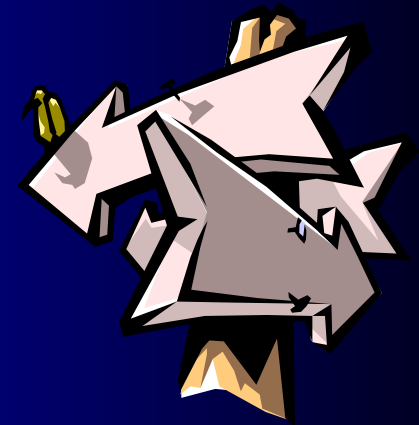# Measuring Outcomes of Child Welfare Programs

Annual Maryland DSS

Assistant Directors & Supervisors Retreat

Ellicott City, MD - May 10, 2002

Diane DePanfilis, Associate Professor
Co-Director, Center for Families
University of Maryland School of Social Work

Science and Social Work Practice

- 100 years of development
- Studies of outcomes since the 1950s
- Single system designs
- Evidence-based practice
- Campbell Collaboration

THE CAMPBELL COLLABORATION

Preparing, maintaining and promoting the accessibility of systematic reviews of the effects of social and educational policies and practices

The Campbell Collaboration is named after an American psychologist and thinker, Donald Campbell,who drew attention to the need for societies to assess more rigorously the effects of their social and educational experiments, that is, the policies and practices that they introduce and promote.

http://campbell.gse.upenn.edu

Basic premises: Professional social work practice is:

- Committed to client's best welfare
- Values guided
- Goal directed, hence pragmatic
- Accountable: Must demonstrate effectiveness and efficiency
- Committed to science-based criteria for evidence and knowledge

.....however

- Outside influences are demanding accountability of the profession:
    - Federal and state governments
    - Managed care
   - Total quality management
    - Funding sources

Therefore, practice must be:

- Responsive to client needs and concerns
- Outcome oriented
- Systematic
- Explicit and subject to scrutiny
- Guided by scientifically tested knowledge on effectiveness
- Evaluated and corrected

Rosen (2002) Slide 3/15

But studies indicate that most practice is:

- Not systematic
- Not guided by tested knowledge
- Not empirically evaluated

Some Controversies
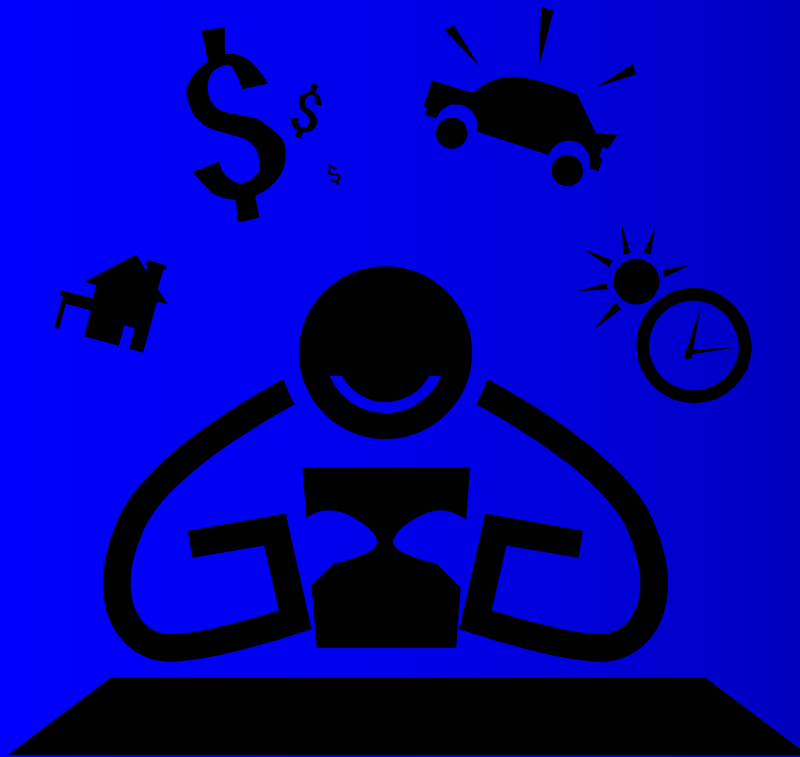
- e.g., Current Child Welfare Institute *Ideas in ACTION* suggests an inclination toward psuedoscience, e.g., relying on anecdotal experience, lacking skepticism, appealing to faith and belief, etc. www.gocwi.org

What is accountability?

- Answerability for Actions
- Explainability
- Responsibility
  - Webster

- Responsibility to Act, Analyze, and Improve
  - Barth

Richard P. Barth, Jordan Institute for Families

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Keys to Accountability

- INFORMATION
  - Consistent and comparable
  - Measures what we are accountable for
  - Monitors internal and external cnditions that we care about

- RESOURCES
  - Substantial enough for action, analysis and improvement
  - Flexible enough to promote innovation in responding to conditions

Adapted from Richard P. Barth,
Jodan Institute for Families

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As social workers, why do we resist this movement?

Because practice involves both...

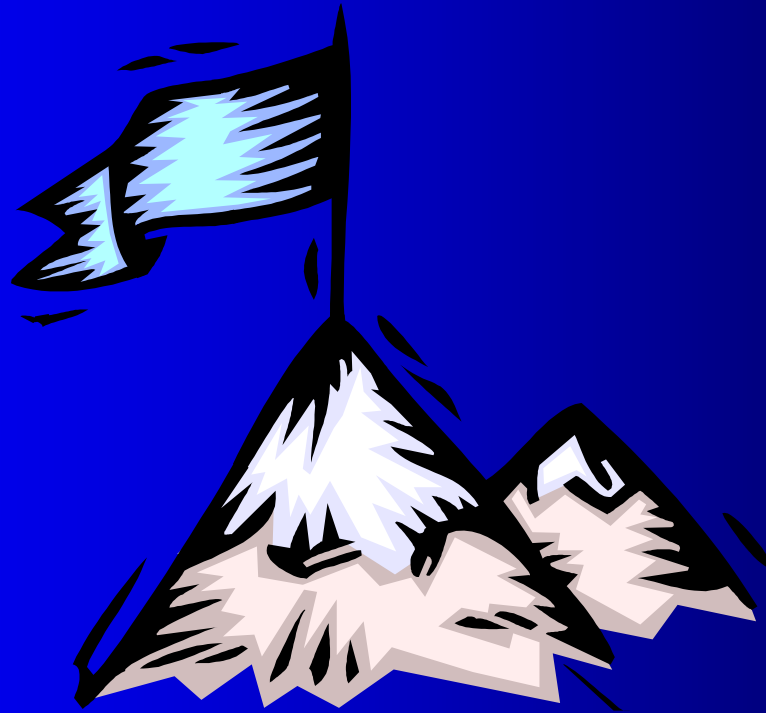## Art and Science
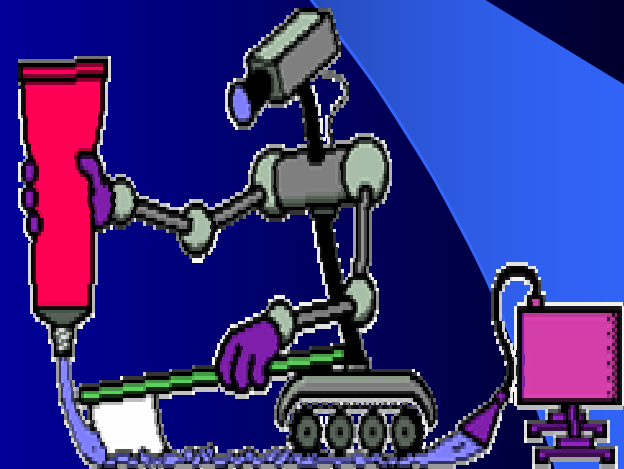
What is successful practice?

We want to recognize process, not just result. . .
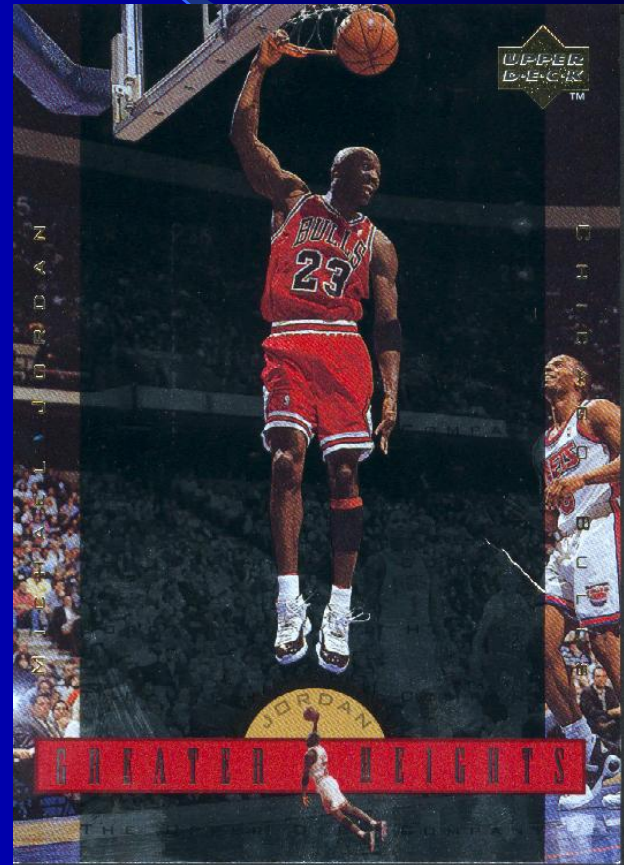
"Success is a journey not a destination."

–unknown

Importance of Process

"It seems our society tends to glamorize individual levels of success without taking the entire process into consideration."

-Michael Jordan

Moving on. . . .
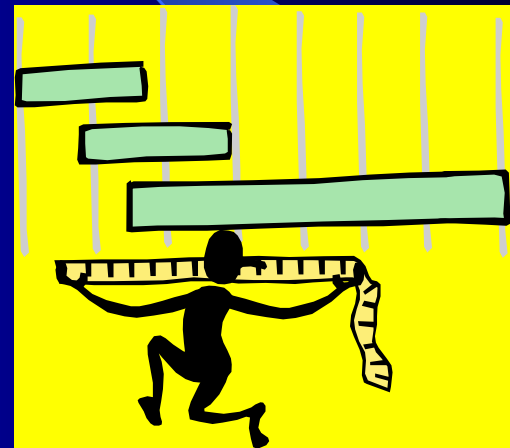
Why measure outcomes?

"If you do not
know where you
are going, every
road will get you
nowhere."

-Henry Kissinger

Measuring Process & Outcomes

- As social workers, we need to inform managers, policy makers, & practitioners both about *what* we do and the results of *what* we do.

Self Sufficiency

well-being

support

safety

??

???
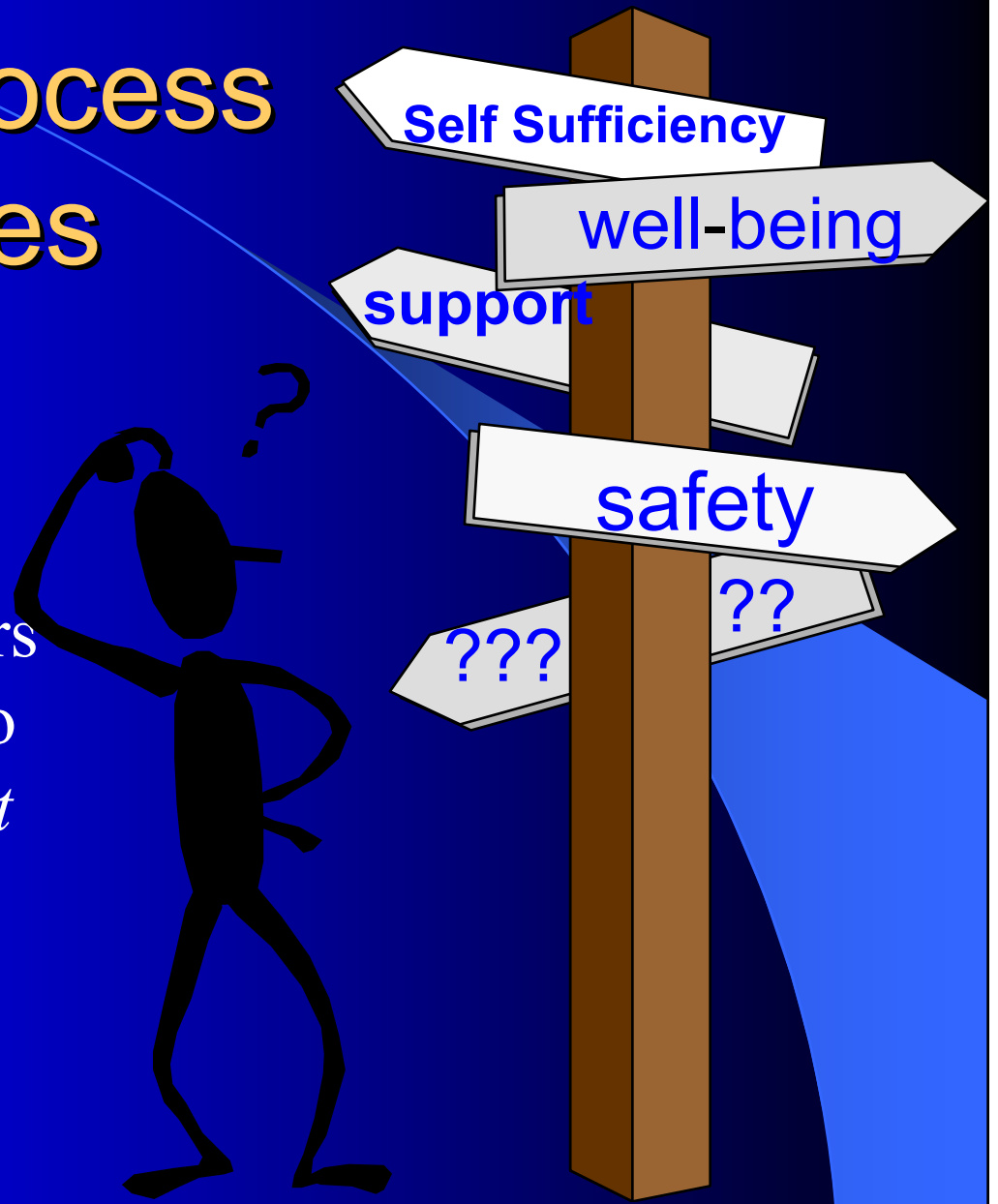
This works best, if we are in control of defining for ourselves what we want to measure about WHAT we do and what we want to report about what our RESULTS are.

Words of wisdom

"Small groups of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has."

-Margaret Mead

What is outcomes measurement?

- Regular collection and reporting of information about the efficiency, quality, and effectiveness of human service programs.

Martin & Kettner, 1996

Purposes of Outcomes Measurement

- Outcomes Measurement focuses upon performance AND the result of services.
- Outcomes Measurement provides information on
  - How programs are performing
  - What results are achieved
  - What can be improved
  - Future allocation of resources

Outcomes measurement & improving social work programs

- Who are your clients (intended targets)?
- What are their demographics?
- What are their social or presenting problems?
- What services are they receiving?
- In what amounts?
- What is the level of service quality?
- What results (outcomes) are achieved?
- At what costs?

Effectiveness perspective*

INPUTS →

HUMAN SERVICE PROGRAM

→ OUTPUTS

↓

QUALITY OUTPUTS

OUTCOMES ←
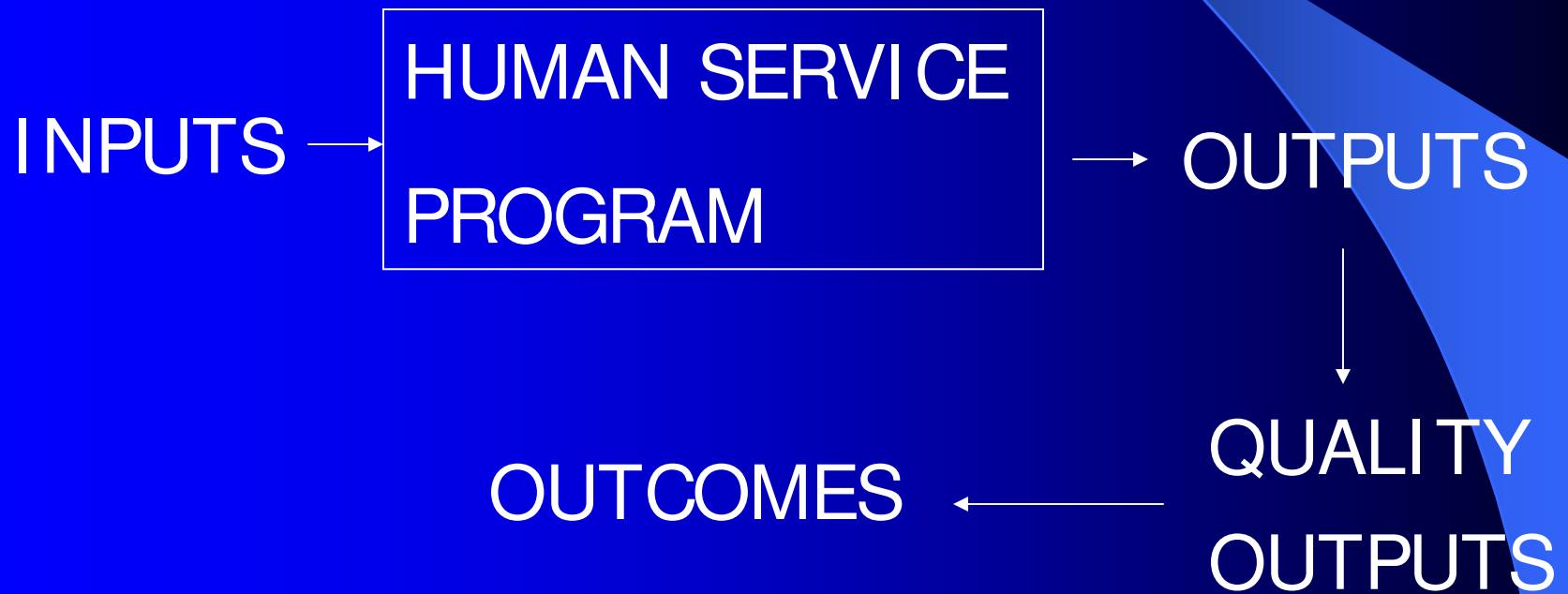
*Martin & Kettner (1996)

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Expanded Systems Model*
(adapted from Martin & Kettner, 1996)

Effectiveness perspective

Quality perspective

Inputs → **Program** →

Outputs
-Intermediate
-Final

Quality Outputs
-Quality dimensions
-Client satisfaction

Outcomes
-Safety
-Well Being
-Self-Sufficiency
-Permanency

Indicators:
-Intermediate
-Final

Efficiency perspective

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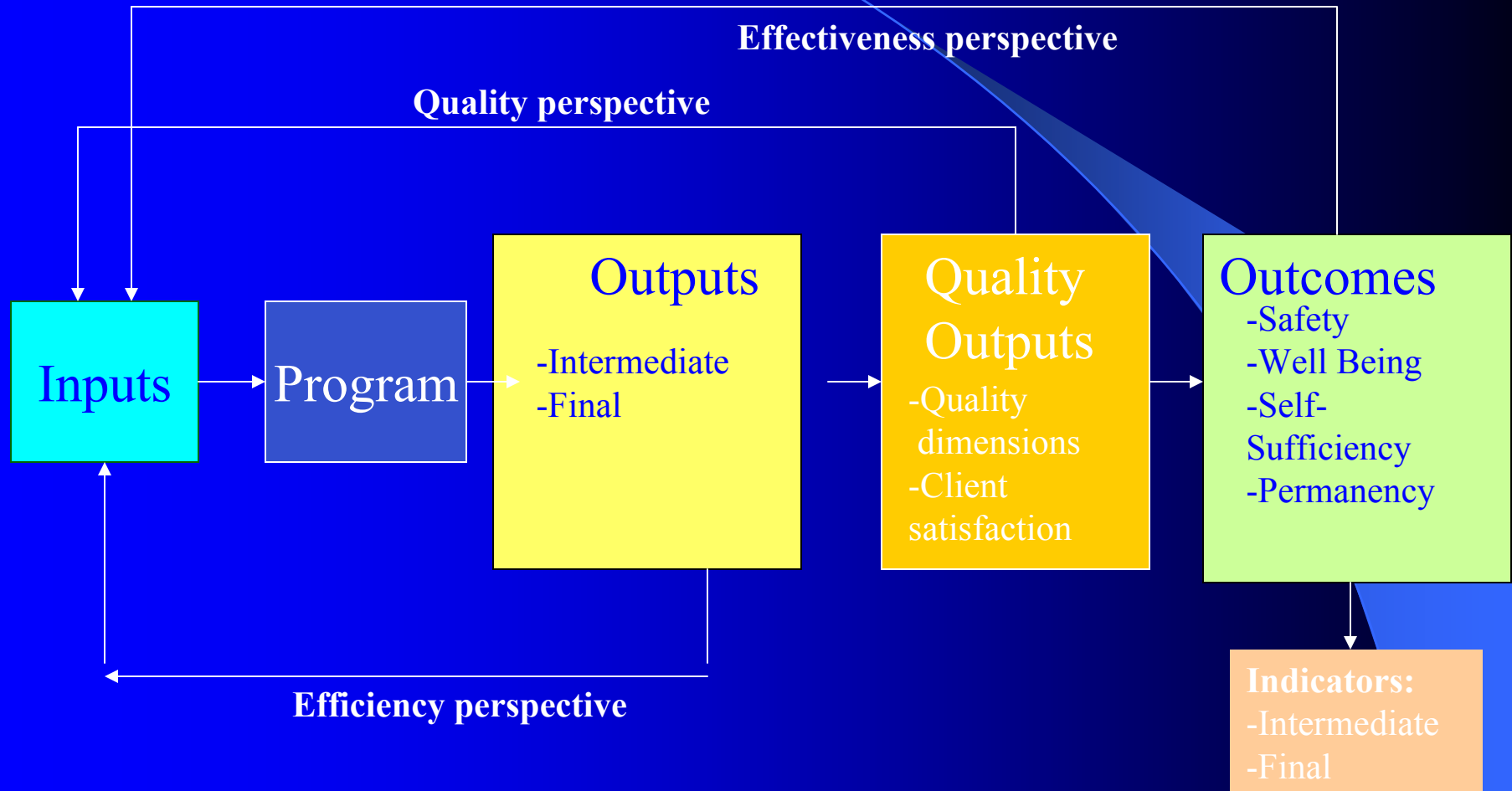
Definition - Inputs

- Anything a system uses to accomplish its purposes.

- Resources & raw materials (e.g., funding, staff, facilities, equipment, clients, presenting problems) that go into a human service program.

Definition - Outputs

- Anything a system produces (time, contact, material units).

- Examples:
  - # of intakes processed this month (contact)
  - # of hours of service provided this month (time)
  - # of group sessions delivered this quarter (contact)
  - # of bus tokens provided this month (material units)

Definition - quality outputs

- Outputs that meet a specified quality standard.

- Similar to performance measures.

- Examples:
  - % of clients who are seen within 24 hours. (responsiveness)
  - % of interviews conducted by certified social workers (competence)

WHAT is quality?

- Dimensions of quality
- According to whom?
- Selecting which are most important
- Selecting which are most feasible

Quality Dimensions

- Accessibility

- Assurance

- Communication

- Competency

- Conformity

- Courtesy

- Deficiency

- Durability

- Empathy

- Humaneness

- Performance

- Reliability

- Responsiveness

- Security

- Tangibles

Quality Output Indicators*

(Martin & Kettner, 1996)

- **Definition**– **outputs that meet a pre-determined quality standard (Martin & Kettner, 1996)**

- Measure of the quality of services provided

- Quality dimensions
  - e.g.,reliability, competency, availability, empathy, assurance, tangibles

- Client Satisfaction
  -how satisfied with services received, service delivery, or both

*Adapted from slide developed by Laura Ting

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Quality Dimensions

- Accessibility – The program is easy to access or acquire.

Quality Dimensions

- Assurance – program staff are friendly, polite, considerate, and knowledgeable.

Quality Dimensions

- Communication - Program information is provided in simple, understandable language.

Quality Dimensions

- Competency – program staff have the requisite knowledge, values, qualities, and skills.
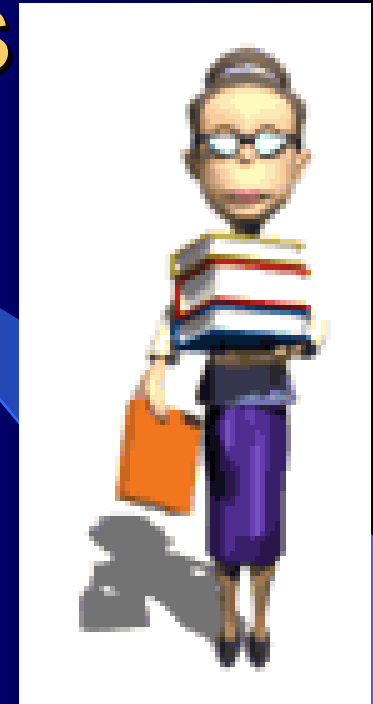
Quality Dimensions

- Conformity – the service meets established standards set by laws, policies, practice standards.

Code
Of
Ethics

Quality Dimensions

- Courtesy – program staff demonstrate respect toward clients.

Quality Dimensions

- Deficiency – the program is missing a characteristic or element.

  NOTE: you would keep track of the degree to which the program was NOT missing any essential elements.

Quality Dimensions

- Durability – the program's results do NOT dissipate quickly.
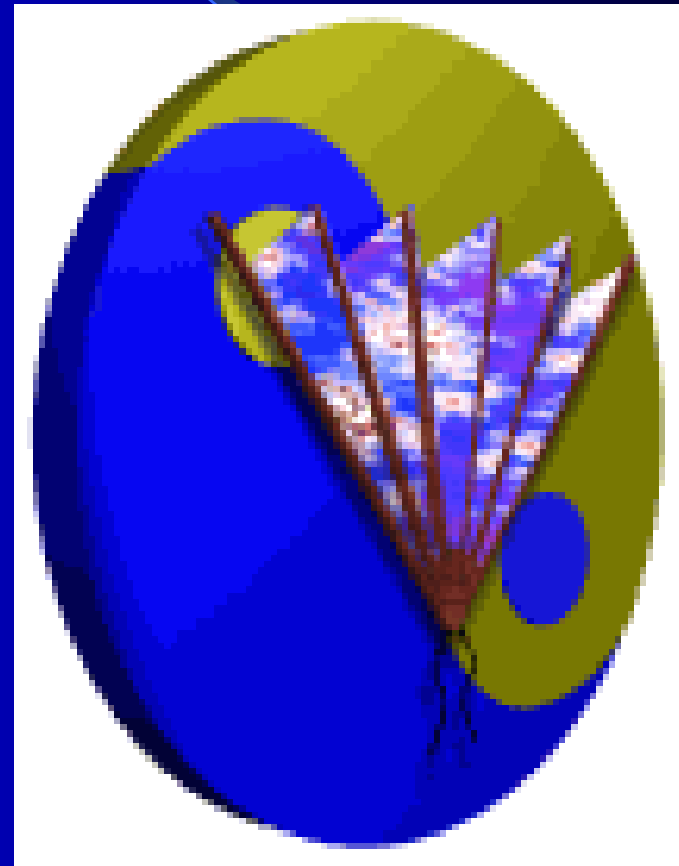
Quality Dimensions
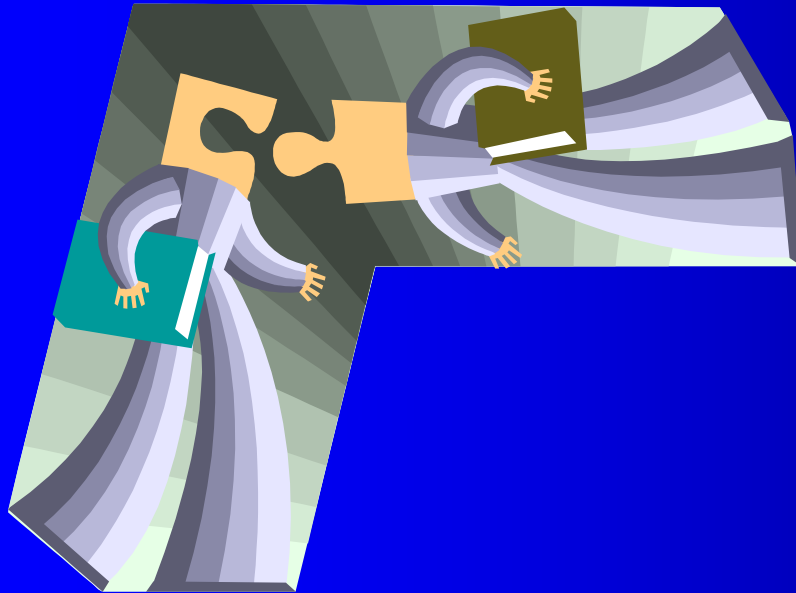
- Empathy – program staff attempt to understand clients' needs and provide individualized responses.

Quality Dimensions

- Humaneness – the program is provided in a manner that protects clients' dignity and sense of self-worth.
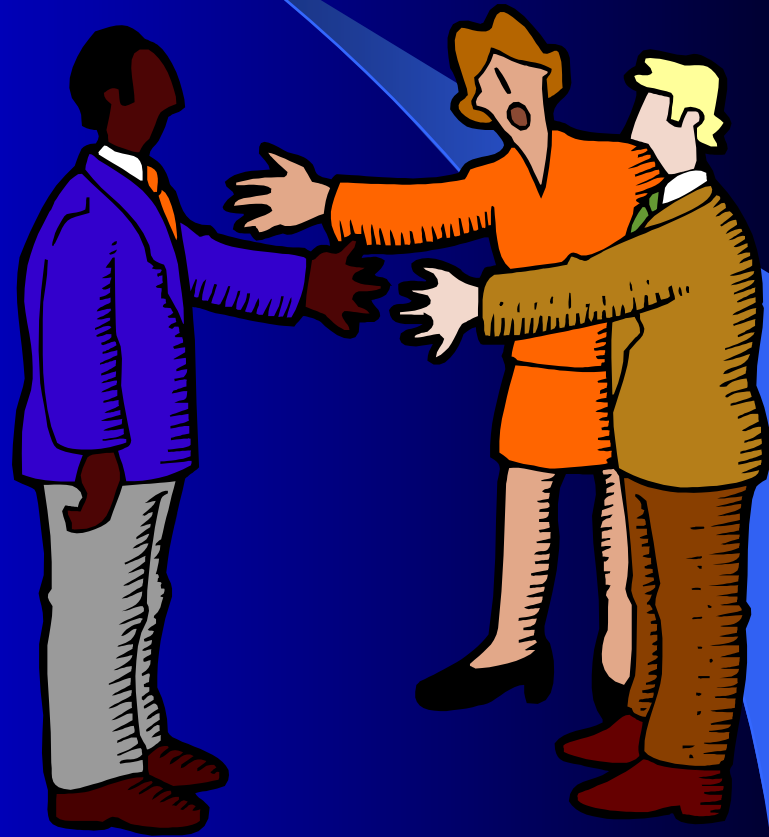
Quality Dimensions

- Performance – the program accomplishes its intended purpose.

Quality Dimensions

- Reliability – The program is operated in a dependable and reliable manner with minimal variation through time or between clients.

Quality Dimensions

- Responsiveness – The program is delivered timely.

Quality Dimensions

- Security – The program is provided in a safe setting free from risk or danger.

Quality Dimensions

Tangibles – the appearance of the facilities, equipment, personnel, and published materials involved in program delivery is appropriate.

Most important seems to be:

- Reliability – providing services in a *consistent* fashion, e.g., always being polite, friendly, & considerate (assurance); always attempting to understand the client needs (empathy); always speaking to the client with clear language (communication).

2nd most important seems to be:

- Responsiveness – providing services in a timely manner with a minimal amount of "waiting" for services

  - difference between when clients want or need the service and when they actually receive it.

Definition - Outcome

- The results or accomplishments that are at least partially attributable to a service or program
- Examples:
  - safety
  - well-being
  - permanency

Definition - Indicator

- A measure, for which data is available, which helps quantify the achievement of an outcome.

- Examples:
  - % of families without a substantiated recurrence of child maltreatment.
  - % of children who graduate from high school.
  - % of caregivers demonstrating increased parenting competence
  - % of children with a reduction in externalizing behaviors.

Connection between program outcomes and client outcomes

- Achievement of client level outcomes should increase achievement of program level outcomes

- For example, improved family functioning & increased social support should increase child safety as measured by recurrences of child maltreatment.

Principles*

- Outcomes need to be measured differently at different levels.

- At all levels, outcomes and indicators should be practical and results-oriented and stated in understandable terms.

*Adapted from McCroskey (1997).

Principles*

- Desired outcomes should be stated positively, i.e., as expressions of well-being rather than as absence of negative conditions.

- We need multiple measures of outcomes and multiple perspectives of results.

*Adapted from McCroskey (1997).

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Principles*

- Outcomes should reflect the results of programs or services, not the state of the service delivery system (results versus process).

- We should select outcomes and indicators that reflect concerns from multiple stakeholders. This process is evolutionary.

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Principles*

- Standards for success and expectations for progress should be set at levels that challenge and encourage improvement, without discouraging participants.

- Analysts should NOT assume that averages tell the whole story, but should also try to disaggregate data for special groups.

Principles*

- We need to clarify the cultural and value foundations that underlie the process. The process may be as important as the selected outcomes, both in terms of ensuring understanding and buy-in, and in terms of clarifying values and assumptions. Outcomes may vary with community values, needs, and resources.

*Adapted from McCroskey (1997).

Transition – are you ready to move on?
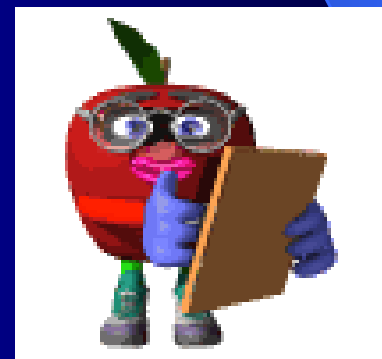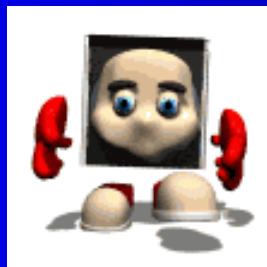
Link between problems, programs, & outcomes

Social Problem

↓

Assumptions

↓

Human Service Program

Outputs

Quality Outputs

Outcomes
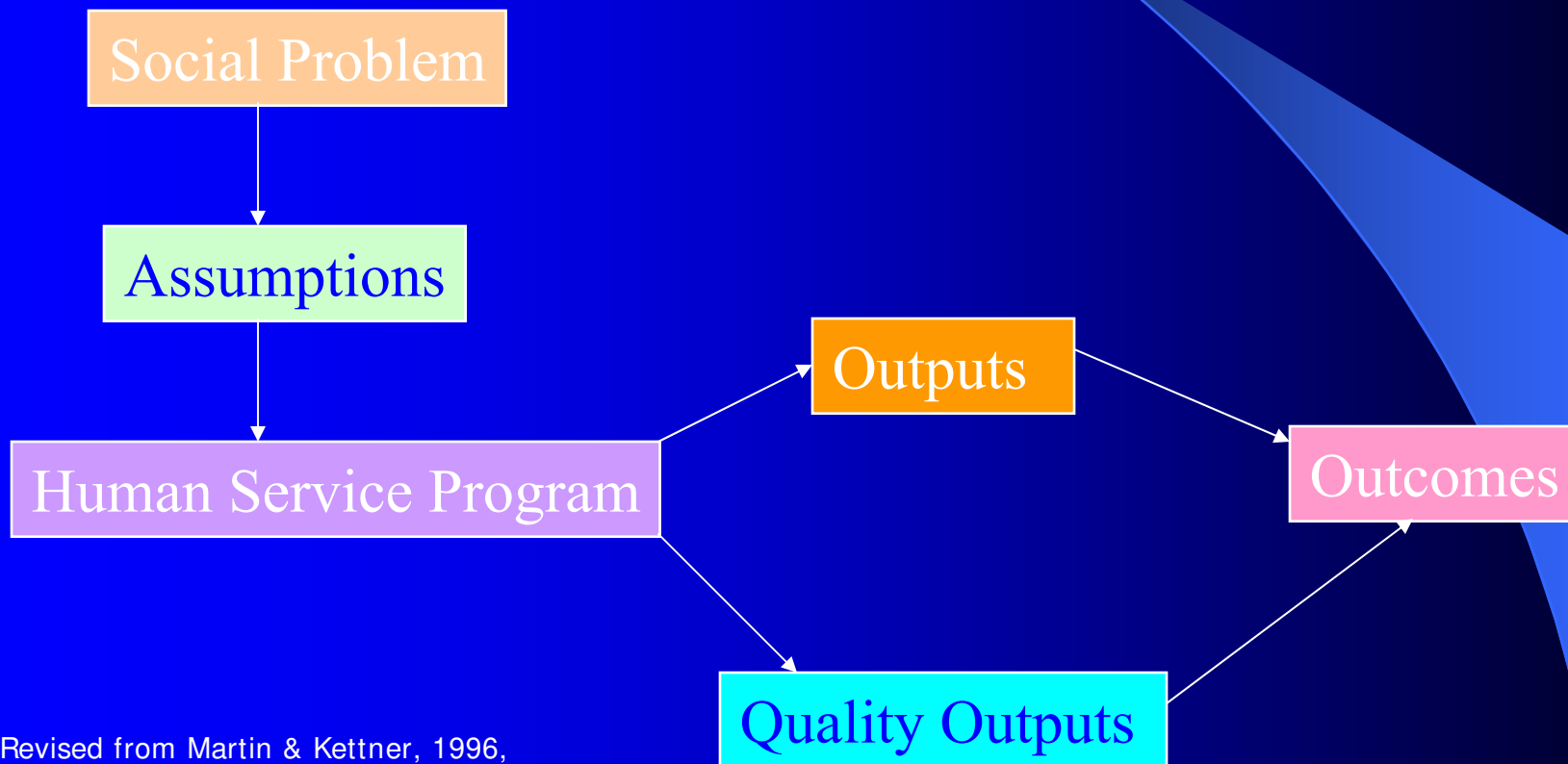
Revised from Martin & Kettner, 1996, p. 21

How does the model all come together?

See the next page for a few examples

Independent Living Program

Youths who age out of foster care are at greater risk of having lower self-esteem, less likely to become self-suffient adults and have lower educational levels than non-foster care youth

The Independent Living Program provides intensive case management to children age 14-21.

OUTPUTS

- life skills training,

- educational/vocational planning and assistance

- financial management and assistance

- mental and medical health assistance

- Housing assistance

Quality Outputs

· **Accessibility**

· **Courtesy**

· **Responsiveness**

· **Reliability**

· **Communication**

Program and Client Outcome Indicators

■ *% of youth who are in educational or work activities when they are emancipated from out-of-home-care*

■ *% of Independent Living Graduates with increased self-esteem as measured by the Rosenburg Self-Esteem Scale at completion of the program*

Program and Client Outcomes

■ Graduates of the Independent Living Program have increased self-esteem

■ Graduates of the Independent Living Program are financially self-sufficient or working toward self-sufficiency though their participating in educational/ vocational services

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Developed by Alex Sears-AACO DSS

Logic Model

Family Connections

The purpose is to provide family support services while the parent substance abuser attends substance abuse treatment. Program offers parenting skills group, child mentoring group, and transportation to and from the substance abuse facility.

Intermediate Outputs

- # of bus tokens provided
- # of home visits made per month
- # of hours parenting skills group provided each month

Final Outputs

families closed because goals were achieved

Quality Outputs

- % of sessions per month offered in a location accessible by public transportation *(accessibility)*
- % of sessions per month that followed an agenda provided at each session *(reliability)*

Program Outcome

Child Safety

Program Outcome Indicators

- % of families without indicated or substantiated reports of abuse or neglect

Client Outcomes

- Increase in social/familial supports
- Increase in parenting/nurturing skills
- Abstinence from substances
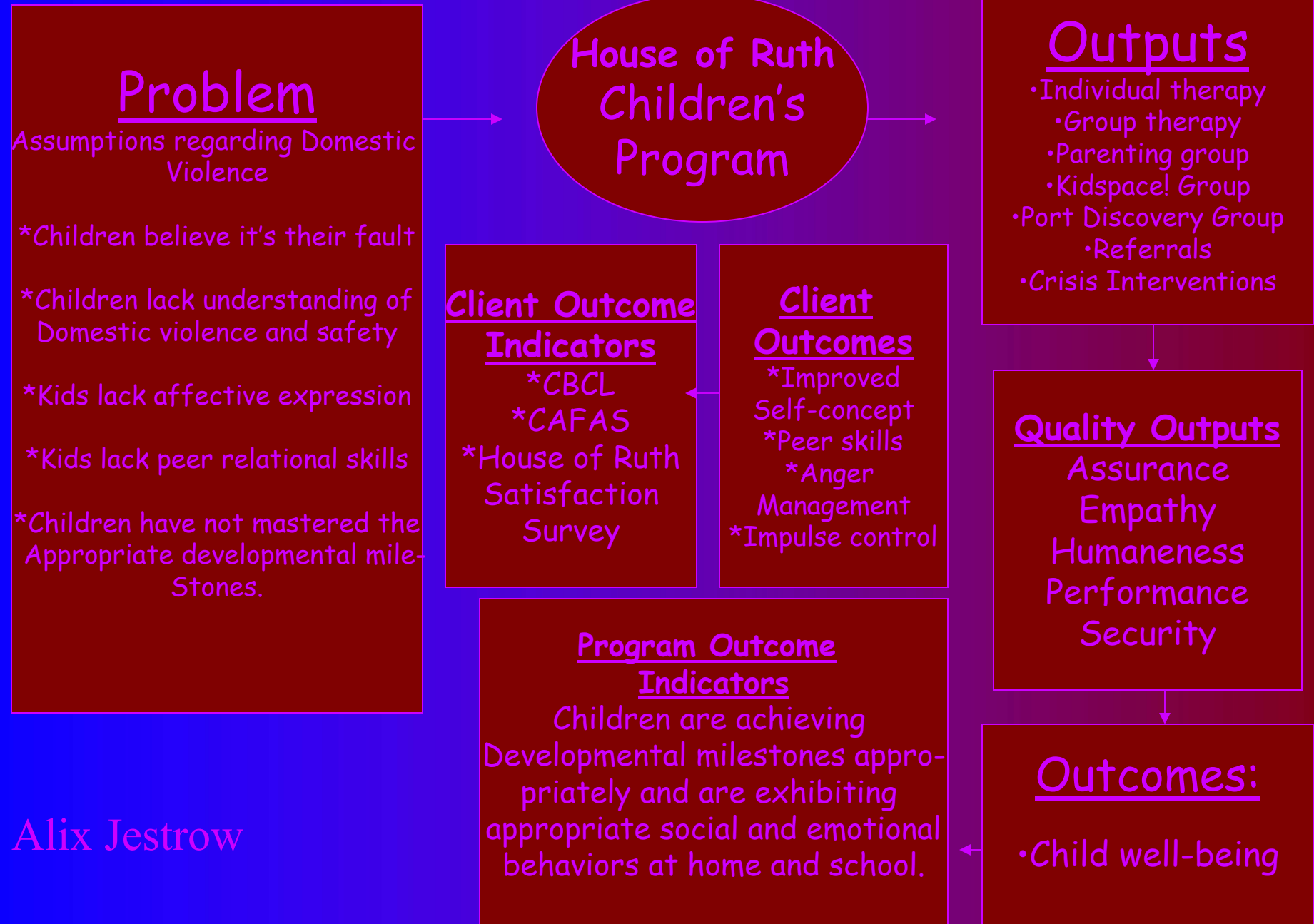
Client Level Outcomes Indicators

- % of families who have increased social/familial supports by the end of the program
- % of families who have increased parenting/nurturing skills by the end of the program
- % of families who have abstained from substances at the end of the program.

Social Problem: Families Battling Substance Abuse & Child Abuse/Neglect

Adapted from Patricia Sparrow

Program Logic Model

Problem
Assumptions regarding Domestic Violence

*Children believe it's their fault

*Children lack understanding of Domestic violence and safety

*Kids lack affective expression

*Kids lack peer relational skills

*Children have not mastered the Appropriate developmental mile-Stones.

Alix Jestrow

House of Ruth Children's Program

Client Outcome Indicators
*CBCL
*CAFAS
*House of Ruth Satisfaction Survey

Client Outcomes
*Improved Self-concept
*Peer skills
*Anger Management
*Impulse control

Program Outcome Indicators
Children are achieving Developmental milestones appro-priately and are exhibiting appropriate social and emotional behaviors at home and school.

Outputs
•Individual therapy
•Group therapy
•Parenting group
•Kidspace! Group
•Port Discovery Group
•Referrals
•Crisis Interventions

Quality Outputs
Assurance
Empathy
Humaneness
Performance
Security

Outcomes:
•Child well-being

Program Effectiveness Logic Model

Melissa Curtis-Cherry

The Positive Parenting Program

Purpose: to enhance family well-being and decrease the incidence of chronic child neglect in families, thereby increasing safety and permanency for children

Services: parenting skills classes, family therapy, parent support groups, case management, referrals, home visits

Intermediate Outputs

- # of family therapy sessions provided per month
- # of parent groups held per month
- # of referrals made to other community programs per month
- # of hours spent in the home providing case management and referrals per month
- # of transportation and child care vouchers provided per month

Final Outputs

- # of parents who attend all 12 sessions of parent group
- # of parents who participate in weekly home visits for 3 months
- # of families who complete the recommended level of family therapy

Outcomes

Program-level: Child Safety

Program-level Outcome Indicators:
- % of families without a substantiated or indicated abuse/neglect finding while receiving services
- % of families whose scores improved and are below 50 on the *Ontario Child Neglect Index*
- % of families without a substantiated or indicated abuse/neglect finding within 1 year of case closure

Client-level: Family Well-being

Client-level Outcome Indicators:
- % of client families whose scores improved on the FAF
- % of client families whose scores improved on the *Life Stressors and Social Resources Inventory*

Quality Outputs

- % of client families who rate program staff as competent (competency)
- % of client families who report that program staff make an effort to meet their individual needs most of the time (empathy)
- % of client families who report the program accomplishes its intended purpose (performance)
- % of client families who report that program services are consistent and do not vary from week to week (reliability)
- % of client families served within one week of being referred to the program (responsiveness)

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Logic Model

ADOPTION Program
-Adoption of Older Children & Sibling Groups
-27 hr special training
-Home studies
-Pre and Post Placement Counseling

Outputs
# of hrs of pre-placement counseling / month / family
# of hrs of post-placement counseling / month / family
# of hrs of special training /month / family
# of referrals to outside agencies
# of training booklets given

Quality Outputs
% of sessions for pre-placement counseling that begin on time
% of sessions for post-placement counseling that begin on time
% of services provided by knowledgeable, competent staff

Adapted from Stacey Burggraff

Program Outcome Permanency

Client Level Outcomes
Family & Child Well-being

Outcome Indicators
% of children placed in permanent families in 12 mon
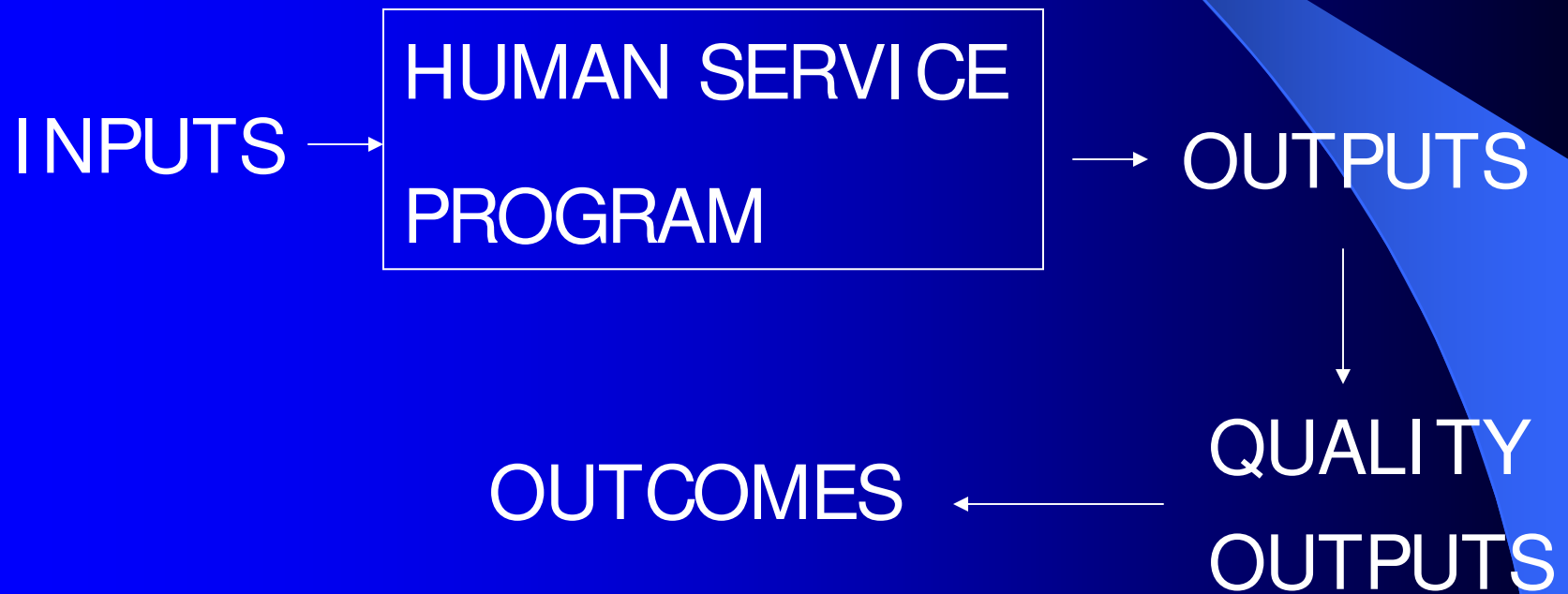% of children who remain in families without disruption within 12 months of adoption

Outcome Indicators
% of adoptive families that are able to bond and be successful within 12 months

% of children who feel comfortable in and part of their new families within 12 months

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Your Program's Effectiveness

INPUTS →

| HUMAN SERVICE |
| PROGRAM |

→ OUTPUTS

↓

QUALITY
OUTPUTS

OUTCOMES ←

Practice on your own on the pages that follow

Diane DePanfilis

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Start with Defining your Program Outcomes

- What is a primary purpose of your program? (based on assumptions)

  –
  _____

- What condition of client well-being will indicate success? (define it)

  _____

  _____

Identify examples of inputs essential for your program.

- Examples:

  - _____

    _____

    _____

    _____

    _____

    _____

Identify examples of outputs of your program:

- Examples:

  –

Identify examples of quality outputs of your program:

- Examples:

  –

  _____

  _____

  _____

  _____

  _____

  _____

Identify examples of indicators for your program outcome:

- Examples:

  –

  _____

  _____

  _____

  _____

  _____

  _____

Words of wisdom

"Toto, I've a feeling we're not in Kansas anymore."

-Dorothy, Wizard of Oz

Key References

- Kettner, P. M., Moroney, R. M., & Martin, L. L. (1999). *Designing and managing programs (*2nd Edition). Thousand Oaks, CA: Sage.

- Martin, L. L. & Kettner, P. M. (1996). *Measuring the performance of human service programs*. Thousand Oaks, CA: Sage.

Web Page

- http://www.family.umaryland.edu
  - Click on Education