.

Quality Area 1: Relationships with Children

1.1 Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way

1.2 Staff guide children's behaviour in a positive way

Quality Area 2: *Respect for Children*

2.1 Staff initiate and maintain communication with children; their communication conveys respect and promotes equity

2.2 Staff respect the diverse abilities and the social and cultural backgrounds of all children, and accommodate the individual needs of each child

2.3 Staff treat children equitably

2.4 Meal times are pleasant, culturally appropriate occasions, and provide an environment for social learning and positive interaction

Quality Area 3: *Partnerships with Families*

3.1 Staff and families use effective spoken and written communication to exchange information about individual children and about the centre

3.2 Family members are encouraged to participate in the centre's planning, programs and operations

3.3 The centre has an orientation process for all new children and their families

Quality Area 4: *Staff Interactions*

4.1 Staff communicate effectively with each other and function well as a team

Quality Area 5: *Planning and Evaluation*

5.1 Programs reflect a clear statement of centre philosophy and a related set of broad centre goals

5.2 Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child

5.3 Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners

5.4 Programs are evaluated regularly

Continued...

Quality Area 6: *Learning and Development*

6.1 Programs encourage children to make choices and take on new challenges
6.2 Programs foster physical development
6.3 Programs foster language and literacy development
6.4 Programs foster personal and interpersonal development
6.5 Programs foster curiosity, logical inquiry and mathematical thinking
6.6 Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression

Quality Area 7: *Protective Care*

7.1 The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health and well-being of each child
7.2 Staff supervise children at all times
7.3 Toileting and nappy-changing procedures are positive experiences and meet each child's individual needs
7.4 Staff ensure that children are dressed appropriately for indoor and outdoor play, and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort

Quality Area 8: *Health*

8.1 Food and drink are nutritious and culturally appropriate; healthy eating habits are promoted
8.2 Staff implement effective and current food-handling standards and hygiene practices
8.3 Staff encourage children to follow simple rules of hygiene
8.4 The centre acts to control the spread of infectious diseases and maintains records of immunisation

Quality Area 9: *Safety*

9.1 Buildings and equipment are safe
9.2 Potentially dangerous products, plants and objects are inaccessible to children
9.3 The centre promotes occupational health and safety

Quality Area 10: *Managing to Support Quality*

10.1 Management consults appropriately with families and staff, and written information about the centre's management is readily available to families and staff
10.2 Staffing policies and practices facilitate continuity of care for each child
10.3 Management provides an orientation program for new staff with a focus on the centre's philosophy, goals, policies and procedures
10.4 Management provides and facilitates regular professional development opportunities for staff

Figure 1: *Quality Areas* and *Principles* of the revised QIAS

Early in 2001, the Australian Council for Educational Research (ACER) was further contracted by NCAC to provide advice on:

1. appropriate ways to measure performance against the new QIAS standards set for accreditation of child care centres throughout Australia;
2. approaches that might be considered for developing appropriate measurement instruments for completion by centre directors, staff, parents and validators operating within the revised QIAS;
3. options for scoring such measurement instruments and reporting results simply and clearly to centres and the general public;
4. appropriate tools to guide a process of self-study in child care centres for the dual purposes of quality assessment and quality improvement; and
5. options for using ratings, derived in child care centres from a process of self-study, in conjunction with scores derived from the measurement instruments to determine the accreditation status of centres.

Following a trial study among a designed sample of child care centres using both qualitative and quantitative methodologies, the resulting ACER report (Rowe & Darkin, 2001)

recommended (*inter alia*) that for each *Principle* under a given *Quality Area*, a **four-category response format** be provided for raters that required ordered responses to levels of **quality**. In particular, for sound qualitative and measurement reasons arising from related research and from findings pertinent to the trial study, it was recommended that the response categories used be: '**Unsatisfactory'**, '**Satisfactory'**, '**Good Quality'** and '**High Quality'**. Moreover, to ensure inter-rater consistency and comparability, Rowe and Darkin (2001) recommended that these response formats should apply to the following data-gathering instruments:

- *Self-study Report*;
- *Survey of the Centre Director*;
- *Survey of Staff at the Centre*;
- *Survey of Families*; and
- *Validator observation guide*.

Following further discussions between NCAC and ACER, it was decided to construct a *Validator observation guide* using Indicators of Principles rather than the Principles themselves. This instrument is called the *Validation Report*.

2.1 Assessment of Quality

The *Source Book* for the revised QIAS (NCAC, 2001a,b) provides standards against which child care centres may self-evaluate their practices and plan for continuing quality improvement. It also provides the framework used by the NCAC to compile a *Quality Profile* for each centre - as illustrated in Figure 2. The *Quality Profile* is used by the NCAC to offer advice on strategies for further quality improvement and to determine accreditation status.

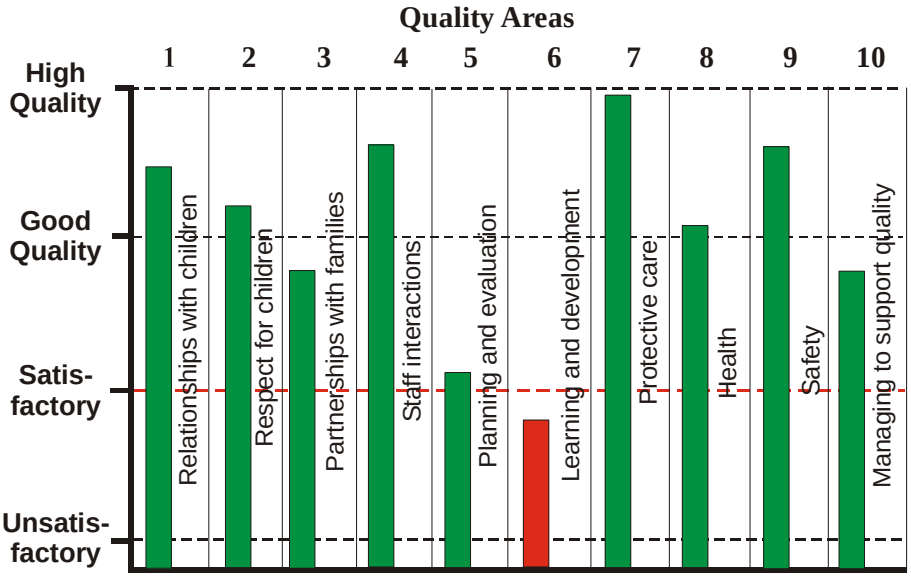

Figure 2. A hypothetical *Quality Profile*

3. NCAC's decision processes contributing to accreditation

The following is a brief outline of processes contributing to a decision on accreditation status.

3.1 Data Sources

The data required to compile a *Quality Profile* for a centre are collected from six sources:

1. A *Self-Study Report** (NCAC & FaCS, 2001c) prepared by centre management;
2. A *Validation Survey** completed by the Director;
3. A *Validation Survey** completed by staff;
4. A *Validation Survey** completed by families;

5. A *Validation Report* completed by an independent "peer" from another centre; and
6. A set of *Moderation Ratings** completed by independent moderators who are required to review all other data sets and documentation that have bearing on an accreditation decision.

The five perspectives marked with an asterisk (*) are expressed as ratings of the 35 *Principles*, each rated on a four-point scale as follows: 'Unsatisfactory', 'Satisfactory', 'Good Quality' and 'High Quality' – based on recommendations made by Rowe and Darkin (2021). The independent *Validation Report*, however, comprises an observation guide, based on indicators used in the *Source Book* (NCAC, 2001b) to elaborate the 35 *Principles*. Validators are trained to observe and question prior to marking whether indicators are "Occurring" or "Not Occurring".

3.2 Data Analyses

Data from the five perspectives marked with an asterisk above, have been analysed by ACER via confirmatory factor analytic techniques (see Rowe, 2002a). These data were based on 4229 ratings on the 35 QIAS *Principles* from 83 Centres, made up of ratings obtained from 83 *Moderator Reports*, 90 *Director Surveys*, 83 *Self Study Reports*, 780 *Staff Surveys,* and 3193 *Family Surveys*.

First, to determine model-data fit, a 10-factor confirmatory model was fitted to the 4-category rating data for the 35 *Principles* related to the 10 QIAS *Quality Areas*. The analyses reported by Rowe (2002a, p. 2) showed that:

> By every criterion, the 10-factor solution is an excellent fit to the rating data obtained for the 35 QIAS *Principles*, confirming: (1) both the utility and stability of the 10 *Quality Areas* of the revised QIAS, and (2) the recommended rating formats by Rowe and Darkin (2001).

Moreover, these analyses have provided the opportunity to obtain *proportionally-weighted factor-score regression coefficients* for ratings on the 35 *Principles* within their respective *Quality Areas*.[3] Put simply, these weightings indicate the extent to which each *Principle* actually contributes to a composite score for its related *Quality Area*.

The indicator level data from the *Validation Report* have also been analysed by ACER using single-factor measurement models to determine the relative contribution that each indicator makes to an overall score for its related *Principle* (see Rowe, 2002b). The 'factor-score weights' obtained from this analysis are applied to the 'Occurring – Not Occurring' assessments recorded by validators in the *Validation Report* to produce computed ratings for each *Principle*.

The validation ratings calculated in this way are consistent with the ratings obtained from the other five perspectives, and are combined to produce a *Composite Quality Profile* for each centre. This approach is designed to minimise measurement error, and thus maximise the reliability and validity of the *Composite Quality Profile* calculated for child care centres.

3.3 Policy loadings

In preparing a *Composite Quality Profile* for each centre, NCAC has made a policy decision that the six perspectives shall be combined with the following weighted proportions:

Self-Study	20%
Validation Surveys:	
Director	10%
Staff	10%
Families	10%
Validation Report	40%
Moderation Ratings	10%
TOTAL	100%

[3] For specific details, see: Rowe (2002b).

An exception to these proportions occurs if a centre returns fewer *Validation Surveys* than specified in the return rates set by NCAC. In such instances, the loading for the particular type of *Validation Survey* is reduced, and the loading for the *Validation Report* is increased. In such instances, a 'sliding scale' applies.

3.4 Policy rules

NCAC has made three policy rules that over-ride the general measurement processes described in this paper if certain conditions apply. These rules have been set to enhance the justice and equity of accreditation decisions. These are:

1. When ratings for *Principles* are being computed from data contained in *Validation Reports*, if one or more indicators from the 'Unsatisfactory' category is marked as 'Occurring', the rating assigned to the relevant Principle (from the perspective of the *Validation Report*) shall be assigned as 'Unsatisfactory'.
2. Any *Principles* that have been rated as 'Unsatisfactory' in both the *Validation Report* and the *Moderator Ratings* shall be deemed to be 'Unsatisfactory' overall.
3. When ratings from all six perspectives are being combined to produce a *Composite Quality Profile* for a centre, any *Quality Area* that has more than half of its constituent *Principles* rated as 'Unsatisfactory' (consistent with Rule 2 above), shall be deemed to be at an 'Unsatisfactory' level.

3.5 Accreditation Decisions

Accreditation decisions are made directly from the *Composite Quality Profiles* computed for child care centres within the measurement and policy frameworks described in this paper. To be accredited, a centre must achieve a composite rating of 'Satisfactory' (or higher) for each and all of the 10 *Quality Areas*.

3.6 Flexibility

It is assumed that the six perspectives on quality of care that contribute to a *Composite Quality Profile* may well differ from one another. Nevertheless, such differences are respected and valued in the revised QIAS.

Five of the perspectives allow some flexibility based on personal and professional judgment. This allows management, directors, staff, parents and moderators to evaluate centre operations against the standards printed in the *Source Book* (NCAC, 2001b) on the one hand, whilst exercising their own personal and professional understandings on the other. Such flexibility is built into the system in recognition that child care centres may achieve high quality care using the practices described in the *Source Book*, as well as using additional practices that complement or enhance those described in the *Source Book.* Overall, a 60% loading is given to the combined value of these five perspectives.

The sixth perspective (*Validation Report*), which contributes a 40% loading, seeks a rigorous and objective assessment of child care centres against the profile of indicators stated in the *Source Book*. Whereas this perspective allows for less flexibility than the other five perspectives, it contributes an important 'common' measure to the *Composite Quality Profile*.

4. Concluding comments

The QIAS provides child care centres throughout Australia with a set of standards to guide quality improvement. It also provides the NCAC with a reliable framework for monitoring standards of care and making valid and reliable decisions on accreditation status.

Persons wishing to obtain more information on aspects described in this paper may contact the NCAC Chief Executive Officer indicating their particular interests. Any response to such inquires can only relate to the system as a whole so as to respect the privacy of individuals and centres.

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