

**OUTCOME MEASUREMENT IN CHILD PROTECTION:
INTERNATIONAL LITERATURE REVIEW AND CRITICAL ANALYSIS
OF CHILD PROTECTION AND ALTERNATIVE PLACEMENT
OUTCOME MEASURES**

FINAL REPORT

COMMONWEALTH/STATE SERVICE PROVISION

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The views expressed in this report are those of the consultants', and do not necessarily reflect those of the Steering Committee or the Productivity Commission.

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EXECUTIVE SUMMARY

This report examines the current state of development of child protection and supported placement outcome measures, as reported in the international English language literature.

Theoretical issues and implementation considerations are set out in some detail.

Major theoretical issues concern the difficulty in clearly distinguishing output (process) measures and outcome measures, the lack of current knowledge of causal chains in the social sciences, the need to make explicit the assumptions that link measures to outcomes and the difficulty in defining outcomes that are a direct measure of program effectiveness. Long term outcome measures, for example, are vital for showing what happens in children's lives, but they have considerable weaknesses as a stand alone measure of the effectiveness of child welfare services since many factors help shape the circumstances of a child's life.

Major implementation issues concern the limitations of current management information systems, the need to ground outcome measures in day to day casework planning and review, and the general absence of data quality control.

The general consensus in the literature is that a range of indicators and a range of data collection strategies are required to adequately describe the effectiveness of an intervention program. Indicators should include short term output indicators that measure compliance with quality standards as well as long term indicators that measure changes in a child's circumstances and behaviour. Measurement strategies should include the collection of routine management information system data as well as the use of follow up sample surveys to investigate the relevance of possible measures of client status in more detail and to assess the link between short term quality measures and longer term outcomes.

The report provides a comprehensive list of outcome measures identified in the literature, a critical analysis of the most relevant measures, and

recommendations for a set of preferred measures for both child protection and supported placement interventions.

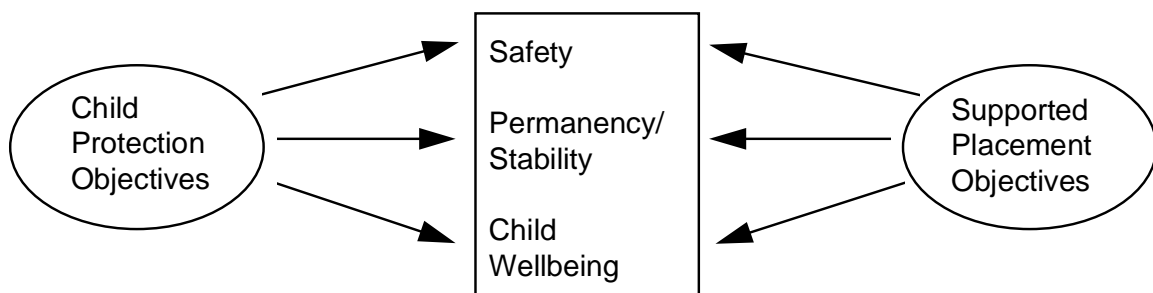
The context for the analysis and identification of preferred measures is the performance indicators framework for child protection services and supported placements set out in the COAG sponsored *Report on Government Services 1998*

That framework distinguishes effectiveness measures relating to outcomes, targeting and service quality.

This report focuses on outcome indicators, that is, observations of actual events or aspects of life situations directly experienced by children who receive child protection or supported placement services, rather than indicators of service quality.

In view of the importance attached in the literature to the development of multiple perspectives, for reporting as full a picture as possible, the report also examines measures based on the perceptions of children, their families, caseworkers and other professional sources.

Identified outcome measures for both child protection intervention and supported placement services can be classified in terms of safety, permanency/stability and child wellbeing.



The preferred measures identified for the safety goal focus on safety in terms of keeping children free from subsequent reported abuse. They also distinguish between immediate and longer term safety, and where the abuse occurs.

The preferred measures identified for the permanency/stability goal focus on two broad areas of children's living arrangements:

- Achieving permanency through remaining with their family; being reunited with their family after a supported placement; a permanent kinship or foster care placement; or adoption.
- Maintaining stability through: minimising the number of different care placements; being placed with familiar people (e.g., siblings); or in familiar surroundings.

Reporting on permanency and stability must always be accompanied by consideration of safety outcomes. Otherwise, desirable outcomes such as being reunited may mask undesirable outcomes such as further abuse within the family.

No preferred measures for the child wellbeing goal are identified. This is due to the lack of well developed and tested measures in the international literature. It would be premature to implement national reporting of child wellbeing measures until more development work has been undertaken. However, child (and family) wellbeing is an important area of outcome measurement in the child protection area as a whole, and should be pursued as a priority for the longer term.

Suggested actions for progressing the development of national child wellbeing outcome indicators are outlined. These actions include networking about work currently in progress in the U.K , the U.S. and different Australian states and territories, and building support for a national sample survey to further develop in depth outcome measures in the Australian context. The potential for the adaptation of the U.K. Looking After Children approach to aggregated wellbeing outcome measures is identified as suitable for further exploration.

Contents

	Page
Acknowledgements	2
Executive Summary	3
1. Study Aims and Objectives	8
2. Summary and Implications for Action	9
2.1 Structure and Summary of Report	9
2.2 Implications for Future Action	14
2.2.1 Routine Safety, Permanency & Stability Measures	14
2.2.2 Wellbeing Measures	14
2.2.2.1 Looking After Children Approach	15
2.2.2.2 Flinders University Approach	16
2.2.2.3 State/Territory Pilots	16
2.3 Specific Research Projects	17
2.4 Literature Access	18
3. International Approaches to Outcomes Measurement	19
3.1 Overall Stage of Development	19
3.2 Main Bodies of Literature	19
3.2.1 U.S. Experience	20
3.2.2 U.K. Experience	22
3.3 Australian Situation	23
3.4 New Zealand	27
3.5 Canada	28
4. Theoretical Issues Highlighted in the Literature	29
4.1 The Place of Outcome Measures in Performance Monitoring Models in the Literature	29
4.2 Cause and Effect/Control and Responsibility	33
4.3 Proxy Outcome Measures vs. Observable Outcomes	36
4.3.1 Case Events and Client Events	38
4.3.2 Proximal and Distal Measures	39
4.3.3 Short Term and Long Term Indicators	40
4.3.4 Reduced Risk as Outcome Indicator	41
4.4 Need for Multiple Indicators	43
4.5 Benchmarks and Standards	43
Child Protection Outcome Measurement - Final Report Young & Gain Consultants	6

4.6	Client Satisfaction, Consumer Surveys and Client Involvement	46
4.7	Standardised Assessment Tools	53
4.8	Significant Groupings, including Age Related Indicators	57
		Page
5.	Implementation Considerations Highlighted in the Literature	60
5.1	Case Practice	60
5.1.1	Case Practice Based Outcomes Models	61
5.2	Data Sources and Systems	64
5.3	Longitudinal Measures	68
5.4	Other Implementation Issues	70
6.	Listing of Measures Described as Outcome Measures or Indicators in the Literature	72
	Child Protection Objectives	75
	Goal: Safety	75
	Goal: Permanency/Stability	78
	Goal: Child Wellbeing	78
	Goal: Family Wellbeing	81
	Goal: Family Preservation	82
	Goal: Consumer Satisfaction	82
	Supported Placement Objectives	83
	Goal: Safety	83
	Goal: Permanency/Stability	83
	Goal: Child Wellbeing	84
	Goal: Consumer Satisfaction	84
7.	Critique of Listed Measures; and Identification of Preferred Measures	85
7.1	Child Protection Objectives	86
7.1.1	Safety Goal	86
7.1.2	Permanency/Stability Goals	91
7.1.3	Child Wellbeing Goal	93
7.2	Supported Placement Objectives	96
7.2.1	Safety Goal	96
7.2.2	Permanency/Stability Goals	96
7.2.3	Child Wellbeing Goal	98
	List of References	99
	Literature Sources	99
	Personal Communications	106

Annotated Bibliography (Separate Volume)

1. STUDY AIMS, OBJECTIVES AND METHODOLOGY

This study has been carried out to assist the Protection and Support Services Working Group to develop a series of outcome indicators for child protection and supported placement services which can be reported in the Report on Government Service Provision.

The objective of the study is to produce a survey of international experience, and critical analysis of existing and proposed international outcome measures in the area of child protection and supported placements to support the above purpose.

The study consisted of an electronic literature search targeted at English language countries, interviews with selected international experts and a literature review and analysis. A separately presented annotated bibliography describing the contents of the 131 books, articles, papers, chapters or reports accessed, was also prepared as part of the consultancy.

The project was carried out over four months and completed in September, 1998.

2.

SUMMARY AND IMPLICATIONS FOR ACTION

2.1 Structure and Summary of Report

This report is divided into five subsequent main sections: main bodies of literature; theoretical and conceptual considerations; implementation considerations; listing of outcome measures found in the literature; and critical analysis of possible outcome measures plus identification of preferred measures.

Section 3 outlines the status of current development of child welfare outcome measuring initiatives in five countries.

Although levels of development differ in each country, no routine reporting of measures for national comparison has yet been achieved.

One factor affecting the development of outcome measures for national reporting is the presence of a central authority requiring standardised reporting from state, territory or provincial governments, backed by legislative mandate or funding incentives.

Another factor is the lack of an outcomes emphasis in much day to day practice which makes it difficult to aggregate nationally comparable outcomes measures from existing records and information systems.

Section 4 examines conceptual issues discussed in the literature.

Section 4.1 examines the place of outcome measures in performance monitoring.

There is a lack of consensus in the literature about definitions of the concepts of input, process, output and outcome measures as described in the different models for measuring performance and categorising outcomes.

There is general consensus that direct outcomes measures are only one component of measuring effectiveness.

Relevant outcome measures may vary depending on the reason for measuring outcomes.

Section 4.2 examines the issues of cause and effect in child welfare and the limited evidence for matching particular outcomes with particular interventions.

There is consensus in the literature that long term child welfare outcomes are determined by a range of variables which are independent of the service received, and that only through longitudinal research employing appropriate control groups can the influence of particular services on client outcomes be assessed.

Strictly speaking, long term client outcomes should not be used as a measure of the effectiveness of child welfare services. They can be legitimately used to describe the outcomes for children who have received child welfare services, and it can legitimately be concluded that a child protection intervention played some part in this outcome. However, child welfare services cannot be held accountable for long term outcomes in the child's life. They can only be held accountable for performing the types of activities which are likely to lead to positive outcomes.

Where long term client outcome measures are used as part of an overall performance monitoring framework, they should be accompanied by quality measures indicating compliance with good practice, and their limited nature in terms of the amount of control capable of being exercised by child welfare services should be explicitly stated.

Section 4.3 looks at opinion on the appropriateness of using process measures as proxy client outcome measures as opposed to using observable client outcomes (or direct outcomes).

The literature contains divided opinion on (a) the relative merits of direct client outcome and proxy measures, and (b) whether direct client outcome measures are informative in the absence of process measures.

Where client outcome measures are used several authors have stressed the need to avoid assumptions about behaviours or situations that indicate particular outcomes and to concentrate on the direct measurement of actual outcomes.

Sections 4.3.1 to 4.3.2 introduce further sub-classifications of proxy and direct outcome measures discussed in the literature:

- Indicators can be based on case events (changes in case status) or client events (changes in client status). While some case indicators (such as re-abuse) may indicate change in client status, there is a general warning against using case events as proxy measures for client events.
- Outcome indicators may be proximally or distally linked to service activity. This distinction relates primarily to the closeness of the conceptual or causal link between service activity and outcome indicator. Some authors urge that distally linked indicators should always be accompanied by proximally linked indicators to ensure that the link between service activity and client outcome is understood.

- Outcome indicators may be short term, intermediate or long term. This distinction relates primarily to the passage of time between the service and the outcome, or to stages along the way to 'final' outcomes. There is agreement that measurement of long term indicators should be accompanied by short term and intermediate indicators to adequately reflect the effects of services.
- Outcome indicators may be based on directly observable events or on the measurement of conditions which are believed to underlie particular outcomes (such as risk conditions). Opinion in the literature is divided. Some authors believe that there is enough evidence linking standardised assessments to directly observable outcomes to warrant their use.

Section 4.4 shows that there is considerable agreement in the literature that multiple measures or indicators are required for accurate outcomes measurement. There is also agreement that collection of measures from different perspectives (e.g., children and families, foster carers as well as caseworkers) is desirable.

Section 4.5 deals with the concepts of benchmarks and standards. Discussion of benchmarks in the literature acknowledges that in order to evaluate service outcomes comparison with some standard is required. In the absence of clear community outcome standards, standards can be expressed in a range of ways, such as improvement on past service performance, comparison with outcomes of similar programs elsewhere or expert opinion.

Section 4.6 looks at client satisfaction, client surveys and client perspectives discussed in the literature.

There is general agreement as to the importance of assessing outcomes from the point of view of participants, but some authors see such measures as more important for feedback to inform service planning rather than as indicators of actual client outcomes.

There are a range of methodological problems involved in assessing perceptions including the reliability of the data, the difficulty of obtaining a sufficient sample size and the fact that workers, children and parents all may have different interests and hence different perspectives.

One emerging approach is to base assessments on joint consultations with all participants (staff and clients).

Section 4.7 looks at standardised instruments discussed or mentioned in the literature.

While extensive use has been made of standardised assessment scales as outcome measures there are many technical issues concerning the appropriateness, administration, validity and reliability of such scales which have yet to be resolved.

There is a lack of consensus about the most important dimensions of client status to measure and about which scales are most useful.

Use of such scales is time consuming and expensive and the evaluation of results needs to be technically sophisticated. Scales need to be administered before and after services to assess changes in status. Many of the scales reported have been developed in a broader health context rather than specifically for child protection services.

Further, scales are likely to be culturally specific and would need to be carefully evaluated for use in an Australian context.

It may be difficult to achieve national consensus about the use of particular standardised instruments.

Section 4.8 looks at literature discussion of measures for the significant groupings set out in the Brief for this study, and to which particular attention was requested: Victims of sexual abuse; high risk infants; high risk adolescents; indigenous persons.

In general, the outcomes literature did not distinguish outcomes for these groups in particular.

Section 5 discusses implementation issues discussed in the literature and shows that there is consensus that outcome measures need to be seen as relevant by caseworkers since it is the caseworkers who record the information.

Section 5.1 shows that some authors have developed outcome measurement regimes which are imbedded as an integral part of case planning and review. Such systems can provide caseworkers with feedback about individual cases and can also be aggregated to provide agency level outcome indicators. In this approach outcome measurement begins with the design of a standard casework process which emphasises goal setting, service planning and review.

Section 5.2 looks at possible data sources and existing data systems in the U.S. and the U.K.

Existing data sources are largely agency management information systems which tend to contain output rather than outcome data. The major outcome

related data that is widely available, at least in the U.S., is achievement of case goals.

The development of appropriate data collection systems, whether by modifying existing management information systems or by developing follow up surveys is time consuming and expensive.

Where nationally compatible data systems have been implemented they tend to be driven by legislative or funding requirements and focus on a description of program clients and outputs rather than client outcomes (i.e., they tend to focus on the issue of what programs do rather than what they achieve).

Section 5.3 shows the lack of data sources and systems to provide data on retrospective outcome measures and for longitudinal follow-up. This is one of the main barriers to the implementation of outcome measures.

Section 5.4 shows that there is a general consensus that longitudinal studies, particularly when they are used to compare outcomes for different groups of clients, are important tools for investigating cause and effect relationships and for obtaining a better understanding of the dynamics and patterns of client change.

However, there is also agreement that longitudinal studies involve significant drawbacks, including the difficulty of tracing mobile client families and the complexity and cost of the research effort involved.

Retrospective studies are warned against.

Section 5.4 shows that there are many further barriers to the successful implementation of outcome measurement regimes. These include lack of data standards, lack of systems to control data quality, inadequate management information systems, insufficient training and resources for caseworkers, and caseworker and management attitudes.

The experience noted in the literature suggests that unless these issues are addressed outcome measurement will not be successfully achieved.

Section 6 provides an extensive list of measures described as outcome measures or indicators in the literature.

Section 7 analyses a variety of outcome measures set out in the literature and formulates preferred measures for child protection safety and permanency/stability goals and supported placement safety and permanency/stability goals, suitable for national reporting.

Although child wellbeing outcome measures have been critiqued, no preferred measures have been recommended for use in national reporting, due to insufficient international development and testing. This would not preclude use of some of the identified wellbeing measures by individual state and territory departments or non government services.

2.2 Implications for Action

The three main areas of outcome measures identified are:

- Safety
- Permanency/Stability
- Wellbeing

These can be divided further in terms of their relative ease of collection:

- Those relating to the goals of safety and permanency/stability (e.g., re-abuse, re-uniting, number of placement moves, placed with siblings etc.) which should be routinely collected measures for state/territory data bases (although their implementation will require consultation, agreement and some data base modification).
- Those relating to the goal of child (or family) wellbeing for which there are no current comparable data bases and which require considerable development work - on the form of the measures themselves and on consensus and other implementation aspects.

2.2.1 Routine Safety, Permanency and Stability Measures

The development of routine measures of safety, permanency and stability will depend on the degree of commonality in existing agency management information systems. Whether such measures can be extended to include (a) all children who receive a child protection or supported placement service and (b) follow up over a standard period, will depend on state policies, the coverage of management information systems and the ability to link records of service episodes for individual children.

An initial step would be to agree on the specification of measures for routine implementation in consultation with the other states and territories. Consultation would need to include negotiation with states/territories about necessary information system modifications.

2.2.2 Wellbeing Indicators

This study has identified two broad directions for measuring wellbeing outcomes:

- Development of case-practice based ongoing data collection systems (like Looking After Children) which can eventually provide comparable measures for subsequent aggregation. This is the U.K. approach and the one used in the current N.S.W. non government initiative.
- Development or adaptation of standardised measuring instruments which can either be used as ongoing data collection systems or can be applied in periodic independent surveys. This is a common U.S. approach, also being recommended for New Zealand, and the direction of the current exercise in S.A.

Both approaches present common problems relating to the need for consensus among state/territory departments (and their contracted services), and the high cost of implementation.

Nevertheless, the importance of developing appropriate and comparable wellbeing measures suggests that these problems should be addressed in a systematic way. This will not be a short term exercise.

After discussion with representatives of the Protection and Support Services Working Group, the Consultants suggest a three-pronged approach to the future development and collection of wellbeing outcome measures.

- Exploration of the potential of the Looking After Children system
- Exploration of the potential of the Flinders University outcome measuring approach
- Pilots and exchange of information between states and territories

This overall strategy should lead to agreement over time on the best wellbeing measures to use and the best way of achieving comparable results across Australia. It would be appropriate for pursuit by the Protection and Support Services Working Group in conjunction with the National Child Protection and Support Services group.

2.2.2.1 Looking After Children Approach

This project has already collected a considerable quantity of material and information about the Looking After Children (LAC) project.

In the U.K., the LAC project is in the process of piloting the use of the materials for aggregated outcome measurement. However, it seems as though they will require considerably more development work to be suitable for Australian purposes. In addition, the LAC materials mainly focus on children in supported placements. The Cleaver project in the U.K. is currently working on the development of new materials, based on the LAC approach, for the broader child protection population.

The LAC materials are also being adapted for implementation as a practice tool in N.S.W., Western Australia, Victoria and Tasmania. There is also interest in them in South Australia. So far, although only the N.S.W. Barnardos and U.N.S.W. joint project is actively working on them with the intention of producing ongoing aggregated outcome measures, there is interest in their potential for aggregation in most states.

It is suggested that the Protection and Support Services Working Group and the National Child Protection & Support Services group, build on this interest by exchanging information on LAC implementation issues and reporting on progressive results. This will inform discussions as to the feasibility of applying aspects of the LAC based approach across jurisdictions.

2.2.2.2 Flinders University Approach

One of the problems with the broad U.S. approach of using standardised measuring instruments is which instruments are most suitable. There is little consensus in the literature about this issue. Attempting to look at the whole array of instruments in use in different U.S. states, agencies and counties, and trying to assess their suitability for Australian conditions, would be a formidable task.

Professor Jim Barber from Flinders University has already looked at this problem in his work for the New Zealand Government, and is currently exploring it further in his joint project with the South Australian Department of Family & Community Services. He has selected and adapted a number of overseas instruments and normed them on Australian populations; and has developed some instruments specifically for the New Zealand and Australian situations.

It would seem sensible for the Protection and Support Services Working Group to liaise with Professor Barber to collect information on implementation issues and progressive results. This will again inform discussions as to the feasibility of applying aspects of this approach across jurisdictions.

The outcome of this assessment could be reported on at the same time as the outcome of the exploration of the LAC approach, and the advantages and disadvantages of the two different approaches could be compared.

2.2.2.3 State/Territory Pilots

A number of other exercises of relevance to understanding client outcomes and to the ultimate development of wellbeing outcome measures are occurring or planned in various states and territories. Two of these are:

- The Victorian Department of Human Services has started a major pilot project for the design and carrying out of an extensive child protection client survey, which will include the exploration of client perspectives on service delivery and effectiveness. The objectives of the survey are: to develop and pilot a valid and reliable consultation tool that will be applicable to Child Protection; and to identify strategies that will integrate client feedback into Child Protection practice and systems.
- The N.S.W. Department of Community Services is considering an interagency approach to the development of measures of population health, wellbeing and risk which would describe normative benchmarks for the child population. It is intended that this work would then inform the development of a risk assessment instrument for children referred for child protection or supported placement services.

Although they do not directly involve the development of wellbeing outcome measures for child protection, these two projects can make an important contribution to outcome measure development. The Victorian project will assist with developing appropriate ways of incorporating client perspectives into outcome measurement. Reliable collection of client perspectives is an important issue identified in the literature. The N.S.W. project will address the potential of risk assessment instruments as a basis for ongoing outcome measurement data, another important issue which remains unresolved in the literature.

It is suggested that the Protection and Support Services Working Group and the National Child Protection and Support Services group, facilitate information exchange about the progress of state/territory projects with implications for outcome measurement. It will be important to include information on the current work in Western Australia set out in Section 3.3 of this report.

Such an initiative is not an alternative to investigating the LAC and Flinders University approaches to wellbeing measurement, but a complementary exercise. Communication and monitoring of these and other useful state/territory initiatives could help to avoid duplication and may result in developing consensus about particular aspects of outcomes measurement. The sharing of research development between different agencies and different states, is one of the strengths of the U.S. annual roundtable on outcome measures, and has so far resulted in some common consensus around approaches and instruments.

2.3 Specific Research Projects

The strategy set out in Section 2.2 above is aimed at reaching agreement about wellbeing measures and ways of collecting them on a continuous or routine basis. To further explore the dimensions and measurement of client outcomes, and to improve understanding of the wider range of factors relating to the wellbeing of children in Australia, consideration could be given to the use of specific research projects.

For example, it is suggested that the development of a follow-up study of a sample of client families would allow examination of the following issues:

- (a) application of in depth measures of client wellbeing, including the use of interview and standardised assessment techniques which are not feasible for routine use;
- (b) the dynamics of client change and of the factors which contribute to such change; and
- (c) the ability of routine client outcome measures to predict longer term and substantive change in clients' lives.

Such research may focus specifically on clients of child protection and supported placement interventions and could be conducted periodically, say every 5 years. Alternatively it could be part of, or consistent with, a broader attempt to understand longitudinal changes in the wellbeing of families with children.

It may be possible to spread the funding burden across government agencies with related interests, such as health, education and juvenile justice authorities, given that they would also be interested in the measurement of child wellbeing. The engagement of all relevant state/territory government departments and agencies would provide a whole of government focus for such measurement.

2.4 Literature Access

It is understood that the Final Report and Annotated Bibliography produced by this study will be made accessible electronically to interested state/territory child welfare departments and other researchers. If this material is to be accessed via the Productivity Commission website, it would be useful to place a link on the Australian Department of Health & Family Services publications site to assist international access.

3. INTERNATIONAL APPROACHES TO OUTCOMES MEASUREMENT

3.1 Overall Stage of Development

It is important to recognise at the outset that although a great deal has been talked about and written about the desirability and development of outcome indicators for child protection and supported placements over the last 15 years, development and implementation is still in its infancy.

Literature sources consistently noted that most of the past work and much of the recent work is focused on output, process or quality indicators (measuring what is provided and how) rather than outcome indicators (measuring the results or impacts on children and families). (See, for instance, Anderson et al 1995; Briar & Blythe 1985; Dartington Social Research Unit 1997; Hallett & Birchall 1992; Johnson 1998; Kirk 1993; Orthner et al 1994; Parker 1991; Patti 1987; Poertner, McDonald & Murray, 1997; Potter 1993; Schene 1996.)

Most of the literature does not distinguish specifically between child protection and supported placements when considering outcomes. The focus of outcomes development is a broad child welfare one, which encompasses these two areas plus the area of family support/preservation. (See Poertner, McDonald & Murray, 1997; Parker et al. 1991.)

3.2 Main Bodies of Literature

The two main bodies of literature dealing with outcomes measurement in child welfare identified are the U.S. work and the U.K. work.

Emphasis on the need for a focus on outcomes arose from similar conditions in both countries (see, for instance, Parker 1991; Ward 1995; American Humane Association 1996):

- The inability to provide evidence about outcomes.
- Uncertainty and lack of confidence amongst practitioners about which interventions were achieving which results.
- Greater emphasis by governments on accountability for public expenditure and on public sector techniques for managing by results.
- Media sensationalism. This prompted public calls for greater scrutiny.
- The rise of the children's rights or children's consumer movement (particularly in the U.K.).

3.2.1 U.S. Experience

The work done in the U.S. is described in a large number of articles, papers and books and is very much more eclectic than the almost single body of research emanating from the U.K.

In the U.S., a huge variety of attempts to conceptualise, develop and implement outcome measures has been progressing over the last decade in various states, academic institutions, and amongst government and non government sector administrators and practitioners. From 1993 to 1997 an annual conference or Roundtable has been jointly sponsored by the American Humane Association (AHA) and the National Association of Public Child Welfare Administrators (NAPCWA) to look specifically at the development and implementation of outcome measures in child welfare services and to develop consensus about appropriate indicators.

The outcome areas where consensus appears to have emerged in the U.S. are based on national child protection goals (American Humane Association (AHA) 1996; Rosenbaum 1998) of:

- Improving safety
- Achieving permanency
- Improving children's emotional and behavioural wellbeing
- Improving parenting skills

The United States Government is currently working with the AHA and NAPCWA to develop outcome measures to be used in the review of federally assisted child and family service programs which will commence in May 1999 (Rosenbaum).

The definitions of child welfare outcomes approved by the United States Department of Health and Human Services, Administration on Children, Youth and Families (Poertner 1997; AHA1996) are:

Safety

- Children are protected from abuse and neglect in their own homes whenever possible
- The risk of harm to children is minimised

Permanency

- Children will have permanency and stability in their living situations
- The continuity of family relationships, culture and connections will be preserved for children

Child and Family Wellbeing

- Families will have enhanced capacity to provide for their children

- School-age children will have educational achievements appropriate to their abilities
- Children will received adequate services to meet their physical and mental health needs

There is consensus that the child and family wellbeing areas are the most underdeveloped (Poertner, McDonald & Murray, 1997). The most commonly identified domains for measuring child wellbeing include (Poertner, 1998):

Health	Education
Family & Social Support	Personal Wellbeing
Behavioural Adjustment	Employment & Economic Stability
Residential Status (Homelessness)	

Separate projects for developing and implementing child welfare outcome indicators are in progress in a number of states and organisations including:

- Oregon Department of Human Resources, Children's Services Division (NCWRCMA, 1992; Zeller, 1993)
- Utah, Adolescent out of home care programs, Residential Care.(Bassett & Bjorklund, 1995; Bjorklund 1998)
- Texas Department of Protective and Regulatory Services (Alexander 1997; Fluke 1996; Malone & Matusiewicz, 1997; Sheets & Kern, 1995)
- Iowa, Nebraska, Kansas & Missouri - Region VII, Out of Home Care (AHA 1996; Matt 1998)
- Colorado Department of Social Services (Anderson et al., 1995; Pope 1998)
- Oklahoma Department of Human Services (Arnold, 1998)
- Michigan Department of Social Services, Child Protection Services (Baird et al, 1996)
- Minnesota Department of Human Services (Johnson, 1998; Kuechler, 1988; Lyle, 1998,1993)
- Illinois Department of Children & Family Services
- North Dakota Children and Family Services, Department of Human Services (Schmid, 1993)
- Kansas Department of Social and Rehabilitation Services (Markowitz, 1998)
- Los Angeles County, Family and Children's Services, (McCroskey, 1992, 1997)
- Southern California, Children's Bureau (Morals, 1998)
- Maryland Department of Human Resources (Paulman, 1997)
- National Child Welfare Resource Center for Organizational Improvement at the University of Southern Maine

As at September 1998, Oregon and Illinois are routinely reporting on outcome measures at a state level. This reporting is focused on safety and permanency measures, rather than wellbeing measures. (Poertner, pers. comm., 8/9/98)

3.2.2 U.K. Experience

In the U.K., the Looking After Children (LAC) project, sponsored by the Department of Health, is the main vehicle for developing and implementing child welfare outcome measures (Dartington Social Research Unit, 1997).

The LAC project commenced in 1987 when the then Department of Health and Social Security set up a Working Party on Child Care Outcomes. The original working party operated until 1991. Membership of an ongoing Joint Steering Group is made up of central government and local authority officers and academics from various universities. The latter also constitute a continuing core project research and development team. (Ward 1995)

The main objective adhered to by the LAC project is for the state to provide the type of support which a child would receive from a "good parent". The LAC project took this theme, expressed in the Children's Act 1989, as the basis for its development of outcome assessment materials on the explicit assumption that "reasonable parenting will lead to the achievement of a satisfactory quality of life for children." (Ward 1995)

Satisfactory outcomes are defined as "long-term well-being in adulthood" (Ward 1995). Seven developmental dimensions, along which children need to progress to achieve satisfactory outcomes were identified by the LAC project.

Health	Education
Identity	Family and social relationships
Social presentation	Emotional and behavioural development
Self care skills	

Although it was set up to develop ways of assessing outcomes for children 'looked after away from home' (Dartington Social Research Unit, 1997) the emphasis of the research changed very early on. Instead of the emphasis being on developing outcome data items for use in aggregated outcomes reporting, the emphasis was officially changed to developing materials to assist caseworkers to include outcomes planning in their day to day work. The products of the project changed from developing a research tool to developing practice tools (Ward 1995). These tools have now been implemented in 92% of local authorities in England (Ward 1998). Current emphasis however, has now reverted to the original intention and a demonstration project is in process to pilot selected variables for use as aggregated outcome measures (Dartington Social Research Unit, 1997).

The 1989 Children's Act differentiates between 'in care' (covered by a court order) and 'in accommodation' (voluntary care). The original recommended scope of the project is all children 'in need' who come into contact with local child

welfare authorities. (Parker et al., 1991). However, the current project clearly focuses on children separated from their parents. Although the basic records contain information on child protection issues, such as category and dates of abuse registration and legal status (Department of Health, 1995), outcomes development appears to exclude child protection outcomes and concentrate on outcomes of out-of-home placements.

The above gap is being filled by a current research project auspiced by the Department of Health. Hedi Cleaver has been contracted to prepare an assessment instrument which will be capable of capturing outcomes for 'children in need', defined as children in the community needing assistance. Their needs will be organised according to the same seven developmental dimensions developed by the LAC project. The scope of this project specifically includes children in need of protection, although it is much wider and also includes children in the community who may simply need some supports to achieve better functioning. The first report of this project, provisionally entitled "Parents' Problems: Children's Needs" is currently being drafted. It is planned to trial the draft instrument in three local authorities. The instrument will include multi-agency first level assessment and variables are likely to include whether child has ever been registered as an abuse or neglect case, whether child is currently on the register, and whether siblings have been registered. It is planned, eventually, for this project to link up with the work done on the LAC outcomes variables, currently being piloted. (Cleaver, pers. comm., 31/8/98)

The other major relevant British exercise is the Inspecting for Quality work of the Department of Health's Social Services Inspectorate which seeks to monitor the implementation of the Working Together focus of the 1989 Children's Act (Social Services Inspectorate (SSI), 1993). The framework for inspections is designed to outline standards and criteria for testing the adequacy of local child protection services. Standards are defined as "the quality of performance which is required in the management and delivery of social services, if service provision is to accord with Department of Health policy and practice guidance". (SSI, 1993) In line with the above definition, the aspects of performance monitoring which the inspections are concerned with are quality or process ones rather than direct child and family outcome measures.

3.3 Australian Situation

Australia is different from both the U.K. and the U.S. in terms of government and bureaucratic structures, legislative mandate and funding mechanisms.

It has far fewer states and territories than the U.S., so the task of information dissemination and building consensus is less formidable.

On the other hand it does not have a national legislative mandate for child protection, unlike both the U.K. and the U.S.

The U.K. has a direct funding and monitoring relationship between its nationally responsible department and the local authorities which provide child protection and child welfare services (Ward 1995). Since 1974 the U.S. national government also holds some of the child protection purse strings and has a legislative base for requiring funding accountability data (Wells 1994) in the areas of adoption, foster care and preventive services (Poertner, pers. comm., 8/9/98).

This direct relationship is absent in Australia, which has a more independent relationship between the state child welfare providers and the national government.

In Australia, child protection and supported placement services are funded directly by state and territory governments who are also responsible for legislation, policy and practice. As a consequence, while core services are similar, the context within which such services are provided may differ from state to state. Historically the only outcome measure that has been agreed by all states and territories is the rate at which children receiving a child protection intervention are re-notified for child abuse.

Over recent years the state and territory welfare departments have been developing a national performance measurement framework for government child protection and supported placement services with the support of national agencies such as the Australian Institute of Health and Welfare and the Productivity Commission. This developmental work has been based on the following agreed service objectives:

The aim of child protection services is to:

- "Protect children and young people at risk of harm within their family or in circumstances in which the family of the child or young person does not have the capacity to protect them; and
- To assist families to protect children and young people." (Steering Committee for the Review of Commonwealth/State Service Provision, 1998)

The objective of supported placement services is "to care for children and young people aged [to] 18 years who cannot live with their parents for reasons of safety or family crisis." (Steering Committee for the Review of Commonwealth/ State Service Provision, 1998)

In addition to the above intergovernmental endeavour, there is considerable interest in child protection outcome measures in some state and territories.

The Western Australian Department of Family and Children's Services reports annually to the State Government on departmental effectiveness indicators in the protection and care for children area (Dawkins, pers comm., 22/9/98). Both outcome and service quality indicators are used. The former include:

1. Extent to which children are protected from maltreatment, measured by
 - a. Rate of maltreatment in the population (an impact indicator only)
 - b. Percentage of resubstantiated maltreatment within 12 months

2. Extent to which separation of children from families is prevented measured by:
 - a. Rate of children in supported placements
 - b. Percentage of children in supported care placed with extended family
 - c. Percentage of children in care who had a goal of family reunification and who returned home.

W.A. is also currently involved in a process of grouping services provided both departmentally and by funded services into key outputs to meet Treasury requirements for funding. This has required the development of service specifications for each key output with delineation of outcome objectives, output and outcome measures and ways of collecting the required data. The broad area of child protection and children in care has been broken into lower level outputs such as child maltreatment investigation services, apprehension and wardship services, family safety treatment services, intensive family support services, child placement services, family contact services and leaving care services. Each area is in the process of developing relevant output and outcome measures which should be finalised in the next three months prior to trialling. (Dawkins, pers. comm., 22/9/98)

Looking After Children materials are currently being introduced into Western Australian casework practice. Their use as the basis for outcome measuring is not being considered at the moment but may be tied in with outcome measure development further down the track. (Clare, pers. comm., 14/9/98)

In South Australia, the Department of Family & Community Services has obtained a licence to use the U.K. Looking After Children case practice materials and these have been trialled in a couple of locations. Consideration has been given to the use of LAC for aggregated outcome measures, but this would involve considerable discussion with contracted agencies as a result of recent moves to tendering in alternative care and has not been pursued. Instead, the Department has acquired an Australian Research Council (ARC) Grant for collaborative research with Professor Jim Barber of Flinders University Social Administration and Social Work Department. (Tolhurst, pers. comm. 2/9/98)

This project, "The Contracting Out of Alternative Care for Children: Evaluation & Implications for Social Work Practice", will develop outcome measures to "operationalise the constructs" of the state objectives for alternative care, and will also involve some actual outcome measurement of contracted services using standardised instruments (Barber, pers. comm., 2/9/98).

In N.S.W., current child protection outcomes development work is being carried out by the Department of Community Services and its community partners.

Barnardos Australia have obtained a practice licence and are currently in the process of obtaining a commercial licence for the LAC materials. Barnardos and Elizabeth Fernandez of the University of N.S.W. School of Social Work, have also obtained an ARC grant to carry out a national longitudinal project over 10 years: "Looking After Children, Pathways in Care". This involves the developing and adapting of LAC practice materials and their implementation (including training development) plus the measuring of outcomes for some children in care. The target group for measurement is children experiencing the Barnardos' "Find a Family" program, i.e., children in long term permanent specialised foster placement. (Voigt and Fernandez, pers comms., 2/9/98) The types of measures to be used in the longitudinal study are the LAC Select Variables and other measures either developed from the LAC practice materials or used by Fernandez in her previous study (Fernandez, 1996) and collected via additional periodic surveys (Fernandez, pers. comm., 2/9/98).

An evaluation by the Department of Community Services (DOCS) of the Intensive Adolescent Crisis/Short Term Services (which replaced remaining residential facilities with community based services), will test whether current outcome measures developed for adolescents in the care system are suitable. The Department, through its continuous improvement strategy 'Towards Better Service' is also developing benchmarks for service delivery through which it will identify and monitor client outcome measures. Interagency approaches such as the Joint Investigation Teams (police and DOCS) and the Physical Abuse and Neglect of Children teams (Health) have developed client outcomes for targeted client groups across a range of service providers (McGaulley, pers. comm., 24/9/98).

In Victoria, there is considerable interest in the use of LAC as a practice tool and, in the longer term, in exploring it as a possible source for aggregated outcome measurement. (Prent, pers. comm., 25/9/98)

The Department of Human Services has piloted the LAC Action and Assessment Records with 50 children in longterm out of home care placements in eight agencies. This pilot included the training of carers, child protection workers and agency case managers in using the records. In early 1998 the Eastern Region developed a set of information and care planning forms (an Essential Information

Record and a Care Planning Form) that complement and are consistent with the LAC philosophy and the approach and dimensions covered in the Action and Assessment Records. These forms are currently being piloted. (Prent, pers. comm., 25/9/98)

The Victorian Department of Human Services is also considering a major longitudinal study over three years "to examine the outcomes for children who are on a guardianship or custody order and who are placed in out-of-home care following intervention by protective services in Victoria." (*Research Matters*, September 1998).

It is understood that Tasmania also plans to implement the LAC system. It is expected to be in operation by 1999, at least as a casework practice and planning tool. (Voigt, pers. comm., 2/9/98)

3.4 New Zealand

The New Zealand Department of Social Welfare's Children, Young Persons and their Families Service commissioned a study of outcomes measurement in child protection which has recently been completed (Barber & Delfabbro, 1998, unpublished).

One of the purposes of the study was to develop outcome measures for national reporting purposes required by the New Zealand Government related to the child welfare legislative objectives mandated by the Children, Young Persons, and their Families Act 1989. The identified dimensions of these objectives relevant to this study are adequacy of parenting/caregiving, and child behaviour and wellbeing. The broad areas of measurement included in the study were:

- Child's psychological health/behaviour
- Adequacy of basic needs
- Caregiver related (parenting practice, control, conflict)
- Sexual activity and abuse

Several existing standardised instruments (or extracts from them) were used to collect outcome data (including excerpts from Achenbach's 1991 Child Behavior Checklist, Boyle et al's 1987 Child Behavior Checklist, Epstein et al's 1983 Family Assessment Device and Straus et al's 1995 revised Conflict Tactics Scales). Other instruments were specifically developed for the project and included measures for adequacy of basic needs, social worker rating of child's happiness and safety, caregiving and attachment and a Control Problems Checklist. Some of the instruments had been normed on Canadian or Australian general populations. The report recommends norming of all instruments on the New Zealand population and particularly for Maori and Pacific Islander populations.

Substantiated and unsubstantiated re-abuse rates are routinely reported nationally in New Zealand. (Barber, pers. comm., 2/998) and the CYPFS routinely collects social indicators such as school attendance (Barber & Delfabbro, 1998).

3.5 Canada

Like Australia and New Zealand, there is growing interest in Canada and growing consensus among Canadian directors of Child Welfare about the need to establish a means of measuring outcomes for children in state care. "Many in Canada would like to see the formation of nationally accepted guidelines for child welfare services and a standard data collection method." There is no national child regulating mechanism in Canada: provinces vary on issues such as "age of majority, the reasons for looking after children away from home, service provision and the availability of support and prevention." The U.K. Looking After Children materials are being trialled in five provinces: New Brunswick, Newfoundland, Nova Scotia, Ontario and Quebec. (Dartington Social Research Unit, 1995) These trials are current and have both a practice and an aggregate outcomes focus (Burford, pers. comm., 2/9/98)

Canada does not have any system of national reporting of child protection outcome measures. A current study "Incidence Study on Child Abuse and Neglect", funded by the Child Maltreatment Division at Health Canada, is the first Canadian attempt to get consistent measures of basic incidence at a national level. (Burford, pers. comm., 2/9/98) *"The study began in October 1997 and will conclude in March, 2000. The primary objective of the study is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect across Canada. Specifically the study is designed to: examine the rates of reported physical abuse, sexual abuse, neglect, and emotional maltreatment, as well as multiple forms of maltreatment; monitor forms of reported maltreatment; examine severity of maltreatment in terms of chronicity and evidence of harm/risk ; examine characteristics of reported children, families and alleged perpetrators; monitor short-term investigation outcomes, including substantiation rates, placement in care, use of child welfare court and criminal prosecution"* (Fallon, pers. comm., 2/9/98)

Summary Comment

Section 3 outlined the status of current development of child welfare outcome measuring initiatives in five countries.

Although levels of development differ in each country, no routine reporting of measures for national comparison has yet been achieved.

One factor affecting the development of outcome measures for national reporting is the number and relative autonomy, in the child welfare area, of state, territory or provincial governments

Another factor is the lack of an outcomes emphasis in much day to day practice which makes it difficult to aggregate nationally comparable outcomes measures from existing records and information systems.

4. THEORETICAL ISSUES HIGHLIGHTED IN THE LITERATURE

4.1 The Place of Outcome Measures in Performance Monitoring/Models in the Literature

There is considerable agreement that outcomes are just one part of performance measurement (see Kimmich, Kirk, Magura & Moses, NCWRCMA 1997, Poertner 1997, Sheet 1995).

This is in accord with the Australian framework of performance indicators for child protection services set out in the Report on Government Services 1998 which sets out the following model:

- Performance has two components: Effectiveness and Efficiency.
- Effectiveness has three components: Client outcomes, Targeting and Service Quality (if a service is provided).
- Service quality has three components: Standard of care of service (if a care service is provided), Customer satisfaction and Timeliness.

This review concentrates on the development of effectiveness indicators for client outcomes only.

The American literature in particular notes that it is important for performance monitoring to be able to compare inputs to outcomes and to be able to show what processes or outputs relate to what outcomes:

Fluke & Kern (1996) stress that outcome data must be accompanied by other performance measurement data, including resource inputs, processes and outputs, if results are to be meaningful.

Poertner (1997) stresses that

"Outcome results always need to be interpreted in light of other variables including process variables and input variables. Input variables are all of those characteristics of children and families that workers encounter when working with the family and that may have a significant impact on the results of the case (e.g. age of child, resources of the family caregiver, type of abuse, etc.) Process variables are related to the intervention (e.g. Department policies, worker behaviors, services provided, etc.)"

Sheets & Kern (1995) stress that outcome measures must not be used by themselves as this could lead to incorrect judgements (e.g., staff not doing a good job when the problem is understaffing).

Baird 1993 stresses the need to include process evaluation because of the need to know whether success/failure in outcome is due to failure to put policies into practice or to flawed policies. "If a program is not functioning as designed, [e.g.,

failure to meet contract standards] then outcome and cost analyses are often irrelevant..."

Rapp & Poertner (1988) offer the following taxonomy of outcome measures:

- Affective changes
- Learning
- Behaviour changes
- Status maintenance or change
- Environmental modification

Models for performance monitoring set out in the literature include:

Texas Legislature Key Performance Measures: Annual reports are organised by objective and outcome measure, and by strategy and output, efficiency, input and explanatory measures. (Alexander 1998)

Colorado model for Evaluation of Performance:

- A. Input Indicators - "capacity to provide effective services". Inputs include:
 - Child and Family Characteristics: Description of the level of abuse or the quality of the parent/child relationship; Economic and demographic indicators including distance from service providers
 - Agency Characteristics: includes resources, caseworker/supervisor ratio, agency philosophy re outcomes approach
 - Community Characteristics: Demographics - unemployment, poverty, abuse and neglect rates, resources, history of collaboration
- B. Process Indicators - "description and measurement of how the service or intervention is implemented and delivered rather than what changes following the intervention".
 - Agency service process measures: completion of assessment, what assessment should include, timely responses to reports, development of treatment plan
 - Community Process measures: development of collaborative agreements, use of team interagency approach to staff new cases.
- C. Output Indicators - "the products or services delivered by an agency or its staff" (e.g., has the treatment plan been initiated, is the family in compliance with the plan, has the court accepted the plan), often defined as units of service.
- D. Outcome Indicators - Outcomes are "results or desired effects". Indicators are the "events or benchmarks that suggest progress towards attainment of a desired outcome", e.g., improvement in family functioning, decreases in the frequency or severity of abuse or neglect, elimination of further incidents of abuse or neglect. (Anderson et al., 1995)

Barth et al (1993) suggest three areas for using outcomes in program performance:

- Program process characteristics, including timelines of assessments, levels of contact (by definition a process characteristic is not an outcome)
- Program structural characteristics including child-staff ratios and condition of physical plant
- Case outcomes including the measure of "meaningful change in status"

Kirk (1993) identifies three different levels of outcome measures: systems level, program level, individual client level.

A study by the University of California Los Angeles quoted in Edgington et al. (1981) states: . *"When we talk about outcome evaluation what we really must look at is a complex interaction of parent characteristics, situational characteristics, and types of treatment, as well as the mistreatment itself."*

Magura and Moses (1986) offer the following model of program evaluation:

- Goal Variables: Program Objectives
- Process Variables: Program Inputs, Program Operation, Program Outputs
- Outcome Variables: Client Outcome, Social Impact.

Program inputs are defined by Magura and Moses as resources (e.g., money, facilities, staffing, equipment and materials). Program operation variables are agency structural arrangements and procedures followed by practitioners (best practice processes for child welfare services are found in the Child Welfare League of America standards). Program outputs are the direct products, usually represented by unit of service measures, e.g., number of intake studies completed, hours of counseling provided, days of care arranged. Client outcome is defined as a change or lack of change "in the condition, functioning, or problems of a client that can be attributed to the program". Social impacts are defined as the "consequences of individual client outcomes for the wider community, e.g., reductions in crime rate, increase in self-supporting members of the community.

The following framework was used for measuring performance in the Oregon Child Protection Performance Study (NCWRCMA 1992):

- Goal Outcomes: client outcomes and case status outcomes
- Process Outcomes (useful for anticipating outcomes and explaining why goals are not achieved)
- Process measures using set standards
- Client need, for use in targeting.
- Agency resources
- Outcome efficiency, ratio of agency costs to the level of goal achievement

In the UK, the Looking After Children project is piloting a model which will look at the links between children's needs, service inputs and developmental outcomes

(Dartington Social Research Unit, 1997). Selected variables are grouped into six categories:

- Demographics
- Needs
- Service
- Organisation Risk
- Progress
- 903 Items (legislatively required descriptive items)

Parker et al. (1991) describe a "production of welfare" approach that they believe is useful in conceiving the relationship between interventions and outcomes. The components to the model are:

- Final and Intermediary Outcomes
- Resource Inputs and Non Resource Inputs (e.g. child's own level of development)

As well as different combinations of categories of measures in different models, there is also some comment in the literature about different purposes for outcome development.

Fluke (1993) points out that appropriateness of measures will vary depending on the purposes for which they will be used, as the same measures will not serve all purposes. Purposes identified are:

- Program implementation - change
- Resource efficiency/availability
- Accountability - whether or not goal or objective was achieved
- Infrastructure development
- Communication - about functions, capability, effectiveness and limitations of an agency
- Research/knowledge building - querying of assumptions about efficacy

McCroskey (1997) notes:

"Assumptions about the reasons for measuring outcomes obviously influence both the processes and the results. Are we doing this to move toward shared responsibility, to respond to the market, to justify public expenditures, to lay the groundwork for extending or rationing care, or to understand and be better able to plan our own work?"

Summary Comment:

Section 4.1 examined the place of outcome measures in performance monitoring.

There is a lack of consensus in the literature about definitions of the concepts of input, process, output and outcome measures as described in

the different models for measuring performance and categorising outcomes.

There is general consensus that direct outcome measures are only one component of measuring effectiveness.

Relevant outcome measures may vary depending on the reason for measuring outcomes.

4.2 Cause and Effect/Control & Responsibility

There is acknowledgement throughout the literature both that child welfare interventions in general are only one small part of life influences on a child and their family; and that the current level of empirical research into what interventions have what effects is very limited.

In terms of causality related to responsibility, Parker et al. (1991) totally reject any attempt to demonstrate cause and effect links of interventions and outcomes: *"We repeat that it is rarely possible to establish causal relationships in child care. There are too many uncontrollable factors, against which a child's experiences 'in care' may be of relatively minor significance." And "Moreover, it would not be possible to tell whether changes in position [e.g. on tests or scales] were related to the quality of care provided or to extraneous factors such as the child's experiences at school or the natural processes of maturation. Those who provide care are not in control of all the factors which determine outcome, and therefore cannot be held responsible for each individual success or failure.... Therefore our system... asks whether children looked after or supervised by local authorities are receiving the type of experiences that are requisite to their achievement. Thus it concentrates on the areas over which local authorities have some control, and for which they may be held accountable"*

Kirk (1993) states that as a result of legislation driven quality measurement *"We then measure aggregate program outcomes... like 'the number of children reunited with families', etcetera, and make large leaps of faith that these so called outcomes somehow relate to client or family condition or function, and that they were caused by the completion of the processes recorded in the information system."*

Other variations on this theme include:

- Sonia Jackson in Ward (1995) states: *"It would be naïve to suggest that there is a direct causal relationship between social work interventions, the care provided within placements and outcomes for individual children...."*
- Kimmich (1993a) notes that an intervention cannot control "a lot of what happens in a family".
- Rapp & Poertner (1988) acknowledge the problem of trying to measure holistic outcomes, affected by more than the particular child welfare program.

- Poertner, McDonald & Murray (1997) argue that the responsibility of the public child welfare system for child wellbeing going into adulthood should be limited to cases where "a significant part of the child's life is spent in state custody or where the child remains in custody to adulthood". They also observe that it is difficult to say whether the public child welfare system, the education system or the larger economic system should be held responsible for long term results.
- Fraser (1990) notes the difficulty in demonstrating that "clients' changes are due to the program and the program alone" and stresses the need for rigorous research design including the use of control groups.
- Lloyd Malone in Anderson et al. (1995) asks: "*What does it mean to child welfare services delivery and program evaluation when we select outcomes which we don't control?*"
- Pecora et al. (1989) state that one of the main criteria for choosing an outcome is: What is the agency really responsible for versus outputs or outcomes that a consortia or another agency is responsible for?

In terms of the state of empirical evidence about whether the interventions used produce the desired outcomes, Schalock (1995) concludes at the end of a 242 page textbook on outcome-based evaluation:

"We frequently know relatively little about how specific interventions produce specific outcomes. We saw... that numerous internal and external factors can have a significant impact on a program's results. Unless each of these contextual variables is controlled experimentally, one is often unable to attribute with certainty the person-referenced outcomes to the program's intervention."

And McCroskey (1997) quotes from an Institute of Services Management paper:

"... child welfare has very limited outcome data... In child welfare, the relationship between symptoms, diagnoses, interventions, and outcomes is measured anecdotally rather than empirically. The result is a decision-making process that relies on what interventions are available, since it is not always clear what is needed."

Other variations on this theme include:

- Melton & Flood (1994) state: "*the state of knowledge about child abuse and neglect remains seriously inadequate, the field of child protection is notable more for what is not known, and the situation has not changed appreciably in recent years.*"
- Patti (1987) notes: "*Some observers contend that selecting service technologies is an insurmountable obstacle because not enough information has been accumulated to know how to apply the process to clients; service technologies are 'indeterminate'; that is, it is impossible to predict the outcomes of service interventions.*" However, Patti asserts that this situation can be remedied with further research.
- Wells (1998) Strongly recommends longitudinal work to determine effectiveness: "*only by following cases over time, with rigorous measures of the problems and interventions used, will we come to truly know our potential for protecting children...*", and notes that difficulties in definition make it "*impossible to discuss effectiveness if it is unclear what the problem was before intervention.*"
- Dempster & Roberts (1991) note that "to date there have been few attempts to apply a scientific approach to the outcome of therapy."

- Fluke (1993) concludes that there is a need to verify hypotheses about cause and effect in child welfare.
- Rafal & Kimmich (1992) note that "*The studies we reviewed primarily demonstrate associations among variables rather than causality.*"
- Hansen et al. (1998) note that there is a lack of empirical outcome studies that evaluate particular interventions.
- Kolko (1998) states "It is important to bear in mind that the empirical literature examining treatment is quite limited in that many treatment outcome studies are not controlled or carefully conducted experiments."
- Oates & Bross (1995) conclude that considerably more research is required to investigate what types of intervention/treatment are likely to be effective.
- Potter (1993) observes that knowledge about cause and effect aspects of interventions is "an area in which our knowledge is woefully inadequate."
- Chamberlain et al. (1992) say that "Relatively little controlled research has been conducted on the effectiveness of foster care."
- Gough (1993) states that: "Despite the very high number of publications on child abuse, only a small proportion are formal evaluations of the efficacy of interventive services."

Summary Comment:

Section 4.2 examined the issues of cause and effect in child welfare and the limited evidence for matching particular outcomes with particular interventions.

There is consensus in the literature that long term child welfare outcomes are determined by a range of variables which are independent of the service received, and that only through longitudinal research employing appropriate control groups can the influence of particular services on client outcomes be assessed.

Strictly speaking, long term client outcomes should not be used as a measure of the effectiveness of child welfare services. They can be legitimately used to describe the outcomes for children who have received child welfare services, and it can legitimately be concluded that a child protection intervention played some part in this outcome. However, child welfare services cannot be held accountable for long term outcomes in the child's life. They can only be held accountable for performing the types of activities which are likely to lead to positive outcomes.

Where long term client outcome measures are used as part of an overall performance monitoring framework, they should be accompanied by quality measures indicating compliance with good practice, and their limited nature in terms of the amount of control capable of being exercised by child welfare services should be explicitly stated.

4.3 Proxy Outcome Measures vs. Observable Outcomes

Arguments for and against the use of proxy measures as outcome indicators occur throughout the literature. The assumption that underlies the use of proxy measures is that certain (measurable) processes will have certain (difficult to measure) results. Thus measurement of the process substitutes for measurement of the result.

Although the Looking After Children project in the U.K. does use concrete outcome measures such as educational success and child's ability to make friendships in its list of selected variables, much of the data is about processes such as number of placement changes and whether the child has regular contact with relatives (Dartington Social Research Unit, 1997). In fact the entire thrust of Looking After Children is explicitly based on one major assumption, that good parenting will produce good outcomes (Ward 1995); and on the rejection of attempts to demonstrate intervention/outcomes causality (see Parker et al. in above section).

Arguments put forward for the use of process measures as proxy outcome indicators include:

- Parker et al. (1991): " *Accountability lies not so much in the result as in ensuring the quality of what is done beforehand. Even though it is impossible to know with certainty how far a local authority's interventions have influenced an ultimate outcome in child care, it is possible to determine how far the quality of the care or service that it has provided has improved the likelihood of success.*" And " *First, there is the idea of final outcomes.: the changes in a child's welfare, defined along the dimensions spanned by society's general objectives for child care and child development. Secondly, there are intermediate outcomes which are measures of the quality of care rather than the quality of life: they would include a supportive environment, a caring and attentive parent and a secure and stable family. All are achievements in themselves (and hence outcomes), but none of them is desired for its own sake. Their relevance lies in their known or presumed effect on final outcome.*"
- Hunter et al 1996 argue that if therapy is proven through research to be effective in producing desired outcomes, then a good proxy of outcome would be to measure the process of whether that therapy is correctly applied.
- Berlin (1992) asserts that there are a number of case status variables which could be used as proxies for client wellbeing including stability of living situation (multiple placements) and frequency of parental contact.
- Lehigh University in Pennsylvania in Edgington et al, 1981, spelled out the assumptions in the use of one process measure: Success could be measured by increasing the numbers of families who complete the full term of mandated services, this should lead to improved parenting skills, this should lead to fewer incidents of reabuse, this should lead to improvement in quality of the

family environment, should lead to enhanced development of the child, should lead to reduction in intergenerational cycle of abuse. *"I think one of our mistakes in talking about outcome assessment is that we have tried to get all the way to the end without going through the various steps that lead us to that end."*

- Fraser (1990) advocates the selection of proxy measures for global program goals, e.g., if the program goal is to prevent delinquency, measures might be parent-child attachment, school performance and peer associations " all measures that have been shown to be predictive of delinquency".
- The National Child Welfare Resource Center for Management and Administration (NCWRCMA 1992) argues that private sector systems theory (which takes process and outcomes as entirely separate things) is flawed in application to public sector services, where regulations and standards replace the invisible hand of the market. The argument is further made that measuring performance according to process standards is useful for two purposes: anticipating outcomes (e.g., slippage in doing case plans would be expected to result in more children in foster care for longer); and explaining why goals are not achieved.
- Rapp & Poertner (1988) assert that client processes and client outcomes are both desirable elements of client centeredness that should be measured. . . Process measures might include such behaviours as showing respect and , client input into decisionmaking

Other authors have argued against the use of process measures as proxy outcome indicators.

- Stephen Magura in Edgington et al. (1981) recommends concentration on direct outcome measures and the moving away from judgmental ratings of outcome by service providers to factual documentation of client situations or events: *"There should be less interest in measuring a parent's self esteem and greater interest in determining his or her caretaking skills"*
- Friedman (1997) argues that there can be successful programs (measured according to performance accountability) while overall outcome conditions change little. That is why it is necessary to go beyond performance accountability to "come face to face with real measures of success and failure". Examples of real outcomes include, healthy children, school success, young people avoiding trouble, children in stable self-sufficient families, families in safe and supportive communities.
- Kirk (1993) notes the difficulty in deciding whether the unit of measure should be process variables, program variables or actual changes in the status or condition of clients after intervention

- Patti (1987) observes: *"Managers have difficulty specifying desired service outcomes... they prefer to concentrate on outputs or process, or worker satisfaction, as surrogates of agency effectiveness. ... much of the displacement of goals is traceable to agencies pursuing performance outcomes that have little to do with client benefit."*
- Magura and Moses (1980) observe that using case events for measuring outcomes *"pose several serious difficulties in interpretation, since they are at best only proxy measures of case progress for clients."* They note that using case events as outcome measures assumes that agency decisions such as returning a child home are timely and correct.. They stress that *"Outcome evaluation of child welfare services must focus on observable improvement (or prevention of deterioration) in a child's personal functioning and environment."* And warn against using *"measures of predicted outcome, e.g., 'propensity for future abuse'... for "measures of actual client outcomes.... Although convenient, this method supposes that child abuse and neglect are sufficiently predictable to warrant labeling parents in advance, an assumption unsupported by several decades of research."* Magura and Moses also warn of the need to distinguish between *"actual or imminent harm... and the hypothesised antecedents or correlates of such harm..., e.g., parent's drinking reduced as indicator of better care to child, child's self esteem improvement versus non recurrence of delinquency."*
- Interestingly, NCWRCMA make a similar criticism of Magura & Moses Child Well-being Scales which, although endorsed as very useful, "[are] designed to measure the situations or environments which impact on the child's well-being, rather than the child's well-being itself".

Summary Comment:

Section 4.3 looked at opinion on the appropriateness of using process measures as proxy client outcome measures as opposed to using observable client outcomes (or direct outcomes).

The literature contains divided opinion on (a) the relative merits of direct client outcome and proxy measures, and (b) whether direct client outcome measures are informative in the absence of process measures.

Where client outcome measures are used several authors have stressed the need to avoid assumptions about behaviours or situations that indicate particular outcomes and to concentrate on the direct measurement of actual outcomes.

4.3.1 Case Events and Client Events

There is some mention in the American literature of the concepts of case events and client events (see, for instance, Berlin 1992, NCWRCMA (1992). The concepts appear to have been introduced by Magura and Moses in 1980 (see above section).

The concept is similar to the dichotomy between process indicators and observable outcome indicators. Case events are the types of things most often recorded in case records, such as, assessment of risk, changes in placement, case plans. Client events are what actually happens in people's lives. Magura and Moses (1986) describe them as follows:

- Case Status Variables - changes in the stage or phase of a case, in a client's service or legal status; sometimes interpreted as proxy indicators of client outcomes and as performance indicators for the service system.
- Client Status Variables - changes in a client's (child or parent) behavior, motives, knowledge, or resources, including changes in presenting problems, family functioning etc.

Magura & Moses (1986) note that: "*In general, it is not wise to use a service event or decision, such as foster placement, return home, or case closing as a proxy measure of family functioning.... Case status measures usually do not specify what types of client improvement have occurred.*" They also note that changes in types and length of placement and reunification are acceptable as measures of system change, but not of outcomes. For instance return home may not mean there has been any change in the home situation, just a change in the agency response.

NCWRCMA (1992) notes that reabuse is both a case status outcome and has an actual impact on the client.

4.3.2 Proximal and Distal Measures

These concepts appear to have been introduced by Mark Fraser (Pecora et al 1989). Proximal means there is a close conceptual relationship of outcome measure to program activity (e.g., measures of family functioning are "proximally tied" to the goal of helping families make improvements in functioning). Distal means either more remote in time or less immediately conceptually linked (example for family preservation service is out-of-home placement) (Fraser 1990). Other examples of distal measures are given in Spaid et al. 1991 and Kirk 1995.

The connection to the Lehigh University remarks (Edgington 1981 Section 4.3 above) about the need to look at steps along the way, rather than try to measure global end results should be noted. This issue is also returned to in Sections 4.3.3 and 5.1.1 below.

4.3.3 Short Term, Long Term and Intermediate Indicators

A number of other sources look at the question of what to measure in terms of its relationship with different stages of outcome over both time and conceptual distance.

Paulman (1997) advocates the grouping of measures into "Intermediate Outcomes" - clear targets (objectives) for specific actions that mark interim steps towards achieving the end outcomes, and "Performance Targets" - levels of outcome desired over time.

Potter (1993) advocates the selection of goals and setting of objectives which are specific, observable steps towards the goal (e.g., father's knowledge of developmentally appropriate discipline strategies by a set date).

Schene (1996) suggests the use of two components of outcomes: system and case oriented, where system changes (including provision of more support services) could be considered as "intermediary" outcomes to measure changes.

Hauser-Cram & Shonkoff (1988) argue that *"child focused outcomes must be defined in terms of both short-term/immediate effects and long-term/persistent or 'sleeper' effects."* They note that although long term outcomes are emphasised in the literature, *"short term outcomes ... should not be devalued.... Short-term child gains may be critical determinants of the kind of change in parental aspirations and behaviors that lead to sustained impacts on the parent-child relationship, with subsequently improved outcomes for both."*

Parker et al. (1991): *"The good local authority will mirror the practices of the reasonable parent. By taking the practices of the reasonable parent as the yardstick for evaluating the performance of a local authority (other corporate body with child care responsibilities) the emphasis is shifted away from rather intangible and elusive 'final outcomes' towards what is actually being done...."*

Parker et al. also note that: *"An 'outcome' implies a conclusion. Yet in reality events are progressive, interactive and, short of death, rarely final. Hence, the question of when something has become an outcome is of considerable importance.... The outcomes that matter to children are likely to be more immediate than those that concern adults. Likewise, deprived children and their families are unlikely to think in terms of long-term outcomes... Yet long-term outcomes may be more important, and they may prove to be quite different from those of a more intermediate nature."* And *"The notion of sequential outcomes should occupy a more prominent place in*

thinking about child care evaluation. Such a formulation would accommodate the idea of intermediate outcomes; but it would also be compatible with the step-by-step approach that is often the reality of social work practice." They recommend "a linked sequence of outcomes representing stages towards some more general and long-term goal". "Hence, there is a balance to be achieved in child care between short and long-term objectives and therefore between shorter and longer-term outcomes. Any scheme of evaluation that concentrates exclusively upon the one rather than the other is unlikely to ensure that children's best interests are promoted as successfully as possible."

4.3.4 Reduced Risk as Outcome Indicator

Some sources argue that reduced risk should not be used as an outcome indicator because the risk is not an observable outcome (see, for instance, Magura & Moses in Section 4.3 above).

Others see reduced risk, based on changes in observable conditions, as a legitimate and extremely useful indicator of child safety outcomes.

After over 10 years of implementation of outcome measures the Minnesota outcome evaluation system planned to include incorporation of measures "designed to assess the level of risk, whether or not risk is reduced, to what degree, and the distribution of cases by risk level, for example living arrangements." (Lyle 1993).

Holder (1995) believes that it is possible to translate risks to positive outcomes:

"To accomplish an adequate translation from risk influences to client outcomes, certain characteristics must be apparent. Risk influences must be conditions that are specifically defined and identifiable, clearly demonstrated, amenable to change, causal in nature or symptomatic, but controllable. Client outcomes must be measurable, understandable, and pertinent to CPS intervention."

Holder's examples of relevant risk influences are: chemical dependency, unrealistic expectations for a child, powerlessness and dependence, impulsiveness, and peer conflicts. Examples of client outcomes are: self-sufficiency, communication skills, problem solving, parenting knowledge and skill, and developmental/role achievement.

Jagannathan & Camasso (1996) regard the Magura & Moses Child Well-being Scales, one of the main instruments advocated in the literature for measuring outcome changes- see later Section 4.7?), as a risk assessment instrument. They group risk measures into four 'cause' areas: causes emanating from the individual child or parent, the family, the community context and the sociocultural environment.

Sheets & Kern (1995) say that the Texas child protection goals are the provision of immediate safety through "controlling the risk conditions within the family" and reducing or eliminating the problems causing the risk. Will Johnson in the same presentation, claims a positive correlation between measurement of risk and maltreatment recurrence.

Summary Comment:

Sections 4.3.1 to 4.3.2 introduce further sub-classifications of proxy and direct outcome measures discussed in the literature:

- **Indicators can be based on case events (changes in case status) or client events (changes in client status). While some case indicators (such as re-abuse) may indicate change in client status, there is a general warning against using case events as proxy measures for client events.**
- **Outcome indicators may be proximally or distally linked to service activity. This distinction relates primarily to how close is the conceptual or causal link between service activity and outcome indicator. Some authors urge that distally linked indicators should always be accompanied by proximally linked indicators to ensure that the link between service activity and client outcome is understood.**
- **Outcome indicators may be short term, intermediate or long term. This distinction relates primarily to the passage of time between the service or stages along the way to 'final' outcomes. There is agreement that measurement of long term indicators should be accompanied by short term and intermediate indicators to adequately reflect the effects of services.**
- **Outcome indicators may be based on directly observable events or on the measurement of conditions which are believed to underlie particular outcomes (such as risk conditions). Opinion in the literature is divided. Some authors believe that there is enough evidence linking standardised assessments to directly observable outcomes to warrant their use.**

4.4 Need for Multiple Indicators and Multiple Perspectives

There is considerable agreement in the literature that multiple measures or indicators are required for accurate outcomes measurement. There is also agreement that collection of measures from different perspectives (e.g., children and families, foster carers as well as caseworkers) is desirable.

Berlin (1992) argues against the use of single measures, such as maintaining the child in his/her family, placing the child in foster care, in gauging effectiveness.

Fraser (1990) says that the use of multiple indicators is one of the main principles for the selection of program outcome measures.

Magura & Moses (1986) recommend not only a multiple indicator approach to measurement but multiple methods of measuring the same indicator - triangulation, e.g., independent assessments by both workers and clients.

McCroskey (1997) endorses the use of both multiple measures and multiple perspectives (from different points of view, e.g., workers and clients) in outcomes research; and Kolko (1998) endorses the need for triangulation.

Kimmich (1993) notes that the use of single measures can have unintended side effects, e.g., non placement as a goal of family preservation can provide incentives to either only take non high risk families or keep children at home who might suffer harm.

4.5 Benchmarks and Standards

The use of the term 'benchmarks' in the literature is confused. Anderson et al. (1995) appear to use benchmarks as synonymous with progress events. Lyle (1998) uses it in the more conventional sense (in Australia) of agreed expectations or 'performance target'. Schene (1996) notes that Oregon, Minnesota and Missouri are developing benchmarks or measurable goals related to the wellbeing of children and families, but notes that on the whole there is little data to report on changing levels of outcomes.

The U.K. literature accessed does not discuss benchmarks and defines standards as "the quality of performance which is required in the management and delivery of social services, if service provision is to accord with Department

of Health policy and practice guidance." (SSI, 1993) The Looking After Children Project identifies a principal new standard introduced by the Children Act 1989: "is the child receiving that care which 'it would be reasonable to expect a parent to give to him'" (Parker et al., 1991)

A number of sources recommend the expressing of outcome measures as benchmarks or levels of achievement, i.e., in percentage terms (see for instance Lyle 1993, Markowitz 1998).

Some sources note the need for community standards or other benchmarks against which to compare levels of outcomes success.

Kimmich (1993) argues that outcomes must be measured against both minimum and model standards, to go further than prevent harm (minimum) and proceed to improve quality of life (model).

Patti (1987) recommends the development of standards or expectations against which outcomes can be measured. "It is probably better to have standards that are flawed than to have none at all."

Lyle (1998) notes that Minnesota plans to move to community and/or national benchmarks as distinct from individually negotiated outcomes.

Magura (Edginton et al 1981) asserts the need to tie outcome definitions to community standards of adequate child functioning, in terms of the child's development status and care-taking environment. Magura & Moses (1980) advocate the anchoring of outcome measurement in legal or community definitions of minimally adequate child functioning or child care.

NCWRCMA (1992) notes that there is little use in measuring processes without using standards, e.g., hours of service received.

Poertner, McDonald & Murray (1997) argue the need for setting standards for performance, and identify three sources for setting criteria: Single agency historical performance, expert opinion, highest level of agency performance with similar programs. The latter approach is recommended. The authors note that sufficient data is available to take this approach to standards for reabuse and permanency but not for child and family wellbeing or independent living: "*Since this area is so new, insufficient data exists to discuss standard setting in any meaningful way.... In addition to conceptual work on developing a consensus on what constitutes child well-being and how it should be measured, more comparative data is required before useful standards can be set.*"

There also appears to be a tendency in some of the literature to use percentage standards of success to compensate for the indeterminate nature of child welfare interventions. Rapp & Poertner suggest that the answer to trying to measure

holistic outcomes, affected by more than the particular program, is to use 'realistic' and varying standards of success for outcome achievement, e.g., 10-20% for the goal of unsubsidized employment for ADC recipients. Kimmich (1993) deals with the fact that an intervention cannot control many outcomes by suggesting the use of percentage targets, e.g., 75% of clients reached the goal as well as other types of measures to help explain why outcomes are not achieved and to improve assistance.

Summary comment:

Section 4.5 deals with the concepts of benchmarks and standards. Discussion of benchmarks in the literature acknowledges that in order to evaluate service outcomes comparison with some standard is required . In the absence of clear community outcome standards, standards can be expressed in a range of ways, such as improvement on past service performance, comparison with outcomes of similar programs elsewhere or expert opinion.

4.6 Client satisfaction, Consumer Surveys and Client Involvement

Some sources take for granted that client satisfaction is an outcome measure.

Markowitz (1998) includes client satisfaction with services received as an outcome measure, along with a number of other mainly process measures.

Kimmich (1993) identifies client satisfaction, both satisfaction with services and satisfaction with their personal life situations, as an outcome measure.

Magura & Moses (1980) state that client satisfaction can be a proxy measure for case outcomes or "a desired end product of service itself." They point out that it should not be used as a proxy measure for case outcomes unless questions are asked about the outcomes directly. Magura & Moses (1986) also give client satisfaction (the degree to which services have fulfilled the client's subjective needs, expectations or wishes) a separate status as an outcome variable, alongside case status variables and client status variables.

Patti (1987) also gives client satisfaction a separate status as an aspect of service effectiveness (an 'outcome variable'), alongside success in bringing about change and the quality aspect.

Rapp & Poertner (1988) locate client satisfaction as an affective outcome in their taxonomy of outcome measures but note: *"The place of client satisfaction in a taxonomy of client outcomes is in a state of flux. Is client satisfaction an adequate dependent variable in some human service programs?... The issue is not whether all human services should be concerned with client satisfaction, but whether it can serve as an end in its own right as an effectiveness (client outcome) measure."*

Pecora et al (1991) note that client satisfaction is seen by some as "an additional method of determining agency effectiveness" and say that *"Traditionally, program evaluation studies in child welfare have not focused on client satisfaction or client reports of improvement... In fact most program evaluators advise that consumer surveys be used primarily as sources of information for overall client satisfaction and program improvement... the viewpoints of children as consumers are rarely gathered."*

NCWRCMA (1992) recommend against using client feedback for performance measurement as distinct from service development and improvement.

Briar & Blythe (1985) regard client satisfaction with service as less useful to practitioners than a documented assessment of change in attitudes, skills and actual abuse.

Other sources also distinguish between client satisfaction itself and client reported outcomes:

Client self reports are considered to be a useful method of collecting outcome information, especially as a check or counter to practitioner reports. They are

advocated by Magura & Moses (1986(1)); Kolko 1998 (who goes so far as to argue that parent self reports are better than observations); and McCroskey (1997) as an additional perspective;

Poertner (1998) notes the use of some child self reports of feelings as outcome indicators (i.e., % of children in substitute care who feel loved, % of children in substitute care who feel safe).

Problems with reliability of self reports or consumer surveys are noted by a number of sources:

Bassett & Bjorklund (1995) note that customers are "reluctant to give honest feedback" because caseworkers are perceived as powerful decision makers".

Magura & Moses (1986) identify the following methodological problems with obtaining outcome information directly from child welfare clients: impressionistic evidence, no way to verify self-reports of behaviours, low response rates and inability to always guarantee confidentiality.

McCroskey (1997) notes that families and workers have different perspectives. One of her own studies showed that families did not identify problems at the beginning and did not identify changes later on. *"Families under public agency supervision 'cannot' see improvement when they saw no problems to begin with; and caseworkers 'must' see improvement when they have invested themselves in their agency's resources in helping families."*

Nelson & Sladen (1993) reinforce the above finding, stating that "there is clear evidence" that families see no significant problems and no significant change (pre and post service delivery) while caseworkers and teachers see significant problems pre service delivery and significant improvement in some areas post service delivery.

Pecora et al (1991) speculate that one reason why there had been little use of client satisfaction or self-reports of improvement is that the field is "so young". Limitations with consumer satisfaction and outcomes research which they had identified in the literature include:

- *"People seem satisfied with everything they are asked about*
- *The pre-existing negative attitudes that people hold about an organisation or program may contrast greatly with the actual results of service, resulting in inflated satisfaction ratings - a 'contrast' effect*
- *Evaluation studies rarely take into account the influence of the organisation (e.g., coercive power), client backgrounds, and other 'intervening variables' on client responses"*

Limitations emerging from their own research included:

- *"As suggested in the literature review section of this chapter, there is a tendency for clients in many treatment settings to increase their ratings of satisfaction because of social desirability."*

- Partial recall also raised the challenge of "*separating memory limitations from poorly articulated case goals*".

Shireman et al. (1990) note that there is "little in the literature on client satisfaction for mandated clients". Their own study sample was small and "difficult to obtain", only 57 families. In terms of service satisfaction there was 74% agreement between the agency records and what the mothers reported to the interviewers and 81% agreement on whether or not the situation had improved.

Brooks & Wholeben (1992) carried out a foster care evaluation in Texas which included interviewing parents, foster parents and children. Only 21% of biological parents could be interviewed, versus 62% of foster parents and 96% of foster children aged over 6 years. Interview schedules were not included. Differences in perceptions between case workers and biological parents included:

- Reasonable efforts to avoid removal - Nearly all caseworkers reported their belief that reasonable efforts had been made and 100% reported that they had explained the potential benefits of home services as an alternative; most biological parents reported that they were not offered home services and that their purposes and potential benefits were not explained.
- Family visits - Nearly all caseworkers reported encouraging visits; many parents reported no such encouragement.
- Reunification - nearly all administrators said it was agency policy to discuss the reunification plan with parents; most parents reported that they did not participate in such planning and 87% said that they did not know that the law requires efforts at prompt reunification.

Fraser (1990) notes that self reports of delinquency and substance abuse are considered reliable if sensitive language is used.

Millar & Millar (1981) note that the credibility of clients as the data source and poor completion rates are two of the main validity/reliability issues in client feedback procedures. The latter is a particular problem with follow-up studies.

Most sources advocate the need for joint client/worker consultation as good casework practice. Others go further and advocate joint assessment of outcomes:

Potter (1993) endorses joint (client/worker) identification of client needs and resources and the use of outcome data with the client.

The entire Looking After Children project is based on the joint identification of problems, plans and outcomes between practitioners, families and the children

themselves if old enough. The summary of whether objectives (outcomes) are achieved in the project material expressly asks whether the practitioners' views on the assessment are agreed with by parents, foster carers, other practitioners and the young person (from 10 years on if mature enough) who themselves fill in this information. (Department of Health, 1995)

Very few consumer survey instruments were included in the accessed literature. A number were briefly described:

Pecora et al. (1991) describe a survey of 396 primary caretakers with children receiving intensive family preservation services interviewed within 2 weeks of service completion:

"The Consumer Satisfaction Survey focused on the type of services received and the client's perception of the relative value of different elements of home based services...More specifically, the interviews focused on what clients thought were the most important treatment goals, what was most helpful about the service, comparisons of family functioning between now and before services were provided, as well as satisfaction with specific aspects of the therapist's behavior and the service itself. A mix of close- and open-ended questions were incorporated into the instruments."

Shireman et al (1990) conducted a study described as a comparison of reported outcomes with parent perceptions of outcomes from 18 months to 3 years after a report of abuse or neglect. Some of the questions used for satisfaction were overall satisfaction judgement (very satisfied to very dissatisfied), whether they were in general content with the package of services or whether they disliked more aspects than they liked, whether caseworker was helpful, perceptions of initial contact, whether caseworker inspired confidence, helped client understand feelings and behaviour, showed concern for parent, was easy to talk to, was organised, helped parent talk, was straightforward, kept in touch with family, was available (4 point scale: never to always).

Fernandez' (1996) study of biological parents included a family interview schedule which explored:

- "parents' experiences leading to the placement including their perception of the reason for placement
- their feelings with regard to being separated from their children in care
- their experiences after placement including contact with the child
- changes in their life situations
- their expectations and evaluation of the decision-making related to the placement and the care received by their children".

Some consumer survey instruments were included in the literature.

A copy of The Parent Outcome Interview is included as Chapter 6 of Magura & Moses 1986c. Apart from family identification information, the schedule is divided into 11 sections:

Referral Situation	Out of Home Placement
Housing and Economic Conditions	Physical Child Care
Discipline and Emotional Care of Children	Children's Academic Adjustment
Children's Conduct	Children's Symptomatic
Behavior	
Victimisation of Children	Parental Coping
Relationship with Social Worker	

Parents are asked questions about outcomes in a non threatening and non judgemental way. Questions/variables include:

- Overall, how is the [referral problem(s)] for your family now as compared with when you first talked with someone from [agency]? (Lot better to a lot worse). If better, "What do you feel is the most important way that [it] is better now?"
- Whether received services and if so, why the services did or did not help?
- Overall satisfaction with services received from caseworker
- Whether children returned, whether think they should be and if so, what would make it possible
- Initial problems with things like kitchen appliances, overcrowding, unsafe neighbourhood, rats, facing homelessness etc. Whether that is still a problem
- Whether money a problem then and now
- Whether service received helped improve problem and why
- Whether children were sometimes hungry, getting rashes or lice, left alone, been accidentally hurt, playing in dangerous places etc. - then and now, how situation has improved, whether service helped

And so on, through the 11 different sections of outcome.

Bassett (in Bassett & Bjorklund, 1995) carried out a Utah Customer Survey. Customers included clients, parents, foster parents, courts and other service providers. A 50% response rate was achieved. Sample forms for feedback from foster parents, youth and service providers are included with the presentation. Questions were asked regarding specific named workers. Caseworkers' behaviour statements are made and customers asked to rate the statement according to their perceptions. Statements include: Caseworker is courteous, involves you in treatment decisions, is professional, you are satisfied with the amount and quality of in-person and telephone contacts, your caseworker is helpful. Other questions included "Your caseworker has discussed your treatment plan with you?"

Millar & Millar (1981) include a number of client feedback instruments as appendices to their manual on developing client outcome monitoring systems:

- Chesapeake, Virginia-Durham, North Carolina-Urban Institute Questionnaire
- Jefferson County Client Impact Questionnaire
- Family Service Association of America Questionnaire (long and short versions)

- Two Milwaukee County Questionnaires: Homemaker Services and Group Child Day Care Services

Fryer et al (1990) carried out a self-administered survey of child protection clients in Iowa (instrument not included). This achieved a 25% response rate from an overall sample of 661 families. Respondents were given rating scales, a 10 point semantic differential format for qualities of the worker, and a standard Likert scale for the client's assessment of the worker's performance. Two further questions were asked: an overall rating of the protective service they received and whether or not family life had been made better or worse by the activities of the worker. The semantic differential items were Friendly/Rude, Helpful/Not caring, Efficient/Not organised, Patient/In a hurry, Professional/Too informal, Concerned/Not interested, Knowledgeable/Not competent. Over 80% of respondent's evaluated the worker favorably for each attribute, with over 50% giving maximum 10 out of 10 score. Items on worker's performance scale were: Accurate in judgement about our possible parenting problem, thorough in his/her examination of our case, Listened to what I had to say, Encouraged me to ask questions, Answered my questions to my satisfaction, Clearly explained what was expected of us, Showed concern for me. 22% believed that judgments made about their problems were inaccurate. All other items were rated positively (strongly agree/agree) by at least two-thirds of respondents. Rating of overall service was 38% excellent, 36% good, 15% fair, 11% poor; changes in client family life as a result of worker's efforts were 72% better, 28% worse.

As noted above, the Assessment and Action Records of the Looking After Children project are filled in jointly by clients, foster carers and social workers. There are also three separate Consultation Papers, for a child or young person, for a foster carer, residential worker or independent visitor, and for a parent/person with parental responsibility (Department of Health, 1995).. These are used in regular reviews of looked after children and contain questions such as:

- Child/young person: What has gone well/badly for you since your last review/in the last six months? Has anyone talked to you about the reasons why you are being looked after, and the long-term plans for your care? Is there anything you would like to see changed? Have you helped to fill in an Assessment and Action Record since the last review? Is there anybody who doesn't visit you whom you would like to see?
- Parent/Person with Parental Responsibility: What has gone well/badly for your child since the last review/in the last six months? Do you understand why your child is being looked after, and the long-term plans for his or her care? What would you like to see changed? If your child is or is about to be placed with you, can you think of any resources that would make it easier for you to care for him/her?

- Foster Parents etc.: What has gone well/badly for this child/young person etc.? Have you received a Basic Facts Sheet for this child/young person? Has it been adequately completed?

See also Section 4.4 above for endorsement of the need to include consumer perspectives in reporting of measures.

Summary Comment:

Section 4.6 looks at client satisfaction, client surveys and client perspectives discussed in the literature.

There is general agreement as to the importance of assessing outcomes from the point of view of participants, but some authors see such measures as more important for feedback to inform service planning rather than as indicators of actual client outcomes.

There are a range of methodological problems involved in assessing perceptions including the reliability of the data, the difficulty in obtaining a sufficient sample size and the fact that workers, children and parents all may have different interests and hence different perspectives.

One emerging approach is to base assessments on joint consultations with all participants (staff and clients).

4.7 Standardised Measurement Tools

It is axiomatic that some form of standardised data is necessary for the reporting of national or state outcomes and the comparison of outcomes between agencies. It is also possible to collect some comparable data without using standardised measurement tools so long as individual variables are comparable.

There are hundreds of standardised measurement and assessment tools discussed in the literature. These are mainly scales, with some checklists and inventories. They assess an enormous range of conditions or concepts within a large range of dimensions, the most common of which (see, for instance Magura & Moses 1986, Kuechler, Nelson) include:

- Parenting role performance/caretaker skills
- Family functioning/familial capacities/parent-child interaction/support to caregivers
- Child development and behaviour/child role performance/capacities
- Environment/living conditions

There are two main attitudes to standardised scales in the literature. They are assumed by some to be useful or essential for the collection of comparative outcomes data, and criticisms are related to their technical characteristics (see, for instance, Magura & Moses 1980, 1986-a,b, Potter 1993, Rapp & Poertner 1988, Berlin 1992, Briar & Blythe 1985). They are regarded unfavourably by others as being too time consuming, too remote from practitioners' concerns and formidable to clients, and to be mainly unsuitable in content (see, for instance, Kuechler et al. 1988, Parker et al. 1991).

Some studies which commented unfavourably upon existing standardised instruments, developed their own assessment and data collection instruments (Kuechler, Parker).

General criticisms of standardised assessment instruments include Berlin's warning about the dangers of cumulative scoring on risk indicators which can distort risk ratings; and his observations that many instruments are not fine tuned to the child welfare client group, but are designed to measure differences in parenting or child cognitive, personality and physical health dimensions which have not been normed on a child welfare population. Berlin identifies a further problem in standard client surveys, that many of the measures "may not be adequate measures of child well-being, and may not be good predictors of future abuse or neglect; they also may be only partly related to future well-being. Moreover, parenting is difficult to measure well with a survey."

Perhaps the most comprehensive criticism is from Parker et al. (1991):

"All too often in the social sciences the development of scales proceeds in ignorance of the basic requirement concerning the level and type of measurement needed or attainable in a particular context... There is a danger that measuring instruments which seek to reduce complicated phenomena to a statistical form will acquire an appearance of objectivity and certainty which is in fact spurious... it became evident to us that there were formidable methodological obstacles to the development of scales which would have the required qualities of validity, reliability, sensitivity and manageability with respect to most of our seven dimensions.,,,, A more fundamental objection to such an exercise is that most scales are abstractions which have meaning only when the results of applying them are aggregated and interpreted... A further difficulty is that such measures usually need to be administered by people with specialist knowledge..."

Despite the reservations of Parker et al. above, the Looking After Children project did in fact incorporate a modified version of the Rutter A scale (for emotional and behavioural problems) in their own assessment instruments (Ward et al. 1995). Ward et al. additionally note that "Practice aids such as checklists and predictive scales are likely to be a feature of research and development in the future."

Probably the most commented-on scales are Magura & Moses Child Well-Being Scales. These are described by their developers as "a set of standardised client outcome measures specifically designed to meet the needs of a program in child welfare services." (Magura & Moses 1986c) They contain 43 scales on different dimensions "related to one or more physical, psychological or social needs that all children have". These include Coping Behavior of Children, Protection from Abuse, Physical Confinement or Restriction, Parental Consistency of Discipline, Support for Principal Caretaker, Parental Cooperation with Case Planning/Services, Continuity of Parenting, Security of Residence, Physical Safety in the Home, Nutrition/Diet. Magura & Moses state that "the degree to which this set of needs is met defines a child's state of overall well-being". The scales allow for a single score for each dimension (either a rating for the child or for the family as a whole) which are then "combined into a total score for the family". The Child-Wellbeing Scales are approved and found useful, reliable and easy to use by Gaudin et al. (1992), Berlin (1992), Fraser (1990). The NCWRCMA (1992) argues that they are very suitable for program evaluation, but that a simpler structure is needed for casework guidance which can be translated into broad outcome measures.

Some instruments have been developed expressly to measure outcomes while others have been developed as child aptitude and development tests for a variety of different purposes. Hauser-Cram & Shonkoff (1988) note that "Instrument development is a task that requires careful and arduous work..., policy planners must understand the technical limits of measurement in human development'.

Following are some of the various scales and other standardised measurement tools most commonly discussed in the literature.

- The Child Well-being Scales (Magura & Moses, 1986), also recommended or noted by Berlin 1992, Schene 1993, Fraser 1990. Gaudin et al 1992. The Family Adaptability and Cohesion Scales. 20 items including nature of family leadership, discipline, use of negotiation, role sharing, consistency of rules, emotional bonding, family involvement, marital unity, parent child coalitions (Fraser 1990, also noted in Schene 1993, Gough 1993)
- The Family Environment Scale (Moos 1981). 10 subscales that measure three underlying characteristics: relationships, personal growth and system maintenance (Fraser 1990, also noted in Kolko (1996)
- The Child Behavior Checklist (developed by Achenbach & Edelbrock). Over 100 problem behaviour indicators (Fraser 1990). Magura & Moses (1986b) note "The CBCL is now beginning to be used for program evaluations. It would seem particularly useful when a single, easy-to-administer instrument is desired for both parents and service providers. Child welfare agencies serving emotionally and behaviorally disturbed children should give it careful consideration for routine outcome measurement." Also noted in Potter & McCroskey 1997, Schene 1993, Bjorklund 1998, Reeker 1998, Schene 1993, Hunter et al 1997, Hansen et al 1998, Hauser-Cram & Shonkoff 1988, Barber 1998, Gough 1993
- HOME (Home Observation for Measurement of the Environment) Inventory. Home Accident Prevention Inventory (developed by Caldwell & Bradley). Highly appropriate and relatively standardised measurement of environment and interaction factors believed to be associated with adequate child development. Feasible for social workers to implement over multiple visits.(Magura &Moses 1986b). Also noted in Berlin 1992, Hansen et al 1998, Potter & McCroskey 1997, Schene 1993
- Peabody Picture Vocabulary Test (Revised) for cognition & achievement (noted in Potter & McCroskey 1997, Berlin 1992)
- Conflict Tactics Scales (developed by Straus 1979). Noted in Kolko 1996. Schene 1993, Hansen 1998, Barber 1998
- Parenting Stress Index (Noted in Schene 1993, Hansen 1998, Magura & Moses 1986b)
- Preschool Behavior Rating Scale (developed by Barker & Doeff). "The PBRs shows promise as an alternative to direct testing of children in program evaluation." A new and relatively untried instrument. "Overall this is a potentially superior instrument for use in program evaluations of services to preschool children." (Magura & Moses 1996b) Also noted in Hunter et al 1996
- Family Assessment Device (developed by Epstein, Baldwin & Bishop 1983) (Noted in Kolko 1996, Barber 1998)

Other instruments mentioned by sources in the literature include:

- Michigan Abuse Instrument (Baird 1996)
- Family Assessment of Needs and Strengths (Baird 1996)

- Nowicki-Strickland Locus of Control Test (Bjorklund 1998)
- Parent Daily Report Checklist (Chamberlain, Moreland & Reid 1992)
- Child Neglect Severity Scale (Edgington et al 1981)
- Vineland Adaptive Behavior Scales (Hauser-Cram & Shonkoff 1988)

Risk assessment tools identified as useful in the literature include:

- Oregon Children's Services Division, Department of Human Resources (NCWRCMA 1992)
- New York State Department of Social Services (NCWRCMA 1992)
- CERAC - Child Endangerment Risk Assessment Protocol (Illinois Department of Children & Family Services 1997)
- Washington Risk Assessment Matrix (Jagannathan & Camasso 1996)

Summary comment:

Section 4.7 looks at standardised instruments discussed or mentioned in the literature.

While extensive use has been made of standardised assessment scales as outcome measures there are many technical issues concerning the appropriateness, administration, validity and reliability of such scales which have yet to be resolved.

There is a lack of consensus about the most important dimensions of client status to measure and about which scales are most useful.

Use of such scales is time consuming and expensive and the evaluation of results needs to be technically sophisticated. Scales need to be administered before and after services to assess changes in status. Many of the scales reported have been developed in a broader health context rather than specifically for child protection services.

Further, scales are likely to be culturally specific and would need to be carefully evaluated for use in an Australian context.

It may be difficult to achieve national consensus about the use of particular standardised instruments.

4.8 Measures Relevant to Significant Groupings

The significant groupings set out in the Brief for this study, and to which particular attention was requested, are: Victims of sexual abuse, high risk infants; high risk adolescents; indigenous persons.

In general, the outcomes literature did not distinguish outcomes for these groups in particular.

The most relevant remarks about *victims of sexual abuse* relate to the impossibility of incorporating adequate control groups for empirical findings (Reeker et al. 1997, Dempster & Roberts 1991).

Reeker et al (1997) reviewed the literature to find studies where the effectiveness of group treatment for sexually abused children or adolescents was investigated and where results were based on empirical measures and sufficient statistical information to calculate effect sizes. They noted the conceptual difficulty of determining outcome variables, particularly as "sexually abused children are known to exhibit a wide range of symptoms or exhibit no symptoms at all", as well as the practical and ethical problems which preclude the use of control groups.

Variables recommended by Reeker et al. for use as outcome measures for sexually abused children include:

- Knowledge of sexual abuse/prevention
- Sexual behaviours
- Self-esteem
- General distress
- Internalising symptoms
- Externalising symptoms

Instruments identified by Reeker et al. as used for measuring the above outcome variables include: Child Behavior Checklist Total Score, and Internalising and Externalising scores, Child Depression Inventory, Children's Manifest Anxiety Scale-R, Fear Survey Schedule for Children, Child Sexual Behaviour Inventory, Primary Self Concept Inventory, Texas Social Behavior Inventory, Coopersmith Self-Esteem Inventory, Piers-Harris Self Esteem Inventory, Martinek-Zaichkowsky Self Concept Scale and Anatomy/Physiology Sexual Awareness Scale.

Gough (1993) identifies 15 research studies looking at sexual abuse and focussed on victims/survivors. He notes that "*There is a lack of well designed research on treating and preventing the effects of sexual assault... Studies mapping the short and long term consequences of abuse are assisting to identify specific aspects of the causal pathways and*

suggest bases for intervention that can be tested by focused experimental studies." Outcome measures used in the 15 studies do not appear to differ from those used for other forms of abuse, except for the emphasis on sexuality.

Kolko (1998) notes the need for studies on older children and *adolescents* to determine treatment outcomes for both sexual and physical abuse.

Berlin (1992) sets out the following possible outcome measures for adolescents: school attendance and school achievement, school completion, homelessness, delinquency, involvement with the juvenile justice system, employment and earnings, teenage parenting, and substance abuse, plus measures aimed at capturing attitudes, social adjustment and general well-being.

Bjorklund (1998), in relation to out of home care programs for juvenile offenders, suggests two-part indicators: child 'difficulty' indicators and progress or program effectiveness indicators. Indicators of difficulty agreed are: Achenbach Test - to determine child functioning, problem profile; Number of placements - restrictiveness of placement; Number of months it has been since treatment first started; Number of offences. Indicators of success are: Family problems - stability of next placement (less restrictive, less intensive, less structured or controlled); School problems - grades and attendance/truancy; Peer relations - Nowicki-Strickland Locus of Control Test (pre and post) - this is purported to measure extent to which individual judgement is affected by external events (such as peers) as opposed to internal standards, change to latter is seen as desirable outcome; Substance abuse - no agreed measures; Court involvement - number of involvements during and after custody.

Poertner, McDonald & Murray (1997) argue that the responsibility of the public child welfare system for child wellbeing going into adulthood should be limited to cases where "a significant part of the child's life is spent in state custody or where the child remains in custody to adulthood". They suggest that the Independent Living literature may contain the most useful outcomes (e.g., education, employment, housing, support networks and cost to community).

In relation to *infants* (not necessarily high risk), Berlin (1992) notes that babies and young children require more longitudinal research to determine measures other than the conventionally used measures of well-being and child development. Other possible measures set out are bed-wetting, physical health, attachment to family, relationships with others, psychiatric evaluation.

Overall, in relationship to developing outcome measures for different age groups, there are of course many instruments aimed at age differentiated wellbeing (see previous section), and the Looking After Children project has developed different Assessment and Action Records for the following age groups: under 1 year, 1-2 years, 3-4 years, 5-9 years, 10-14 years, 15+ years

(Ward 1995). Poertner, McDonald & Murray (1997) suggest that an intermediate step toward the development of "structural models of agency performance might involve differentiating outcome monitoring and standards" by age groups of children.

This study did not discover any discussion of the need for different types of outcome indicators based on *levels of risk*, as distinct from different intensity and types of service based on high risk. The only exception to this statement is that Parker et al. (1991) noted that "Many high risk adolescents, viewed ten years later, present less distressing problems than one might have predicted from the perspective of their late teens."

In relation to *indigenous persons*, the main mention of the need for different outcome measures is in relationship to quality and types of placement.

Alexander (1998) notes that Texas uses the following permanency planning target outcome for child functioning: "children live in safe permanent homes reflective and respectful of the child's cultural, ethnic, racial and kinship identity".

In its Select Variable List Questionnaire, Dartington Social Research Unit (1997) includes "With which culture does the child/young person most identify?" as one of the identified needs of children, and locates "Is the child placed with at least one carer of the same racial/ethnic and cultural background as him/herself?" as an Organisational Risk variable.

The Looking After Children assessment materials do, however, set out a child or young person's identification with their own culture as an objective under the "identity" dimension of wellbeing (DOH, 1995).

5. IMPLEMENTATION CONSIDERATIONS HIGHLIGHTED IN THE LITERATURE

4.8 Case Practice

A great deal of the international literature notes the crucial role of case workers as the collectors of basic outcomes data.

Briar & Blythe (1985) note that ways of assisting caseworkers in assessment and recordkeeping are: ensuring that management information systems are useful for tracking individual case progress; and involving caseworkers in outcome data design.

Cahill & Feldman (1993) warn of adding stress to any already stressed group of workers through increasing time problems, and identify the need for local retrieval of information useful for caseworkers.

Johnson (1996) identifies a fear of accountability based on fears of unrealistically raised expectations and the lack of currently working models, and warns against imposition of outcomes focus from outside. Outcomes should be viewed as a tool to help manage at all different levels. Learning by experience is preferred to technical training.

Lyle (1998) notes that after successfully operating "for many years" the following internal factors caused Minnesota Community Services to rethink: Staff didn't trust data, data was not useful to caseworkers and feedback was in aggregated form. Data about individual cases in their caseload was not available to them.

Poertner (1998) observes that reports on outcome data must be timely, readable and useful to the worker in making case decisions, and notes: "*With the continued move to contract with private child welfare agencies, it is the worker in these agencies who is most likely to be supplying the data. Reports on outcomes that they do not agree with will not receive necessary support.*"

Schene (1993) states that factors associated with development and implementation of outcome measures include: lack of clear definition of client problems and relationship of agency activities to client problems; need to involve caseworkers in development; measures must be useful to caseworkers.

Sladen (1998) reports a common attitude to outcomes implementation was that aggregated data was of no use in casework.

Potter (1993) notes: "*Difficulties lie in the receptiveness of overworked, non-research-trained caseworkers to using any research oriented technique.... If we are to rely on these same caseworkers to provide client outcome data for program evaluation, it too must be useful to them.*"

5.1.1 Case Practice Based Outcomes Models

A considerable portion of the literature deals with the fact that outcome data can be aggregated from useful case practice data which would improve social worker motivation to collect outcome data.

Bailey in Anderson et al (1995) notes that the Colorado model was designed to facilitate the development of individual case plans as well as planning, program development and community involvement.

Kirk (1993) advocates the use of individual client-centered outcome measures that will detect change as a result of interventions. These can then be "aggregated into meaningful program outcome measures, which, in turn, can be aggregated into systems-level outcomes measures."

NCWRCMA (1992) argue that outcome measures must be useful to guide casework on a regular basis and that a simple structure is needed for casework guidance which can be translated into broad outcome measures. They recommend the use of risk assessment tools as examples.

Malone & Matusiewicz (1997) note that essentials in developing the environment include an outcomes model or conceptual framework that links current practice to results.

Nelson (1993) states that the first criteria for moving forward in the Southern California move to outcomes measurement, was always "What do the workers want to know to improve their practice?"

Potter (1993) sets out a system for the linking of case planning to outcome evaluation. She uses the term "single system design" to emphasise that all levels of client systems may be the target of evaluation and asserts that the methodology is a "simple, logical extension of the child welfare case planning process." "This approach to outcome evaluation retains an emphasis on the diverse nature of client goals, while providing an ability to aggregate data for program evaluation purposes."

Potter's methodology is:

1. Joint (client/worker) identification of client needs and resources
2. Narrowing the service focus to a few areas of joint concern
3. Specifying and clarifying the target needs (who, what, when & where). This step should not be skipped in favour of an "overgeneralised definition of the problem, i.e., poor parenting, family conflict, etc."

4. Selecting goals (positive statement of the solved problem) and setting objectives (specific, observable steps towards the goal - e.g., to increase father's knowledge of developmentally appropriate discipline strategies by a set date). Goal statements must be positive, not just absence of behavior but replacement of one behavior by another. "The proper specification of goals and objects translates needs into outcomes."
5. Specifying the intervention, formulating an intervention plan to achieve specified goals and objectives. Involves making theoretical causal links. Should be noted that many needs are multi-causal and many goals are equi-final (many roads to the desired solution). Lack of fit between the intervention and the problem can result from lack of worker logic or, more frequently, lack of resources (e.g., counselling when material aid is required).
6. Making a contract, preparing the written case plan - who is to do what.
7. Devising a measurement plan (measurement criteria are reliability, validity, directness, reactivity, sensitivity to change). Measures can include observation and self-reports, using standardised instruments including rating scales. Must avoid confusion between process and outcome measures. Compliance is a process not an outcome.
8. Prepare research design to identify intervention and measure the need before, during and after intervention. Baseline data should be done at the beginning, not reconstructed later. Suggests graphic representation. Notes that causal argument is assumed not demonstrated. It is important to show separate interventions separately and not lump them together as a package.
9. Using the data - with the client.

Potter's single system design has some similar elements to the Looking After Children evaluative instrument described in Parker et al. (1991) as a "single group design", although this term is used to differentiate their approach from comparative evaluative systems designed to include control and experimental groups: *"Although the choice of a single group design appears to rule out an 'experimental' approach to the evaluation of outcomes, in the longer-term it may well facilitate what might be termed 'natural experiments'. For example, the outcome measures associated with our seven dimensions will lend themselves to aggregation in various ways and thereby could help to establish the overall standard of practice within a social services, team, a particular setting, or a local authority. Furthermore, the fact that the measures are based on general population norms means that they are suitable for use later in comparative designs."*

Like Potter, Parker et al. (1991) stress the need for outcomes systems to be extensions of everyday case planning: *"Rather than scales or tests, which might reduce the social worker's role in the assessment of outcome to that of a collector of data, we have produced an assessment and action record that is designed to have a direct influence on practice... the schedules specify objectives derived from research on child development and child care practice and link them to actions which have been shown to be necessary for their achievement. In particular they focus on what needs to be done at certain stages or times in a child's life.... The assessment and action records are intended to assist frontline practitioners in three ways: first, by helping them to clarify their aims and to identify potential areas of concern; secondly by enabling them to make better-informed decisions and to take a more comprehensive view of planning for individual children, and thirdly by focusing their attention on the information that should be obtained in the interest of the child."*

Parker et al. note the importance of practitioner usefulness and feedback in their description of their main measuring instrument as essentially entailing *"the*

specification of a number of desired outcomes or aims that were related to the age of the child in each dimension of well-being and asking social workers to indicate (on an uncalibrated scale) how far these had been achieved at the time of the assessment... The substance of the assessment, however, is sandwiched between the aims and the outcome judgements, growing from the one and contributing to the other... each of the aims is associated with the conditions that will make it more likely that the desired outcomes will occur. These are cast in the form of questions to social workers and care-givers (or to the children themselves) which point to necessary actions and provide the basis for the judgement of outcomes. They thus fulfil the requirement of giving immediate feedback to practitioners..."

The use of risk assessment systems to arrive at outcome measures is another version of embedding outcomes measures in day-to-day child welfare practice.

As noted earlier (Section 4.3.4), Holder & Lund (1995) advocate the use of risk assessment practice in the development of better outcomes and the measuring of outcomes. The method explained connects a risk influence (e.g., impulsive, harsh parenting; inappropriate expectations of children) with an appropriate outcome (e.g. parenting knowledge and skill; self sufficiency) and the outcome's relevant dimensions (e.g., knowledge, emotional control, discipline; expectations of children), and then goes on to measures of achievement for the dimension:

Dimension of Outcome	Measure of Achievement
Knowledge	Identifies age-appropriate behaviour and needs of children
Emotional control	Separates own needs from children's, controls emotion and behavior, resulting in non aggressive responses to children
Discipline	Discipline is planned, varied, not harsh
Expectations of children	Correctly responds to capabilities of children, expectations don't affect safety of children.

After family assessment, risk influences are identified and discussed with client, and outcomes are jointly identified and incorporated in a treatment plan.

Holder and Lund state that this approach "establishes accountability to casework practice similar to outcome measures applied to agencies and programs."

Summary Comment:

Section 5 shows that there is consensus in the literature that outcome measures need to be seen as relevant by caseworkers since it is the caseworkers who record the information.

Section 5.1 shows that some authors have developed outcome measurement regimes which are imbedded as an integral part of case planning and review. Such systems can provide caseworkers with

feedback about individual cases and can also be aggregated to provide agency level outcome indicators. In this approach outcome measurement begins with the design of a standard casework process which emphasises goal setting, service planning and review.

5.2 Data Sources and Systems

The above case practice based systems also overcome one of the major barriers to the collection of outcomes measurements: lack of existing data. This is identified as a major implementation barrier by a number of sources including Parker et al. (1991), Ward et al. (1995), AHA (1996a), Merkel-Holguin & McDaniel (1996), Poertner (1998).

The Third Roundtable workgroups identified the main barriers to implementation of an outcomes focused approach as: lack of appropriate instruments, hodgepodge of information systems (different definitions, use, interpretations), inadequate information systems and lack of data integrity (1996a).

A 1995 survey of all U.S. states and territories (and some counties) reported that the most common barriers to development identified included lack of reliable and valid instruments and lack of data (Merkel-Holguin & McDaniel, 1996).

Zeller (1993) noted lack of relevant computerised information as one of the main general barriers to utilisation of performance measures. This was also identified as a specific implementation barrier in the Oregon exercise. Zeller asserts that, in general, all the information exists in agency records but is not accessible for aggregate analysis.

Poertner (1998) devotes considerable thought to the question of whether ongoing agency management information systems are preferable sources of data to periodic contracted surveys. He notes that current data bases are "administrative datasets that people had the foresight to maintain that contain useful data. These datasets are unlikely to meet the ongoing needs for outcome reporting." While acknowledging the need for redesigned agency management information systems capable of reporting on outcomes and comparable across the country, Poertner notes that this is an enormously complicated and very costly task. On the other hand: "Turning outcome data collection over to highly qualified researchers may not be the answer", as large sample sizes, longitudinal collection, and the need for a team of data collectors would also be very expensive.

Millar & Millar(1981) note the difficulty of costing client record approaches to data collection. However, they provide comparative costs of client feedback and

trained observer approaches. The following costs (in 1981 U.S. dollars) are the estimated annual costs per client monitored:

- Fullscale Client Feedback - pre & post service interviews: \$57-\$72
- Abbreviated Client Feedback - post service interview only: \$15
- Caseworker Rating - pre & post interviews: \$68-78
- Independent Caseworker (not client's caseworker) Rating - pre & post interviews: \$87-98
- Independent Non Caseworker Rating: pre & post interviews: \$71-79

Some existing data sources are identified in the literature, but overall there seems to have been more effort put into conceptualising appropriate measures than in determining their ease of collection. (The exception of course is those sources which developed entire systems for the collection of comparable data.)

McCroskey (1992) identifies some data sources, but mainly for broad community indicators such as normal births, children in poverty, preschool education participation, sole parents, youth participation in employment training programs etc. Some sources of existing data are peculiar to the United States, e.g., regular population surveys which measure things such as high school students' sense of well-being. Others provide data for output measure rather than outcome measures, e.g., child abuse reports, child abuse confirmations.

The Third Roundtable (AHA 1996a) Summary of Work Group Exercises was the only reported Roundtable exercise which actually looked at the possible sources of data. The array of sources suggested covered specially administered tests, professional assessments, surveys (including consumer satisfaction), information from schools, police, courts, shelters, some on-going agency administration data and medical records. It was noted in a number of cases that sources of information would vary from state to state

Magura & Moses (1985-a) note that in 1980 their national study of state information system capabilities (for the Child Welfare League) showed that almost all states had some form of automated child welfare information system. The most common data item (around half the states) was about whether the case goal was achieved on closure. (Magura and Moses criticise this type of data item because of subjectivity and lack of specificity.) States considered by the mid nineties to represent the state-of-the-art in child welfare information systems development are California, Connecticut, Kentucky, Montana, Oklahoma. Oregon and Texas (DHHS undated).

In addition to individual state, county or local computerised data systems, the following systems aimed at national reporting were identified:

NCANDS (National Child abuse and Neglect Data System) was mandated by the U.S. Congress in 1988. It is administered by the National Centre on Child Abuse

and Neglect and has two components. The Summary Case Data Component (SCD) describes 'key indicators' of child abuse and neglect including data on reports, investigations, victims and perpetrators; the Detailed Case Data Component (DCDC) provides more case details. (NCCAN 1991, 1998).

NCANDS SDC data elements are (McDonald & Associates, 1993): Number of reports; Children subject of a report; Investigations by disposition: substantiated, indicted, unsubstantiated, other; Children subject of an investigation; Families ditto; Reports by source; Children by disposition; Victims by Maltreatment Type, physical, neglect, sexual, emotional, other; Victims age, sex, race, court action initiated, removed from home, receiving additional services, died as a result of abuse or neglect; Families receiving additional services; Perpetrators by relationship to victim.

NCANDS DCDC Pilot data elements are: Report Data (county, date, source, disposition, notifications); Child Data - alleged and substantiated cases (age, sex race/ethnic group, county of residence, military dependent, maltreatment history); Child Data - substantiated only (family risk factors, type(s) of maltreatment, medical neglect, maltreatment death, juvenile court petition, services planned, arranged or provided, child disposition, disposition level, substance affected infant, removed from home, open for service; Perpetrator data - substantiated only (age, race/ethnicity, relationship to child, prior abuser, sex, active military, types maltreatment); Caretaker data - substantiated only (perpetrator?, sex, active military, AFDC, age, race/ethnicity, relationship to child)

Other existing federal reporting systems include: AFCARS (Adoption and Foster Care Analysis and Reporting System) and WESTAT's annual National Incidence Study of Child Abuse and Neglect. This is a sample survey. The National Center on Juvenile Justice manages the National Juvenile Court Data Archive, but no data on the court process involving child abuse and neglect are collected at the national level. (McDonald & Associates, 1993) The federal government is funding Chapin Hall Center for Children at the University of Chicago to be the Foster Care Data Archive. They collect data from cooperating states on children in care and produce some comparison data. The American Humane Association is funded to collect and maintain the protective services data that HHS (Department of Health & Human Services) requires states to report. (Poertner, pers. comm. 27/8/98)

SACWIS (State Automated Child Welfare Information System) is currently being implemented on a state by state basis over the next few years. This assists state information systems to provide nationally comparable data for a variety of child welfare related reporting purposes by interfacing with state systems. The goals of SACWIS are described in detail in various electronic publications of the U.S.

Department of Health and Human Services. Quotes used here are from SACWIS Prototype System Conceptual Design (undated) (<http://www.act.dhhs.gov/programs/oss/sacwis@chapt1.pdf>):

"A by-product of the various child welfare legislation enacted during this period has been the development of information systems that satisfy the categorical information needs of their related programs, rather than the overall needs of the clients and human services staff who are directly involved in the child welfare service delivery system. Programs such as child protective services, foster care, and title XX, as well as the runaway children program, each have their own informational requirements. In addition, other financial resource programs add major and independent requirements for gathering information regarding eligibility and for the reporting of varying aspects of that information to the sponsoring agencies. These programs include AFDC, Medicaid, Child Support Enforcement, WIC, and many others.

SACWIS is the first legislative initiative that provides resources for the merging and linking of these multiple information requirements into a single child welfare services focused system. The Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66), Section 13713 made funding available for the planning, design, development and installation of State automated child welfare information systems."

Although there are plans to use SACWIS to capture outcome reporting measures, this is still some way off and will require considerable more development (Poertner, pers. comm. 27/8/98).

In the U.K., the Looking After Children Project has developed a "disc containing system file information (variable names, variable labels and coding)" to facilitate analysis of the pilot Select Variables Questionnaire using the standard SPSS computer package (Dartington Social Research Unit, 1997).

U.K. sources say that they are unaware of any computerised information systems that capture outcomes data for national reporting although national statistics on numbers of child abuse registrations and de-registrations are collected and published by the Health Department's Statistics Service (Skuse pers. comm. 27.8.98; Cleaver, pers comm. 31.8.98). Mike Cornish from the Government Statistics Service notes that: *"We collect and publish in our CPR [Child Protection Register] publication numbers of first time registrations, and so from this we can calculate re-registrations. We don't have any other national collections that take it any further than that. Authorities supply information to us on a voluntary basis - returns tend to be generally complete and so there is no need for legislation"* (pers. comm., 2/9/98).

In terms of other national child protection statistics: *"Each year every local authority has to submit what is called a 903 return to the Department of Health. This is then collated into a publicly available document. This includes quantitative information about the numbers of children looked after, the type of placements they are in, the reason for being looked after etc."* (Skuse, pers. comm., 2/9/98)

While the process outcomes collected by the Inspecting for Quality project are contained in national reports on particular local authorities, they do not involve the use of a computerised information system.

Summary comment:

Section 5.2 looks at possible data sources and existing data systems in the U.S. and the U.K.

Existing data sources are largely agency management information systems which tend to contain output rather than outcome data. The major outcome related data that is widely available, at least in the US, is achievement of case goals.

The development of appropriate data collection systems , whether by modifying existing management information systems or by developing follow up surveys is time consuming and expensive.

Where nationally compatible data systems have been implemented they tend to be driven by legislative or funding requirements and focus on a description of program clients and outputs rather than client outcomes (ie they tend to focus on the issue of what programs do rather than what they achieve).

5.3 Longitudinal Measures

By definition, the ability to measure outcomes over time is vital to the success of any attempt to implement outcomes based reporting. This is mainly assumed in the literature but is specifically identified in a number of sources (Kolko 1996, Wells 1994, Poertner 1998, Schalock 1995, NCWRCMA 1992). It is a major assumption in discussions of lack of data set out in the previous section.

Schalock (1995) stresses throughout his textbook the need for outcomes to be capable of longitudinal evaluation. *"This is critical for a number of reasons includingthe effects noted immediately after intervention are not always the same as those noted over time..."*

Wells (1994) strongly recommends longitudinal work to determine effectiveness *"only by following cases over time, with rigorous measures of the problems and interventions used, will we come to truly know our potential for protecting children..."*

Parker et al. (1991) say that "*One of the most important advantages of longitudinal data is that they provide the opportunity to investigate changes in the individual as well as the way in which different individuals are differently affected by similar changes.*"

NCWRCMA note that one of the disadvantages of cross-sectional data (or snapshots) is that comparisons of cross-sectional data can only measure changes in populations, not changes within a single population.

Another advantage of longitudinal measures identified by Parker et al. is that: "*It is certainly difficult to assess the part that short-term service interventions play in improving or safeguarding a child's welfare, but the adoption of a longitudinal perspective in evaluation will reduce the difficulty.*"

Difficulties in longitudinal measuring of child welfare clients are also reported in the literature.

Both Parker et al. and NCWRCMA (1992) warn against the use of retrospective studies on the grounds that they "suffer from the unreliability of subjects' memories" (Parker) and that they are "unlikely to have an impact on the agency as relevant events happened 'a long time ago' "(NCWRCMA).

Kinard (1994) identifies the difficulty in subject retention in longitudinal research, especially because of mobility. Kinard suggests that a useful way to help overcome this problem is to obtain the names and details of contact persons (relatives, friends) at the beginning, to assist in later tracking.

In terms of suitable time periods for longitudinal assessment, Parker et al. recommend full assessments annually and interim assessments not less than six-monthly, for children receiving services. They also note however, the difficulty in deciding on suitable periods, but warn against "a simple before and after design, with only start and end date assessments," as this "*assumes a smooth progression (upwards or downwards) from one point to the other, whereas with assessments repeated at regular intervals we have the possibility of identifying any fluctuations in the welfare of children as the care episode develops and relating these to social work interventions.*"

Summary comment:

Longitudinal studies involve the follow up of clients over time to assess changes in their lives.

Section 5.3 has already shown the lack of data systems for longitudinal follow-up. This is one of the main barriers to the implementation of outcomes measures.

Section 5.4 shows that there is a general consensus that such studies, particularly when they are used to compare outcomes for different groups of clients, are important tools for investigating cause and effect relationships and for obtaining a better understanding of the dynamics and patterns of client change.

However, there is also agreement that longitudinal studies involve significant drawbacks, including the difficulty of tracing mobile client families and the complexity and cost of the research effort involved.

Retrospective studies are warned against.

5.4 Other Implementation Issues

Barriers to implementation identified in the literature, apart from those relating to case worker engagement, lack of data, valid instruments and data systems mentioned above, include:

- Opportunity costs. Malone identified these for El Paso County Social Services as: 800 hours of community time to adapt Colorado Model to work in Colorado Springs in theory; 1,030 hours to develop local model for testing children, establishing baselines, compiling and entering new data and developing training packages. Continuing case manager workload 4-6 hours per week on outcomes related activities.
- Training: Sladen (1998). Lyle (1998) identified the fact that initial training was not continued as one of the factors leading to the system falling into disrepair. Fluke & Kern (1996) identify the incorporation of training into core training as essential. Dartington Social Research Unit (1995) identified development of appropriate training and incorporation in accredited social worker training courses (e.g., Diplomas in Social Work) as essential for implementation.
- Lack of use of data/lack of understanding of use/use of alternative data/poor MIS framework/ using data to produce reports and drive practice (Lyle 1998, Malone & Matusiewicz 1997, Zeller 1993). Nelson in AHA (1996) identified the need to become "outcome-driven", rather than just "add outcomes to our existing systems".
- Lack of political support/change in politicians/legislature: Lyle (1998)
- Technological advance: Lyle (1998)
- Need to set up implementation teams/not just leave to one person (DSRU 1995, Zeller 1993)

- Support from the top/good leadership/Implementation assistance from government agencies: Malone & Matusiewicz (1997) note the need of support from the top in a general way. Bullock in Ward (1995) notes the requirement for good leadership. Ward herself noted that wholehearted management support was crucial The U.K. Health Department offered the following services to assist local authorities with implementation of the Looking After Children system: Free materials for a year; Helpline; Networking co-ordination; Consultants; Free video-led training pack; Free training the trainers courses; Access to finance for further in-house training; Continued monitoring from research team (Dartington Social Research Unit, 1995)
- Fear (AHA 1996a, Schene 1993, Ward 1995). Schene noted that there is a reluctance to measure what is out of a service's control and additional reluctance based on the belief that inadequate resources mean that services have inadequate positive outcomes.
- Turfism (AHA 1996a)
- Lack of consensus re role of child welfare (AHA 1996a)
- Lack of clear definition of client problems and relationship of agency activities to client problems (Merkel-Holguin & McDaniel 1996, Schene 1993)
- Potential impact for increased workloads (Merkel-Holguin & McDaniel 1996, Sladen 1998)
- Lack of fiscal resources for implementation (Merkel-Holguin & McDaniel 1996)

Merkel-Holguin & McDaniel (1996) also make the following general comments about outcome measures planning from a survey of all U.S. states and territories:

1. Outcome initiatives are often linked with other state planning processes
2. Outcome measures development is a long term process
3. Inclusivity of clients, staff and community increases the chances for successful development
4. Outcome measures development is often connected with other child welfare reform initiatives

Gelman (1992) advocates client access to case records as a means of improving recording practices.

Summary comment:

Section 5.4 shows that there are many further barriers to the successful implementation of outcome measurement regimes. These include lack of data standards, lack of systems to control data quality, inadequate management information systems, insufficient training and resources for caseworkers, and caseworker and management attitudes.

The experience noted in the literature suggests that unless these issues are addressed outcome measurement will not be successfully achieved.

6. LISTING OF MEASURES DESCRIBED AS OUTCOME MEASURES OR INDICATORS IN THE LITERATURE

A number of measures or indicators of child protection and child welfare outcomes are reported throughout the international literature.

They are often reported within a framework which sets out the policy aims and objectives to which they relate, and quite often they are grouped into dimensions or domains of outcome (e.g., as noted in Section 3 above, Poertner (1998) reports possible indicators within a framework of the four U.S. national child welfare objectives and divides indicators within the child wellbeing or child functioning objective into education, health, employment & economic stability, residential status, behavioural adjustment, family & social support, personal wellbeing; and Looking After Children in the U.K. categorises relevant variables according to a similar set of seven dimensions; also see McDaniel & Thielman (1997), Holder & Lund (1995)

There is some agreement that outcome goals or objectives should be expressed in a positive fashion (Johnson 1996, Potter 1993). For example, measures of re-abuse should be expressed within the positive objective "children will be safe from abuse" rather than the negatively expressed objective "children will not be re-abused". This practice has been observed in the listing below.

Terminology such as 'indicators', 'measures', 'domains', 'dimensions' is erratic. The terms 'indicators' and 'measures' are mainly used synonymously, and few sources define them separately. Some sources use 'measures' or 'indicators' the way others use 'dimensions' or 'domains' (e.g., Fluke 1993, Edgington et al. 1981). The term 'outcomes' is sometimes used synonymously with outcome measures, dimensions etc. (e.g., Holder & Lund 1995)

The level of specificity in describing measures (proposed and used) varies enormously: From very broad statements such as outcome measures used in three studies in Texas include Child/Family Functioning (Fluke 1993); through to very specific statements such as "separates own needs from children's, controls emotion and behavior, resulting in non-aggressive responses to children" is the measure of achievement connected to the dimension of outcome "emotional control" connected to the desired outcome improved "parenting knowledge and skill" (Holder & Lund 1995); and "% of cases in which caretakers are rated at 4 or 5 on dimensions III & IV of Parenting Scale" is one of the measures for the primary objective "Reduce frequency of abuse and neglect". (Lyle, 1993)

The following listing of proposed and existing outcome indicators is classified according to whether the indicators primarily reflect the objectives of child

protection services or of supported placement services, as described in the Australian 1998 Report on Government Service Provision:

The objectives for child protection services are to:

- "Protect children and young people at risk of harm within their family or in circumstances in which the family of the child or young person does not have the capacity to protect them; and
- To assist families to protect children and young people"¹

The objective for supported placement services is:

- "To care for children and young people aged [to] 18 years who cannot live with their parents for reasons of safety or family crisis"²

The allocation of outcome measures to one or other of these categories is conceptually difficult as supported placement is itself one outcome of child protection activities, and desirable outcomes from supported placement services include those which would normally also be desirable for child protection, e.g., improved long-term wellbeing of the child.

The main distinguishing difference between the two Australian definitions is that supported placements exclude work with families to maintain or return the child to their own home, whilst child protection includes activities aimed at "strengthening the capacity of families to care for children" (see footnote 1 below). It is noted that a main component of this latter aspect of child protection work is carried out through family support services, outcomes for which are the subject of a separate future consultancy.

For the sake of comprehensiveness, family support type objectives are included in the following listing under child protection objectives, and child wellbeing objectives are included for both child protection and supported placement objectives. In Section 8, which looks at desirable measures, the scope reverts

¹ The definition of child protection set out in the Report on Government Services 1998 is: "those functions of government which receive and assess allegations of harm to children, provide and refer clients to family support services, and take statutory action to protect children (including applying for and supervising care and protection orders). Child protection services aim to protect children where harm or an existing risk of harm has been identified, by strengthening the capacity of families to care for children."

² The definition of supported placement services in the Report on Government Services 1998 is: "care for children placed away from their parents for protective or other family welfare reasons, provided by or financially supported by government. Care can be overnight to long-term (up to several years) and can be provided to children who are subject to care and protection orders or placed voluntarily."

back to that of this brief and excludes family preservation and strengthening objectives.³

The following listing locates each identified measure within the context of a desirable outcome within a broader goal within the very broad overall framework of child protection and/or supported placement objectives. Some goals are further unbundled into dimensions within which the desirable outcomes and their measures are then located.

It will be noted that some measures are relevant to more than one goal, so have been included more than once. Variations of similar measures are also included.

Measures are expressed at the same level of specificity at which they appeared in the relevant literature, with no attempt made to expand or explain. Sometimes they are extensively defined by the author and sometimes they are just broadly referred to. Sometimes they are expressed as ratios, numbers, percentages or targets. Deficiencies in expression of indicators as listed are not looked at until Section 8.

Where there is no literature source beside a measure, the measure belongs to the immediately preceding source.

³ A relevant framework is set out in Sheets & Kern who suggest that the goal of child protection is child safety and the goal of child welfare is maximising child well-being. Texas chose child protection goals for its agency:

- *"To provide for the immediate safety of children at risk through controlling the risk conditions within the family or, when that is not possible, through placing the children in temporary substitute care.*
- *To provide for the ongoing safety of children who are at risk by strengthening families so that the problems causing the risk are reduced or eliminated or, when that is not possible, through placing the children in permanent homes which assure that their best interests are attained."*

Sheets & Kern argue that *"Once these goals have been achieved, child protective services intervention into the family ends, and the primary and secondary prevention services in the community assume the responsibility of assuring the child's and family's wellbeing."*

National Child Welfare Resource Center for Management & Administration (NCWRCMA 1992) identify the following broad service framework:

Child Protective Assessments and Services - outcomes focus is on reabuse and should distinguish whether/which services were provided

Preventive/Restorative Services - outcomes focus is on improving the conditions (reduce the risk) so as to allow child to live at home

Substitute Care - similar to preventive/restorative outcomes with additional focus on placement conditions being better than home alternative.

LISTING OF CHILD WELFARE MEASURES OR INDICATORS DESCRIBED IN THE LITERATURE AS OUTCOME MEASURES OR INDICATORS

CHILD PROTECTION OBJECTIVES:

- **Protect children and young people at risk of harm within their family or in circumstances in which the family of the child or young person does not have the capacity to protect them**
- **To assist families to protect children and young people**

BROAD GOAL: SAFETY

Desired Outcome	Measure or Indicator (*as expressed by the literature source)	Literature Source
The child will be safe from immediate physical, sexual, emotional abuse or neglect	<ul style="list-style-type: none"> • Ratio of children investigated for abuse to number reported at risk • Abuse or neglect while active case • Decrease in number of subsequent confirmed cases of open cases • % of children re-abused (baseline performance 5% on open cases, Performance goal 2% on open cases) • Numbers of substantiated maltreatment incidents on active family preservation cases • What % of cases reported and assessed as founded for an abuse or neglect report and which were provided protective services after the assessment, represent cases which were previously assessed for abuse and neglect while services were still being provided? 	<p>Alexander</p> <p>Poertner et al Orthner et al</p> <p>Malone & Matusiewicz</p> <p>Markley</p> <p>NCWRCMA</p>
The child will become/ Remain safe from any/further physical, sexual, emotional abuse or neglect/Children will be safe from maltreatment	<ul style="list-style-type: none"> • Abuse or neglect recidivism after case is closed • Abuse or neglect after return home • Confirmed abuse cases • Decrease the number of subsequent confirmed reports of unsubstantiated cases of abuse or neglect • Deaths • What percentage of cases reported and assessed as founded for an abuse or neglect report within a given time period represent cases which were previously assessed for abuse and neglect? • What percentage of cases reported and assessed as founded for an abuse or neglect 	<p>Poertner et al</p> <p>McCroskey 1992</p> <p>NCWRCMA</p>

	<p>report within a given time period, and which were closed at the end of the assessment, represent cases which were previously assessed for abuse and neglect?</p> <ul style="list-style-type: none"> • Which of the cases were reported and assessed as founded after services had been terminated? • What percentage of cases reported and assessed for abuse or neglect are subsequently reported and assessed as founded within 12 months of the earlier report? • Decrease in number of subsequent confirmed case within a specified time • % of children needing protection who get services beyond investigation • % of children for whom no incident of determined abuse occurred during reporting period • 80% of families successfully completing the program (no child removed from home) will have no confirmed reports of abuse or neglect within six months of case closure • Percentage of child welfare cases with a subsequent substantiated report of CA/N for any child in the home: (a) within a given time frame following the initial substantiated report, (b) while open for child welfare services, (c) for families involved in prior unsubstantiated cases, (d) within a specified period of time following case closure. • Child's sense of safety and security 	<p>Oerthner et al Alexander Lyle 1993 Markowitz McDaniel & Thielman 1997</p>
<p>Reduce frequency of abuse and neglect</p>	<ul style="list-style-type: none"> • % of cases in which caretakers are rated at 4 or 5 on dimensions III & IV of Parenting Scale • Increase by 20% the number of families closed in the Department with no subsequent abuse and neglect after initiation of services • Increase by 50% the number of families with no subsequent substantiated abuse and neglect within 12 months after case closure • Decrease by 20% the duration of open cases • Decrease the number of preventable injuries/deaths resulting from abuse or neglect 	<p>Lyle 1993 Malone & Matusiewicz AHA 1995</p>
<p>Reduce propensity for/ risk of, future abuse and neglect</p>	<ul style="list-style-type: none"> • Potential for future abuse (measured by worker rating of risk variables (• Reduction in following risk factors: medically diagnosed injuries, lack of physical necessities (clothing, food); punishment (excessive; bizarre); lack of supervision; parental behaviour toward child (parent ignoring child, antagonistic) • Percentage of children whose cases were opened due at least in part to living conditions, e.g., housing quality and 	<p>Berkely in M&M 1986a Incadex in Magura & Moses 1986a NCWRCMA</p>

	cleanliness, stability of income, etc., live in improved conditions when services are terminated?)	
Safety of children and communities will improve	<ul style="list-style-type: none"> Improved child safety through improved child and family functioning measured by a standardised instrument such as: <ul style="list-style-type: none"> (a) Child Wellbeing Scales, which quantify 43 different dimensions of the physical, psychological and social needs of children including items for "physical health care, nutrition, clothing, household furnishings, overcrowding, sanitation, parental supervision of young children, consistency of discipline, abusive discipline, deprivation of food/water, and measures of child behavior such as academic performance, school attendance, and misconduct. (b) The Family Risk Scales. 26 items including habitability of the family residence, suitability of living conditions, financial problems, social support, parental health, parental mental health, parental substance abuse, child's health, delinquency, child's home related behaviour. Increase by 30% the community services families utilise while their cases are open Increase in families' knowledge of available resources Decrease by 25% the average length of time a case is in court under a Dependency and Neglect Petition Decrease by 30% the number of police contacts a family's children experience while their case is open Increase in use of appropriate discipline Improved level of parental knowledge re physical and developmental needs of children Increased reports from community Increased availability and adequacy of an array of services Decrease in rate of juvenile delinquency Decrease in rate of criminal arrests or charges for child welfare cases Decrease the factors that put adolescents at risk of perpetrating violence or becoming a victim of violence Higher rates of service provision for newly opened services (especially in parenting skills training, family counselling and mental health services) 	<p>Fraser</p> <p>Malone & Matusiewicz Kimmich 1996</p> <p>Malone & Matusiewicz</p> <p>Oerthner et al</p> <p>AHA 1995</p> <p>Baird et al</p>

BROAD GOAL: PERMANENCY AND STABILITY		
Desired Outcome	Measure or Indicator	Literature Source
The child will have a permanent home/Children are in a permanent home	<ul style="list-style-type: none"> Number or percent of confirmed child protection cases where children remain in own home without further support Number or percent of confirmed child protection cases where children remain in own home with support services Reunification with birth families or original caretakers No. or % returned home after entry to foster or residential care 	Lyle 1998 Poertner et al
The child will have continuity of care.	<ul style="list-style-type: none"> Number of different people who have acted as the child's main carer since s/he was a baby Number of returns to parents after first separation Number or % of child protection cases where children re-enter substitute care after reunification 	Dept. Health UK 1995 Berlin Poertner et al
The child will have a safe and permanent home	<ul style="list-style-type: none"> Children will live in safe, permanent homes reflective and respectful of the child's cultural, ethnic, racial, and kinship identity 	McDaniel & Thielman

BROAD GOAL: CHILD WELLBEING/CHILDREN ARE ON THE RIGHT TRACK		
Desirable Outcome	Measure or Indicator	Literature Source
The child's wellbeing will improve/be maintained on a number of dimensions/The child is receiving the care expected by the community that would be provided by a "reasonable parent". This will result in maintained/improved wellbeing on a number of dimensions/Children will be assisted to become caring and productive adults	<p>Health/Mental Health Dimension</p> <ul style="list-style-type: none"> The child is normally well, i.e., unwell for 1 week or less in the last 6 months The child is thriving (satisfactory growth and development) All preventive health measures, including appropriate immunisations, are being taken Percent of children with current immunisations. Inadequate immunisations Percent of children who received a yearly medical examination Percent of children who received a yearly dental examination All ongoing health conditions and disabilities, including developmental delays, are being addressed as soon as recognised The child is reasonably protected against 	Health Dept. UK 1995 Poertner et al McCroskey 92 Poertner et al Dept. Health UK 1995

	<p>common accidents, environment is safe (carer(s) are aware of common hazards and take adequate precautions)</p> <ul style="list-style-type: none"> • receipt of pre-natal care • normal births • adequate birthweight • insured children • alcohol & drug use • Percentage of children whose cases were opened due at least in part to diagnosed mental conditions who have an improved diagnosis at the termination of services • Percent of children who received a yearly medical examination • Percent of children who received a yearly dental examination • Eliminate the use of alcohol and smoking during pregnancy <p>Education Dimension</p> <ul style="list-style-type: none"> • Percent attending school x% of the time scheduled) • Percent graduating from school • Graduation rates • Percent who complete high school • Youth prepared for university admission (• Improved school attendance and/or performance for children within a specified time following service • School performance and educational progress • Reduction in truancy/increase in the number of days a child attends school) • Child at age appropriate school grade level at entry <p>Identity Dimension</p> <ul style="list-style-type: none"> • The carer(s) are responsive to and encourage the baby's emerging individuality • The young person has a positive view of him/herself and his/her abilities (generally confident in new situations, takes on challenges & expects to succeed, enjoys meeting new people, expects to be liked) • The young person can relate to his/her racial or ethnic background <p>Social & Family Relationships Dimension</p> <ul style="list-style-type: none"> • The child/young person's contacts with his or her birth family strengthen his/her relationship with them • The baby is definitely attached to at least one caregiver • The young person is able to make friendships with others of the same age 	<p>McCroskey 92</p> <p>NCWRCMA</p> <p>Poertner et al</p> <p>Schmid</p> <p>Lyle 1998</p> <p>McCroskey 92 Poertner 1998 McCroskey 92 Oerthner et al</p> <p>Poertner et al Schmid</p> <p>Berlin</p> <p>Dept. Health UK 1995</p> <p>Dept. Health UK 1995</p>
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	<ul style="list-style-type: none"> • The young person has a relationship with a person who is prepared to help him/her in times of need • Child's connection to family and community <p>Social Presentation Dimension</p> <ul style="list-style-type: none"> • The young person can communicate easily with others • The young person's appearance is acceptable to young people and adults • The baby gives every appearance of being well cared for <p>Emotional & Behavioural Development Dimension</p> <ul style="list-style-type: none"> • The baby/child/young person is free of serious emotional and behavioural problems • The baby/child/young person is receiving effective treatment for all persistent serious emotional and behavioural problems • Percentage of children whose cases were opened at least in part due to their own behavior who have become more able to control their behavior in appropriate ways by the time of termination of services? • Improved behavior within a specified time following service) • Increased availability and affordability of child care options • Bedwetting <p>Self Care Dimension:</p> <ul style="list-style-type: none"> • The young person can function independently at a level appropriate to his/her age and ability • The child is learning simple self-care skills for coping with early independence <p>Employment and Training Dimension</p> <ul style="list-style-type: none"> • Increase in number of adolescents successfully involved in education or vocational activities <p>Economic wellbeing Dimension</p> <ul style="list-style-type: none"> • Children in poverty • % of child support orders on which some payment is made • Financial conditions <p>Law & Order Dimension</p> <ul style="list-style-type: none"> • Adjudicated delinquency rates for youth receiving child welfare services • % not in juvenile corrections system • % of youth returning to community from youth 	<p>McDaniel & Thielman</p> <p>Dept. Health UK 1995</p> <p>Dept. Health UK 1995</p> <p>NCWRMCA</p> <p>Oerthner et al</p> <p>Berlin</p> <p>Dept. Health UK 1995</p> <p>Oerthner et al</p> <p>McCroskey 1992</p> <p>Nelson & Sladen</p> <p>Lyle 98 McDaniel & Thielman</p>
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	centers who re-offend within 6 and 12 months of release	
Improve or maintain functioning of child	<ul style="list-style-type: none"> • % of children for whom 1 or more problems on the checklist are resolved (expectation 60%) • % of children with no problems checked • Decrease in child's fear toward parent • Improvement in quality of child parent interactions • Improved effective communication and non abusive techniques to resolve family conflict • Improved sense of cohesion • Improved parental care-giving capacity (care, nutrition, hygiene, supervision) • Increased community recreation services and community support 	Lyle 1993 Oerthner et al
Young person will be prepared for independent living/will be successful in independent living	<ul style="list-style-type: none"> • Education and employment • Public Aid Use cost to the community • Pregnancy/Parenting - whether the person has a child • Family Relative contact - contact with biological mother, father, siblings, extended family, foster care family or group home family • % not in juvenile corrections system • % not having children out of wedlock • % not active in social service caseload • % of youth returning to community from youth centers who re-offend within 6 and 12 months of release 	Poertner et al 1997 Lyle 1998 McDaniel & Thielman

BROAD GOAL: FAMILY WELLBEING/STRENGTHENED CAPACITY FOR CHILD REARING

Desired Outcome	Measure or Indicator	Literataure Source
Improve or maintain functioning of caretaker	<ul style="list-style-type: none"> • % of cases in which male and female caretaker is rated at 4 or 5 on dimensions III & IV of Parenting Scale • %of cases in which male and female caretaker maintains rating of 4 or higher on all dimensions of Parenting Scale 	Lyle 1993
Families will function better	<ul style="list-style-type: none"> • North Carolina Family Assessment Scale • Improve parenting capacities (CWLA Family risk Scales) • Improved application of parenting skills appropriate to child's level of development • Improved parental ability to access and use formal and informal community resources • Improved parent and family members awareness of how their behavior impact the 	Markley Pecora AHA 1995

	child <ul style="list-style-type: none"> Improved parental ability to identify child's needs Increased time spent by workers with families Increased % of families actively involved in decisionmaking about their children 	Drews
Parent/child relations will improve	<ul style="list-style-type: none"> Improved parent/child interaction Percentage of parents whose cases were opened at least in part due to parent-child relations have increased their capacity to deal with child's needs when services are terminated 	AHA 1995 NCWRCMA

GOAL FAMILY PRESERVATION		
Desired Outcome	Measure or Indicator	Literature Source
Family is preserved	<ul style="list-style-type: none"> Number of days children are in placement during family preservation services Children's residence at the end of family preservation services Increase in children placed with family or kinship relations Increase in number of families providing regular contact Improved quality of parent/child interaction and satisfaction with the relationship for those reunified Increase in culturally and ethnically appropriate adoptive and foster homes Fewer children will enter foster care 	Markley Oerthner et al Markowitz

BROAD GOAL CONSUMER SATISFACTION		
Desired Objective	Measure or Indicator	Literature Source
Users of services will be satisfied with services received	<ul style="list-style-type: none"> Increase by 30% families' expressed satisfaction with Department services while cases are open Increase by 20% the families who report a helpfulness of services on a scale of 1 to 5 	Markowitz

SUPPORTED PLACEMENTS OBJECTIVE: The objective of supported placement services is to care for children and young people aged 18 years who cannot live with their parents for reasons of safety or family crisis

BROAD GOAL: SAFETY

Desired Outcome	Measure or Indicator	Literature Source
The child will be free of physical, sexual, emotional abuse or neglect whilst in out-of-home placement	Decrease in number of subsequent confirmed cases in out-of home placements	Oerthner et al

BROAD GOAL: PERMANENCY/STABILITY

Desired Outcome	Measure or Indicator	Literature Source
Length of time in a non permanent placement will be minimised	<ul style="list-style-type: none"> Length of time in a non permanent placement will be minimised % of children for whom permanency plan was achieved within 24 months Length of time for child in out of home care to achieve permanent plan Length of time to finalise an adoption once parental rights terminated 	Markowitz Alexander Arnold
Permanency plan will be achieved	<ul style="list-style-type: none"> The child will be re-united with birth family, original caretakers The child will be placed in kinship care with transferred guardianship The child will be adopted Number of children not moving to permanency plan 	Markowitz
Increase the success rate of reunification (Schmid)/Children who return home after a supported placement will remain at home (Poertner et al)/More children who return home from foster care will remain at home (Markowitz)	<ul style="list-style-type: none"> Number of children who re-enter substitute care following reunification with birth family) - expressed as percentage of children in care Frequency of parental visits when in foster care as a predictor of reuniting 	Poertner et al Berlin
Improve the stability of children's living arrangements	<ul style="list-style-type: none"> Children in placement will experience fewer moves (Maintain sibling groups wherever possible 	Markowitz AHA 1995

	<p>and appropriate</p> <ul style="list-style-type: none"> • Increase the number of local community placements for out of home care • Increased % of children with planned discharges from residential treatment 	Drews
Movement to less restrictive environment when a child's placement with the provider facility is terminated	<ul style="list-style-type: none"> • Moving from group home to foster care (measure of success) • Child running away or going to another equally or more restrictive measure (measure of lack of success) 	Bassett & Bjorklund; Chamberlain et al
BROAD GOAL: CHILD WELLBEING		
Desired Outcome	Measure or Indicator	Literature Source
<p>The wellbeing of children in supported placements improve/be maintained on a number of dimensions/ children in supported placements will receive a similar standard of care to that which would have been provided by a "reasonable parent"</p> <p>Measures set out under this goal in the Child Protection objectives section above are also relevant, so long as child is in supported placement</p>	<p>Health Dimension</p> <ul style="list-style-type: none"> • What percentage of children in substitute care who have physical health problems experience improvements in their physical functioning while in substitute care? <p>Education Dimension</p> <ul style="list-style-type: none"> • What percentage of children in substitute care who are performing below grade level when they enter substitute care experience improvement in their performance during their stay? • School performance assessed through grades, citizenship and attendance <p>Emotional & Behavioural Dimension</p> <ul style="list-style-type: none"> • Percent of children in substitute care who always feel loved by their caretakers • Percent of children in substitute care who feel safe <p>General</p> <ul style="list-style-type: none"> • % of children who received purchased supportive/rehab services in substitute care 	<p>NCWRCMA</p> <p>NCWRCMA</p> <p>Bassett & Bjorklund</p> <p>Poertner et al</p> <p>Alexander</p>
BROAD GOAL: CONSUMER SATISFACTION		
Desired Outcome	Measure or Indicator	Literature Source
Users of supported placement services will be satisfied with services received	Satisfaction levels	Various

7. CRITIQUE OF LISTED MEASURES AND IDENTIFICATION OF PREFERRED MEASURES

The previous section provided a comprehensive list of measures for all child welfare goals identified in the literature, including family support and consumer satisfaction goals. This section looks only at measures related to the goals of safety, permanency/stability and child wellbeing for the following reasons:

- Family strengthening/preservation outcomes are the subject of a separate planned consultancy focusing on family support services.
- Measures related to consumer satisfaction goals per se are not direct child protection outcomes. They are process or quality measures (e.g., satisfaction with service). Consumer reports of outcomes and satisfaction with outcomes are one of the perspectives or ways of measuring the types of desirable outcomes listed under the other main goal headings.

Several literature sources make recommendations about criteria to use in evaluating or developing outcome measures (see for instance Pecora 1998, Fraser 1990).

Those selected for the description and critique of outcome measures set out in this section are:

- Relevance - whether what is measured is a useful child protection or supported placement outcome, is it in accord with community values
- Validity - whether it measures what it purports to
- Specificity - whether it is sufficiently qualified and targeted so as to be unambiguous and to take into account all affecting factors
- Feasibility and cost - ease of collection in real life, is data already likely to exist, could data be fairly easily incorporated into existing state and territory computerised information systems, would special systems or periodic surveys be required⁴
- Acceptability - usefulness to caseworkers, likely acceptance by caseworkers
- Meaningfulness - when expressed as an outcome, would it be meaningful to the educated reader or would it seem obscure without excessive explanation
- Type of measure - as identified by this study, .e.g., direct outcome measure, proxy outcome measure (measures underlying assumed causal condition), process or quality measure (measure of something which should occur to help bring about desired outcome) etc.

⁴ The identification of common variables in Australian state/territory child welfare data bases and computerised information systems is being carried out currently through a separate consultancy. This review can only judge feasibility and cost in relation to existing information systems by whether it is reasonable to expect such data to have been incorporated.

- Ethics - whether there are any particular ethical problems in using measure. Measures in this section have been selected to provide illustrative examples of different kinds of problems. Where measures appear to measure the same thing (or very similar things), even though they are expressed differently, they are grouped together.

Some of the language used in the international literature is different from Australian terminology. The U.S. literature uses 'founded' or 'unfounded' for the Australian 'substantiated' or 'unsubstantiated'. An alternative expression is confirmed or unconfirmed. Some states also have an 'unable to determine' category' and others divide founded cases into 'founded' and 'indicated'. Like Australia, the U.S. also has different definitions of their versions of 'substantiated' or 'unsubstantiated' from state to state. (NCWRMA, 1993)

7.1 Child Protection Outcomes Measures

7.1.1 Child Protection - Safety Goals

Ratio of children investigated for abuse to number reported at risk: This is a process or compliance measure rather than a direct outcomes measure. What it measures depends on whether the particular child protection system is required to investigate all reported cases, rather than screening some out without investigation. It is valid only for measuring the proportion of reported cases which are investigated, where investigation is required of all reports. It may be confusing for the lay reader. It should be cheap and easily accessed from most state and territory data bases.

A. Immediate Safety Outcome

- (a) *Abuse or neglect while active case/% of children re-abused (baseline performance 5% on open cases, Performance goal 2% on open cases):* This is a relevant direct outcome measure. Its validity is dependent on further specification (i.e., how abuse is defined, e.g., reported/notified versus confirmed/substantiated). It would be broadly meaningful as well as acceptable to caseworkers. It should be cheap and easily accessible from state/territory data bases.
- (b) *Decrease in number of subsequent confirmed cases of open cases/Numbers of substantiated maltreatment incidents on active family preservation cases/What % of cases reported and assessed as founded for an abuse or neglect report and which were provided protective services after the assessment, represent cases which were previously*

assessed for abuse and neglect while services were still being provided?:
Leaving aside the question of whether and what services are provided, this measure is a more valid version of (a) above in that it specifies that abuse should be confirmed or substantiated.

In general, re-abuse is considered an appropriate indicator of safety in the literature. The only criticisms found relate to the fact that not all abuse is reported or substantiated (Barber & Delfabbro 1998, Gough 1993), and to the global nature of the measure which raises the cause and effect problems set out earlier in Section 3.2.

Children staying at home or not being removed appeared in the literature as a measure only for permanency and wellbeing objectives, not for safety. Children being placed in out-of-home care was discussed only as an outcome of family support or preservation services. Although considered an undesirable outcome in the above case, thought might be given to the inclusion of appropriate out-of-home placement as an immediate safety outcome.

The following recommended measures fulfil all the selection criteria and should be capable of collection with minor changes to existing child welfare data bases.

Preferred Measures for Child Protection Safety Goal; Immediate Safety Outcome

- Proportion of child protection notifications/reports where abuse is assessed as unsubstantiated (or screened out prior to investigation) *or* child is assessed after investigation to be able to remain at home (with or without support services), and no further allegations of abuse are received within a specified time period (before case closure, 3/6 months after case closure)
- Proportion of child protection notifications/reports where abuse is confirmed and child is assessed to be able to remain at home with support services and no further confirmed allegations of abuse are received within specified time period (before case closure, 3/6 months after case closure)
- Proportion of confirmed child protection notifications/reports where child is assessed as requiring supported placement (including kinship care) and is so placed and no further confirmed allegations of abuse are received within specified time period (before case closure, 3/6 months after case closure)

The above measures can, of course, all be varied by distinguishing between sexual, physical etc. abuse and neglect, reported (where this is discernible) or substantiated; and by distinguishing according to age of child and race/culture/ethnicity.

B. General and Longer Term Safety Measures

This heading covers the remainder of the desirable safety outcomes set out in the Section 6 Listing.

- (a) *Decrease the number of subsequent confirmed reports of unsubstantiated cases of abuse or neglect.* This is a relevant and valid outcome measure, particularly useful for showing the accuracy of initial investigations. With the addition of specified time periods, it should be seen as relevant by

caseworkers and (with some explanation or change in wording) would be generally meaningful. Its ease of collection as a retrospective would depend on whether records are required for all reported cases and whether records of closed cases are kept.

- (b) *What percentage of cases reported and assessed for abuse or neglect are subsequently reported and assessed as founded within 12 months of the earlier report?* This is a differently worded version of (a) only targeted at substantiated rather than unsubstantiated cases. It is worded in a way that is easier to understand by the lay reader and has a specified time period. It should be acceptable to caseworkers and easily accessed from existing data bases. Once again, it would need to be expressed as a retrospective measure.
- (c) *Abuse or neglect recidivism after case is closed/Abuse or neglect after return home/ Increase by 20% the number of families closed in the Department with no subsequent abuse and neglect after initiation of services/Increase by 50% the number of families with no subsequent substantiated abuse and neglect within 12 months after case closure / 80% of families successfully completing the program (no child removed from home) will have no confirmed reports of abuse or neglect within six months/What percentage of cases reported and assessed as founded for an abuse or neglect report within a given time period, and which were closed at the end of the assessment, represent cases which were previously assessed for abuse and neglect?:* These measures are relevant, acceptable and meaningful, but only the last three versions are sufficiently specific in their definitions of abuse and provision of a time period. Collection should be practicable from existing data systems.
- (d) *Confirmed abuse cases:* This measure is not sufficiently specific to be relevant or meaningful.
- (e) *Deaths:* This measure is insufficiently specified to be relevant or valid. Deaths, of notified children or children receiving services including care and as a result of abuse or neglect, would be meaningful to the general public, but are perhaps more validly seen as the ultimate form of abuse. The measure would be easily collectable from existing data bases only in states where coroners reports are centrally aggregated as a coronial inquiry determines whether death was accidental or not.
- (f) *Decrease the number of preventable injuries/deaths resulting from abuse or neglect.* While this measure is relevant and meaningful, it poses the definitional problem of what is 'preventable'. It is also insufficiently specific in terms of targeting. It would therefore be both unacceptable to caseworkers and impossible to collect from existing data bases.

- (g) *% of cases in which caretakers are rated at 4 or 5 on dimensions III & IV of Parenting Scale:* This is a proxy measure rather than a direct outcome measure for safety. The assumption is that if parents are rated as good caretakers, the children will be safe. It would be more meaningful to the general public if it were reworded accordingly. It may be more relevant to goals other than safety, e.g., child and family wellbeing.
- (h) *Decrease by 20% the duration of open cases:* It is not clear why this was included by its literature source as a measure relating to safety. It is neither a direct or proxy outcomes measure but a partial efficiency, input or output measure. It is not relevant or meaningful in outcome terms but would be easily collected from existing data bases.
- (i) *Potential for future abuse (measured by worker rating of risk variables/Reduction in following risk factors: medically diagnosed injuries, lack of physical necessities (clothing, food); punishment (excessive; bizarre); lack of supervision; parental behaviour toward child (parent ignoring child, antagonistic):* These measures represent the risk reduction approach to outcomes measurement. Some of their components (medically diagnosed injuries, lack of clothing/food) are direct outcome measures, but the overall concept is a proxy outcome measure, not a direct outcome measure. The assumption is that if conditions or contextual caretaker behaviour which is believed to have caused the abuse in the first place can be altered/diminished then abuse will not re-occur. Their relevance is diminished because their proximity to the outcome is not conceptually immediate. Their validity is questionable in that the risk may be causally related to other factors. They may be acceptable to caseworkers but require considerable explanation to be generally meaningful. Their ease of collection would be dependent on the previous implementation of comparable risk management systems in child welfare agencies. They may be more relevant to outcomes other than safety such as child wellbeing.
- (j) *Percentage of children whose cases were opened due at least in part to living conditions, e.g., housing quality and cleanliness, stability of income, etc., who live in improved conditions when services are terminated?* This is an example of a collection of measures which may be used to assess risk but which is also a direct outcome measure. Its relevance and validity are dependent on what variables are chosen to measure living conditions, and what weight is given to each variable. It is generally meaningful and, with tighter component definition, should be acceptable to caseworkers. Its ease of collection would require the addition of standardly assessed living conditions to presenting problems, risk factors or reasons for abuse in existing data bases and a further assessment at case closure.

- (l) *Improved child safety through improved child and family functioning measured by a standardised instrument such as: Child Wellbeing Scales, which quantify 43 different dimensions of the physical, psychological and social needs of children including items for "physical health care, nutrition, clothing, household furnishings, overcrowding, sanitation, parental supervision of young children, consistency of discipline, abusive discipline, deprivation of food/water, and measures of child behavior such as academic performance, school attendance, and misconduct.* Like the measures in (g) and (l) above, this type of measure is a proxy rather than a direct outcome measure. While most of the component variables appear to measure conditions or behaviour that is likely to affect child safety (apart from the education and child behaviour ones), it is still a large assumption that the child will be safe. This type of measure also suffers from the drawback that it is not generally meaningful in broad terms, although its individual components are. It may be more directly relevant to outcomes other than safety. Its ease of collection would be dependent on the prior implementation of comparable standardised instruments within child welfare agencies.
- (m) *Increase by 30% the community services families utilise while their cases are open/ Higher rates of service provision for newly opened services (especially in parenting skills training, family counselling and mental health services)/ Increase in families' knowledge of available resources:* A proxy measure not a direct safety outcome. The assumption is that knowledge or use of support services will lead to better parenting which will lead to absence of re-abuse. This is an even more conceptually remote proxy outcome than those earlier described. The same consideration would apply.
- (n) *Increased availability and adequacy of an array of services:* This measure adds an additional level of assumption to the one above, i.e., that if there are more appropriate services, then families will know about them and use them and so on.
- (o) *Child's sense of safety and security:* This is a relevant and valid measure which would be acceptable and understandable. It could not be collected without incorporation of new variables into existing data bases or collecting via a periodic survey.
- (p) *Increased reports from community:* This measure has presumably been included by its literature source as an indicator of safety on the assumption that improved community awareness and surveillance would lead to increased reports of suspected child abuse which in turn would keep more children safe. It is a fairly remote proxy indicator the relevance

of which would depend on the proportions of such reports subsequently substantiated. It could be used as measure of community awareness.

None of the remaining measures listed under the various child protection safety outcomes appear to be related to the objective, even though they appeared in the safety category in their original source.

The following recommended measures meet all the selection criteria. They are expressed as proportions of particular universes, but they do not specify desirable levels of performance (unlike some of the measures listed) as the processes and decisions required for setting benchmarks or performance targets are considered to be a step additional to the definition of outcome measures.

Preferred Measures for Child Protection Safety Goal: General or Longer Term Safety Goal

- Proportion of child protection notifications/reports where abuse is assessed as unsubstantiated (or screened out prior to investigation) *or* child is assessed after investigation to be able to remain at home (with or without support services), and no further allegations of abuse are received within specified time period (6 months, 1 year, 2 years)
Variation: Before case closure, After case closure
- Proportion of child protection notifications/reports where abuse is confirmed and child is assessed to be able to remain at home with support services and no further confirmed allegations of abuse are received within specified time period (6 months, 1 year, 2 years)
Variation: Before case closure, After case closure
- Proportion of confirmed child protection notifications/reports where child is assessed as requiring supported placement (including kinship care) and is so placed and no further confirmed allegations of abuse are received within specified time period (6 mnths, 1 yr, 2 yrs) Variation: Before case closure, After case closure

The above measures are also capable of all the variations noted under the immediate safety preferred measure heading above. They should also be capable of implementation with only minor modifications to existing data bases. The following further measure is included separately because it would require both more development work (specification/consensus) and would be more costly. It may be worthwhile working towards:

- Proportion of confirmed notifications/reports where cases were opened in part due to poor living conditions and where living conditions are assessed as improved on case closure.

7.1.2 Child Protection Objectives - Permanency/Stability Goal

- (a) *Number or percent of confirmed child protection cases where children remain in own home without further support:* This is a direct outcome measure of stability, and would also be a direct measure of permanency if taken in conjunction with measure (e) below. It is relevant, has face validity, would be acceptable to caseworkers and meaningful to the general public. It could be collected from existing data bases so long as provision existed for matching new episodes of service provision with closed cases and families did not move interstate. The question remains however about the desirability of separating stability and permanency

totally from safety for reporting purposes - stability could be achieved at the expense of safety.

- (b) *Number or percent of confirmed child protection cases where children remain in own home with support services:* This is the same measure as for (a) above except that it is the measure of the outcome of child protection family support services rather than child protection assessment services.
- (c) *Reunification with birth families or original caretakers/No. or % returned home after entry to foster or residential care:* This measure is not as relevant to either permanency or stability as it appears on first sight unless it is reported on in conjunction with a measure which assesses how long the reunifications last. It would be acceptable to caseworkers, meaningful to the general public and easy to collect from existing data bases. It is both a case-event and a client-status measure which could also mask undesirable safety outcomes unless used in conjunction with re-abuse measures.
- (d) *Number of different people who have acted as the child's main carer since s/he was a baby:* This is a direct stability outcome measure. It is relevant, valid, should be acceptable to caseworkers and is readily understandable by the general public. Existing data base records could be adapted (if a little roughly) from existing family history and placement records so long as records are kept of closed cases. It could possibly be incorporated into data bases for current and future cases. It would, however, be a more meaningful measure for supported placements than for child protection per se.
- (e) *Number or % of child protection cases where children re-enter substitute care after reunification/Number of returns to parents after first separation:* This is a direct measure of stability. It is relevant, valid, acceptable, meaningful and should be easily collected from existing data bases. The main problem will be where agencies do not keep ongoing records of closed cases.

The following measures are recommended:

Preferred Measures for Child Protection Permanency/Stability Goals

- Percent of notified children who are placed in a supported placement as a result of a child protection assessment:
 - (a) who remain in the same placement after 6months/1 year/2 years/5 years
 - (b) who remain in care but have had multiple placements within 6months/ 1 year/ 2 years/5 years
 - (c) who return to parents from original placement within 6 months/1year/2years/5years
 - (d) who return to parents after multiple placement within 6 months/1year/2years/5years
- % of children with confirmed abuse who remain with their parents :

(a) who are not placed in care within 6 months/1 year/2 years/5years of case closure
(b) who enter a supported placement within 6 months/ 1 year/2years/5years of case closure
Indicators could be disaggregated by type of placement, type of abuse and age of child at notification.

7.1.3 Child Protection Objectives: Child Wellbeing Goal

Direct outcome measures for child wellbeing are much less well developed in the literature than those for the safety and permanency/stability goals. Magura and Moses noted in 1986 that: "True client outcome measures do not appear often, and when they do, they tend to be rather primitive methodologically and, usually, inadequately examined for reliability and validity."(1986a) In terms of wellbeing outcome measures little has changed since then. Poertner in 1998 notes that measurement development "is moving from conceptual consensus to practical specifics" and that most consensus is in the safety and permanency areas.

It must be stressed that, so far as this review can determine, aggregated child wellbeing outcomes are not yet being reported on routinely as part of any national or sub-national (e.g., state, territory, county, district) public welfare accountability or monitoring system, although this is planned for the future.

The vast bulk of possible wellbeing indicators or measures in the literature exhibit a number of major flaws:

- They are often too general or abstracted to be capable of direct measurement without considerable conceptual unbundling (e.g., improved child functioning)
- On the other hand, they are often so specific as to be useless for reporting of broad outcome directions (e.g., bedwetting)
- Those which are direct outcome measures at a sufficiently focused level to be broadly meaningful, are mostly abstractions or scores from various standardised scales or other instruments, the construction and relevance of which could not be grasped by a general reader without excessive explanation
- Additionally they tend mainly to be measures of process or quality from which outcomes must be inferred (e.g., improved parenting capacity)

Part of the difficulty may be that wellbeing as a concept is not clearly defined in the literature, and in reality wellbeing is a very subjective value-laden idea, generally expressed as being something that 'most people' would agree about.

The few direct outcome measures for child wellbeing (about which there appears to be some international consensus) are:

- (a) *Immunisations*: This is correctly identified in the Looking After Children project as an service quality outcome measure. Although technically it is also a direct outcome measure (and Poertner notes that it has been generally accepted as such in the U.S.), it is of too low a level to be a stand alone measure of a child's health. It would be most useful as one of the measures in a broader service quality or parental care measure such as "All preventive health measures, including appropriate immunisations are being taken". This latter measure is currently use as a practice objective in the Looking After Children materials, but is not included in their list of variables to be piloted as outcome measures.
- (b) *Yearly medical or dental examinations*: These are service quality or parental care quality measures. Like immunisations they could be legitimately included in a general preventive health measure, but this would still not be a direct outcome measure of child wellbeing.
- (c) *Age appropriate educational progress (grades/achievement)* This is very close to being a direct wellbeing indicator as it is difficult to function sufficiently well to make adequate progress if other aspects of life are unsatisfactory. However, does poor progress (low grades) necessarily equate with lack of current general wellbeing?
- (d) *School attendance/Truancy*: These are more appropriately viewed as service quality or parental care quality measures.
- (e) *Graduation rates/school completion*: Where failure to graduate or complete the minimum acceptable level of schooling is due to poor school attendance or truancy, this would be a service or parental care quality measure. Where failure is not accompanied by poor attendance, the same question about relevance to current general wellbeing applies. Failure could however be taken as a direct predictor of future lack of wellbeing, e.g., unemployment, low income, if employment and higher income levels are generally considered to be essential wellbeing ingredients for adults.
- (f) *Early pregnancies*: Values once again intrude here. Perhaps unplanned early pregnancies can be taken as a direct measure of poor general wellbeing, but this would vary considerably with circumstances. Perhaps this difficulty can be dealt with by using sex and contraception education as a service/parental care quality measure. (It is currently one of the items used within the Looking After Children preventive health objective.)
- (g) *Employment status*: See (e) above.

- (h) *Juvenile offences*: This appears to be a direct wellbeing outcome measure. It would be difficult to find public consensus other than that being in trouble with the police is bad for a child or young person's quality of life. It would be a valid, acceptable, meaningful measure. It would be more costly to implement than most of the other identified direct measures, as not all states and territories have data bases which link juvenile justice and child welfare records for individual children.

One other possibly stand-alone measure, accurately identified as a direct outcomes measure in the literature but where consensus is not known is:

- (i) *Child's ability to make friendships with others of the same age*. This, of course, assumes that there is agreement about sociability as an essential ingredient of wellbeing in children. It is identified is currently being piloted as an outcome variable by the Looking After Children project.

There are also a few measures which might be suitable as direct outcome measures which are not so identified in the literature. The following two examples, from the Looking After Children Assessment and Action Records are currently described as assessment objectives in two dimensions, Health and Identity, and are being used to assist casework practice. They are not included in the much smaller Selected Variables List which LAC is currently piloting as possibly appropriate outcome progress measures:

- (j) The child is normally well, i.e., unwell for 1 week or less in the last 6 months
- (k) The young person has a positive view of him/herself and his/her abilities (generally confident in new situations, takes on challenges & expects to succeed, enjoys meeting new people, expects to be liked)

However, to be easily collectable on a routine basis, direct indicators or measures of child wellbeing would need to be part of the existing information systems used to assist day to day practice. This is the case with the Looking After Children materials. In Australia this would depend on achieving agreement amongst states and territories (and their contracted services) and the subsequent implementation of comparable data collection systems. This would be a costly exercise and outcomes would not be measurable until time had passed after data collection system implementation.

The alternative, collection through periodic surveys would be much more feasible for children currently in care or whose families are currently receiving support services (most of whose locations are currently known) than for those previously experiencing child protection interventions. Surveys too would be costly. Retrospective studies would be cheaper than longitudinal ones, but much less reliable. Longitudinal studies are the most expensive.

Because of the still relatively undeveloped stage of child wellbeing outcome measures internationally, the consultants make no recommendations about preferred indicators for this child protection goal.

7.2 Supported Placement Objective Measures

7.2.1 Supported Placement Objective: Safety Goal

- (a) *Decrease in number of subsequent confirmed cases of abuse or neglect in out-of home placements:* This is a relevant and valid measure which would be acceptable, understandable and easy to collect. To be more specific it should differentiate between internal and external abuse and by type of placement.
- (b) *Children feel safe:* This is a relevant and valid measure which would be acceptable and understandable. It would not be possible to collect without introducing new variables into existing data bases or collecting through periodic surveys.

Preferred Measure for Supported Placement Safety Goal

- Proportion of all children entering and remaining in supported placements, who had 1 or more confirmed instances of external abuse or neglect within 6 months/1 year/2 years of entering the initial placement
 - As above, but where the abuse occurred within the placement itself
 - Proportion of all children exiting placement within 6 months/6 months to 1 year/1 to 2 years/over 2 years, who have had confirmed instances of external abuse or neglect whilst in a placement
 - As above, but where the abuse occurred within the placement
- These measures can also be disaggregated by type of abuse, type of placement, and age of child

7.3.2 Supported Placement Objective: Permanency/Stability Goal

- (a) *% of children for whom permanency plan was achieved within 24 months/Length of time for child in out of home care to achieve permanent plan/Length of time to finalise an adoption once parental rights* These are basically measures of the same thing with variations depending on what the permanent plan is. They are direct outcome measures for the desired outcome of minimising time in non permanent placements which is an aspect of stability. They are valid, acceptable and understandable, and easy to collect from current data bases.
- (b) *The child will be re-united with birth family, original caretakers/The child will be placed in kinship care with transferred guardianship/The child will be adopted/Increased % of children with planned discharges from residential treatment.:* These are all relevant direct measures of the desirable permanency outcome: permanency plan for child will be achieved. They are valid, acceptable, understandable and should be

collectable from current data bases. They will need to be interpreted in conjunction with permanent placement breakdown measure.

- (c) *Number of children not moving to permanency plan:* This measure is the obverse of the one above. It is relevant, valid, acceptable, understandable and easily collectable, but requires timelines to be specified to be capable of implementation.
- (d) *Number of children who re-enter substitute care following reunification with birth family - expressed as percentage of children in care:* This is a valid measure of the success or failure rate of re-unification which is an indicator of stability. It is acceptable, understandable and easily collectable (so long as records of closed cases are kept). It requires specification of time periods for re-entering care (e.g., within 3 months, 1 year) and also specification of the point at which the overall in care population is captured (e.g., during 1996 x children who had previously returned home came back to care, or x children who came into care in 1996 and were returned home, returned to care within x period.)
- (e) *Frequency of parental visits when in foster care as a predictor of reuniting:* This is a proxy measure rather than a direct outcome measure of permanency, but it could be considered as a direct measure of stability (i.e., continuing contact). It is less immediately recognisable by the general public and would probably require considerable effort to incorporate in existing data bases.
- (f) *Children in placement will experience fewer moves (no. of moves):* This is a relevant and valid measure of stability of placement. It is acceptable, understandable and collectable. It requires the specification of time periods and should be used in conjunction with measures like (l) below which specify the type of move in terms of restrictiveness of placement.
- (g) *Maintain sibling groups wherever possible and appropriate:* This is a relevant and valid measure of stability in environment (familiar people) and could be expressed as proportion of children with siblings who remain with siblings (some/all). It is acceptable, understandable and should be capable of easy collection from routine data bases.
- (h) *Increase the number of local community placements for out of home care:* This is a relevant and valid direct measure of stability in environment (familiar locality). It is acceptable, understandable and should be capable of easy collection from routine data bases. It will require further definition of "local community", e.g., same suburb, same town (not city), same LGA.

- (i) *Moving from group home to foster care (measure of success)/Child running away or going to another equally or more restrictive measure (measure of lack of success):* These are relevant and valid direct outcome measures for minimising the number of placements which is an indicator of stability. Moving to less restrictive placement is also a direct measure of a short-term outcome which could be assumed to be a step along the way to permanency. They should be acceptable to caseworkers, may be a little obscure for the general public, and should be easily collected from minor modifications to routine data bases.

The following direct outcome measures are recommended:

Preferred Measures for Supported Placement Permanency/Stability Goals
<ul style="list-style-type: none">• Proportion of children entering supported placements who have 1, 2, 3, 4, 5, 6+ carers during a specified time period (6 mnths, 1 yr, 2 yrs, 5 yrs, ever) Variation: Age of child, type of placement, during current care episode• Proportion of children entering supported placements during the current reporting year who are re-entering care after re-uniting once, twice, three times or more• Proportion of children entering supported placements who experience 1, 2, 3, 4, 5, 6+ moves within a specified time period (6 months, 1 yr, 2 yrs, 3-5 yrs, 6+ yrs). Variation: Number of moves to more restrictive/less restrictive placements.• Proportion of children entering care for whom permanency is a case goal, who have not achieved permanency in placement within a specified time period (3 months in care, 6 months, 12 months, 2 years, 3-5 years, 6+ years)• Proportion of children entering care during current reporting period who have one or more siblings who are placed with siblings (all, some)• Proportion of children entering care during current reporting period who are placed in a familiar locality (locality which allows continuity with previous schooling and/or social networks)• Proportion of Aboriginal and Torres Strait Islander children entering care during current reporting period who are placed with at least one carer of the same culture

7.2.3 Supported Placement Objective: Child Wellbeing Goal

Considerations relating to measures within the child wellbeing goal are the same as those set out under child protection objectives in section 7.1.3 above.

Summary Comment:

Section 7 analysed a variety of outcome measures set out in the literature and formulated recommended measures for child protection safety and permanency/stability goals and supported placement safety and permanency/stability goals, suitable for national reporting.

Although child wellbeing outcome measures have been critiqued, no preferred measures have been recommended for use in national reporting, due to insufficient international development and testing. This would not preclude use of some of the identified wellbeing measures by individual state and territory departments or non government services.

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OUTCOME MEASUREMENT IN CHILD PROTECTION:

ANNOTATED BIBLIOGRAPHY

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

**RESEARCHED & WRITTEN BY
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1998**

The views expressed in this report are those of the consultants', and do not necessarily reflect those of the Steering Committee or the Productivity Commission.

This Annotated Bibliography resulted from a review of English language literature dealing with the development of outcome measures for child protection and supported placement services. The review was carried out over four months to September 1998.

The Annotated Bibliography is a companion document to the main report *Outcome Measurement in Child Protection: International Literature Review and Critical Analysis of Child Protection and Alternative Placement Outcome Measures - Final Report*.

The following 131 books, reports, articles, chapters or papers were reviewed.

Cora Alexander, "The Use of Outcome Data in Program Management" in *5th National Roundtable on Outcome Measures in Child Welfare Services, Summary of Proceedings (5th Roundtable)*, American Humane Association (AHA), Englewood, 1998, pp.73-82

This presentation addresses the development of outcomes in the Texas Department of Protective and Regulatory Services. It includes useful whole of state outcome or performance indicators.

The Texas Legislature developed Key Performance Measures which were tied to funding of the above department. Annual reports are organised by objective and outcome measure, and by strategy and output, efficiency, input and explanatory measures.

The paper also contains service definitions for seven stages of child protection: Intake, Initial assessment/investigation, family preservation in home (no placement); temporary out of home placement into sub care, temporary out of home placement with relative or service (voluntary); family reunification in own home - post placement; family reunification with relatives - post placement; substitute care/adoption as plan; long term substitute care.

Cora Alexander, "Integrating a Focus on Outcome into Management, Case Practice and Training" in *4th National Roundtable on Outcome Measures in Child Welfare Services, Summary of Proceedings (4th Roundtable)*, AHA, Englewood, 1997, pp.21-32

This paper sets out the use of the Children's Services Simulation Model (see Fluke 1996) by the Texas Department of Protective and Regulatory Services. Texas routinely monitors the following measures:

- Decreasing the number of children in foster care
- Reducing the length of time in care
- Minimising the number of placements

American Humane Society (AHA), "Work Group Results", *2nd National Roundtable on Outcome Measures in Child Welfare Services, Summary of Proceedings (2nd Roundtable)*, AHA, Englewood, 1995, 7 pp.

There is no author or presenter for these results. They are a summary of work groups set up during the above conference in the following four target outcome areas:

- Child safety
- Family continuity/family preservation
- Child functioning
- Family functioning

Each group was asked to:

- Clarify the definition of the target outcome
- Review illustrative examples of indicators and measures
- Generate a list of additional indicators

Results are reported within the four target outcome areas.

American Humane Association (AHA), "Keynote Address" plus summaries of two other presentations in *3rd National Roundtable on Outcome*

Measures in Child Welfare Services: Summary of Proceedings (3rd Roundtable), AHA, Englewood, 1996, pp.5-17

The Keynote Address is by Carol Williams of the US Dept. of Health & Human Services. The remaining two summaries are by Mary Nelson, Iowa Department of Human Services and Chris Hanus, Nebraska Department of Social Services.

The **Keynote Address Summary** (Carol Williams) refers to most recent U.S. legislation (Child Protection Block Grant) which provides increased state flexibility in the provision of child welfare services. This is shaped by the need to reduce federal expenditure and the inability to demonstrate results of federal program investments. Other factors affecting the current "reform proposals" include the restructuring of the economy, increasing social diversity and increasing family stress.

Federal outcome measures are being developed for use in a new strategy for reviewing federally assisted child and family service programs. Key outcomes to be assessed are:

- Safety - Outcome 1: Children are protected from abuse and neglect in their homes whenever possible; Outcome 2: The risk of harm to children will be minimized.
- Permanency - Outcome 1: Children will have permanency and stability in their living conditions; Outcome 2: The continuity of family relationships, culture, and connections will be preserved for children.
- Child and Family Wellbeing - Outcome 1: Families will have enhanced capacity to provide for their children's needs; Outcome 2: School-aged children will have educational achievements appropriate to their abilities; Outcome 3: Children will receive adequate services to meet their physical and mental health needs.

Context for Change (Mary Nelson) deals with focus on outcome measures in Iowa, Nebraska, Kansas and Missouri. These four states joined together as a result of Roundtable 1 discussions. One implementation consideration identified was the need to become "outcome-driven", rather than just "add outcomes to our existing systems". These four states (Region VII) have decided to initially target out of home care for outcome measures development. Preliminary indicators focus on areas including:

- How the system responds to children and families (e.g., number of placements, level of care, timeliness of permanency)
- The quality of out of home experience for child and family (e.g., number of moves, length of stay, placement appropriateness)
- How efficiently services are provided (e.g., availability of foster and adoptive families, timeliness of services)
- Client/consumer satisfaction

Overcoming the Fear of Accountability or "There's An Alligator in My Closet" (Chris Hanus) looks at the fear of child welfare workers, especially the fear of media pressure, and at the need to form partnerships. The Nebraska effort is called 'Partnerships for Protecting Children' and focuses on continuous quality improvement.

American Humane Society (AHA) "Summary of Work Group Exercises" in 3rd Roundtable, 1996, pp.51-64

The 3rd Roundtable workgroups had the following aims:

- Define key outcomes, for the child, family, agency, and community
- Select indicators and measures
- Identify potential sources of information for the indicators
- Identify who (individual, agency) has primary responsibility for achievement of outcomes
- Given the participants' experience, identify the factors which present barriers in implementing an outcome-focused approach

Little was added to the suggested indicators and measures that came out of the 2nd Roundtable.

This was the first and only Roundtable exercise which actually looked at the possible sources of data.

Ann Kelley Anderson et al., "Presentations of Experience - Colorado" in 2nd Roundtable, 1995, 22 pp.

This is a series of five conference presentations on outcome development in Colorado.

Presentation 1 - Ann Kelly Anderson, Child Welfare Analyst sets out the background and accomplishments of a workgroup which was formed to develop outcome measures.

Presentation 2 - David Bernstein, Denver County Department of Social Services sets out the first priority developed desired outcomes:

1. The child is safe
2. The child will be safe from maltreatment
3. The safety will improve for children and the communities in which they serve (sic).

Other desired outcomes are family preservation and the achievement of permanency.

Examples of proposed outcome measures are set out.

- A. Presentation 3 - Terri Bailey, Piton Foundation - presents the Colorado model for Evaluation of Performance. The model was designed to be able to develop individual case plans as well as for planning, program development and community involvement.

Presentation 4 - Kittie Arnold, Arapahoe County Dept. of Social Services, looks at the composition of community indicators. These include indicators of economic stress, child abuse and neglect rates, teen birth rates.

Presentation 5 - Lloyd Malone, El Paso County Social Services, looks at some implementation issues including opportunity costs. The remainder of the implementation issues appear to be conceptual issues expressed as questions

Lynda Arnold, Federal Requirements Impacting Outcomes Measurement, 5th Roundtable, 1998, pp.19-21

This paper is from the Oklahoma Department of Human Services. It identifies three outcome categories: safety & wellbeing, recidivism, permanency. It provides examples of outcome objectives and measures.

Auditor General, "Listen and Learn, Using customer surveys to report performance in the Western Australian public sector", Report No.5, June 1998, 32pp.

This report uses customer satisfaction as a performance indicator, also described as an "effectiveness indicator". It examines seven customer satisfaction surveys including the Customer Perception Survey of the Department for Family and Children's Services (FCC). The report is mainly about how to do acceptably rigorous surveys, in terms of sampling methods, response rates and reliability.

The FCC survey was obviously used to measure user perceptions of outcomes. Indicators included "Proportion of family and community support customers who have increased their knowledge and skills; and extent to which family and community support customers develop their own solutions and independence". The relevant questions were "On your last contact, how much did you learn that was useful to you? "How confident are you that you will be able to handle a similar situation in the future?" These questions were complemented by others in different surveys.

Christopher Baird, "Linking Assessment, Service Delivery, and Outcomes, The CRC Case Management Model, 1st Roundtable, 1993, 20pp.

This paper is based on work by the National Council on Crime and Delinquency's Children's Research Centre (CRC) with the Michigan Department of Social Service, and with state agencies in Alaska, Michigan, Oklahoma, Rhode Island and Wisconsin. Objectives are divided into two categories:

- Process Objectives
- Outcome Objectives

The paper stresses the need for process evaluation because of the need to know whether success/failure is due to theories not being operationalised or to flawed theories.

The CRC Case Management Model is described together with a structured decision making system based on the model. A number of useful process indicators are identified.

Christopher Baird, Dennis Wagner, Rod Caskey & Deborah Neuenfeldt, "The Michigan Department of Social Services Structured Decision-making System: An Evaluation of Its Impact on Child Protection Services" in 3rd Roundtable, 1996, pp19-32.

This is an update of Baird 1993 above.

The paper includes copies of two sample instruments: the Michigan Abuse Instrument (a simple 12 item yes/no questionnaire) and the Family Assessment of Needs and Strengths (a 14 item scale rated according to described rating statements, e.g., strong skills to destructive/abusive parenting, no health problem to serious health problems).

Jim Barber & Paul Delfabbro, Children, "CYPFS' Outcome Measurement Project: Results of the Pilot Study", unpublished report prepared for Children, Young Persons & their Families Service, Department of Social Welfare, N.Z., 1998, 50 pp.

The authors are from Flinders University. This unpublished report of a study carried out for the New Zealand Government's child welfare department, uses a number of standardised instruments to measure New Zealand's national child welfare legislative objectives. The identified dimensions of these objectives are:

- Adequacy of parenting/caregiving

- Child behaviour and wellbeing
- Risk of Future Harm
- Level of disruption to normal life and routine imposed by intervention
- Cultural competence of implementing the Treaty of Waitangi

The study dealt with only the first two of the above objectives. The other objectives are being addressed through separate projects.

The broad areas of measurement included in the study were:

- Child's psychological health/behaviour
- Adequacy of basic needs
- Caregiver related (parenting practice, control, conflict)
- Sexual activity and abuse
- Information quality (check on reliability of reported information)

Instruments used included:

- Child Behaviour Checklist (Boyle)
- Family Functioning - Family Assessment Device
- Parent/Child Conflict Tactics Scale

Instruments developed for the study include:

- Adequacy of basic needs checklist (food, clothing, medical care, social interaction)
- Caregiving checklist (normed on general Australian population)
- Controlled problems checklist (amount of control over children, e.g., whether know they are out)

Caution is expressed about the use of social indicators such as re-abuse and school attendance as outcome measures.

The authors plan to publish the material in the form of two papers in the near future.

Richard P. Barth, Vicky Albert, Ruth Lawrence, Mark Courtney, "Budget Allocation Methodology in Child Welfare Services in California, Executive Summary", Child Welfare Research Center, University of California at Berkely, January 1993, 19 pp.

This paper describes the following existing and possible budget allocation methods:

- Caseload and demographic allocations
- Workload and workload standards allocation
- Outcome guided allocations

It contains a section on the possible development of "Outcome Guided Budget Allocation Methodologies" in California and also a comparison of outcome allocation methodologies in child welfare services in other states and a brief discussion of advantages and disadvantages.

- The paper concludes that there is insufficient knowledge and program development to support a budget allocation method "guided by outcomes or a combination of outcomes, performance and workload.". Outcome guided budget allocations are worth pursuing, but not as the sole means of allocation, and on a fiscal incentive basis for good outcomes and a corrective "non-punitive" basis for poor outcomes.

The paper notes that, although a number of states are interested in outcome measurement "both as a management tool and as an allocation factor, there was only one state which applied this methodology with limited application." This is Florida where funding for contracted services is linked to an expectation of an 87 % 'success' rate (not defined).

Advantages and disadvantages of outcome based budget allocation are identified.

Earl Bassett & Eric W. Bjorklund, "Utah Presentations" in 2nd Roundtable, 1995, pp. 18

The first presentation by Earl Bassett is "Utah Customer Survey". Customers include clients, parents, foster parents, courts, other service providers. Customers are "reluctant to give honest feedback" because caseworkers are perceived as powerful decisionmakers, so the survey was anonymous. A 50% response rate was achieved. Questions were asked regarding specific named workers. Sample forms are provided for feedback from foster parents, youth and service providers. Caseworker behaviour statements are made and customers asked to rate the statement according to their perceptions. Statements include: Caseworker is courteous, involves you in treatment decisions, is professional, you are satisfied with the amount and quality of in-person and telephone contacts, your caseworker is helpful. Other questions included "Your caseworker has discussed your treatment plan with you?"

The second presentation, by Eric Bjorklund, is "Recommended Outcomes for Residential Care". This includes foster care. The presenter notes that the relationship of components, such as type of placement and amount of individual therapy or skills training, to outcomes is not known. He suggests that the goal of the child welfare system should be to "move children from residential care to

productive independent lives in society." Two general outcome measures are advocated.

Gordon Berlin, "Choosing and Measuring Interventions" in *Children and Youth Services Review*, Vol.14, 1992, pp.99-118.

This is a useful article. It argues against the use of single measures in gauging effectiveness, e.g., maintaining child in family, placing child in foster care; and argues that the main goal for the child should be stability.

The article identifies the need to use different measure for different ages.

It refers to the concepts of case status and client status variables and identifies a number of variables contained in most administrative records.

The article contains a useful list (15 items) of "Case Handling Management Indicators Tracked in New York City".

The article lists 32 client status measures (or direct measures of client well-being) which can be extracted from comprehensive case records; and lists 45 outcome measures involving caseworker structured assessments.

Berlin notes the dangers of cumulative scoring on risk indicators which can distort risk ratings.

Direct client surveys are the third type of outcome measure discussed. The article notes that many instruments are not fine tuned to the client group, but are designed to measure differences in parenting or child cognitive, personality and physical health dimensions which have not been normed on a child welfare population, and which are correlated moderately with socio-economic status.

The article also lists what the author considers to be the best of a number of child aptitude and development tests

Eric Bjorklund, "Examining Outcomes Across Service Systems and the Community", 5th Roundtable, 1998, pp.23-32.

This paper focuses on the criteria for evaluation for adolescent out of home care programs (juvenile offenders) in Utah. It identifies factors associated with recidivism among juvenile offenders and sets out a number of suggested measures in the two categories of:

- Child "Difficulty Indicators
- Successful Progress and/or Program Effectiveness Indicators.

Forms attached are Youth Admission Sheet and Discharge Sheet.

Ann S. Botash, "Simplifying Child Sexual Abuse Data Management: From Medical Record to Computer" in *Child Abuse & Neglect*, Vol.19, No.3, Pergamon, USA, 1995, pp.297-306

This article is not useful for our study. It gives an example of a data system set up to record results of medical examinations of suspected child abuse victims.

Scott Briar & Betty J. Blythe, "Agency Support for Evaluating the Outcomes of Social Work Services", in *Administration in Social Work*, Vol. 9(2), Summer 1985, pp.25-36

This paper identifies the common focus on process evaluation activities rather than outcome evaluation and describes administrative agency support and innovation to facilitate outcome evaluation.

Case specific outcome evaluation is advocated, and defined as measuring client change. Client satisfaction with service is said to be less useful to practitioners than documented assessment of change in things like:

- Mother's attitude towards child
- Differences in mother's ability to manage child's behaviour through the use of specific parenting skills
- Occurrence of further abuse

Ways of assisting caseworkers in assessment and recordkeeping are suggested

Gary D. Brooks & Brent E. Wholeben, "In-Depth Evaluation of Foster Care System Can Provide Leverage for Child Advocates" in *Youth Law News*, Sept-Oct 1992, pp12-17

An evaluation model is described, resulting from a 33 month study (starting in 1989) of foster care in El Paso, Texas. The model used interviews with parents, foster parents and children as well as collecting data from case records and service providers. The study cost \$65,000 and included significant voluntary time contribution. Only 21% of biological parents could be interviewed, 62% of foster parents and 96% of foster children aged over 6 years. Interview schedules are not included. Some results are described.

Janet Cahill & Leonard H. Feldman, "Computers in Child Welfare: Planning for a More Serviceable Work Environment", in *Child Welfare*, Vol. LXXII, No.1, Jan-Feb., 1993, pp1-12

This article critiques the introduction of personal computers into the New Jersey public child protective agency and outlines their pros and cons.

The authors warn of adding stress to an already stressed group of workers. A survey found that social workers were spending approximately 60% of their time on paperwork and only 14% on actual client contact, when using a mainframe and terminal system not suitable for local capturing or retaining of information. Routine reports generated were not useful for caseworkers. A new system was

introduced that allowed local retrieval of useful information and saved considerable (unquantified) caseworker time.

Patricia Chamberlain, Sandra Moreland & Kathleen Reid, "Enhanced Services & Stipends for Foster Parents: Effects on Retention Rates and Outcomes for Children" in *Child Welfare*, Vol. LXXI, No. 5, Sept-Oct, 1992, pp.387-401.

This study concluded that paid foster parent services had higher foster parent retention rates, higher successful days in foster care (i.e., didn't run away or get moved - apart from return home), and child behaviors showed significant improvement.

The article noted that there has been relatively little controlled research conducted on the effectiveness of foster care. It identifies a number of desirable outcomes which can be measured.

Tools used included:

- Caseworker assessment of family stress, parent-risk factors, child-risk factors, behavior problems/psychopathology and school adjustment.
- Parent Daily Report Checklist - repeated measures of a list of 36 commonly occurring child problem behaviors (included arguing, bedwetting defiance, vandalism, lying, swearing, sluggish, nervous, drugs, temper tantrums)

Gail E. Collins, "Telling the Agency's Story: Presentation of Outcome Data" in 4th Roundtable, 1997, pp. 67-73

This paper deals with state outcomes presentation from a Federal perspective. The author is the Federal Project Officer for the National Child Abuse and Neglect Data System. The paper starts with a description of the purpose of NCANDS (see NCCAN 1998) then notes that successful outcome measurement depends on quality data, which depends to a large degree on information systems.

The remainder of the paper is about data presentation.

Dartington Social Research Unit, "Looking After Children, Bulletin No.13, Assessing Outcomes" including "Select Variable List Questionnaire: Version One", Devon, June 30, 1997, 13 pp.

The official title of the Looking After Children research project is the Department of Health Initiative on Assessing Outcomes in Child Care. Its purpose is to

gather information about the experiences and progress of children looked after away from home in order to improve practices and outcomes.

The project started in 1987. It has been in four stages:

- Development of theoretical framework for outcome assessment and development of practical tools (Assessment and Action Records) - 1987-1991
- Piloting and revision of tools - 1991-1995
- Implementation (1995-1998) Assessing outcomes from data (current stage)

To date the material has been used for discussion and improvements in individual case plans and care. There is little evidence that the data gathered about the experiences and progress of individual children are being aggregated and used systematically to assess outcomes for the looked after population as a whole in local authorities. Current statistical information tends to focus on outputs - the numbers looked after, the type of placements they receive, and the duration of each care episode. They rarely examine information about outcomes, or the impact of the service on children's long term life chances.

The current stage of the project is a demonstration project. So far it has identified a Select Variable List Questionnaire which addresses the information local authorities need in order to monitor the effectiveness of services for looked after children. This is being piloted by three local authorities. The final main research stage will look at links between children's needs, service inputs and developmental outcomes. "The select variable list will gather information about commonly recognised indicators of outcomes such as school attendance, educational qualifications or the prevalence of nicotine or alcohol abuse among the looked after population." This will be compared with data "routinely collected" on all children in the community. It is also planned to do a longitudinal study of all children remaining in care for the next three years, plus those who leave care or accommodation during the first year of the data collection.

The Select Variable List Questionnaire: Version One, contains information divided into five areas: Needs, Service, Organisational risk factors, Progress and "903 data". It has been derived from a variety of materials used in the project, including the Essential Information Record, Assessment and Action Records and Review Papers and Consultation Records. Some questions are asked about all children, others are asked according to age (e.g., 3+, 15+). Variables include:
Demographics: age of child, age at data collection, geographical area, sex
Needs: (1) With which culture does the child/young person most identify? (2) Does the child have any ongoing health conditions/disabilities (list)? (3) Is the child free of serious emotional and behavioural problems? (4) Does the child go to any of the following (3&4): mainstream nursery or school, special unit or class
I a mainstream nursery or school, special nursery or school, playgroup, family centre? (5+ yrs) Mainstream school, special unit etc (5) Does the child have a developmental delay/learning difficulty (5+)? (6a) Has the child been bullied,

neglected, emotionally abused or harmed physically or sexually by other children or adults (-10)? (6b) Has the young person been harmed physically or sexually by other young people or adults (100+)?

Service: (1) Are routine immunisations up to date? (2) Has the child been made the subject of a statement of special educational needs (3+)? (3a) Are developmental checks and reviews up to date (-5)? (3b) Has health promotion been undertaken in the following areas (10+): Tobacco, Alcohol, Drugs, Safer sex and sexually transmitted diseases? (4) Are all ongoing health conditions and disabilities being adequately dealt with? . (5) Is the child receiving education appropriate to his/her needs (3+)? (6) Is the child having contact according to the contact plan? (7) Has the child had a stable relationship with at least one adult over a number of years (-15)? (8) Has the child been seen by a mental health professional in the past? (9) Is the child being seen by a mental health professional now?

Organisational Risk: (1) Does the child have an allocated social worker? (2) How many times has the child changed placement since admission? (3) What is the reason for the last change of placement? (4) Has the child been looked after for longer than expected (i.e., 30 days or more)? (5) What is the overall plan for this child/young person? - Time limited assessment, remain with family through provision of support services including respite care, return to birth family within one month, return to birth family within 6 months, eventual return to birth family, live with relatives/friends/supported community living, independent living, special residential place, long term foster care, adoption, other. (6) Does the current placement meet the child's day to day needs as identified in the Care Plan and Placement Plan? (7) How many times has the overall plan changed since admission? (8) Is the child placed with at least one carer of the same racial/ethnic and cultural background as him/herself?

Progress: (1) What are the young person's educational qualifications (15+)? (2) Is the young person in or about to enter further education (15+)? (3) Is the young person currently employed (16+)? (4) How many recorded offences has this child had in the last 12 months (10+ yrs)? (5) Has the young person ever been pregnant? (10+, female) (6) Has the child been excluded from school in the last term (5+)? (7) What level has the child achieved in the National Curriculum core subjects of English, mathematics and science? (5+) (8) How many times has the child had an unscheduled change of school/since s/he was 5 (5+)? (9) How many different people have acted as the child's main carer since s/he was a baby? (10) Is the child able to make friendships with others of the same age (5+)?

903 Items: (1) Why is the child being looked after? (2) What is the child's current legal status? When did the child start to be looked after? What is the current type of placement? How long has this placement lasted (months)? How many times has the child changed placement since admission?

Dartington Social Research Unit, Child Protection and Child Abuse: Messages from Research, HMSO, London, 1995, 348pp.

The main chapter on outcome measures in this book is called "How effective is the child protection process?" It reviews 20 studies, 10 of which were follow up studies to see whether the situations of abused children had improved.

Re-abuse rates for children are included from a number of studies. The authors note that the difficulty in measuring outcomes but set out a number of reasons why this should be attempted.

Dartington Social Research Unit, "Looking After Children, Bulletins 8, 9, 10", Devon, October 1994 to April 1995.

These three bulletins set out progress in implementation, overseas interest and launching of the Looking After Children project. A number of implementation issues are noted and solutions suggested

Department of Health, Looking After Children: Good Parenting, Good Outcomes, Information Sheet, U.K., undated (1996?)

This pamphlet introduces the Looking After Children project which aims to introduce concepts of outcome into social work practice and data collection. Materials include Planning and Review Forms and Assessment and Action Records

For further information about the Looking After Children project see the entries under Dartington Social Research Unit, Parker et al. and Harriet Ward.

Department of Health, Looking After Children Project Materials, HMSO, London, 1995, 15 data collection instruments.

These fifteen different types of records comprise all the data collection materials used in the above project.

DHHS, "SACWIS Prototype System Conceptual Design", (<http://www.act.dhhs.gov/programs/oss/sacwis@chapt1.pdf>), Department of Health & Human Services, Administration for Children & Families, U.S., undated

This report, and other electronic documents accessed at the same website, provide descriptions of the States Automated Child Welfare Information System currently being developed and implemented in the U.S.

Harriet L. Dempster & Jacquie Roberts, "Child Sexual Abuse Research: A Methodological Quagmire" in *Child Abuse & Neglect*, Vol.15, 1991, pp.593-595

This is brief report of a study of patients of a child psychiatry service in Dundee, Scotland. The authors note the scarcity of scientific studies the outcome of therapy.

In their own study, the authors tried to compare victims of child sexual assault with other psychiatric patients, but felt that the study was compromised because of the high levels of reported and suspected sexual abuse found in the control sample. They concluded that this casts doubt on other studies using control samples.

Tools used in the study were a variety of standardised measures of health, self-esteem and behavior.

Paul Drews, "Performance Measures" in 4th Roundtable, 1997, pp.75-90

This paper describes measures developed and in use in Oregon State Office for Services to Children and Families. 12 measures are listed.

The remainder of the paper goes into detail about each measure, including Definition, Demonstrates and Analysis. The author provides a further proposed list of measures in the areas of permanency, child and family wellbeing and management.

Aileen Edgington, Roy Herrenkohl, Deborah Daro, Jeanne Giovannoni, Stephen Magura, "What is Success: Defining Child Abuse and Neglect and Developing Appropriate Outcome Measures for Child Protective Services", Conference Paper for Looking Back, Looking Ahead, 5th National Conference on Child Abuse and Neglect, 1981, pp.280-289.

This paper describes some early work in the conceptualisation of outcomes measurement and the development of outcomes measurement instruments.

It describes the Texas Children and Youth Project's Child Neglect Severity Scale which looked at: abandonment, health care treatment, nutrition, supervision, personal hygiene, clothing shelter, emotional neglect (stimulation, discipline, expectations, nurturance), educational neglect. Preliminary findings indicated that the variables of discipline and nurturance alone can identify the presence of neglect in 95% of cases.

The article sets out a number of possible measures for primary, secondary and tertiary prevention services.

It describes measures used in two studies on child welfare outcomes: one by Berkely Planning Associates looked at indicators for family functioning; the other, by the University of California Los Angeles, looked at predicting case dispositions from workers' rating of seriousness of mistreatment

The final contribution to this paper was from Stephen Magura whose views are identified in a number of other publications in this Annotated Bibliography.

Family Preservation Technical Assistance Forum, "Indicators of Success in State Implementation of Family Preservation Services: A Guide for Strategic Planning", November 1990, 22 pp.

This working paper asks the question "How does a state, and those promoting FPS within the state, know when it has achieved a stage of successful implementation?" Amongst its success indicators for program implementation is "Tracking Program Performance". In this latter category the following items are suggested for monitoring:

- Appropriateness of referrals
- Impact on placement, and placement costs, immediately after the service and, at minimum, one year later.
- The safety of children and communities served by FPS

The items included in the last category are post-program injuries, founded abuse and neglect allegations, re-arrest, return to custody and family functioning

Elizabeth Fernandez, *Significant Harm: Unravelling Child Protection Decisions and Substitute Care Careers of Children*, Avebury, England, 1996, 302 pp.

This is a major study of 294 children entering care over a five year period. The study includes interviews with 115 parents. The research objectives were to examine:

1. "The factors associated with decisions to bring children into care.
2. The pre and post placement experiences of the children's biological parents in relation to placement decision-making.
3. The outcomes of care experienced by children following initial placement decisions."

Research instruments were specifically designed for the study. Qualitative research methods included triangulation. The study of biological parents included a family interview schedule which explored:

- "parents' experiences leading to the placement including their perception of the reason for placement
- their feelings with regard to being separated from their children in care
- their experiences after placement including contact with the child
- changes in their life situations
- their expectations and evaluation of the decision-making related to the placement and the care received by their children".

Research instruments are not included.

Chapter 6 investigates outcomes of the substitute care experience. Outcome measures used are grouped into the following categories Child related, family related, service related and environmental factors such as living conditions/housing. They mainly consist of measures of duration of care, stability and reunification.

Michael D. Fimmen, "An Evaluation of Crittenton Respite Care, Executive Summary of draft final report, Children & Family Research Center, September 1997, 3 pp.

This evaluation identified the characteristics of families associated with high incidence of abuse from amongst clients of a respite care service in Peoria, Illinois.

Richard Fleming, "Quality Management for Child Welfare Agencies" in *Children's Voice*, 3:2, Winter 1994, pp18-19

This short article recommends setting goals for quality standards within a participatory framework and measuring performance against quality goals. No examples are given.

John D. Fluke, "Some Ways of Thinking About Outcome Measurement", 1st Roundtable, 1993, 10 pp.

This paper concentrates on the need to make explicit the assumptions underlying the development and use of outcome measures - the purposes for which they will be used.

Use of measures from a potential user "view" will differ. Typical audiences include clients, workers, supervisors, administrators, legislators and the general public. Each view either requires a different set of information or similar information organised in a different way. A general classification of outcomes is:

- Quality control - can help with productivity/efficiency measuring
- Quality improvement - implies knowledge of how the value ought to improve
- Quality improvement and evaluation - implies more in depth analysis of interventions and their respective outcomes

Categories of purpose of measurement are (these should be prioritised as methods will not serve all):

- Program implementation - change
- Resource efficiency/availability
- Accountability - whether or not goal or objective was achieved
- Infrastructure development
- Communication - about functions, capability, effectiveness and limitations of an agency
- Research/knowledge building - querying of assumptions about efficacy

Conclusions include the need to verify hypotheses about cause and effect, and the perception that "Any type of measure in the field of CPWS is very problematic and expensive."

The paper contains examples of outcome measures used in three studies in Texas.

John D. Fluke & Homer Kern, "Whose Outcome is it Anyway? Addressing Recurrence as an Outcome in Child Protective Services" in 3rd Roundtable, 1996, pp. 33-40.

Texas is now required to provide outcome-focused measures with their welfare agency's budget appropriation requests. They use the Continuous Quality Improvement approach. The authors stress that outcome data must be accompanied by other performance measurement data, including resource inputs, processes and outputs, if results are to be meaningful. Another implementation necessity is a bottom-up approach with field staff.

The Texas Department of Protective and Regulatory Services is also developing a simulation model which can "simulate the impact on the service delivery flow and related outcomes if certain decisions were implemented." The remainder of the paper sets out details of the simulation model. It is based on patterns of investigation, services, placements etc. from 100,000 cases and can be used to predict staffing consequences of policy changes.

The title of the paper is related to the claimed ability of the simulation model to predict recurrence.

Mark Fraser, "Program Outcome Measures", Ch.5 in Preserving Families: Evaluation Resources for Practitioners and Policy Makers, (eds) Y.Y. Yuan and Rivest, Sage, Newbury Park, CA, 1990, pp. 77-101

This chapter describes measures to assess the impact or outcome of home-based family treatment. It notes the difficulty in demonstrating that "clients' changes are due to the program and the program alone" and stresses the need for rigorous research design including the use of control groups.

The author stresses the need for unbundling programs into different components and selecting measures to fit these components (e.g., skills training, crisis intervention, counseling or therapy, health, school liaison, relationship building).

The chapter sets out six principles for the selection of program outcome measures, and provides a number of examples of proximal and distal outcomes and measures. It also provides very useful brief descriptions of a number of standardised measurement instruments.

Mark Friedman, "An Overview of Outcome-Based Decision Making and Budgeting" in 4th Roundtable, 1997, pp.5-8

This paper distinguishes between program performance measures (inner loop) and child and family outcomes (outer loop). It notes that there can be successful programs while overall outcome conditions change little. That is why it is necessary to go beyond performance accountability to "come face to face with real measures of success and failure". A number of examples of outcomes are given

The only examples of indicators given are lower rates of low birthweight births, lower rates of no prenatal care, rate of high school graduation, crime rate. The only examples of performance measure given is % of teen parents keeping clinic appointments, child abuse investigations initiated within 24 hours, police response time.

The paper is mainly about getting from outcomes to budgets. Strategy includes identifying "what works" to achieve desired outcome and to identify costs of what does not work.

The paper identifies six "sand traps" in outcome based budgeting:

- Language trap - failure to communicate

- Performance budgeting trap - not getting to outcomes
- Bookshelf trap - too much paper
- Veneer trap - putting an outcomes veneer on traditional budgeting methods
- Relabelling trap - dividing expenditure by outcome, will not work because expenditure almost always relates to more than one outcome
- Project trap - describes assignment of outcome-based budgeting as a project for middle management.

George E. Fryer, jr., Donald C. Bross, Richard D. Krugman, David B. Denson & Diane Baird, "Good News for CPS Workers, an Iowa Survey Shows Parents Value Services, in *Public Welfare*, Winter 1990, pp39-46

This self-administered survey of child protection clients in Iowa achieved a 25% response rate from an overall sample of 661 families. Respondents were given rating scales, a 10 point semantic differential format for qualities of the worker, and a standard Likert scale for the client's assessment of the worker's performance. Two further questions were asked: an overall rating of the protective service they received; and whether or not family life had been made better or worse by the activities of the worker.

David Gabrielse, *Involving the Community in the Achievement of Outcomes for Children and Families*, 5th Roundtable, 1998,

This paper reports on initiatives involving community perceptions by the Michigan Family Independence Agency.

The author conducted a major research project to answer:

- How many calls do we receive, how many do we accept, how many do we substantiate, and how many do we screen out (ie, decide to not investigate)?
- Of those we screen out, how many have children who are at risk of future abuse or neglect?
- Of those families who have children at risk, how many would accept services?

Research involved collection of demographic and three different risk assessment data in 2-hour evaluations with 170 families divided into:

1. Screened out
2. Investigated, but not substantiated
3. Substantiated, but not opened for services
4. Substantiated, opened, served, and closed.
5. The general population

The study showed that 50% of the screened out cases and 50% of the investigated but unsubstantiated cases showed children to be at risk.

James M. Gaudin Jr, Norman A. Polansky, Allie C. Kilpatrick, "The Child Wellbeing Scales: A Field Trial" in *Child Welfare*, Vol. LXXI, No.4, July-Aug, 1992, pp. 319-329.

This article reports on the trialling of the Child Wellbeing Scales developed by Magura and Moses 1986.

The study finds them useful and reliable, and easy to administer by workers. They were shown to be able to discriminate between "externally verified neglectful and non neglectful families" (low income control sample used). The Scales are described.

Sheldon R. Gelman, "Risk Management through Client Access to Case Records", in *Social Work*, Vol.37, No.1, January 1992

This is a U.K. article which advocates client access to case records as a means of improving recording practices. Risk management in this article is used in the sense of pursuing records and practices likely to limit agencies' exposure to legal liability. Recommendations about access are partly based on the author's assessment of a model used by Barnardo's.

Six areas from past legal cases of "harm done" to clients are identified from recent legal cases: service/treatment, supervision, safety, privacy, custody and fiscal categories.

It is noted that record keeping is not usually a high priority in social work, is often done after everything else and there is often no clear rationale to motivate workers

Results at Barnardo's included: better organised, shorter, more factual records; goals and objectives more easily recognised; records able to be used as tool in evaluating outcomes; records become more relevant to workers; greater effort to distinguish between facts and subjective impressions; greater client rapport.

Robert M. Goerge, Bong Joo Lee & Yizu Yeh, "Reunification of Foster Children in Illinois: 1987-1996, Executive Summary of Draft Final Report, Children & Family Research Center, December 1997, 3 pp.

This study looked at patterns of reunification after spells in substitute care in Illinois using an "event-history analysis". Findings were that:

- Chances of reunification diminish the longer children stay in substitute care

- African-American children and children placed with relatives had the highest probability of remaining in care
- Children are more likely to have three or fewer placements than was the case six years previously
- Likelihood of reunification is highest during first two placements
- Children who enter care after the age of and those who enter between the ages of 4 & 7 are reunified most quickly.

David Gough, *Child Abuse Interventions, A Review of the Research Literature*, Public Health Research Unit, University of Glasgow, HMSO, London, 1993, 310 pp.

This is an update of a previous report to the U.K. Department of Health in 1988 (Gough, Taylor and Boddy). It is a review of research on the efficacy of interventions divided into 10 categories: Educating Children, Educating Adults and the Community, Volunteers and Parent Aides, Ante Natal and Post Natal Services, Adult and Child Groups, Behaviour Approaches to Physical Abuse, Special Projects for Children and Families, Multi-Component Interventions, Routine Services & Special Service Initiatives and Child Sexual Abuse.

A summary of each study is provided together with tables which set out the name and date of the study, the type of programme investigated, the sample size, the target population, the type of design and a summary of the main measures used.

The literature search (1980 to 1992) revealed 225 studies which were "formal evaluations of the efficacy of interventive services."

The behavioural studies were those most likely to test explicit hypotheses and use appropriate outcome measures. Few studies were identified which evaluated routine child protection services. Appropriate sexual assault studies are scarce.

In general there are serious methodological problems to overcome in examining child protection efficacy.

Christine Hallet & Elizabeth Birchall, *Co-ordination & Child Protection, A Review of the Literature*, HMSO, Edinburgh, 1992, 373 pp.

Chapter 5, "The Outcomes of Coordination", is relevant to this study.

This chapter noted the difficulty in demonstrating causal links between co-ordination and outcomes. This was identified as even more difficult than demonstrating causal links generally in child protection.

The general absence of research using outcome measures, as distinct from input and output measures, was noted.

A number of key dimensions for analysing specific forms of coordination are included.

Six studies of coordination outcomes showed better user outcomes. However, none of these were on child protection. The one on co-ordinated responses in domestic violence in Minneapolis carried out in 1988 used speed and consistency and response as an indicator.

Reoccurrence of abuse is a common indicator in the few British studies.

David J. Hansen, Jody E. Warner-Rogers & Debra B. Hecht. "Implementing and Evaluating an Individualised Behavioral Intervention Program for Maltreating Families, Clinical and Research Issues", in Lutzker (ed), *Handbook of Child Abuse Research and Treatment*, Plenum Press, New York, 1998, pp.133-158.

This chapter notes that the Lutzker research is the main exception to the lack of empirical outcome studies that evaluate particular interventions.

This study evaluates the effectiveness of a service in West Virginia which provides clinical assessment and treatment for physically abusive and/or neglectful parents and their children. Factors emphasised for treatment include: "Psychopathology, child management skills deficits, child behavior problems, parent child interaction deficits, insufficient knowledge about child development and behavior, stress and anger control deficits, and problem solving skills deficits for coping with family stressors and other risk factors."

The assessment relied on clinical interviewing of parents, children and caseworkers. Interviews were not standardised or structured. However, a large number of standardised instruments/measures were used

Some dependent outcome measures are included.

The authors introduce the notion of social validity evaluation and suggest that clients are more likely to adhere to treatment program if they consider the goals and procedures are socially valid. A Social Validation Questionnaire was developed which looked at client ratings of satisfaction with formats, skills, program therapists, goals and effectiveness of treatment (not included).

Penny Hauser-Cram & Jack P. Shonkoff, "Rethinking the Assessment of Child-Focused Outcomes", Ch. 3 in *Evaluating Family Programs*, eds. H.B. Weiss & F.H. Jacobs, Aldine de Gruyter, Hawthorne, NY, 1988, pp73-94

This chapter notes that child oriented cognitive outcomes had been the main traditional focus for demonstrating the efficacy of early childhood intervention programs (e.g., IQ tests), and identifies a large range of normative scales of development/intelligence in infants, toddlers and school age children.

The authors argue the need to move from the traditional focus towards "a greater focus on social competence and individual adaptation".

They also argue that child-focused outcomes must be defined in terms of both short-term/immediate effects and long-term/persistent or "sleeper" effects. Examples of such outcomes are given

The remainder of the chapter focuses on measures for social competence and self-regulatory behaviour. Examples of instruments used are given.

Kathleen Hebbeler, "Data Systems in Early Intervention", Carolina Policy Studies Program, University of North Carolina, February 1993, 43 pp.

This report looked at what US states are doing with early intervention data systems and how data is being used at state and local levels. Recommendations included:

- An early intervention data system should be driven by information needs of state and/or local staff
- States need to create an "information culture" to enable data systems to benefit service provision.

The report does not contain reference to any outcomes data or use of data systems to measure outcomes. The systems are used however for reporting on compliance with federal program requirements.

The types of information being collected by the eight states studied were: Descriptive data , waiting list data, trend data on number of children served, data for projecting unmet need.

Data items included: type of risk (e.g., environmental, biological), costs of services.

Wayne Holder & Therese Roe Lund, "Translating Risks to Positive Outcomes: Outcome oriented Case Management from Risk Assessment Information" in *The APSAC Advisor*, V.8, n.4, U.S.,1995, pp. 20-24.

This useful article advocates the connection of risk assessment to client outcomes and sets out a number of conditions for appropriate risk influences..

Examples of relevant risk influences are: chemical dependency, unrealistic expectations for a child, powerlessness and dependence, impulsiveness, and peer conflicts.

Examples of client outcomes are: self-sufficiency, communication skills, problem solving, parenting knowledge and skill, and developmental/role achievement.

The method explained connects a risk influence (e.g., impulsive, harsh parenting; inappropriate expectations of children) with an appropriate outcome (e.g. parenting knowledge and skill; self sufficiency) and the outcome's relevant dimensions (e.g., knowledge, emotional control, discipline; expectations of children), and then goes on to measures of achievement for the dimension:

After family assessment, risk influences are identified and discussed with clients, and outcomes are jointly identified and incorporated in a treatment plan.

This approach "establishes accountability to casework practice similar to outcome measures applied to agencies and programs."

Home Office, Department of Health, Department of Education and Science, Welsh Office "Working Together Under the Children Act 1989, London, HMSO, 1991, 126 pp.

This book sets out advice and information for implementing the above act. It is not a practice guide for any particular agency or worker. It provides:

- Advice on the role of the Area Child Protection Committee
- A brief account of some of the legal and ethical considerations which underpin work in child protection
- An overview of the roles and organisation and arrangements of the major agencies engaged in child protection work
- Advice on working together in individual cases
- Advice on the function and operation of child protection conferences and registers
- Advice on training in child protection work
- Advice on reviewing cases

In terms of measuring compliance for interagency co-operation, the document stresses the need for "a recognised joint forum for developing, monitoring and reviewing child protection policies." In the U.K. this is the Area Child Protection Committee. A number of statements about good practice are made, including the inclusion of parents and children in case conferences, the need for agreements between agencies in joint planning and preparation of written plans. There is no discussion of measuring outcomes or compliance as such.

J. Hunter, I. Higginson & E. Garalda, "Systematic literature review: outcome measures for child and adolescent mental health services" in *Journal of Public Health Medicine*, Vol.18, No.2, June 1996, U.K., pp. 197-206.

This article examines measures for child and adolescent mental health. It uses the World Health Organisation definition of health to include physical, mental and social well-being. The main aim of the article is to determine which tools might be suitable for use as outcome measures.

The article identifies three broad categories of outcome: population outcomes, case-specific outcomes, and performance indicators.

Population outcomes are changes in the health status of a population and are not recommended by the authors due to lack of sensitivity or specificity. Specific outcomes include consideration of case characteristics, clinical change, compliance and satisfaction (of patient, carers and referrers), met and unmet needs. Performance indicators, in this article, appear to be substitutes for outcome measures, and consist of a mixture of input, process and output measures which may or may not have a bearing on outcomes.

Specific outcome measures noted are:

- (1) Clinical change - Symptom change, Levels of functioning or handicap, Well-being and/or self esteem, Health-related quality of life, Social situation and quality of parenting
- (2) Compliance and satisfaction by - Patient, Carers, Referrers
- (3) Met and un-met needs in terms of - Parenting, Education, Social experiences

The article identified 46 specific outcome measurement tools and short-listed 19 for review. Conclusions were that "Most of the measures [of clinical change] are lengthy and few have been proved to detect clinical change." A number of scales which do measure clinical change are identified.

The authors mount an argument for the use of process indicators to the effect that, if therapy is proven through research to be effective in producing desired

outcomes, then a good proxy of outcome would be to measure the process of whether that therapy is correctly applied.

Jose E. Irazuzta, James E. McJunkin, Kapriel Danadian, Forest Arndt & Jianlian Zhang, "Outcome and Cost of Child Abuse" in *Child Abuse & Neglect*, Vol.21, No.8, Pergamon, U.S.A., 1997, pp.751-757

This is a West Virginian study of the severity of illness and costs associated with intensive care treatment of victims of child abuse. It is not useful for our purposes (except for the reminder that death can be an outcome measure), but does show that child abuse patients had the highest severity of illness, cost the most \$30,684 average, and were more likely to die (53%) than any other group. It is mainly an argument for increased resources for prevention.

Illinois Department of Children & Family Services, "Illinois Child Endangerment Risk Assessment Protocol: A Report to the Illinois General Assembly Concerning the Implementation and Validation of the Protocol", May 1997, 17 pp.

This protocol is called CERAP. It was first implemented in December 1995, and a decrease of 23.8% over 12 months in recurrence of maltreatment is attributed to its implementation. Nearly 100% implementation at the "front end" is claimed (i.e., 90% of CERAP forms were completed within 24 hours after the child protection investigator first saw the child). CERAP was developed in response to legislation passed in 1995 which required the development of "a standardized child endangerment risk assessment protocol". It was developed in consultation with the American Humane Association. High predictive validity is claimed in evaluating the likelihood of serious reinjury of a child within 60 days of a previous report.

Implementation included development of a training curriculum offered to over 6,000 workers and supervisors via satellite, training certification, and testing of appropriate staff for proficiency. Ongoing implementation includes integration into Core Training for all new workers and use of "train the trainer" session for private agency staff.

CERAP is used in defined milestones in the life of the case: 24 hours after the child is first seen in the case of investigations, within five days of assignment (whether in home or placement), at six monthly review periods, immediately prior to beginning unsupervised visits, immediately prior to reunification, immediately prior to case closure, and when circumstances dictate a safety assessment is needed. The worker determines a safety decision and develops a safety plan

which addresses each of the safety factors identified as present and includes monitoring procedures.

Radha Jagannathan & Michael J. Camasso, "Risk Assessment in Child Protective Services: A Canonical Analysis of the Case Management Function" in *Child Abuse & Neglect*, Vol.20, No.7, 1996, pp. 599-612.

The main tool used in this study of patterns of service intervention and levels of risk is the Washington Risk Assessment Matrix. This is compared to the Magura and Moses Child Well-being Scales (described here as a risk assessment instrument, rather than the usual description as outcome measures). In the former 65% of the 43 risk factors focus on the family. Risk measures can be grouped into four areas: causes emanating from the individual child or parent, the family, the community context, and the sociocultural environment.

There are discrepancies in recent studies of risk assessment performance as a predictor of service intervention strategies. In some studies the implementation of risk assessment is correlated with more intensive intervention for high risk families and more commitment to contact with cases accepted for ongoing services. Other studies show little impact on agency work. The author posits a possible explanation for the latter as workers not relating to global rather than explicit risk factors. The remainder of this paper is concerned with examining the "impact of explicit risk factors on the patterns of service selection and levels of casework effort".

A number of measures used in the study are described.

Dennis D. Johnson, "Changing the Organisational Culture: Characteristics of Successful Outcome Initiatives", 5th Roundtable, 1998, pp.67-70

Provides a practitioner's perspective on outcomes from Minnesota Department of Human Services. This paper is basically an argument for results-based management. It contains no sample indicators or ways of developing them.

The paper notes The Index of Social Health, a national wellbeing scale which tracks 16 different social problems using federal statistics such as unemployment, homicides, drug abuse, high school drop out rate.

The author notes changes in organisational culture from process-based to results-based, from meeting need to facilitating change, from standardised programs to individualised programs, from top down to collaborative decisionmaking, from administering to managing and leading. He suggests these

have been prompted by lack of trust in institutions with decline in wellbeing as underlying cause.

Dennis Johnson, "Overcoming the Fear of Accountability" in 3rd Roundtable, 1996, pp.15-18

This paper talks about implementation aspects of Minnesota's effort to "shift from a process-compliance approach to a client-focused, results-oriented approach". Their approach to overcoming fear of accountability is 'bottom-up'. Most work is in three general areas:

- Outcome development
- Outcome-based service contracting
- Utilisation of outcome data.

The imposition of an outcomes focus from outside is warned against. The main fears about the introduction of outcomes is unrealistically raised expectations and political issues and the lack of currently working models. Pointers to what has worked in Minnesota implementation include:

- Always use 'outcomes' in relation to clients, e.g., client focussed outcomes, helps move people away from service oriented goals.
- State goals in positive terms
- Separate out main components of outcome goals, i.e., client target group, client goal, outcome indicators, methods used to obtain indicator information, and performance target.
- Bottom-up - view outcomes as a tool to help manage at all different levels
- Hands-on assistance - learning by experience rather than imposing technical training.

David P.H. Jones, "Editorial: The Outcome of Intervention" in *Child Abuse & Neglect*, Vol.19, No.11, 1995, pp.1361-1363

This editorial notes three studies on outcomes, Levy et al (see entry in this annotated bibliography), Oates, Gray, Schweitzer, Kempe & Harmon. (Denver 1995) and Hyde, Bentovin & Monck (1995) (see entry under Reeker et al.)

Oates et al. reported on a therapeutic preschool in Denver and used ability to participate in a public school setting as outcome. After 12 months in the program over 79% were able to enroll in public schools.

Horner D. Kern, "The Child Protective Service Workload Management System", unpublished, 13 pp.

This study is not useful for our purposes. It deals exclusively with workload management and the determination of units of service which is useful for some performance measures but not outcome measures.

Madeleine H. Kimmich, "Panel on Methodological Issues in Measuring Outcomes: An Evolution in Outcome Measurement Philosophy and Technique, 1st Roundtable, 1993, 15 pp.

This paper outlines a quality assurance approach to outcomes measurement. Implications of this approach are that outcomes must be measured against both minimum and model standards, to go further than prevent harm (minimum) and proceed to improve quality of life (model).

The paper gives examples of outcome development in three projects: a 1986 child welfare service, a 1991 In-home service for the elderly and a 1991 developmental disabilities study.

The author advocates the use of inputs, process and outputs measures to supplement outcome measures. She notes that the use of single measures can have unintended side effects, e.g., non placement as a goal of family preservation can provide incentives to either only take non high risk families or keep children at home who might suffer harm.

The author deals with the fact that an intervention cannot control "a lot of what happens in a family" by suggesting percentage targets, e.g., 75% of clients reached the goal. But again stresses the need for the other types of measures to be able to explain why outcomes are not achieved and improve assistance.

The paper identifies client satisfaction, both satisfaction with services and satisfaction with their personal life situations, as an outcome measure

Madeleine H. Kimmich, "Panel Presentation of Experience: Service Integration and Interagency Assessment in Maryland", 1st Roundtable, 1993, 9 pp.

The usefulness of this paper to our outcomes project is limited. The paper presents the results of a 1991 study to develop common client assessment for integrated service delivery. The Center for the Study of Social Policy worked with a state level committee representing the Department of Social Services, Department of Juvenile Services, Department of Health and Mental Health, Maryland State Department of Education and the Services Reform Initiative. The latter was a reform initiative to integrate services through interagency decision-making. The initiative was under the jurisdiction of the Office of Children, Youth & Families which had been initiated to implement Maryland' Child Welfare Reform Initiative. Two other purposes of the Reform Initiative were to decategorise funding and unify information systems.

The paper asserts that assessment sets the context for outcomes. The variables identified as most useful for common assessment are set out under the entry for Rafal & Kimmich 1992 below.

Madeleine Kimmich, "Using Outcome Information to Improve Policy and Practice: The Case of Decategorisation in Iowa" in 3rd Roundtable, 1996, pp. 41-47

Iowa pools child welfare and juvenile justice funding streams to develop "family-oriented and community-based services driven by the needs of vulnerable children and families

The Human Services Research Institute carried out an evaluation of the seven Iowa counties involved in the decategorisation exercise in 1994/95. Outcome measurement specification was difficult and the framework currently consists of:

- Service Penetration (proportion of target families who are contacted, identification of community resources, families' knowledge of available resources, accessibility of front line workers)
- Family Engagement (participation rates in voluntary programs, case manager/family partnership, family willingness to participate in community activities, proportion of families in crisis/not in crisis)
- Family Growth (increase in families' personal support network, increase in parents' knowledge, progress toward achieving case plan goals)
- Community Embeddedness (incl. increased use of generic resources, agencies' appreciation of each other's roles, strengths, increased capacity to support families)
- System Change (expanded provision, changes in ways agencies interact, recipients' role in policy making)
- Community Wellbeing (changes in placement rates, increased citizenship, community participation)

Measures have not yet been developed.

E. Milling Kinard, "Methodological Issues and Practical Problems in Conducting Research on Maltreated Children", in *Child Abuse & Neglect*, Vol.18, No.8, 1994, pp. 645-656

This paper addresses five types of problems in child protection research:

1. Definitions of maltreatment (including problems of multiple maltreatment being classified as single, and differentiating between one-off and long term abuse)
2. Source of study populations

3. Source of maltreatment groups
4. Subject recruitment (poor representation leading to bias)
5. Subject retention in longitudinal research (mobility a problem, useful to get names of contact persons from sample at beginning, for later follow-up).

Examples are drawn from the author's Child Development Study, a longitudinal study looking at the role of maternal and child competence and social support. Measures used for were: competence, social support, social skills, academic achievement, psychological adjust. Measures for mothers were: competence, social support and depression.

Raymond S. Kirk, "Methodological Issues in Measuring Outcomes", 1st Roundtable, 1993, 6 pp.

The author is Associate Director, Human Services Research and Design Laboratory, University of North Carolina at Chapel Hill and was previously a public administrator. The paper addresses three questions:

- What has been tried?
- What has been learned from the experience?
- What are the current methodological challenges?

The paper identifies outcome measures as relating to three settings: systems level, program level, individual client level. It notes the difficulty in deciding whether the unit of measure should be process variables, program variables or actual changes in the status or condition of clients after intervention. The previous process-centred focus was a direct result of political calls for accountability (especially fiscal). The previous focus has been "error driven" and based on agency/program indicators, "but rarely child- or family-centred." Legislation is mainly about quality control

The author advocates client-centered outcome measures that will detect change as a result of interventions. These can then be "aggregated into meaningful program outcome measures, which, in turn, can be aggregated into systems-level outcomes measures."

Raymond S. Kirk, "Some Measurement Issues to Consider When Developing Outcome Measures for Child Welfare Services" 2nd Roundtable, 1995, 8 pp.

This is a follow-up to a similar paper delivered to the 1st Roundtable (see above entry).

The author agrees with Fraser's (1990) introduction of concepts of 'proximal' and 'distal' measures. He advocates the need to use multiple outcome measures, including intermediate ones.

The author stresses that outcomes measured should meet system requirements and engage caseworkers at an individual level.

Susan L. Klaus, "Child Abuse & Neglect Program Evaluation A Report from a Symposium on Evaluation Questions and Research Issues", Social Research Group, George Washington University, Washington DC, 1977, 15 p.p.

This is the report of a National Center on Child Abuse and Neglect symposium. Participants identified the following types of variables as relevant:

- Content variables (inputs of resources)
- Context variables (setting)
- Process variables (flow chart model [initial notifications to case closing & follow-up processes])
- Output variables (measurable activities)
- Outcome variables (judgments of effect-impact)

No relevant outcome measures or issues were identified.

David J. Kolko, "Clinical Monitoring of Treatment Course in Child Physical Abuse: Psychometric Characteristics and Treatment Comparisons" in *Child Abuse & Neglect*, Vol.20, No.1, U.S.A., 1966, pp. 23-43.

This article argues that treatment response or clinical course data obtained throughout intervention is a necessary addition to traditional outcome measures, due to greater sensitivity and usefulness in casework.

The author also argues that parent self reports are better than observations.

The article reports on an intensive study of 37 physical child abuse cases receiving two different sorts of treatment: individual child and parent cognitive-behavioral treatment (CBT) and family therapy (FT). The study included intensive measurements and personal clinical assessments by psychologists and the application of many monitoring approaches including:

- Self reports prior to weekly treatment sessions
- Semi structured interview on intake to assess maltreatment experiences and demographic information
- Child and parent interview using KIDDIE-SADS-P (for child psychiatric disorders)

- Monthly reports by trained project staff based on clinic and home visits
- Ratings by therapists of client performance
- Videotapes for therapist ratings of treatment sessions

A number of standardised instruments were administered.

Results included a moderate correspondence between parent and child reports re parental anger, and a low but significant correspondence re reports of child/family problems.

David Kolko, "Integration of Research and Treatment" in *Handbook of Child Abuse Research and Treatment*, Lutzker (ed), Plenum Press, New York, 1998, pp.159-181

The author stresses the importance of bearing in mind the limited nature of the empirical literature concerning treatment outcome studies.

This chapter again (See Kolko 1996 above) sets out an argument for ongoing clinical assessment measures of responses to treatment, as a case progresses, and for follow-up longitudinal research. Kolko is interested in outcomes from the point of view of improving treatment interventions, not from the point of view of reporting measures for public accountability.

The author notes the need for studies on older children and adolescents to determine treatment outcomes for both sexual and physical abuse. He also notes the absence of recent literature on the impact of treatment for neglect cases.

The article advocates a comprehensive clinical evaluation of psychosocial aspects of abuse and neglect which should incorporate multiple domains of:

- Functioning - e.g., behavior social
- Informants - child, parent siblings
- Methods - interviews, checklists observations

And should include the following aspects:

- Child and parent functioning and competence (e.g., child symptoms, parental mood state)
- Family environment (caretaking routines, stimulation, activities) and areas of personal and family resources

Carol F. Kuechler, Joan S. Velasquez, Mary S. White, "An Assessment of Human Services Program Outcome Measures: Are They Credible, Feasible, Useful?" in *Administration in Social Work*, Vol.12(3), 1988, pp.71-89

Ramsey County Community Human Services Department (Minnesota) "has implemented a system of formative outcome evaluation in all of its social service and mental health programs to respond to state funding legislation and information on 'what happened to clients served by county programs'." This article assesses the implemented measures according to:

- Credibility (accurate recording, consistency of results, measure what they intend to)
- Feasibility (whether worth the effort, doesn't interfere with service delivery)
- Utility - for program decisionmaking.

Measures are categorised as: Numerical counts; Standardised Measures; Measures Developed by Evaluation Staff including client Level of Functioning (LOF) instruments. A LOF instrument was developed for Child Protection (Parental Functioning) which rates clients on the following dimensions: Attachment; Capacity to Set Limits; Physical Care & Supervision; Emotional Care/Relationship; Capacity to Meet Own Support Needs; Motivation to Use Services (Change).

Follow-up measures are not used because they are too time consuming. Numerical counts are recommended. Pre-existing standardised measures are recommended against due to difficulties of finding appropriate measures, but LOF's are recommended for use in programs where improvement in functioning is a desired program result.

Howard B. Levy, John Markovic, Urmila Chaudhry, Sharon Ahart & Heriberto Torres, "Reabuse Rates in a Sample of Children Followed for 5 Years after Discharge from a Child Abuse Inpatient Assessment Program" in *Child Abuse & Neglect*, Vol.19, No.11, Pergamom, USA, 1995, pp.1363-1377.

This study was in Illinois and the follow up period was between 61 to 72 months. The definition of reabuse given is: "a recurrence of abuse and/or neglect following a child's discharge ... an indicated report was categorised as reabuse regardless of whether the type of abuse was similar to that which resulted in the child's initial referral for assessment". "Indicated reports" of child abuse or neglect occur when "a protective service team has determined that sufficient credible evidence has been gathered to cause a reasonable person to believe that a child was abused or neglected".

Findings included an overall 16.8% reabuse rate during a 5 year period, the fact that the hazard of reabuse diminished over time (no reports after 60 months) with the greatest likelihood within the first two years (27% of all reabuse in first year, 31% in second year), that the most common reabuse was neglect, that multiple abuse diagnoses were most likely to suffer similar reabuse (48% association) and that original sexual abuse victims were least likely to suffer similar reabuse (5%). Age did not appear to affect reabuse rates.

Overall reabuse rates found in other studies ranged from 9% over 4 years, 25% over 10 years to 40% during one year.

John R. Lutzker & James M. Rice, "Project 12-Ways: Measuring Outcome of a Large In-Home Service for Treatment and Prevention of Child Abuse and Neglect" in *Child Abuse and Neglect*, Vol.8, Pergamonn press, USA, 1984, pp.519-524.

The service is described as an ecobehavioural approach to treatment and prevention. Ecobehaviour means multifaceted services are provided and multi variable data is collected. The aim of the project is to "reduce repeated and recidivistic child abuse and neglect among clients". Various levels of data for different use are collected. This article focuses on data for program evaluation with particular emphasis on "reducing recidence of abuse and neglect during treatment and in reducing recidivistic abuse or neglect".

Initial research had shown an apparent correlation between the more hours of service provided and fewer reports of subsequent neglect. This finding was evaluated further.

The research method was a comparison of 50 client families who had not been served for the subsequent year with 47 of non 12 Ways client families with a history of at least one incident of abuse or neglect or considered high risk, matched according to geographical area. The non 12 Ways client families had received services from other agencies. Records of state central registry (Illinois) were searched to count incidents of recidence (during treatment) and recidivism (after treatment) - substantiated cases only.

Results showed that Project 12-Ways families had considerably lower recidence (2%) than non client families (11%), and lower recidivism (3% vs 11%). Five comparison families had at least two incidents of substantiated initial abuse or neglect, compared to no client families with more than one incident. Overall a statistically significant difference was shown with 10% of Project 12 Ways families involved in either recidence or recidivism compared to 21% of comparison group. The latter figure reflected the recurrence frequency for the entire Illinois Region.

Data does not allow for close examination of equivalence between the two groups.

John R. Lutzker & James M. Rice, "Using Recidivism Data to Evaluate Project 12-Ways: An Ecobehavioral Approach to the Treatment and Prevention of Child Abuse and Neglect" in *Journal of Family Violence*, Vol.2, No.4, 1987, pp.283-291.

This is a report of a follow-up study to the one described by Lutzker & Rice (1984) above. It studies the same project's clients over a period of 5 years, with a similar control group to the one reported above.

This report amplifies the previously described methodology by noting that recidivism was based on indicated reports of child abuse and neglect.

Results of the five years studied showed that for the 1980 group "12% of Project 12-Ways families were recidivistic in the year following treatment as compared to 26% of the comparison families." However, the cumulative total over five years brings the comparative figures to 21.3% and 28.5% respectively.

The article also notes problems with definitions of child abuse and neglect, pointing out that definitions "in one part of southern Illinois may not be defined as such in another part of the state."

Gene Lyle, You're Always at Step 2: The Evolving Process of Outcome Evaluation, 5th Roundtable, 1998, pp.45-52

This paper describes the Ramsey County Minnesota "utilisation-focused formative client outcome evaluation system" which has been running since 1981. It contains useful examples of problems with implementation.

Foreshadowed changes in 1997 include: moving to process and outcome rather than effort and outcomes system will lead to comparing outcomes with community and/or national benchmarks as opposed to individually negotiated outcomes; moving away from aggregated to individualised records, more client based.

Another planned change is a shift in focus from client change "often based on indicators or scales developed for this purpose, to "Events-Based" evaluation.

A number of outcome measures are set out.

This paper also includes an example of an evaluation report form previously in use which contains "identifying information about the program and the number of cases served, the program objectives, the measures for the objectives, the

expected level of performance for each measure, and the actual outcomes for both the current reporting period and the year to date. "

Charles Gene Lyle, "Client Outcome Evaluation in a Large Public Social Service Agency: The Ramsey County Experience" in 1st Roundtable, 1993, 11 pp.

This is a 1993 description of the Ramsey County, Minnesota, experience, which is updated by Lyle in the 5th Roundtable paper (see above). Both papers should be read in conjunction.

The basic system content is described as:

- Program Goal - overall statement of program intent
- Target Population
- Services Provided
- Program objectives - client outcomes to be achieved
- Measures - outcome indicators of achievement
- Expectations - degree to which each measure should be achieved
- Outcomes - actual outcome data for each measure
- Supplemental measures - additional to those for which expectancies are not set
- Team comments

Many measures are set out according to primary program objectives.

The paper notes that future changes are likely to include incorporation of risk assessment measures.

Stephen Magura & Beth S. Moses, "Outcome Measurement in Child Welfare", *Child Welfare*, Vol. LIX, No.10, Dec. 1980, pp.596-606

This article is the result of one of the studies by the Child Welfare League of America Outcome Measures Project. The authors surveyed structured methods used by government and non government agencies to measure case outcome.

The "definition of 'structured outcome measure' includes tests, scales, rating forms, questionnaires, interview schedules, etc., that are completed by or administered to staff, clients or third parties." Non measurable techniques were excluded.

138 different structured methods for measuring outcomes were identified.

The report noted that client self reports were used quite frequently by ngo's but not by government, usually through questionnaires.

Three other groups of outcome measures identified were:

- Caseworker completed, either based on own knowledge or observation, or obtaining responses from clients
- Non caseworker assessments (e.g., evaluation personnel, child's teachers)
- Combined assessment of outcomes by caseworkers and other people.

Most measures were being applied at intake or periodically during service, with more at case closure, and some six months or more after closing.

Criticisms of measures used by agencies included:

- Overly subjective
- Too global, general or simplistic
- Insensitive to case progress or changes over time
- Too time consuming or expensive
- Not applicable to all case situations
- Undetermined reliability and validity

The authors introduce the notion of case events and warn against their inappropriate use for a number of reasons.

The authors stress the need for Outcome evaluation of child welfare services to focus on "observable improvement (or prevention of deterioration) in a child's personal functioning and environment."

They warns against the use of caseworker opinion/recording of client improvement on simplistic lines (e.g., asking informant whether physical care is better, same, worse without an operational definition of improvement to guide responses).

They advocate the anchoring of outcome measurement in legal or community definitions of minimally adequate child functioning or child care.

Stephen Magura & Beth Silverman Moses, "Defining and Measuring Case Outcomes" in Magura & Moses, Outcome Measures for Child Welfare Services, Child Welfare League of America, Inc., Washington, DC, 1986, pp. 1-22.

The above book is aimed at improving methods for measuring the assessment of child welfare outcomes. Some individual chapters have been selected for separate entry in this Annotated Bibliography as they are very meaty.

This chapter offers the following components for a model of program evaluation:

- Goal Variables: Program Objectives
- Process Variables: Program Inputs, Program Operation, Program Outputs
- Outcome Variables: Client Outcome, Social Impacts

Three main types of outcome variables are identified:

- Case Status Variables - changes in the stage or phase of a case, in a client's service or legal status; may be interpreted as proxy indicators of client outcomes and as performance indicators for the service system.
- Client Status Variables - changes in a client's (child or parent) behavior, motives, knowledge, or resources, including changes in presenting problems, family functioning etc.
- Client Satisfaction - the degree to which services have fulfilled the client's subjective needs, expectations or wishes.

Each of the above types of variables are discussed in some detail.

The authors observe that changes in types and length of placement and reunification are acceptable as measures of system change, but not of outcomes. For instance return home may not mean there has been any change in the home situation, just a change in the agency response.

They identify considerable consensus about the types of client problems in child welfare. Examples given are physical, sexual or emotional abuse, physical neglect such as lack of food, shelter, clothing; educational neglect; need for medical or psychological treatment; inadequate supervision, economic exploitation, parental absence; inadequate nurturing environment; behaviour problems, delinquency, incorrigibility, school refusal, symptomatic or neurotic behaviour.

They observe that client satisfaction can be a proxy measure for case outcomes or "a desired end product of service in itself", but it should not be used as a proxy measure for case outcomes unless questions are asked about the outcomes directly.

A multiple indicator approach to measurement (triangulation) is recommended, e.g., independent assessment by workers and clients.

The second part of the chapter looks at outcome measurement implementation. It notes that the author's 1980 national study of state information system capabilities (for the Child Welfare League) showed that almost all states had some form of automated child welfare information system. The most common data item (around half the states) was about whether the case goal was achieved on closure. Magura and Moses criticise this type of data item because of subjectivity and lack of specificity.

Types of measures in routine use (1986) were nearly all case event measures, e.g., for permanency goal achievement - remain at home, returning home, adoption, placement/foster, placement relative, independence, long-term care, family goal.

Moves were evident towards defining desired program results explicitly in client outcome terms. However specifying objectives was not accompanied by development of measuring the extent to which the objectives are achieved.

Examples of selected outcome studies are critiqued.

The chapter concludes that "Outcome evaluation research in child welfare services has not yet sorted out the issues discussed in this chapter. There is no 'common core' of client outcome measures that possess credibility among professionals in the field. Evaluations have emphasized case status variables as proxy measures of client outcome. True client outcome measures do not appear often, and when they do, they tend to be rather primitive methodologically and, usually, inadequately examined for reliability and validity."

Stephen Magura & Beth Silverman Moses, "Selected Existing Client Outcome Measures" in Magura & Moses, *Outcome Measures for Child Welfare Services*, Child Welfare League of America, Inc., Washington, DC, 1986, pp. 23-83.

"This chapter presents detailed assessment of 13 instruments selected from the existing research literature as potentially useful in client outcome measurement for child welfare services."

Multidimensional instruments were preferred because of the multidimensional nature of child welfare casework and because "child welfare agencies cannot under any circumstances be expected to apply routinely a large number of special purpose instruments." Further criteria for selection included no need for lengthy training, able to be used in natural setting, client interview schedules and self-administered instruments should be in clear language, matter of fact and non threatening.

Instruments were chosen to cover the four typologies set out in Chapter 1 above: Parental role performance, Familial Capacities for Caretaking, Child Role Performance, Child Capacities for Performance. Following is a list of the instruments evaluated. The last two instruments on the list are the two new instruments developed by Magura and Moses in later chapters of this book:
HOME Inventory
Childhood Level of Living Scale

Family Functioning Scale
Parenting Stress Index
FSA Questionnaire
Client Outcome Questionnaire
Knowledge of Child Development
Pre-school Behavior Rating Scale
Developmental Profile II
Child Behaviour Checklist
Behavior Problem Checklist
Children's Pathology Index
HIS Child Health Status Measures
Child Well Being Scales
Parent Outcome Interview

Each instrument and its methods of administration is described and evaluated according to validity, reliability, sensitivity to change, completeness/Response Rates and norms for comparison. There is a brief discussion and recommendations at the end of each evaluation There is no summary comparison of the results

Two further chapters of this book are related to description and evaluation of the last two tools on the list, which were specially developed by and are those preferred by the authors

Stephen Magura & Beth Silverman Moses, "The Child Well-Being Scales" in Magura & Moses, *Outcome Measures for Child Welfare Services*, Child Welfare League of America, Inc., Washington, DC, 1986, pp. 83-155

This chapter presents the full content of the Child Well-Being Scales developed by Magura and Moses and described as "a set of standardised client outcome measures specifically designed to meet the needs of a program evaluation in child welfare services."

"The dimensions cover the four areas of parenting role performance, familial capacities, child role performance and child capacities."

There are 43 separate scales.

Magura & Moses (1986-d). Stephen Magura & Beth Silverman Moses, "The Parent Outcome Interview" in Magura & Moses, *Outcome Measures for Child Welfare Services*, Child Welfare League of America, Inc., Washington, DC, 1986, pp.203-226

This is the complete interview schedule for the Parent Outcome Interview. Apart from family identification information, the schedule is divided into 10 sections:

- Referral situation
- Out of Home Placement
- Housing and Economic Conditions
- Physical Child Care
- Discipline and Emotional Care of Children
- Children's Academic Adjustment
- Children's Conduct
- Children's Symptomatic Behavior
- Victimization of Children
- Parental Coping
- Relationship with Social Worker

Lloyd D. Malone & Daniel Matusiewicz, "Integrating Outcomes into Practice" in 4th Roundtable, 1997, pp.33-65

This paper is about the preliminary implementation of outcomes-based management in El Paso. Implementation is divided into four areas:

1. Developing an outcomes-ready environment
2. Building an organisational capacity to utilise outcomes
3. Managing impacts on programs and service delivery
4. Using data to produce reports and drive practice
5. Evaluation and redesign

Essentials in developing the environment are support and vision from the top; appropriate organisational infrastructure with goal setting tied to planning, resources for data, a capable and responsive MIS, an outcomes model or conceptual framework that links current practice to results; a planning process to formalise goals and measures.

An outcomes model conceptual framework is described.

An outcome plans format is shown:

A large number of examples of outcomes and indicators are set out under various child welfare objectives including Safety, Permanency and Wellbeing.

Samples of report formats are also provided.

Teresa Markowitz, Examining Outcomes Across Service Systems and the Community. 5th Roundtable, 1998, pp.33-40.

The presenter is from the Kansas Department of Social and Rehabilitation Services. The presenter noted that the goal of child welfare in Kansas is permanency, not keeping beds filled.

A large number of measures for improved outcomes are set out, including client satisfaction with services.

Results are aggregated quarterly. Measures are available for Family Preservation, Adoption and Reintegration (foster/group care).

Accountability and monitoring include contracted systems evaluation on effectiveness in intake/assessment, case management, family preservation, adoption, foster/group care. Also carried out are internal reviews of contractors (by Department) and program specific reviews, including submission of monthly reports.

Houston H. Markley, "From the Plains to the Foothills: The Outcomes Project as a Teacher " (presentation 2), 5th Roundtable, 1998, p/57

This paper describes a Family Preservation Outcomes Pilot Project started in 1995. The project uses ACCESS 7.0 database. The paper identifies three desirable outcomes and indicators:

1. Families are preserved as indicated by the number of days children are in placement during family preservation services and the children's residence at the end of family preservation services
2. Children will be safe from maltreatment as indicated by the numbers of substantiated maltreatment incidents on active family preservation cases
3. Families will function better as measured on the North Carolina Family Assessment Scale (NCFAS).

The system records scores on intake (within 1 month) and on case closure plus child's residence at end of service and maltreatment incidents (these also go onto a statewide data base).

Michelle R. Marois & Louise A. Perault, "Social Work with Maltreated Children, A Time for Re-evaluation", Comite de la Protection de la Jeunesse, Quebec, 1984, 41 pp.

This study of 1432 abused or neglected children was carried out in 1978. It is not directly concerned with outcomes development, but contains a number of variables were used to describe the children and their circumstances. Questionnaire responses were from caseworkers, not children or families.

Richard L. Matt, Child Welfare Outcomes: Running the Rapids, presentation 2, 5th Roundtable

The author is Deputy Director, Missouri Department of Social Services.

He advocates recidivism as a better way to measure outcomes than the child being maintained in their family. He argues against process measures in the settlement of lawsuits.

The paper advocates development of a single measurement benchmark (but does not say for what). The following principles are also advocated:

- Child Safety should be measured in terms of the immediate situation and recidivism.
- Family Preservation Services should be measured in terms of child protection.

Jacquelyn McCroskey, "Outcome Measurement for Family and Children's Services in Los Angeles County", Los Angeles Country Children's Planning Council, December 1992, 8 pp.

Proposes the development of a Children's Score Card which would measure outcomes for children in Los Angeles County.

A number of outcome measures are identified for inclusion in the Score Card, together with their possible data sources, under the following outcome categories:

- Good Health
- Economic Wellbeing
- Safety & Survival
- Adult Support for Children
- Emotional and Social Support
- Achievement and Readiness to Participate in the Workforce

Jacquelyn McCroskey, "Linking Child Welfare Practice to Outcomes Through Research" in 4th Roundtable Summary of Proceedings, 1997, pp.9-15

"Assumptions about the reasons for measuring outcomes obviously influence both the processes and the results. Are we doing this to move toward shared responsibility, to respond to the market, to justify public expenditures, to lay the

groundwork for extending or rationing care, or to understand and be better able to plan our own work?"

The author identifies confusion about definitions and common terms in child welfare measurement.

Some examples of indicators are given

The author identifies the need for multiple measures and multiple perspectives in outcomes research. She notes that families and workers have different perspectives. One of her own studies showed that families did not identify problems at the beginning and did not identify changes later on.

The author points out that the following main challenges still exist:

1. To define detailed theories about how and why programs work
2. To define the full set of changes or outcomes to be achieved based on above theories of change
3. To design measurement strategies for capturing key outcomes that include both perspectives, and are relevant and clear to multiple stakeholders
4. To assure sensitive short term outcomes measurement instruments which are linked to expectations for longer term change
5. To train, supervise and support workers to use assessment instruments consistently.

A copy of the Los Angeles Score Card is included showing results from 1988 to 1992.

Nancy McDaniel & Betse Thielman, "Matrices of Indicators" in 4th Roundtable Summary of Proceeding, 1997, pp. 107-121

The matrices presented "represent an initial attempt to build on the work of previous Roundtables and begin to define a core 'menu' of indicators that explicitly recognise the relationship between inputs, processes, and outcomes, and that are central to the mission of the public child welfare agency."

There are 13 pages of indicators, grouped as inputs, processes and outcome indicators and according to targets: child safety, child functioning, family functioning and family continuity/preservation. The matrices include grouping into whether the measures are child, family, agency or community focussed.

The following definitions are given:

- Inputs - child and family characteristics; economic, environmental, and behavioral factors; agency and community resources impacting outcomes

- Processes - child, family, agency and community activities presumably linked to achievement of target outcomes
- Outcome Indicators - indicators of progress toward achieving target outcomes

This is a good summary of various outcome indicators identified in the recent U.S. literature. Some of the process indicators are new, especially the agency focussed ones.

Suzanne McDevitt, "Case Records in Public Child Welfare: Uses and a Flexible Format" in *Child Welfare*, Vol. LXXIII, No.1, Jan-Feb, 1994, pp41-55

This article advocates recognition of multiple purposes of case records, and recognition of the needs and demands of casework staff in system design.

A 1957 study found that workers spent between 21% and 26% of their time on recording. A 1986 national survey found that child welfare workers spent more time on paperwork generally than on any other activity. A 1989 study [New York state, not the New Jersey one noted in Cahill & Feldman] found that the total time spent on case recording and other forms now was taking 60% of a caseworker's normal work week.

Walter R. McDonald & Associates, Inc., "National Child Abuse and Neglect Data System (NCANDS) Technical Assistance and Management Support Program, Report of the State Advisory Group Meeting, March 31-April 1, 1993", Sacramento, April 1993, 79 pp.

NCCAN was mandated by Congress in 1988 to establish a national data collection system, "but the States were not mandated to participate". Summary data for all 50 States plus the four branches of the military for 1990 were received

This report describes the two components of the NCANDS system:

- The SDC (Summary Data Component)
- The DCDC (Detailed Case Data Component)

It identifies other U.S. national child welfare reporting systems.

It gives examples of the types of questions that can be answered by NCANDS.

Gary B. Melton and Mary Fran Flood, "Research Policy and Child Maltreatment: Developing the Scientific Foundation for Effective Protection of Children" in *Child Abuse & Neglect*, Vol.18, Suppl. 1, 1994, pp. 1-28

This article identifies the system-wide lack of emphasis on scientific foundations for decision-making and program development in child protection and possible steps to remedy the lack. It suggests that child maltreatment can be an early indicator of stresses in the social fabric.

The bulk of the article is a review of national research capabilities and a plea for more federal funding of child protection research. The NCANDS and ACFAR data bases are described, and limitations discussed. The article contains no

suggested outcome indicators but notes that more research is needed on factors affecting child maltreatment such as poverty. Exploration of children's own perceptions of the child protection experience is recommended.

Lisa Merkel-Holguin & Nancy C. McDaniel, "National Overview of Child Welfare Outcome Measures Development Measures" in 3rd Roundtable Summary of Proceedings, 1996, pp.67-84

AHA & NAPCWA (National Association of Public Child Welfare Administrators) surveyed all U.S. states and territories (and some counties) to determine current outcome measurement activities in child welfare. Over 28 state and five county child welfare agencies detailed outcome measures initiatives they were involved in. Three other state agencies indicated that they were in the developmental process.

Results of the survey highlighted four planning considerations:

1. Outcome measures development is a long term process
2. Inclusivity of clients, staff and community increases the chances for successful development
3. Outcome initiatives are often linked with other state planning process
4. Outcome measures development is often connected with other child welfare reform initiatives

However, only eight respondents listed any actual outcome goals: Child safety (7 states or counties), family preservation (6), Strengthen and improve family functioning (4), achieve permanency for children in out of home care (3), Improve child functioning (3), Provide the least restrictive placement (3), effective service delivery (2). Single responses included: maintain family and community ties, maintain safe environment in out of home care, meet basic needs of children ageing out of foster care, provide children and families with least intrusive intervention, increase economic self support, increase public safety, increase quality of foster care, reduce lengths of stay, develop a network of neighbourhood based and culturally responsive family foster care resources, prevent and reduce placement, reduce unlawful and violent behaviour of juveniles.

The most common barriers to development identified were:

- Defining client problems
- Lack of reliable and valid instruments
- Potential impact for increased workloads
- Lack of fiscal resources for implementation
- Lack of data

All current state initiatives are briefly annotated.

Rhona Millar & Annie Millar (eds), *Developing Client Outcome Monitoring Systems: A Guide for State and Local Social Service Agencies*, The Urban Institute & the American Public Welfare Association, Washington, September 1981, 276 pp.

This manual brings together a great deal of the early U.S. work on monitoring social service outcomes. The scope of the book is wider than child welfare. It also includes development of outcome measures for employment and training services, family services and adult services such as aged care.

The manual includes useful chapters on constructing indicators of client outcomes, selecting data collection approaches and client feedback approaches.

Appendices include a number of client feedback instruments:

- Chesapeake, Virginia-Durham, North Carolina-Urban Institute Questionnaire
- Jefferson County Client Impact Questionnaire
- Family Service Association of America Questionnaire (long and short versions)
- Two Milwaukee County Questionnaires: Homemaker Services and Group Child Day Care Services

The manual notes the difficulty of costing client record approaches to data collection. However, comparative costs of the client feedback and trained observer approaches in 1981 U.S. dollars are provided

Alex Morals, *A Compass for Home-Based Prevention Services*, 5th Roundtable, 1998, pp.61-66

This paper describes research findings of the Children's Bureau of Southern California for HBSVCS - home based services aimed at heading off child abuse and neglect and strengthening families.

They identified six major 'ecological' domains of family functioning:

1. Parent child interaction (includes discipline, communication and bonding)
2. Physical living environment
3. Interaction between caregivers
4. Support to caregivers
5. Financial conditions
6. Child Developmental stimulation

Over 50% of HBSVCS client families are in the "danger zone" in all domains except physical living environment (30%).

The service uses a family assessment tool FAF (Family Assessment Form) developed by the Southern California Children's Bureau for use by staff (not included). FAF is organised around the above six factors of family functioning. Each factor contains a number of items which are rated on a five point scale 1 = unusual strengths, 5 = severe problems. It is completed through observation, reports by clients and others and workers' clinical judgements.

NSW Department of Community Services, "Outcome Measures in Child Abuse Treatment Interventions", N.S.W., 1997, 5 pp.

This is a supplement to a review of comparative treatment studies carried out by Oates & Bross (1995). It identifies 28 domains and 50 instruments (including scales and inventories) cited in Kolko (1966) and groups them under the following broad domain headings:

- Observations
- Discipline
- Self reports
- Child Behaviour
- Family conflict
- Marital relationship
- Family functioning
- Risk of abuse
- Parenting capacity
- Parental psychopathology
- Levels of stress
- Social contacts ad social support
- Risk of neglect
- Social validity evaluation
- Acceptability of treatment to parents

Parent consumer satisfaction questionnaires are listed (no details) and referenced to Forehand & McMahon 1981 and Kolko 1995.

National Child Welfare Resource Center for Management and Administration (NCWRCMA), *Oregon Child Protective Services Performance Study*, Edmund S. Muskie Institute of Pubic Affairs, University of Southern Main, 1992, pp. 412

This is a major study of the Children's Services Division of the Oregon Department of Human Resources. The study team was headed by Helaine Hornby, Director of the Center. As well as a major section on performance indicators, the report investigates organisation and communication and policy and conformance of practice with policy, case review, quality assurance and the contracting out of services. The Oregon agency (CSD) has a reputation for leading edge child protection work. Its performance is compared with agencies in other states on a number of aspects.

Chapter 10 Performance Measures, plus the recommendations, are the most useful sections for the purposes of this annotated bibliography. However the report as a whole is a useful source of information on many child protection policy and practice areas.

The chapter sets out a detailed framework for measuring performance.

The authors recommend against using client feedback for performance measurement as distinct from service development and improvement. They recommend an overall monitoring scheme where day to day data is collected by the caseworker, plus periodic third party audits for client outcomes in all areas except case status, which should be sufficiently apparent from ongoing reports.

They observe that data must be available and discuss the relative merits of cross-sectional and longitudinal data.

Three broad service areas are identified:

- Child Protective Assessments and Services - outcomes focus is on reabuse and should distinguish whether/which services were provided
- Preventive/Restorative Services - outcomes focus is on improving the conditions (reduce the risk) so as to allow child to live at home
- Substitute Care - similar to preventive/restorative outcomes with additional focus on placement conditions being better than home alternative

A number of client status goal outcomes are recommended.

The report argues that outcome measures must be useful to guide casework on a regular basis. It also argues that the Magura and Moses Child Well-Being Scales are for program evaluation, and that a simpler structure is needed for The report's Appendix contains two examples of such a structure which are actually risk assessment tools, one developed by Oregon CSD and the other developed by the New York State Department of Social Services (NYSDSS).

The remainder of the chapter examines the face validity for both the above tools in answering the previously identified outcome measure questions. Overall a

number of elements of the risk assessments can help provide appropriate answers.

NCCAN, Factsheet, National Child Abuse and Neglect Data System Management Support and Technical Assistance Program, Nov. 1991, 1 p.

NCANDS was required as part of U.S. Child Abuse Prevention, Adoption and Family Services Act, 1988. This took 2 years intensive consultation with national and state representatives. It is a voluntary system. It consists of two parts: Summary Data Component, described as key indicators of State child abuse and neglect statistics including data on reports, investigations, victims and perpetrators; Detailed Case Data Component is a compilation of detailed case data. Data items are not given.

NCCAN, "NCANDS Fact Sheet", Washington, 1998, p.1

Repeats some information in the first fact sheet. Notes that the most recent NCANDS Report "Child Maltreatment 1996: Report from the States to the National Child Abuse and Neglect Data System" can be accessed on the internet at <http://www.act.dhhs.gv/programs/cb/stat/ncands>.

Judith A. Nelson & Sandy Sladen, "A Report on Practice-Based Research", 1st Roundtable, 1993, 36 pp.

This paper is based on Los Angeles experience. The mission of the Children's Bureau of Southern California is "to assist children to become caring and productive adults".

Workers owned both the product and process of agency research, the first criteria for moving forward was always "What do the workers want to know to improve their practice?"

This research developed an instrument called the Family Assessment Form. One of the main purposes of the instrument was to measure outcomes. Other goals were to improve assessment, focus goals and reduce paperwork. FAF's four major components are:

1. Environment
2. History, characteristics and skills of caregivers
3. Family interactions
4. Child development and behavior

Measurement scales used in FAF are:

- Parent child interactions
- Living conditions
- Caregiver interactions

- Support to caregivers
- Financial conditions
- Developmental stimulation

The presenter states that organisations in Australia are seriously considering using FAF. Reservations are expressed about exporting FAF as its main strength is seen in worker involvement in development. It should not be imposed.

The paper outlines some results of studies using FAC, including improvement in discipline practices, rule-following and anger management

R. Kim Oates & Donald C. Bross, "What have we learned about treating child physical abuse? A literature review of the last decade" in *Child Abuse & Neglect*, Vol.19, No.4, USA, 1995, pp. 463-473.

This literature review was confined to physical abuse (neglect was excluded). It uncovered 25 articles (12 focused on parents and 13 on children). A number of outcome methods, measures and results are listed.

Only six of the programs had a follow up period to see if any improvements were sustained. Follow up periods were 6 months or less, 12 months and 7 years.

Rivara (1985) "found a 30% incidence of reabuse at 31 month follow up and was unable to show a relationship between reabuse and compliance with counseling" (contrasted to Lutzker & Rice (1984), see separate study.

The article concludes that considerably more research is required to investigate what types of intervention/treatment are likely to be effective.

Office of Inspector General, Department of Health and Human Services, "Opportunities for Improved Management Efficiency of the Head Start Program, Performance evaluation and high risk determination", U.S.A., January 1991.

No outcome measures are identified in this report.

Head Start is a national program established in 1964 to provide social services to economically disadvantaged preschool children and their families. Its budget in 1991 was \$1.7b.

The report identifies the lack of a performance rating system to evaluate Head Start agencies and advocates the development of one.

Agencies are classified as 'high risk' if they do not comply with funding grant conditions which include performance, but formal procedures are lacking.

The funders should "establish and implement criteria to measure the quality of services provided by Head Start agencies." Initial development of performance indicators began in 1978 but was never completed and did not include measuring criteria.

The Program Information Report system contains performance data on compliance and best practices. They use expected goals and national averages. The Indian and Migrant Division report on the ACYF'S program priorities quarterly, using the Objective Tracking System.

The funders note that their current program review instrument contains indicators to help measure performance in 51 key areas, but no contents are set out.

Dennis Orthner et al., "A Framework for Outcome Measures in Child Welfare Services", 2nd Annual Roundtable on Outcome Measures in Child Welfare Services, Summary of Proceedings, American Humane Association, 1994, 11 pp.

This background paper was prepared by Orthner (lead author) and seven other contributing authors from public administration and academic backgrounds in a number of different states. It aims to set the framework for the 2nd Roundtable by introducing key concepts and core outcomes and establishing a common language and conceptual framework.

Once again, prior emphasis on measuring process not outcomes is identified. Outcome research has focused on safety of children and such things as reductions in mortality, morbidity or incidents of confirmed maltreatment. This is a reactive approach and "neglects many of the intervening variables, especially those that ... improve overall family functioning."

Results of the 1st Roundtable showed an interest in many outcomes other than safety. The 2nd Roundtable proposes broadening the scope of outcomes. The paper suggests that there are two major dimensions along which child welfare outcomes can be derived: target categories - conditions or behaviors that should occur as the result of interventions; focus of change - the child, the family and the community.

The four target categories of outcomes proposed are: child safety, child functioning, family functioning and family continuity/family preservation.

Communities has been added to families and children as a focus of intervention. The community is a major source of reporting, and shapes as well as reflects the environment within which children and families live. Positive community involvement should be promoted. Outcomes for children is not the sole responsibility of the welfare agency; co-ordination with other agencies is essential.

Recommended outcome domains are contained in a matrix of the above four target outcomes and three intervention focii.

Minimal community expectations are most clearly defined by policy and legislative social mandate for the outcome categories of child safety and family preservation, but are not so clear for child and family functioning.

Illustrative outcome indicators are provided.

**Roy Parker Harriet Ward, Sonia Jackson, Jane Aldgate, Peter Wedge (eds.),
Looking After Children: Assessing Outcomes in Child Care, HMSO,
London, 1991, 204 pp.**

This is a very useful book for looking at the theoretical and practical difficulties involved in outcome measurement. Child care is the U.K. expression for child welfare. The book is the report of the Working Party on Child Care Outcomes set up by the Department of Health which started the entire Looking After Children project. It contains eight chapters:

- Introduction: Why Assess Outcomes?
- Unravelling the Concept
- Principles of Measurement and Evaluation
- Relating Outcomes to Interventions
- Which Children?
- Identifying the Dimensions for Assessment
- The Monitoring Instrument
- From Assessment to Action: Results from the Pilot Study

Plus a conclusion and a Demonstration Copy of Assessment and Action Record (5-9 year olds)

The book contains a good exposition of cause and effect considerations and gives considerable detail about the reasons for choosing the 'reasonable parent' role of public care authorities noted elsewhere (Ward 1995). Considerable attention is paid to the concept of an interactional model of child competence

and the desirability of involving parents and children in joint assessment and planning.

The outcome measures developed are not listed as such but are set out as 'whether the following aim has been achieved' in the sample Assessment and Action Record. There are records of achieved/not achieved aims for each of the seven dimensions noted in Ward 1995.

Richard Paulman, "Maryland Department of Human Resources Outcome Measures" in 4th Roundtable Summary of Proceedings, 1997, pp.91-99

This paper describes the process in Maryland which is "expected to produce a set of Departmental outcomes and performance measures." The paper describes a political environment which wants concrete results for a smaller investment and is characterised by a move towards block grants to states with fewer federal reporting requirements. The author believe this will enable a move towards decentralisation and decategorisation (removing of program boundaries).

The Maryland exercise was started 12 months previously and was based on previous Roundtable results. The author advocates both a bottom up and top down approach. The bottom provides the "how we do its". The indicators and measures being developed are grouped into:

- Intermediate Outcomes - clear taregts (objectives) for specific action that mark interim steps towards achieving the end outcomes
- Performance Targets - levels of outcome desired over time
- Performance Measures - input, output, quality and efficiency and effectiveness - or results

The Department held a two day staff involvement workshop, with staff from all levels and areas. The author states that most staff "caught the fever". The 200 staff involved will return to help develop intermediate outcomes and measures, with input from the entire department collected during the two workshops.

Data collection methods have yet to be determined.

Recommended Departmental end outcomes are:

- The absence of abuse and neglect
- Safety for vulnerable children and adults
- Fully functioning families and individuals
- Economic independence and work opportunities for low income individuals and families
- Public understanding and acceptance of the mission of the Department
- Supportive communities which enable access to human services
- Accountability in the use of resources and the delivery of services

Rino J. Patti, "Managing for Service Effectiveness in Social Welfare Organisations" in *Social Work*, Sept-Oct., 1987, pp.377-381.

This article identifies three aspects of service effectiveness:

- Success in bringing about change, e.g., in attitudes, skill levels, social status, environmental circumstances
- Quality - can be measured against standards, examples include timeliness, consistency, accessibility, humanness, or technical proficiency of a service
- Client satisfaction - normally consumer assessment of quality & effect of service but sometimes can be inferred from attendance rates, premature terminations, re-applications and referrals from former clients.

These "outcome variables" are distinguished from other types of agency performance indicators:

- Output or quantity of service provided and whether delivered to appropriate clientele
- Productivity, or efficiency
- Resource acquisition success
- Minimisation of budget reductions

The article argues the interderminacy of child welfare technologies is not an insurmountable obstacle but can be remedied with further research.

It refers to client satisfaction work we have reviewed elsewhere (Poertner).

The author recommends the development of standards or expectations against which outcomes can be measured. "It is probably better to have standards that are flawed than to have none at all."

The importance of feedback to workers and clients, as part of effectiveness-oriented management, is also noted.

Peter J. Pecora, Jeffrey A. Bartlome, Vicky L. Magana & Connie K. Sperry, "How Consumers View Intensive Family Preservation Services", Ch. 12 in *Families in Crisis the Impact of Intensive Family Preservation Services*, Mark W. Fraser, Peter J. Pecora & David A. Haapala (eds.), Aldine de Gruyter, N.Y., 1991, pp.273-288.

This chapter briefly reviews consumer satisfaction research (as at 1991) and presents results of "interviews with primary caretakers who were asked to evaluate IFPS."

It notes the traditional absence of client satisfaction or client reports in child welfare evaluation.

The authors suggest that one reason why there had been little use of client satisfaction or self-reports of improvement is that the field is so young.

Limitations with consumer satisfaction and outcomes research include:

- "People seem satisfied with everything they are asked about
- The pre-existing negative attitudes that people hold about an organisation or program may contrast greatly with the actual results of service, resulting in inflated satisfaction ratings - a 'contrast' effect
- Evaluation studies rarely take into account the influence of the organisation (e.g., coercive power), client backgrounds, and other 'intervening variables' on client responses"

The authors' own study used the Consumer Satisfaction Survey which is described but not included.

Limitations included:

- "As suggested in the literature review section of this chapter, there is a tendency for clients in many treatment settings to increase their ratings of satisfaction because of social desirability."
- Partial recall also raised challenge of "separating memory limitations from poorly articulated case goals".

The remainder of the chapter contains detailed findings in the following areas:

- Primary caretaker reports of treatment goals and degree of attainment
- Parent satisfaction with the location of target children at case termination
- General and specific satisfaction with IFPS therapists
- General and specific satisfaction with service
- Aspects of service reported as most helpful
- How can service be improved including least helpful aspects

Peter J. Pecora, Mark W. Fraser & David A Haapala, "Intensive Home-Based Family Treatment: Client Outcomes and Issues for Program Design, Paper presented at the NATO Advanced Research Workshop: State Intervention on Behalf of Children & Youth, Acquafredda di Maratea, Italy, Feb. 1989, 27 pp.

This study compared outcomes of 453 children with at least one child at risk of imminent placement in substitute care who were clients of a non government and a government intensive family preservation service in two different U.S. states. Outcomes (proximal and distal) included parent and child functioning, home environmental conditions and out of home placement. A very small control sample (26 families) of families referred to but not served by the FPS was used.

Data was collected on intake, termination, 12 months after intake, and if or when "service failure" occurred. Child placement episodes were monitored through computerised information systems, maintaining contacts with referring and FPS worker, and conducting interviews with primary caretakers at service termination and at the end of the 12 month follow up period.

The paper mainly concentrates on placement prevention as an outcome indicator, but notes the importance of service components such as:

- Service hours
- Early nature of service contact
- Clinical services such as crisis intervention, individual counseling, and family therapy

The paper concludes that research still needs to be done on what outcome variables or measures should be emphasised, especially in the areas of child or family functioning and on whether some placement types are desirable.

Peter J. Pecora, "Lessons from the Field: Criteria for Selecting Outcome Indicators", 5th Roundtable, 1998, pp.41-43

This document contains notes from a symposium of 22 practitioners. It is a useful theoretical document. It does not include particular indicators but sets out five headings for development of suitable indicators:

- Criteria/Principles for Choice of Outputs or Outcomes includes: What is agency really responsible for versus outputs or outcomes that a consortia or another agency is responsible for? Does outcome have "face validity?" Does it make sense to non experts. "Close to a desired result and distinguishable from a process."
- Measure Selection includes: Feasible to implement? Timelines - How quickly can data be available to staff?
- Data Use/Interpretation includes: Put outcome data in a large context of factors affecting families (e.g. housing availability, parks, schools); Client differences (e.g. risk adjusted outcomes); Research literature says better chance of data integrity if it is used prospectively to refine or reinforce program reforms.
- Developing a Selection Process: Are criteria plain and simple? Clear and understandable? Do criteria reflect community standards? What does the community want to know? Where does the outcome become what you're trying to achieve, not just another step?
- Selection of Measures - Criteria Issues includes: Does it have good scientific properties? (Validity, Sensitivity, Reliability); Is it feasible to implement? (Policy/workload/technical capacity/research/evaluation design constraints/

- Pre implementation testing; The measurement cannot cost more than the system it supports; Is it easy to use.
- Data Utilization - Criteria Issues: Who is the audience? Can the information be easily understood?

John Poertner, Future Directions in Outcome Measurement, Panel Paper, 5th Roundtable, 1998, pp.95-99

The author is from the University of Illinois. He stresses the need to have public consensus for continued support of the outcome movement, not just consensus amongst a small group of professionals.

The paper contains some major discussion on future directions in terms of efficient data collection technologies approaches and costs, consensus building on outcomes and indicators, and uses of outcome reports.

It also sets out the following Proposed Child Well Being Indicators:

Education

School Attendance
High school graduation
Participation in special education
Presence or absence of learning Problems

Residential Status

Housed or homeless
Behavioural adjustment
Criminal behaviour
Chemical dependency

Health

Immunizations
Pop. Based growth stunting
Elevated blood lead levels
Use of a health status Inventory
Births to school age mothers
Sexually transmitted disease
Iron deficiency anemia
Birth weight
Adequate prenatal care
Yearly medical examinations
Yearly dental examinations

Family & Social Support

Family life - marriage, parenting, extended family support
Contact with biological parents, siblings, extended family
Number of placements, number of workers
Placement close to legal parents
Child's feelings of attachment to family

Employment & economic stability

Work record
Public assistance

Personal Well-being

Physical health
Mental Health
Life satisfaction

John Poertner, "Preliminary Indicators for Child Safety, Permanency of Family Relations, and Well-Being, Children & Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, 29/9/97, 12pp.

The Administration on Children, Youth and Families (ACYF) of the United States Department of Health and Human Services (USHHS) definitions of child welfare outcomes are:

Safety

- Children are protected from abuse and neglect in their own homes whenever possible
- The risk of harm to children is minimised

Permanency

- Children will have permanency and stability in their living situations
- The continuity of family relationships, culture and connections will be preserved for children

Child and family well-being

- Families will have enhanced capacity to provide for their children
- School-age children will have educational achievements appropriate to their abilities
- Children will receive adequate services to meet their physical and mental health needs

Consultation with professionals and community members showed that "There is little agreement about the meaning of child and family well-being. Some people think that well-being includes all aspects of the lives of children and families. Others think that well-being should be thought of much more narrowly. Many feel that child and family wellbeing is even more important than safety and permanency and that this should be the central focus of the public child welfare system."

The suggested safety and permanency measures add nothing to that set out in Poertner, McDonald and Murray (1997) below.

It is noted that outcome results always need to be accompanied by other variables, including process and input measure, for accurate interpretation.

In relation to Child and Family Wellbeing, Illinois consultation has indicated a consensus on two indicators: health and education.

The authors note that an important project in this area is the work in Illinois of Barbara Starfield (1996) - no further reference is given. Starfield defined health broadly and conducted an extensive review of the literature which identified and revised the following measure domains:

Satisfaction with health

Overall

Self esteem

Discomfort

Physical

Emotional

Limitations of activity

Disorders

Acute major

Acute minor

Recurrent

Long-term medical

Long-term surgical

Psychosocial

Resilience

Physical fitness

Problem-solving

Family involvement

Home safety and health

Risks

Individual risks

Threats to achievement

Peer influences

Achievement

School

Work

The Children and Family Research Center is currently exploring the use of Starfield's work to assess child well-being.

John Poertner, Tom McDonald & Cyndi Murray, "Child Welfare Outcomes Revisited", Children & Family Research Center, Draft Paper, September 1997, 28 pp.

This is an update of the 1987 McDonald, Lieberman, Poertner & Hornby publication "Child Welfare Standards for Success" which was "a comprehensive review of published and unpublished research that reported on outcomes of the major public child welfare program: protection services, substitute care and adoption."

As the result of a comprehensive survey of published and unpublished material and discussion with experts, national organisations and Roundtable participants, the paper contains a four page table showing current measures, level of success achieved and source of outcome measures in the following categories:

Safety

- Abuse or neglect recidivism after case is closed
- Abuse or neglect while active case
- Abuse or neglect after return home

Permanency

- Reunification with birth families or original caretakers - % returned home after entry to foster care
- Percent of children in kinship (relative) care where guardianship has been transferred to the relative
- Percent of consummated adoptions
- Percent of adoptive placement disruptions
- Percent who reenter substitute care following reunification with birth family

Wellbeing

- Percent of children who received a yearly medical examination
- Percent of children who received a yearly dental examination
- Percent of children with current immunisations
- Percent of children in substitute care who always feel loved by their caretakers
- Percent of children in substitute care who feel safe

Independent Living

- Education - school performance and educational progress
- Employment world-of-work experience
- Public Aid Use cost-to-the-community
- Pregnancy/Parenting - whether the person has a child
- Family Relative contact - contact with biological mother, father, siblings, extended family, foster care family or group home family.

The paper notes that the issue of defining outcome measures is moving from conceptual consensus to practical specifics.

It argues that inputs such as types of children, families and communities are important variables, but that the importance of particular inputs and processes cannot be determined "until there is clarity on definitions of outcome categories and their measurement".

The authors suggest that the intermediate step toward the development of "structural models of agency performance might involve differentiating outcome monitoring and standards by child, family, community and agency

characteristics. For example an administrator may be interested in monitoring recidivism rates for different age groups of children, single and two-parent families, urban and rural counties, or public and private agencies."

The paper states that little has changed since McDonald et al in the Safety category where recidivism is still the main measure.

There has been considerably more development in the Permanency category. Reunification, adoption and adoption disruption have remained unchanged. Kinship care has been added. Discharge rates (like time in placement) are commonly reported measures but have been excluded from this paper on the grounds that they are an input or even a process measure. Placement times are included in measures like placement rate after one year. Re-entry is a new measure.

Wellbeing is currently of interest. There is less developed consensus in this category. Some call it child wellbeing, others call it child functioning and there is little attention paid to it in the literature, except the Illinois reports. It is open to question whether the indicators identified are outcome or process ones (e.g., medical etc. examinations, children's perceptions of love and safety.) Immunizations are agreed to be an outcome.

The authors argue that the responsibility of the public child welfare system for child wellbeing going into adulthood should be limited to cases where "a significant part of the child's life is spent in state custody or where the child remains in custody to adulthood".

They suggest that the Independent Living literature may contain the most useful outcomes (e.g., education, employment, housing, support networks and cost to community).

The paper argues the need for setting standards for performance. It identifies three sources: Single agency historical performance, expert opinion, highest level of agency performance with similar programs. The latter approach is recommended except in the wellbeing and independent living areas which are too new for the application of standards related to past performance.

The remainder of the paper discusses issues in the use of data including political sensitivity of negative results and the main uses of outcome data, e.g., management, court monitoring, promoting community involvement.

Progress to date is summarised: "While some broad agreement is beginning to emerge around certain measures, wide variations continue to exist in both definitions and performance standards.... However, attention to certain

parameters that we have identified (e.g., elapsed time and the base used for calculating rates), can promote more standardisation in measures."

Donna J. Pope, "From the Plains to the Foothills: The Outcomes Project as a Teacher", 5th Roundtable, 1998, pp.53-56

This broad overview of Colorado project should be read in conjunction with papers by Markley and Renquist on same project.

Colorado set up a workgroup in 1994 to develop an outcome-based, client-centred model for evaluating Child Welfare Services. There are pilot sites. Aims include improving accountability, assuring consumer involvement and developing standard measures of performance.

Three desired outcomes are identified:

1. Children will be safe from maltreatment. Child safety will improve.
2. Families will be preserved. Long-term placement is prevented and child is safe.
3. Children will live in permanent homes. Children will be reunited with families, or permanency will be achieved.

Cathryn C. Potter, "Single System Designs: Linking Case Planning to Outcome Evaluation", University of Denver, 1993, 13 pp. (published as an appendix to 1st Roundtable Summary of Proceedings)

The term single system design (or single subject design) is used to emphasise that all levels of client systems may be the target of evaluation, "from individuals and families to communities." The methodology is a "simple, logical extension of the child welfare case planning process." Nine methodological steps are set out.:

The author notes that: "Single system research is essentially good child welfare practice" and goes on to stress the need for systems to be used and valued by caseworkers.

Cathryn Potter & Jaquelyn McCroskey, "Measuring Change: Selecting and Using Assessment Instruments" in 4th Roundtable Summary of Proceedings, 1997, pp. 17-20j.

The paper sets out criteria for judging measures: validity, reliability, directness, reactivity, sensitivity to change, feasibility (in real life). It also describes how to develop a measurement plan which moves from theory of cause to theory of intervention to theory of outcomes.

The paper sets out a number of major domains for assessment for children, family functioning and parent functioning. Useful instruments for measuring

items within each of these domains are set out (together with the addresses from which to obtain them).

Anne S. Rafal & Madeleine H. Kimmich, "Interagency Assessment: Where Research Meets Practice", Human Services Research Institute, September 1992, 41 pp. (reproduced as an appendix to the 1st National Roundtable on Outcome Measures in Child Welfare Services, Summary of Proceedings)

This paper is based on a Maryland exercise which involved developing a common approach to family assessment for a number of agencies, as described in Kimmich 1993 above.

Additional observations include a list of variables identified as appropriate and commonly used amongst different agencies, and categorised according to:

- Family factors
- Caretaker factors
- Child factors
- Environmental factors

Charles A. Rapp & John Poertner, "Moving Clients Center Stage Through the Use of Client Outcomes", in *Administration in Social Work*; 11:3-4, 1987, pp.23-38

This article argues that client outcomes are the central concern of social work management, and focuses on the definition and measurement of service effectiveness.

Two elements of client centeredness are identified: process and client outcomes (defined as service effectiveness, results). A place for process measures is identified, including processes such as showing respect, client input into decisionmaking etc. The authors note that a third factor, the motivation of the manager, is essential to client outcomes. They do not suggest how to measure this.

The authors note that most agency information systems in 1988 . were dominated by productivity data, defined as amount of service, number of clients) and financial data.

They propose a taxonomy of outcome measure: affective changes, learning, behaviour changes, status maintenance or change, and environmental modification. Client satisfaction is included in affective outcomes. The article identifies some existing measurement techniques for each of the listed change areas.

The article discusses four 'myths':

- The outcomes of human services are highly idiosyncratic
- We can't measure client outcomes
- We can't be held accountable for client outcomes
- Monitoring client outcomes will take too much time and resources for negligible gain

In relation to accountability, it is suggested that the answer to trying to measure holistic outcomes, affected by more than the particular program, is to use 'realistic' and varying standards of success for outcome achievement, e.g., 10-20% for the goal of unsubsidized employment for ADC recipients. In relation to time and resources, the authors suggest that more time and resources are wasted if outcomes are not measured and programs changed or designed according to results found.

Julie Reeker, David Ensing & Robert Elliott, "A Meta-Analytic Investigation of Group Treatment Outcomes for sexually Abused Children" in *Child Abuse & Neglect*, Vol.21, No.7, Pergamon, USA, 1998, pp.669-680

This study reviewed the literature to find studies where the effectiveness of group treatment for sexually abused children or adolescents was investigated and where results were based on empirical measures and sufficient statistical information to calculate effect sizes.

It noted the conceptual difficulty of determining outcome variables, particularly as "sexually abused children are known to exhibit a wide range of symptoms or exhibit no symptoms at all" as well as the practical and ethical problems which preclude the use of control groups.

Variables recommended for use as outcome measures include:

- Knowledge of sexual abuse/prevention
- Sexual behaviours
- Self-esteem
- General distress
- Internalising symptoms
- Externalising symptoms

Instruments used for measuring the above outcome variables are listed.

Linda Renquist, "From the Plains to the Foothills: The Outcomes Project as a Teacher, presentation 3", 5th Roundtable, 1998, pp.59-60.

This presentation describes a rural perspective, one of the pilots in the Colorado Project (see also entries under Markley and Pope). It consists of outcomes used for case management. The NCFCAS (see presentation 2) is used as the main evaluation tool. A record is also kept of the community services and services provided. The pilot has resulted in identification of gaps and initiation of new services. Assessments are recorded within two weeks of opening a case and are reassessed every six months and/or at case closure. Assessments are shared with families.

Betsey Rosenbaum, "Federal Requirements Impacting Outcome Measurement", 5th Roundtable, 1998, pp.15-18

This is an overview of US national government requirements as reported by the Director, Family and Child Welfare, American Public Welfare Association.

New legislative provision is to commence on May 1, 1999 to compare and contract the performance of individual states as it related to child welfare.

The Federal government must supply technical assistance to states. Current Child and Family Services Review Process reviews state programs in two areas (1) outcomes for children and families in the areas of safety, permanency and child and family wellbeing (2) systemic factors that directly impact the states capacity to improve outcomes. The process is in two stages, state self assessment and onsite review. On site review has federal, state and community reviewers review a small sample of cases based on findings of self assessment. No details given.

Robert L. Schalock, Outcome-Based Evaluation, Plenum Press, New York, 1995, 242pp

This is a textbook based mainly on work done in the disability and mental health area.

Throughout, the book uses the concepts of:

- Valued, person-referenced outcomes that reflect both the results of the intervention provided and an enhanced quality of life for the service recipient
- Performance-based assessment that involves using objective indicators to evaluate a person's adaptive behaviour level and role status [latter includes living arrangement, employment setting, education level, community participation, recreation-leisure patterns and health status]
- Outcome based analyses that include effectiveness, impact, or benefit-cost. These analyses are used respectively to determine whether the program is

meeting its goals, whether the program makes a significant difference, or whether the program represents a reasonable return on investment.

Criteria for person-referenced outcomes are that they should encompass either adaptive behaviours or role status and should ensure:

- "(1) outcome is valued by the person
- (2) approach is multidimensional
- (3) data are objective and measurable
- (4) outcome is connected logically to the program
- (5) outcome may be evaluated longitudinally"

- The author stresses throughout that outcome should be logically connected to the program. Also stresses throughout the need for outcomes to be capable of longitudinal evaluation. Gives numerous examples of "potential person-referenced outcomes" for different program types including vocational rehabilitation, education, corrections, child development, health and wellness.

No instruments are mentioned for measuring any of the outcomes except for a 30-item Quality of Life Questionnaire that used a 3 point rating scale to assess three quality of life factors; environmental control, social interactions, and community integration (Schalock & Keith, 1993). Scale not included.

The author also stresses throughout the need for comparison groups or conditions for any form of outcome-based evaluation analysis:

Guiding principles for outcome based evaluation as described, include:

- Person-referenced outcomes should be valued by the person and related demonstrably to the services provided
- Outcome-based evaluation data should be collected in four key areas: recipient characteristics, core-service functions, cost estimates, and valued, person-referenced outcomes.

Examples given of a longitudinal status comparisons design, for outcomes of a group of people with mental retardation who had been placed into a community-based program include following predictor variables:

- Community Success: family involvement, work skills, institution size, visual processing, sensorimotor skills, gender, family-attended Individual Program Plan, social-emotional behaviour, community size.
- Program Success: Language skills, sensorimotor skills, tested intelligence, previous education, family attendance at IPP, institution size, visual processing, community.

A general comment in the final chapter (Part 5, Ch.12). was: "We frequently know relatively little about how specific interventions produce specific outcomes.

We saw... that numerous internal and external factors can have a significant impact on a program's results. Unless each of these contextual variables is controlled experimentally, one is often unable to attribute with certainty the person-referenced outcomes to the program's intervention.

Patricia Schene, "Opening Address", 1st Roundtable, 1993, 10 p.p.

Most states are in the process of identifying and developing outcomes measures. Outcome measures help demonstrate accountability "yet those who have an interest in accountability do not always understand the realities of our work with abused and neglected children and their families."

The paper identifies three levels of outcome measures:

- Community (e.g., good health, economic wellbeing, child safety, social connections, adult support, readiness to participate in the workforce)
- Program Outcomes or performance indicators (e.g., proportion of reports investigated within 72 hrs, number of open cases receiving service)
- Client Outcomes (changes in condition or functioning of children and families)

Schene indicates that the Roundtable is focusing on Client Outcomes defined as "specific characteristic, condition or behavior that is expected to change because of a program or intervention."

The paper set out 12 broad categories of outcomes; and lists 22 useful and validated measurement instruments.

Factors associated with development and implementation of outcome measures include lack of clear definition of client problems and relationship of agency activities to client problems, need to involve caseworkers in development, measures must be useful to caseworkers. There is a reluctance to measure what is out of a service's control and additional reluctance based on the belief that inadequate resources mean that services have inadequate positive outcomes.

Patricia Schene, "The Place of Outcome-Based Accountability in Comprehensive System Reform" in 3rd Roundtable Summary of Proceedings, 1996, pp.9-12

This paper looks at progress in outcomes and how outcomes measurement is related to the US "child welfare reform agenda". Schene describes the common agenda items of the reform agenda as including: Focus on early intervention and prevention, more comprehensive basic services, move beyond investigation and placement to assessment, preserve families, holistic interagency approaches, normalise parents need for help, move to outcomes not process, more community support services, more culturally competent. The prevention and community support directions are in line with the Family Preservation and Family Support Act (1993).

The paper suggests two components of outcomes: system and case oriented. System changes include provision of more prevention and support services and could be considered as "intermediary" outcomes to measure changes. Overall impacts of both system and case levels "can really only be measured against outcomes at the family and child levels". These are client outcomes.

Schene notes the usual four outcome categories: safety, continuity, child and family functioning. Oregon, Minnesota and Missouri are developing benchmarks or measurable goals related to the well-being of children and families. On the whole, there is little data to report on changing levels of outcomes. She notes the "weakness of single underfunded, piecemeal interventions in the face of powerful social, economic, and demographic forces that push outcomes in a negative direction."

Schene suggests there should be basic consensus around goals such as:

- Higher rates of healthy births
- Higher rates of children ready for school
- Lower incidence of child maltreatment
- Higher rates of children succeeding at school
- Children living in their own family

And that this type of data can be collected now, but notes that changes in levels of child or family functioning "or information related to tying interventions to outcomes on particular and aggregate case data" require additional data collection efforts.

She suggests that outcomes focus fosters greater collaboration (system integration).

The paper identifies four major challenges in the area of moving to outcome measures:

- Governance - new forums for authoritative decision making required
- Resource Challenge - services, information systems and human.
- Conceptual challenge - believes process measures as well as performance indicators are nested in outcomes "but the conceptual relationships have not yet been worked out sufficiently".
- Utilization Challenge - implications for action of finding certain characteristics of service intervention are more positively associated with desired outcomes.

Donald L. Schmid, "Opening Remarks", 1st Roundtable, 1993, 8 pp.

The author is the Director, Children and Family Services, North Dakota Department of Human Services.

The author believes that the first step is to define who we are to serve, then consult with multi-agency participants to develop outcomes. He recommends a five year plan, updated yearly. Scope should cover full array of out-of-home placements and community based services including in home services, high risk day care, respite care and day treatment programs. Part of the plan should be to define data system as well as measures. There is no current consensus on desired outcomes, and some outcomes conflict (e.g., less use of foster care, more use of foster care). Three main types of outcomes are identified:

- Client outcomes
- Program Outcomes
- System outcomes

Examples of client outcomes being developed in North Dakota are given.

Measurement can be in-house or contracted out. North Dakota contracts outcome-based research to the University. An example of a current project is a longitudinal study on the effectiveness of intensive in home services, using the child well-being scale

David A. Sheets & Homer Kern, "Operationalising an Outcome Management Process Holistically or How to Add O.O.M.P.H. to Your Organisation", and Will Johnson, "Effects of Numbers of In person Visits on Rates of Child Maltreatment Recurrent", the Texas Presentations, 2nd Roundtable, 1995, pp.10

The first Texas presentation is about teaching child protection agencies to develop outcome measures for themselves rather than offering them from outside. Three steps are identified for an agency to start the "outcome management process"

1. Creating agency identity (goals etc.)
2. Specifying outcomes and measures
3. Re-structuring the agency to support outcome-focused practice.

The presenter suggests that the goal of child protection is child safety and the goal of child welfare is maximising child well-being. Texas chose child protection goals for its agency:

- "To provide for the immediate safety of children at risk through controlling the risk conditions within the family or, when that is not possible, through placing the children in temporary substitute care.
- To provide for the ongoing safety of children who are at risk by strengthening families so that the problems causing the risk are reduced or eliminated or, when that is not possible, through placing the children in permanent homes which assure that their best interests are attained."

The second step involves ensuring that the outcomes fit the agency objectives and that values are included, e.g., adding to safety - in the child's family where possible and such that the environment supports at least a minimally acceptable level of functioning for the child. Also in educating those outside the agency so that conflict about outcomes decreases.

The third step involves restructuring so that "The mission of each aspect of the agency is to employ the methods which enable the agency to attain its outcomes in the most effective and efficient manner possible." This process "is now commonly called 'reinventing government'" and key ingredients include shared vision, top down commitment, sufficient time and resources, comprehensive plan and ongoing support to sustain change.

- Texas is using continuous quality improvement for program assessment, with ingredients such as:
- Inputs - environmental, organisational, case, critical incidents (e.g, number of cases, dollars and staff available)
- Process - services, outputs (e.g., number of families preserved, number of children adopted)
- Outcomes - recidivism, client satisfaction, community satisfaction, child well-being, family functioning, child deaths, program goals

The presenter stresses that outcome measures must not be used by themselves as this could lead to incorrect judgements (e.g., staff not doing good job when problem is not enough staff)

The Will Johnson presentation states that "Recurrence of child maltreatment is, or should be, a primary focus of the child welfare system." Alameda County carried out a prospective longitudinal outcome study of 303 physical abuse cases. Cases were followed for two years after case opening. Results showed that the rate of maltreatment recurrence for cases with 8 or less in-person visits by staff to families was 33%, while where more than 8 visits were made it was 17%. Measurement of risk was also positively correlate to maltreatment recurrence "indicating that the measurement of risk used as a control variable ha predictive and construct validity." Also noteworthy was that contract services were not related to recurrence after controlling for risk and in-person visits.

Joan F. Shireman et al, Outcome Study of Protective Services: Comparison of Interviews and Records as Data Sources, in Child Welfare, Vol. LXIX, No.2, March-April 1990.

This is the report of a 1986 Oregon study which compared reporting of outcomes by parent perception from 18 months to 3 years after a report of abuse or neglect with agency records of the same cases. It was a follow up on a 1986

study utilising outcome measures developed by Magura and Moses (1986) to structure interviews with 57 ex client families.

In terms of service satisfaction there was 74% agreement between the agency records and what the mothers reported to the interviewers. There was 81% agreement on whether or not the situation had improved (it had improved, according to both sources 38/47 (% this).

Some of the questions used for satisfaction were overall satisfaction judgement (very satisfied to very dissatisfied), whether they were in general content with the package of services or whether they disliked more aspects than they liked, whether caseworker was helpful, perceptions of initial contact, whether caseworker inspired confidence, helped client understand feelings and behaviour, showed concern for parent, as easy to talk to, was organised, helped parent talk, was straightforward, kept in touch with family, was available (4 point scale never to always).

It was noted that the sample was small and "difficult to obtain". Noted there is "little in literature [in 1990] on client satisfaction for mandated clients".

Sandy Sladen, The Impact of Outcome Measurement on Frontline Staff, 5th Roundtable, 1998, pp.91-94

This presentation reports a discussion with 25 managers, supervisors and direct service staff in Southern California about implementation attitudes.

Results include time problems, unnecessary administration, aggregated results no use to caseworkers, intrusive on client, requires training, can help inform service decisions.

Social Services Inspectorate, Department of Health, *Inspecting for Quality, Evaluating Performance in Child Protection*, London, HMSO, 1993, 47 pp.

This book is "a framework for the inspection of local authority social services practice and systems" and is designed to outline standards and criteria for testing the adequacy of local child protection services. "Inspection is not simply a case of applying pre-defined instruments..." Standards are defined as "the quality of performance which is required in the management and delivery of social services, if service provision is to accord with Department of Health policy and practice guidance."

There are 21 dimensions for which standards have been defined and criteria identified. The dimensions are divided into two groups: Dimensions of

Performance in Case Investigation and Management; Dimensions of Agency Performance. All the standards and criteria are process indicators rather than outcome indicators.

Wanda M. Spaid, Mark W. Fraser & Robert E. Lewis, "Changes in Family Functioning: Is Participation in Intensive Family Preservation Services Correlated with Change in Attitudes or Behaviors?" Ch. 8 of Mark W. Fraser, Peter J. Pecora, & David A. Haapala (eds), *Families in Crisis, the Impact of Intensive Family Preservation Services*, Aldine de Gruyter, New York, 1991, pp.131-148

This chapter focuses on the most proximal outcomes of treatment - i.e., parent and child behaviors plus home conditions that often lead to decisions to remove child.

Four instruments to assess child, parent and family functioning were used:

- Family Risk Scales (FRS)
- Family Adaptability and Cohesion Scales (FACES III)
- Milardo Social Support Inventory
- Parent problem ratings from the Consumer Outcome Survey.

The above instruments are described in some detail.

Data collected is a combination of parent and children over 12 years self reports and therapist ratings. Samples were located and compared in Utah and Washington.

Results showed that the FACES III scores did not show major improvement. However less than three quarters of the FACES items were the focus of service. Excluding these and some items representing enduring types of family traits, there was a high correlation between participation in service and "improvements in the behavior of children, the parenting repertoire of parents, and conditions in the home".

U.S Dept. of Health, Education & Welfare, "Child Abuse & Neglect Information Management Systems, A Report from the 2nd National Conference on Data Aspects of Child Protective Services", U.S., September 1978, 30 pp.

This paper advocates the setting up of management information systems or central registers, but not at a national level. It identified potential but little application to date (1978) of information systems for evaluating treatment outcomes and determining the effectiveness of treatment types.

Harriet Ward (ed.), *Looking After Children: Research into Practice, The Second Report to the Department of Health on Assessing Outcomes in Child Care*, London, HMSO, 1995, 223 pp.

The Introduction to this book is by Sonia Jackson. The Looking After Children project was started by a Department of Health and Social Security Working Party on Child Care Outcomes in April 1987 as a response to various factors including: identified weaknesses in social work decisionmaking, the rise of the children's consumer movement, political requirements for accountability. The Working Party aimed to design "a comprehensive system in which the relationship between input and outcome would be clearly delineated."

The project focused on intermediate rather than final outcomes, based on the consensus about what is reasonable parenting (expressed in the Children Act 1989) and on the assumption that reasonable parenting "will lead to the achievement of a satisfactory quality of life for children."

"The Working Party identified seven developmental dimensions along which children need to progress if they are to achieve satisfactory outcomes, defined as 'long-term well-being in adulthood': Health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care skills.

For each dimension an age-related Assessment and Action Record was developed. The model is based on the question What do good parents want for their children and shows desired outcomes, not achieved, partially achieved, what action is needed, have these things been done? No, why not? What future action is needed, Who will do it? Desired outcome and so on until outcome is achieved. "Each record ends with a summary sheet designed to encourage respondents to draw together all the plans for further action, to set target dates, allocate responsibilities and monitor the progress of the case." Assessments are made jointly, involving the child as well as the family where possible.

Revised materials are now:

- Essential Information Records (Parts One and Two)
- Care Plan
- Placement Plan
- Part One: Placement Agreement
- Part Two: Day-to-Day Arrangements
- Consultation Papers
- Review Form
- Assessment and Action Records

Chapter 2, Research and Development Strategy, 1991-1994, is by Harriet Ward. The original instruments developed by the Working Party were evaluated through a trial implementation by four local authorities who completed assessments for 379 children (59% assessed once and 41% assessed twice). A Community Group study used the instruments to assess the care being received by 279 children not looked after by child care agencies (this is the UK expression for not a child welfare client). The objective of this study was to examine how far the content of the Records "reflect parental practices that are widely accepted as both important and necessary."

Chapter 3, also by Harriet Ward, deals with Revising the content of the Assessment and Action Records.

The age groups for the Assessment and Action Records are under 1 yr, 1-2, 3-4, 5-9, 10-14, 15+.

Tools used in the assessment records include the Rutter A scale (emotional and behavioural problems) modified. Growth rates are used as an indicator of wellbeing.

Chapter 4, Sue Moyers and Anne Mason, is called "Identifying standards of parenting". As part of developing the assessment records, many contacts were made with families. Very few differences about what parents considered important were found between different social classes.

Agreement was discovered about the desirability of the following indicators:
Health: Height and weight, diet, visits to dentist, immunization, risk of accidents (e.g., fireguards, trailing electrical flexes, poison safety), abuse (including bullying)
Education: Intellectual stimulation (access to drawing materials, toys, books, being read to), help with schoolwork, changing schools
Identity (sense of self): self confidence, what child think s/he is good at, plans and hopes for the future,
Family and social relationships: cuddling/hugging, comfort objects, support from extended family, other adults, whether felt had any friends,
Social Presentation, Emotional and Behavioural Development: appearance/clothing, aggression, drug or alcohol abuse,
Self Care Skills: washing up, washing self, go to toilet, blow their noses, dress and feed themselves.

Chapter 5, Roger Bullock, deals with likely implementation problems from the point of view of organisational change theory.

Chapter 6, Research messages for implementation, by Harriet Ward looks at the experience of the four local authorities involved in pilot implementation. Extensive training provided was partially responsible for social worker enthusiasm. Wholehearted management support was crucial. Also clear attainable timescales and help from experienced researcher, and supervision.

Children leaving the area or changing social workers was a major follow up problem.

Chapter 7, Implementation in Authority C, by Debbie Jones, is a detailed look at implementation procedure of one large authority. This authority replaced all its planning and review systems with ones adapted from the Looking after Children materials.

Chapter 8, From a practice tool to a data-collecting instrument, by Harriet Ward, asks whether the Records can "be used as a means of gathering both accurate and useful data... do they gather reliable, quantifiable data about the outcomes of interventions by social services departments?"

Accuracy of recording is a problem (e.g., some children were shorter 12 months later). Suggestion for improving this was more training leading to greater understanding of need for accuracy. A basic conflict was uncovered between the needs/attitudes of practitioners and those of managers. Social workers found it difficult to understand the need for quantifiable data, finding it stigmatising and depersonalising, as well as providing "another stick to beat us with".

Chapter 9, Using information over time, by Sue Moyers, sets out examples of the usefulness of comparing information from the Assessment and Action Records over time to map individual progress and aggregate changes over time.

Chapter 10, Conclusions, Michael Little & Harriet Ward, reiterates the difficulties in the seventies and eighties in finding objective evidence "on the long-term development of separated children and the outcomes of interventions. Many studies provided outcome information but the measures used tended to be very specific, for example, reconviction rates for young offenders, placement stability or length of time in care."

Also noted is the questionable ability of "practitioners to change in a context of limited resources..."

A copy of the revised Assessment and Action Record, Education Dimension, 5-9 year olds is attached as an Appendix to provide an example of these records.

Harriet Ward, "Using a child development model to assess the outcomes of social work interventions with families", *Children and Society*, 1998, 12 pp.

This paper updates the conceptual framework for developing the Looking After Children project outcome measures as originally set out in Parker et al. 1991. The author puts forward a model of identifying needs, thresholds, services and outcomes and states that "[Service] outcomes can therefore be evaluated by asking how far they have succeeded in making a difference: to what extent are previously unmet needs which affect children's life-chances now being met?"

Ward also notes that "In order to assess the effectiveness of the service in promoting children's well-being we need information about developmental outcomes, and this is only just beginning to become available."

"Over a ten year period the materials (LAC) have been designed, piloted, revised and now implemented in 92% of local authorities in England. They are also being introduced in Wales, Scotland and Northern Ireland as well as in a number of other countries outside the United Kingdom."

"... some agencies have now reached a point where managers are beginning to aggregate the information collected about individual children in order to assess the effectiveness of the service as a whole."

Susan J. Wells, "Child Protective Services: Research for the Future" in *Child Welfare*, Vol.LXXIII, No.5, Sept-Oct, 1994, pp431-447

This article describes the history of the U.S. child protection legislation. Wells notes that since 1974 state compliance with federal regulations have been linked to federal funding and "thereby set national standards for child protective investigation." She also notes the most recent emphasis, and some extra funding, towards family support services to keep children at home.

A 1994 study (Lindsey) "examined the rate of child fatalities due to maltreatment as one outcome measure for child protective services, concluding that we have not yet demonstrated that CPS has any impact on decreasing these deaths."

The author comments on the difficulties in definition which make it "impossible to discuss effectiveness if it is unclear what the problem was before intervention."

Results of several studies (Berkely Planning Associates 1977,1983, Abt Associated 1981 - note this current article was written in 1994 so obviously little further research had been done by then) showed recurrence of child abuse during treatment ranging from 30% to 47%.

Wells strongly recommends longitudinal work to determine effectiveness "only by following cases over time, with rigorous measures of the problems and interventions used, will we come to truly know our potential for protecting children..."

Susan J. Wells, "Quality of Kinship Care", draft interim summary, Children and Family Research Center, University of Illinois at Urbana-Champaign, 1998, 2 pp.

Placement with relatives is the fastest growing kind of foster care in some states. This is in interim summary of a project in progress in Illinois and North Carolina. Results, including finalised measures, are expected in September 1998. The project is to develop questionnaires for use by child welfare agencies in evaluation the quality of kinship care. Four questionnaires are being developed - one for face-to-face caregiver interviews, one for children, one for caseworkers and one for independent reviewers.

Dennis E Zeller, "Barriers to Performance Monitoring", 1st Roundtable, 1993, 9 pp.

This paper deals with experience in developing outcomes measures for Oregon and preliminary results of a 25 state survey then in process.

The following typology of outcome performance measures is offered:

- Client outcome - Is child/family better off after services than before?
- Case status - Do clients move through the system in a satisfactory way?
- Process outcome - Are process goals achieved?
- Targetting - Are we serving the right clients?
- Outcome efficiency - What is the cost of a success? (Not the cost of providing the service but the cost of achieving success, which includes the cost involved in all the failures. Differs from traditional efficiency, e.g., "If [traditional] efficiency is higher because caseloads are higher, we may show fewer successes, raising the cost of each success which does occur."

The closest thing to outcome measures developed by the Oregon agency were measures dealing with client and community satisfaction (through surveys). There was extensive case status tracking, including re-abuse rates, length of time in care, recidivism in foster care [note inclusion of re-abuse and recidivism in case status category].

Barriers to implementation in the Oregon case were identified as:

- No separate organisational unit responsible for the task, just two individuals
- No access to computer information considered reliable

- Lack of understanding of how performance monitoring can be use in agency administration, no inside motivation (Legislature imposed)

General barriers to utilisation of performance measures identified were:

- Lack of relevant computerised information (claims that all the information exists in agency records but are not accessible for aggregate analysis)
- Lack of understanding of the role of the measures in policy and administrative decision-making

Zeller notes attempts in the health field to developing measures for whether a procedure is appropriate or not. "The net result is intended to be a system in which a patient with certain characteristics may be told that a particular procedure will not be used, because experience indicates that the chances of success are relatively slim." He suggests that child welfare practitioners are doing the same thing with insufficient information (e.g., vulnerability or at risk measures to decide which cases to investigate). Zeller acknowledges that we do not know what works for whom, and suggests that development of outcome measures based on inadequate knowledge will at least generate sufficient information to be able to begin to identify what works and what does not. "We will only generate that information if we know the use to which we will put it."