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Children as Service Evaluators

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Eilis Hennessy

Department of Psychology

University College Dublin

Belfield

Dublin 4

Ireland

Running header: Children as service evaluators

Abstract

In recent years there has been a growing interest in methods of eliciting children's views on factors influencing their lives. When children's views are sought it is important that this is done in a developmentally appropriate manner with instruments whose psychometric properties are known. The present review describes a variety of methods that have been used to evaluate children's satisfaction with services in education, paediatrics and mental health. The majority of the studies used self completion questionnaires and provided only limited information on reliability. Means of establishing reliability and validity in research with children are discussed, as are the variables which have been found to correlate with child satisfaction.

Keywords: service evaluation; children's perceptions; paediatric services; teacher evaluation; early childhood services; mental health services.

Children as Service Evaluators

Introduction

In recent years there has been a growing interest among professionals in giving children a voice in factors which influence their lives (e.g. Davie, Upton & Varma, 1996; Davie & Galloway, 1996; Bannister, Barrett & Shearer , 1990). The reasons given for placing such importance on children's views are diverse although almost all authors refer to Article 12 of the UN convention on the Rights of the Child (1990):

State parties shall assure to the child who is capable of forming his or her own views the right to express these views freely on all matters affecting the child, the view of the child being given due weight in accordance with age and maturity of the child.

Other reasons offered include legal obligations (Cooper, 1993; Gersch, Holgate & Sigston, 1993; Gersch, 1990, 1996); the fact that children have a great deal of important information to contribute about themselves (Gersch et al., 1993); children's views can help us to understand the effects and evaluate the effectiveness of provision and intervention (Cooper, 1993; Gersch, 1996); giving children a voice in decision making gives children a sense of ownership, and the exercise of consulting with children conveys to them that they are listened to with respect (Davie & Galloway, 1996).

While emphasising the value and importance of consulting children some authors also acknowledge that the process may involve difficulties. For example, there may be ethical considerations around children's consent to participate (Evans & Fuller, 1996) or children may develop false expectations about the outcome of the consultation process (Davie & Galloway, 1996). In addition some authors have drawn attention to the fact that children have limited attention and memory skills (Lewis, 1992). They may be suggestible, likely to omit detail in description and susceptible to producing incorrect information under pressure (Hall, 1996). Russell (1996) has also highlighted the difficulties involved in consulting children with disabilities and special needs who may have communication problems.

Despite these potential difficulties Davie (1996) believes that children's views are now treated with more respect by professionals than they were five years ago. The ethical concerns raised by Evans and Fuller (1996) can be overcome if children are clearly informed that they do not have to participate in the research and that their rights to the service are unaffected by participation or non-participation. One feature of this change in attitude among professionals has been an increasing willingness to speak to children about the services provided for them. Unlike a professional working with adult clients who may readily access a range of service evaluation instruments a professional working with children has a limited choice. With the exception of children's evaluations of teachers no review has yet been undertaken which focuses on children's views and considers the methodological and conceptual issues involved in children's evaluations of services. The present paper is intended to fill this gap in the literature. The review brings together research on children's evaluations of education, paediatrics and mental health services. The criteria used to include studies

in the review were: i) respondents were under eighteen years of age; ii) the data came from children's actual experiences and not experimental analogues; iii) the data involved a measure of service evaluation/satisfaction. Studies were located through computer searches of PsycLit, Medline and ERIC and were supplemented with manual searches of the Social Science Citation Index and where possible with relevant conference material.

Educational services

By far the greatest concentration of studies on children as service evaluators is in the area of education. Because of the very wide age range of children consulted (from preschool through the end of secondary school) this section is further subdivided into two sections, the first dealing with preschool services such as group based child care centres and kindergartens and the second dealing with children within the school system, both primary and secondary.

Preschool services

The types of service evaluated were primarily group based early education/child care services included preschools and kindergartens (Driscoll et al., 1990; Huttunen, 1992) and group based day care services (Austin et al., 1996; Armstrong & Sugawara, 1989; Godfrey, Lindauer & Austin, 1991; Huttunen, 1992) catering for children between the ages of three and five years. The Primary Grade Pupil Report (PGPR) (Driscoll et al., 1990) is a downward extension of a measure developed for use with young primary school children and is the only preschool measure that was designed for group administration. It includes 12 statements about the class teacher as well as aspects of the classroom environment (e.g. noise level, availability of materials). Each child is

given a booklet in which each statement is written on a differently coloured sheet of paper. The administrator reads the statements aloud to the group and checks that each pupil is on the correctly coloured page. The pupils then ticked a smile, neutral or a frown face to indicate whether the statement is or is not descriptive of their teacher or classroom environment. The PGPR has moderate internal reliability.

The 'Day Care Centre Toy and Interview Questionnaire' developed by Armstrong and Sugawara (1989) focuses on children's emotional reactions to their experiences and includes questions on feelings about going to day care and about the departure of the primary caregiver. They provide no information on the questionnaire's reliability.

The 'Child Care Game Assessment' (CCGA) (Austin et al., 1996; Godfrey et al., 1991) also uses a model of the child care environment and children rate aspects of the care setting by pointing to a smiling, neutral or frowning face. The questions focus on the child's relationship with the care provider, the peer group and aspects of the physical environment, safety and food. Internal reliability for the factor relating to the care provider is modest and no information is provided on other factors.

Huttunen's (1992) study involved a retrospective evaluation of early childhood services based on an analysis of essays written by older children (3rd to 5th grade). Her findings indicate that the relationship with the caregiver was one of the most common topics mentioned by the children in their essays, second only to relationships with peers. This is the only qualitative study involving preschool children's experiences and as such was the only one in which the children were free to indicate the factors which were of importance to them in the preschool environment. The children's emphasis on peer relationships is striking and it is unfortunate that

questions about their peer group were only included in one of the other studies (Godfrey et al., 1991).

Primary and secondary schools

Almost all studies involving primary and secondary school pupils focus exclusively on teachers' personal qualities and teaching methods and ignoring other aspects of the school environment. Indeed the rationale for many of the studies appears to have been the need to contribute to the evaluation of student teachers' classroom performance (Cortis & Grayson, 1978; Dickinson, 1990; Johannessen et al., 1997; Meighan, 1974; 1977; 1978; Stroh, 1991; Tairab & Wilkinson, 1991; Veldman & Peck, 1963; 1969). Because a number of reviews on pupils' evaluations of teachers have already been published (Follman, 1992, 1995; McKelvey & Kyriacou, 1985) only key articles and instruments used are mentioned below.

Of the many questionnaires available to anyone wishing to get pupils' opinions of their teachers one of the oldest is the Diagnostic Teacher Rating Scale (DTRS) (Amatora, 1954). The scale is a questionnaire with Likert ratings which asks pupils about the personal qualities of their teacher and his/her classroom management skills as well as the amount of work required and their liking for lessons. The instrument has good internal consistency. More widely used is Veldman and Peck's (1963) Pupil Observation Survey (POSR). The 38 item questionnaire has five factors which focus on the personal qualities of the teacher and his/her classroom management ability, it has good internal consistency. The questionnaire was subsequently used in a shortened form by Fox et al. (1983) and Meighan (1974, 1977 & 1978) used the items from the POSR as the basis for the development of a qualitative research method in which pupils responded to open ended questions.

A third instrument with good internal consistency and retest reliability is the Student Observation of Teachers and Teaching Techniques (StOTT) (Masters, 1978). The questionnaire includes 29 questions in five subscales on student-teacher relations, grades and testing, materials, teacher personality, teaching methods and techniques. Waxman and Eash (1983) used Our Class and Its Work (OCIW) which was developed by Eash and Waxman (1982) to evaluate aspects of classroom instruction and contains eight scales. The measure has good internal consistency and modest re-test reliability. Other studies have given little or no information about the measures that they used (Cortis & Grayson, 1978; Dickinson, 1990; Peterson, 1987).

While the majority of instruments were developed for general use a small number exist to evaluate teaching of specific subjects. One such is the Science Student Perception Questionnaire (SSPQ) (Al-Methen & Wilkinson, 1986) designed for use in secondary schools. The scale contains 43 items divided into two categories; teaching behaviour and teacher personality. The instrument has high internal reliability and has subsequently been used to evaluate trainee biology teachers (Tairab & Wilkinson, 1991) and integrated science teachers (Jegade, 1989).

Most of the questionnaires described were developed for use with pupils in secondary school or high school although some included the upper end of primary school (Amatora, 1954; Cortis & Grayson, 1978; Waxman & Eash, 1983). Only one study (Driscoll et al., 1985) included kindergarten and the junior classes of primary school. The PGPR questionnaire used in the study has already been described.

Paediatric Services

Although many studies have addressed the topic of client satisfaction with paediatric services the vast majority of these publications treat parents as the sole clients. The reasons given for consulting children directly suggest that the authors believe that many of the positive outcomes from the literature on adult client satisfaction may also accrue to children. These include, for example, encouraging attendance at appointments and ensuring compliance with treatment (Eiser et al., 1996, Simonian et al., 1993, Black, Sawyer & Fotheringham, 1995, Rifkin et al., 1988).

The Child Satisfaction Questionnaire (CSQ) developed by Rifkin et al. (1988) is a short (12 item) questionnaire focusing on the child's interaction with the doctor and the doctor's ability to communicate. The questionnaire as a whole and the two subscales have good internal consistency. The CSQ was subsequently used as part of the evaluation of a communication intervention programme for doctors (Lewis, Pantell & Sharp, 1991) and in a study exploring gender differences in doctor-patient communication (Bernzweig et al., 1997). A second questionnaire, the Metro Assessment of Child Satisfaction (MACS) (Simonian et al., 1993) also focuses on the doctor-patient relationship as well as the doctors' personal qualities. The questionnaire has eight items and moderate internal consistency. Both questionnaires were developed for use with children from six years and up who were attending hospital out-patient departments.

Three further studies also gathered information on children's satisfaction as part of a review of paediatric services but present little information on the instruments used.

The first of these (Lewis et al., 1988) gathered children's views on two types of ward round using a standardised interview. Two studies of cancer care are also of interest because they did not focus exclusively on the child's relationship with the doctor. Thus, Eiser et al. (1996) included questions regarding the practicalities of clinic attendance, understanding of the purpose of clinic visits and future preferences for the services. Kvist et al. (1991) included questions about continuity of care, practical issues such as queuing and personal feelings of fear and loneliness.

Mental health services

A very diverse range of services are included under the general heading of mental health services although most serve late childhood and adolescent client groups. The services included 'teaching-family' homes for young offenders (Kirigin et al., 1982; Solnick et al. 1981), psychiatric inpatients (Furst et al., 1993; Kazdin et al., 1987), outpatients of psychiatric departments (Loff, Trigg & Cassels, 1987) and community based services (Rosen et al., 1994; Shapiro, Welker & Jacobson, 1997 Stüntzner-Gibson, Koren & DeChillo, 1995).

The Youth Client Satisfaction Questionnaire (YCSQ) (Shapiro, Welker & Jacobson, 1997) is a 14 item questionnaire developed for use with adolescents attending a community mental health centre. The questionnaire focuses on the adolescent's relationship with his/her therapist and the perceived benefits of therapy (including changes in feelings, behaviour, family relationships and problems). The questionnaire, which was designed for telephone administration, has excellent psychometric properties including good internal consistency and test-retest reliability.

The Satisfaction Scales developed by Brannan, Sonichsen and Heflinger (1996) have nine modules each focusing on a different types of mental health service. The main content areas covered by the questions include access and convenience, treatment, parent services, family services, relationship with therapist, staff responsiveness, discharge/transition services and global satisfaction. Separate parent and adolescent versions were developed for each module although only three modules of the adolescent scales were assessed for psychometric properties (intake assessment, outpatient and inpatient/residential treatment centre). Although a small number of the content areas had poor internal consistency the majority were adequate.

Two studies involving adolescent clients of 'teaching-family' group homes used a specially designed Youth Consumer Evaluation questionnaire to evaluate client relationships with programme staff (Solnick et al., 1981; Kirigin et al., 1982). The 15 item questionnaire included questions about the fairness, concern, effectiveness and pleasantness of the teaching-parents. The internal consistency of the instrument is not reported but test-retest reliability was high. Very similar dimensions of staff behaviour were measured by Furst et al. (1993) who used a 14 item questionnaire to evaluate client satisfaction before and after a staff training programme. Unfortunately they provide no information on the psychometric properties of the instrument.

The Child Evaluation Inventory (Kazdin et al., 1987) was designed for use with younger children (7-13 years) who were inpatients of a psychiatric facility. The 19 item scale is partly based on earlier work by Kazdin (1984) and includes questions on perceived progress on treatment and acceptability of treatment, but unfortunately no information is provided on the psychometric properties of the instrument. Loff et al.

(1987) evaluated mental health services using some questions of their own as well as an adapted adult satisfaction questionnaire. They provide very limited information on the questions asked and on the instrument's psychometric properties. Two further studies (Rosen et al., 1994; Stüntzner-Gibson et al., 1995) used questionnaires designed for use with children and adolescents who had been receiving a range of services and asked for global ratings of each service. Both questionnaires were designed for individual administration and had good internal consistency.

Methodology

The majority of studies discussed in this review used some form of questionnaire to collect information from children. The questionnaires typically included Likert-type rating scales but differed in the method of administration. For example the teacher evaluation questionnaires were typically designed for self completion (e.g. Masters, 1978; Waxman & Eash, 1983) however it is not always clear whether they were administered in the classroom or elsewhere and whether or not the teacher being rated was present at the time. As it is possible that the conditions under which the children rate their teachers could influence their ratings it is unfortunate that so little information is presented about administration in most studies. A smaller number of questionnaires were designed to be individually administered particularly in studies where the youngest participants might not be expected to be fluent readers (e.g. Rifkin et al., 1988; Simonian et al., 1993; Lewis et al., 1988; Stüntzner-Gibson et al., 1995). Just two studies used postal questionnaires (Kvist, et al., 1991; Loff et al., 1987) possibly reflecting concern that postal questionnaires might result in a poor response rate. Two further studies used telephone surveys in effort to reduce the difficulty of

getting ratings from clients who did not complete their planned treatment (Rosen et al., 1994; Shapiro et al., 1997).

The use of varying numbers of anchor points on Likert scales suggests that there was little consensus on what constituted appropriate scales for children of different ages. Some studies employed dichotomous responses (Driscoll et al., 1985; Simonian et al., 1993) another used a seven point scale (Furst et al., 1993) although the majority used four or five points. Although Driscoll et al. (1985) and Simonian et al. (1993) justified their use of dichotomous answers to their questionnaire because their sample included preschool aged children, many of the studies with five point ratings included children as young as five or six years (e.g. Kazdin et al., 1987; Rifkin et al., 1988; Lewis et al., 1991; Stüntzner-Gibson et al., 1995). Research on the abilities of children to make meaningful use of scales of varying lengths would clearly be of benefit to anyone considering constructing such a questionnaire.

A number of studies have attempted to make their questions more 'concrete' particularly if their sample included preschool children. Two studies in which young children were interviewed about their day care experiences (Armstrong & Sugawara, 1989; Godfrey et al. 1991) used three dimensional models to represent the day care settings and some studies using Likert rating scales with younger children used drawings of faces to represent the anchor points on the scale (Driscoll et al., 1985; Driscoll et al., 1990; Godfrey, et al., 1991). Simonian et al. (1993) got children to answer questions by depositing tokens into boxes labelled 'yes' and 'no'. Although it could be argued on theoretical grounds that there should be advantages to supporting questions and/or answers in these concrete ways there are no studies comparing

evaluative data gathered in this way with methods that rely solely on verbally presented material.

Only a very small number of studies used qualitative methods to gather data. For example Wragg and Wood (1984) used semi-structured interviews about teacher performance with school pupils between the ages of twelve and sixteen. Cooper (1993) interviewed teenagers who had experienced residential schooling to evaluate many aspects of their school experience. Meighan (1974, 1977, 1978) asked primary school pupils to write answers to a range of open ended questions about teacher performance. Huttunen (1992) analysed essays about preschool experiences written by primary school aged children in Finland. Interviews and open ended questions have the potential to provide valuable information on pupils' evaluations that cannot be tapped with rating scales so these methods warrant further research.

Reliability

Although the majority of studies discussed in this review presented some information on the psychometric properties of the instruments they used, in most cases the available information is limited. This is a difficulty with client satisfaction studies that has already been noted by other reviewers (Young, Nicholson & Davis, 1995). Where information is presented it is typically limited to information on the internal consistency of the instrument used such as an alpha coefficient or a split-half correlation coefficient. Only a small number of studies present any information on re-test reliability (Solnick et al., 1981; Waxman & Eash, 1983; Masters, 1978; Shapiro, 1997). Where the data was qualitative researchers have typically reported inter-rater reliability on the classification of the children's responses (Austin et al., 1996; Armstrong & Sugawara, 1989; Huttunen, 1992;).

While these findings suggest that it is possible to develop an instrument with good psychometric properties for use by children from about age six and older there is little evidence on instruments developed for use with younger children. Huttunen (1992) and Armstrong and Sugawara (1989) only present information on inter-rater reliability. Driscoll et al. (1990) and Austin et al. (1996) were the only studies to look at internal consistency of an instrument designed for use with preschool age children and they report only a modest alpha coefficient. Further information on the potential for an instrument with good psychometric properties to be developed for use with young children is clearly necessary.

Validity

Because the measurement of children's satisfaction with services is still relatively recent there has been little debate in the literature about the best way to establish validity. Indeed only a handful of studies in the present review mention the issue of validity at all. In establishing validity Tiller's (1988, p.42) view that 'the criterion for validity is hard to derive from any other source than the child itself' is endorsed by the present reviewer. This does not mean that the issue of validity can be ignored by those who are interested in children's opinions. It implies, for example, that questionnaires should reflect the issues of importance for children in order to establish content validity and that discriminant validity should be established by demonstrating that the instrument can detect different levels of satisfaction with different services.

Unfortunately not all questionnaire based studies give information on how questionnaire items were selected for inclusion. Some report that items were derived through consultation with experts or professional evaluators (Johannessen et al., 1997; Dickinson, 1990; Stroh, 1991; Jegede, 1989) or teachers and day care staff (Driscoll et al., 1995; Armstrong & Sugawara, 1989) or from questionnaires developed for use with adult clients (Stüntzner-Gibson et al., 1995; Loff et al., 1987). However a small number of studies report that children were involved in the development of the questionnaires (Masters, 1978; Rifkin et al., 1988; Shapiro et al., 1997; Simonian et al., 1993). The failure of so many researchers to present information on item selection suggests a generally very poor attention to the issue of content validity. There is little evidence to suggest that the majority of questionnaires used to establish children's satisfaction with services actually address aspects of the service that are salient or relevant for their child clients.

Another potentially important indicator of validity is the ability of research instruments to distinguish between different service providers. Uniformly high levels of satisfaction with services has been identified as a threat to the validity of customer satisfaction questionnaires (Lebow, 1982). It is important, therefore, to demonstrate that instruments used to collect data on children's satisfaction do not produce uniformly high evaluations of all services and are able to detect differences between services, or a difference following a change in a service.

Just two of the teacher evaluation studies looked at pupils' ability to discriminate between teachers (Amatora, 1954; Masters, 1979). Huttunen (1992) also reported statistically significant differences between children's evaluations of their experiences

in family day care, day care centres and preschools. Kvist et al. (1991) reported significant differences between children's satisfaction with different features of a paediatric service. There is more evidence on discriminant validity of satisfaction questionnaires from mental health services (Kirigin et al., 1982; Solnick et al., 1981; Stüntzner-Gibson et al., 1995). Furst et al. (1993) also reported a significant increase in client satisfaction following staff training in a children's psychiatric hospital. Since the majority of questionnaires collected data on different service personnel it is unfortunate that so few presented data on differences in children's evaluations of those personnel in order to support the discriminant validity of their instrument. Based on the available evidence from a variety of different services it is clear that children can make meaningful distinctions using satisfaction questionnaires.

Correlates of children's satisfaction

Asking children to evaluate services is still a relatively new activity so we know relatively little about the extent to which children's evaluations are similar to the evaluations of adults such as their parents, or how their evaluations are related to outcome measures such as school achievement, treatment compliance or behavioural change. It is also important to explore the extent to which services are meeting the needs of different groups of children, for example children of different ages, different family backgrounds or sex.

The views of adults

A number of the studies discussed have compared children's views/evaluations with adults' evaluations of the same service, typically parents or experts. Some of the

studies which have asked for pupils' evaluations of student-teacher performance have compared the pupils' views with those of the student's college supervisor. Veldman and Peck (1963, 1969) and Tairab and Wilkinson (1991) compared pupils' evaluations of student-teachers with the ratings they had been given by their college supervisor. Both found that the supervisor ratings of the student teachers were positively related to pupil ratings of teacher effectiveness. The finding that expert observers and pupils agree on ratings of teacher behaviour is further confirmed by Fox et al. (1980) who found that teacher behaviour as rated by classroom observers was the strongest predictor of teacher evaluation by pupils. Finally, Peterson (1987) found a moderate relationship between pupil and parent evaluation of teachers.

While there may be agreement between children and expert observers in classrooms the literature on consumer evaluations of paediatric services suggest that the views of children and parents have less in common. Simonian et al. (1993) report moderate to low levels of agreement among parents and children on satisfaction with the service received. These results are supported by the findings of three other studies. Eiser et al. (1996) reported that parents were generally more positive about follow-up clinics for childhood cancer sufferers than the clients themselves; Kvist et al. (1991) also reported differences between the patients' and parents' satisfaction with cancer treatment. Lewis et al. (1988) reported differences between children's and parents' perceptions of bedside rounds particularly with respect to the emotional impact on the children.

The correspondence between children's and parents' evaluations of services seems to be somewhat greater for mental health services than paediatric services. Loff et al.

(1987) found no significant difference between parent and adolescent ratings of a child psychiatric service. Stüntzner-Gibson et al. (1995) a strong correlation between parents' and children's evaluations of day treatment and medication management, however, there was only modest agreement on evaluations of case management and family activities.

Outcome measures

The extent to which researchers have explored the relationship between children's satisfaction and child outcome differs substantially across the three service areas explored in this review. Waxman and Eash (1983) found that subscales of the teacher evaluation questionnaire predicted school achievement, even when pupils' prior achievement in school was statistically controlled. Dickinson (1990), found very low correlations between teacher rating and a measure of how much had been learned from the student teachers classes. Parish and Stallings (1992) found no correlation between pupil ratings of the teacher and the teacher's rating of the pupils' homework.

None of the studies of paediatric services looked at treatment outcome although the adult literature on satisfaction suggests that satisfaction is linked to treatment compliance and more positive outcomes (e.g. Harris et al., 1995).

Research on the relationship between client satisfaction and outcome in mental health services is better developed than in any other service sector. Three types of outcome have been used: client assessed, parent assessed and therapist assessed. Where client satisfaction was correlated with self reported outcome few studies report a significant relationship. For example, Shapiro et al. (1997) found no relationship between

satisfaction and self reported problem behaviour; Solnick et al. (1981) found no relationship between satisfaction and self reported delinquency. A number of studies, however, report that client satisfaction is significantly associated with third party assessment of treatment outcome. Shapiro et al. (1997) found a positive association between client satisfaction and improved ratings on the parent version of the Child Behaviour Checklist (CBCL); Kazdin et al. (1987) found a positive association between client satisfaction and the social competence subscale of the parent CBCL; Kirigin et al. (1982) reported a strong correlation between children's satisfaction and reductions in criminal offences measured by police and court records. However, Rosen et al. (1994) found no relationship between client satisfaction and case manager's assessment of behaviour and emotional outcome.

There are inconsistent findings reported for the relationship between client satisfaction and therapist evaluation of treatment progress. Shapiro et al. (1997) found a significant positive correlation between therapist rating of treatment progress and client satisfaction. Kazdin et al. (1987) failed to find such a relationship. In this case it should be noted that the latter study reported no information on the psychometric properties of either the client satisfaction questionnaire or the therapist evaluation instruments that were used. The former study, in contrast, reported data suggestive of good psychometric properties for the client evaluation instrument.

Other variables

In addition to correlating children's evaluation of services with the evaluations of adults and with outcome variables a few studies have also looked at the relationship

with personal and/or family variables such as family socio-economic status, child's age or gender. Understanding these relationships are potentially important for understanding the way in which services may be meeting the needs of different client groups. Unfortunately the information currently available is limited. The information on the relationship between satisfaction and socio-economic status is particularly problematic both because of the relatively small number of studies that have explored the relationship and because family socio-demographics have been measured in very different ways. For example this has included measures of family income (Rifkin et al., 1988) and measures of SES like the Duncan Socioeconomic Index (Lewis et al., 1988) among others. The majority of studies which included a measure of SES reported that it was related to children's satisfaction (Lewis et al., 1988; Simonian et al., 1988; Veldman & Peck, 1969; Waxman & Eash, 1983) although none suggest why. It is possible that children from different socio-economic backgrounds may have differential access to services and/or different expectations from services but to date these possibilities have not been explored.

When discussing children's satisfaction with services, age is a particularly important variable to consider because of the differing cognitive, social and emotional needs and abilities of children of different ages. Although individual studies differed in whether younger or older clients were more satisfied a sufficient number of studies reported a moderate or high correlation between age and satisfaction/dissatisfaction to suggest that the age of the respondent should always be considered when determining whether or not a service is meeting its clients' needs.

Only a small number of studies explored the relationship between gender and satisfaction and although some found significant differences (Driscoll et al., 1985; Huttunen, 1992; Masters, 1978; Simonian et al., 1993; Shapiro et al., 1997) these do not indicate a general tendency for greater satisfaction to be associated with either girls or boys. A study by Bernzweig et al. (1997) may, however, point to a more useful approach to understanding the relationship between gender and satisfaction. They looked at doctor-child gender combinations and found that they were related to children's reported satisfaction. This approach may be particularly useful when an important element of satisfaction depends on the child's relationship with a significant adult such as a teacher, therapist, psychologist or doctor.

Conclusion

A range of instruments is now available to professionals who wish to measure children's satisfaction with the services they offer. Although some studies have presented information on the factor structure, reliability and validity of the instruments they developed these are still in the minority. If an appropriate instrument is chosen the professional has a potentially valuable means of measuring the extent to which children's needs are being met by existing services and of evaluating the impact of service changes on children's satisfaction.

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