



# Measuring Child Welfare Outcomes: Safety, Well-Being, and Permanency

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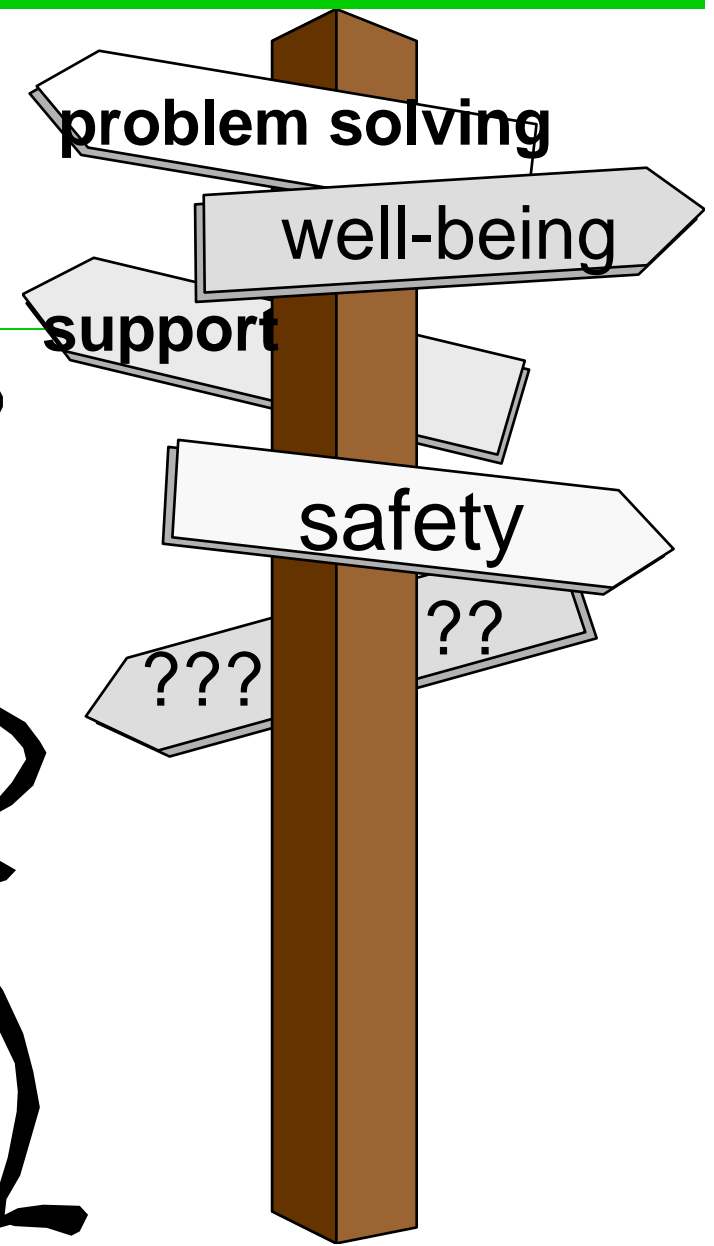
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Diane DePanfilis

# Why is measuring outcomes important?


- If we don't know where we are going, how will we know when we get there?








# Why else is this important?

- 
- The focus on outcomes helps us select the most appropriate assessment and intervention strategies.
  - It is easier to demonstrate our successes to others.




# Agenda

- 
- Introductions & expectations
  - ASFA outcomes
  - Definitions
    - Outcomes measurement
    - Inputs/outputs
    - Outcomes & outcome Indicators
  - Program versus Client Outcomes
  - Using an outcomes measurement framework




# Adoption Safe Family Act (ASFA) Outcomes

- 
- CHILD SAFETY: Reduce recurrence of child abuse and/or neglect; Reduce the incidence of child abuse and/or neglect in foster care;
  - PERMANENCY: Increase permanency for children in foster care; Reduce time in foster care to reunification without increasing re-entry; Reduce time in foster care to adoption; Increase placement stability; and Reduce placements of young children in group homes or institutions.

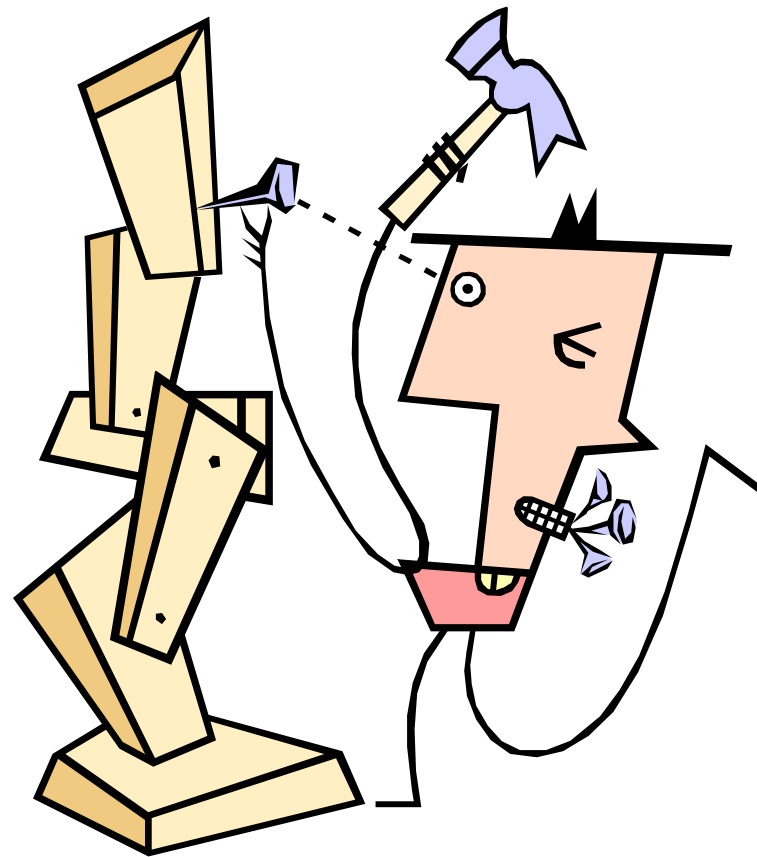


# How does this relate to me?

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- My work (output) affects these outcomes.
  - IF my work with children, parents, and families is directed toward client level outcomes, THEN the likelihood of achieving program outcomes is increased.

# Importance of Assessment

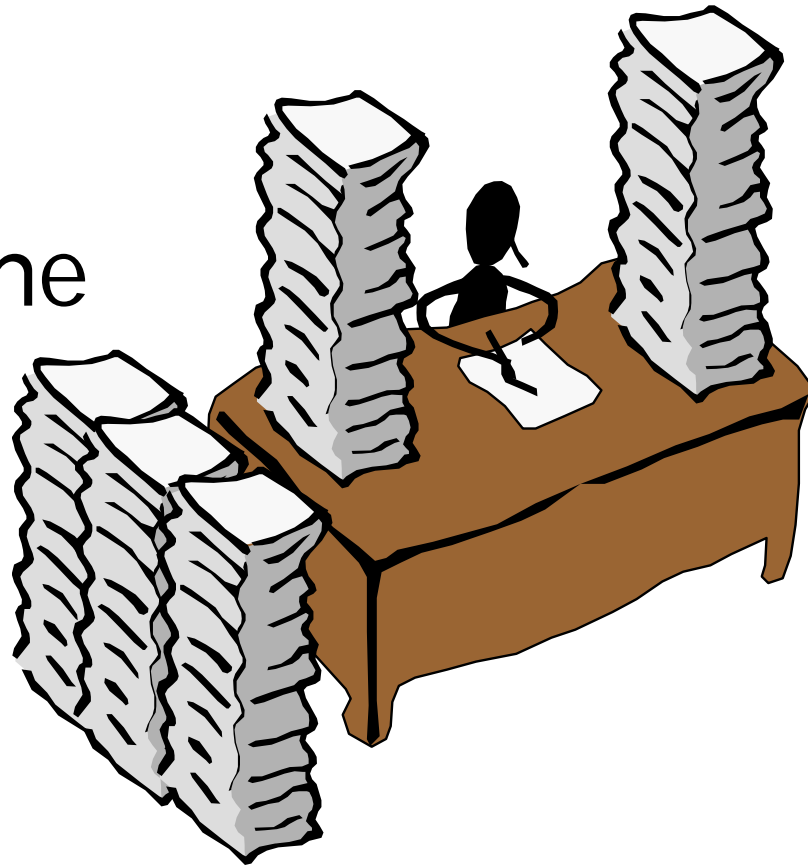
- Faulty decision making at assessment can lead to targeting disjointed outcomes and interventions.





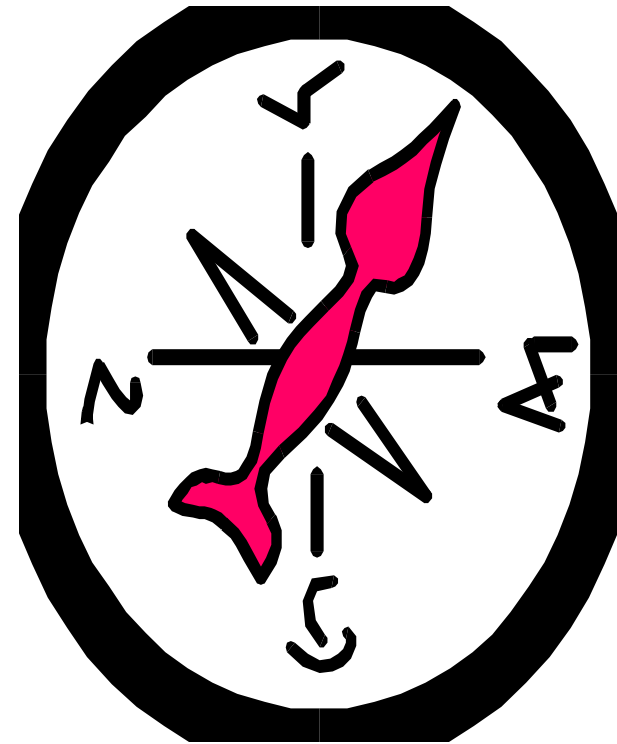
# If we don't individualize our assessments

- All case plans tend to look the same.



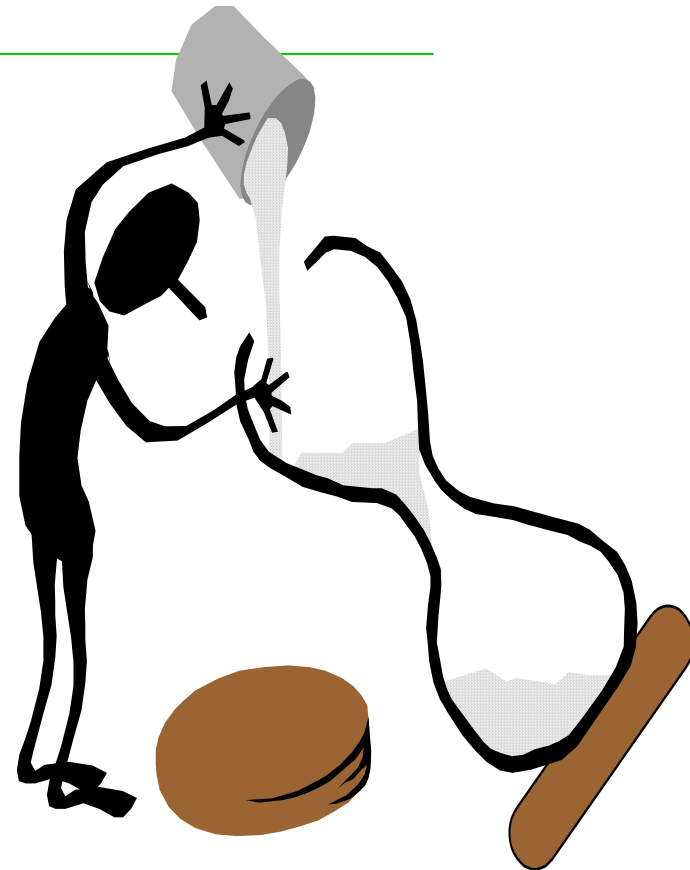
# And then what happens?

- Clients can be lead in the wrong direction.



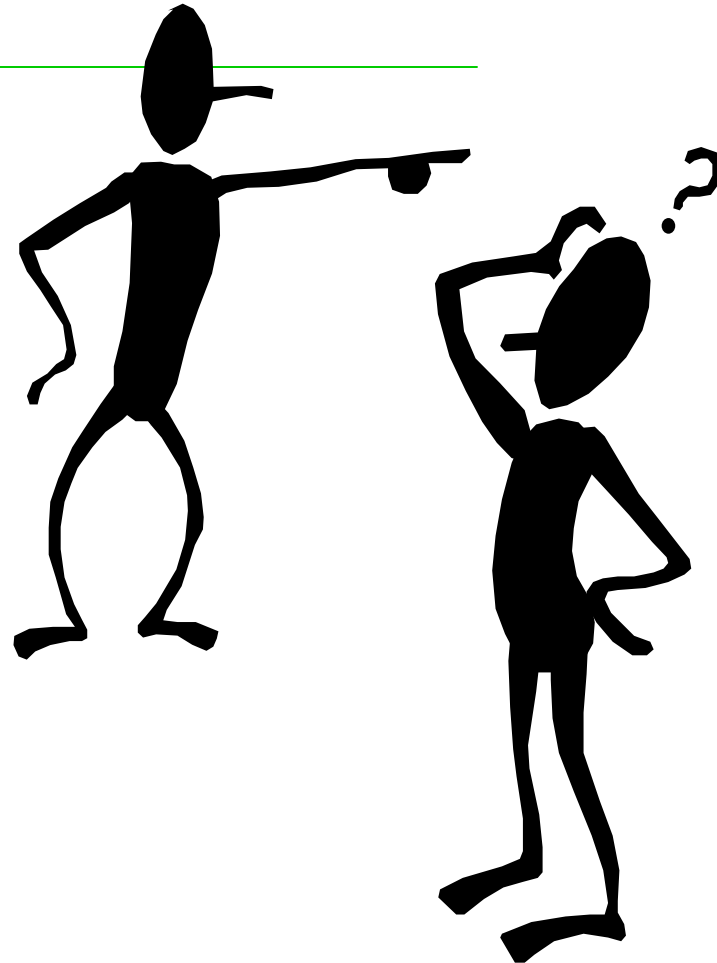
# What are the consequences?

- Precious time is lost toward achieving the right outcomes and reducing risk.



# How do clients feel?

- Clients are very confused and may appear “resistant” to intervention.




# How does this affect children?

- Children may be extremely vulnerable and unsafe.






# What is outcomes measurement?

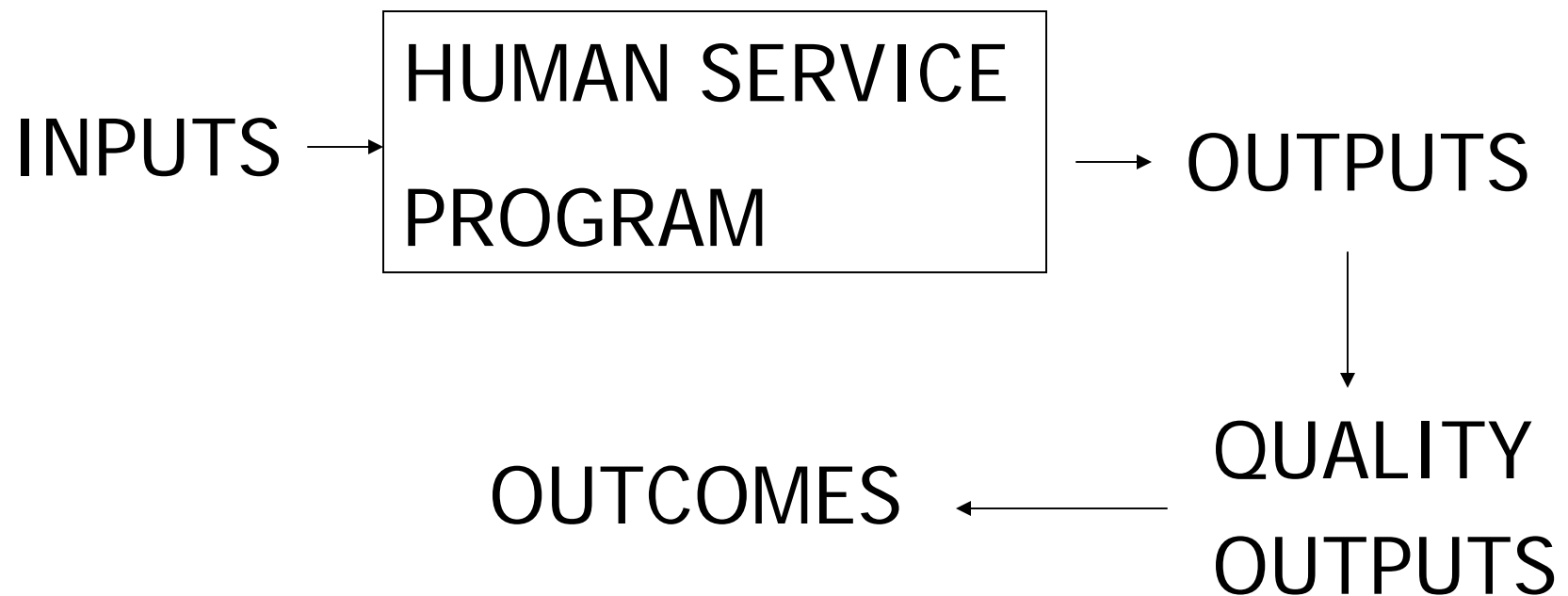
- 
- Regular collection and reporting of information about the efficiency, quality, and effectiveness of human service programs as well as the use of such information to further improve the program.



# Purposes of Outcomes Measurement

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

# Effectiveness perspective\*





\*Martin & Kettner (1996)






# Definition - Inputs

- 
- Anything a system uses to accomplish its purposes.
  - Resources & raw materials (e.g., funding, staff, facilities, equipment, clients, presenting problems) that go into a human service program.




# Definition - Outputs

- 
- Anything a system produces (time, contact units, material units).
  - Examples:
    - # of hours spent by staff in court this month
    - # of home visits held this month
    - # of parenting group sessions provided this month
    - # of bus tokens provided to clients



# Definition - quality outputs\*

- 
- Outputs that meet a specified quality standard.
  - Examples:
    - % of clients seen within 24 hours of referral.
    - % of interviews conducted by trained interviewers.

*\*(Also described as performance measures)*



# Quality Dimensions

- 
- Accessibility
  - Assurance
  - Communication
  - Competency
  - Conformity
  - Courtesy
  - Deficiency
  - Durability
  - Empathy
  - Humaneness
  - Performance
  - Reliability
  - Responsiveness
  - Security
  - Tangibles



# OUTCOME: a condition of well being for children, families, communities



- Program level


- **child safety**
- **child well being**
- **family well being**
- **permanency**

- Child or Family Level

- **household safety**
- **behavioral control**
- **conflict management skills**
- **communication skills**



# Definition - Indicator


- 
- A measure, for which data is available, which helps quantify the achievement of an outcome.
    - Child safety: % without another substantiated or indicated report of child maltreatment within a 12-month period
    - Child well-being: % of children who graduate from high school

# Connection between program outcomes and client outcomes

- Achievement of client level outcomes should increase achievement of program level outcomes
- For example, improved family functioning & increased social support should increase child safety as measured by recurrences of child maltreatment.



# Defining Outcomes at the Client Level

- 
- Constructs within a broader outcome
  - Could be focused on changes in attitudes, behavior, perceptions, conditions, mental health status, skills, functioning
  - Related to program outcomes but more precise
  - Need to match to specific risks





# Sample Outcomes - Child Safety



## ■ Risk/Problem

- Condemned housing (e.g., no heat or running water, children diagnosed with lead poisoning, safety hazards for young children)

## ■ Possible Outcomes

- household safety
- financial management skills
- problem solving skills



# Sample Outcomes - Child Well Being



## ■ Risk/Problem

- Acting out behavior (e.g., refusing to listen, throwing temper tantrums, fights with peers)

## ■ Possible Client Outcomes

- behavioral control
- social skills
- impulse control



# Sample Outcomes - Family Well Being



- Risk/Problem

- Communication problems or conflict (e.g., domestic violence, parent/child conflict)

- Possible Client Outcomes

- conflict management skills
- decision making skills
- impulse control



# Sample Outcomes - Permanency



- Risk/Problem

- Frequent moves, in and out of placement, numerous schools, numerous caregivers

- Possible Client Outcomes

- Recovery from addiction
- Financial management
- Problem solving skills



# Contrast of Indicators



## ■ Program level

- % of children without recurrence of maltreatment within one year of case closure
- % of children reunified without a new placement within 12 months

## ■ Client level

- Improvement of family functioning
- Increased social support
- Improvement in child behavior
- Increased problem solving skills



# Contrast of measures



## ■ Program level

- Numeric counts
- Rely on existing data
- Use of information systems
- Consistent data across all cases

## ■ **Client level**

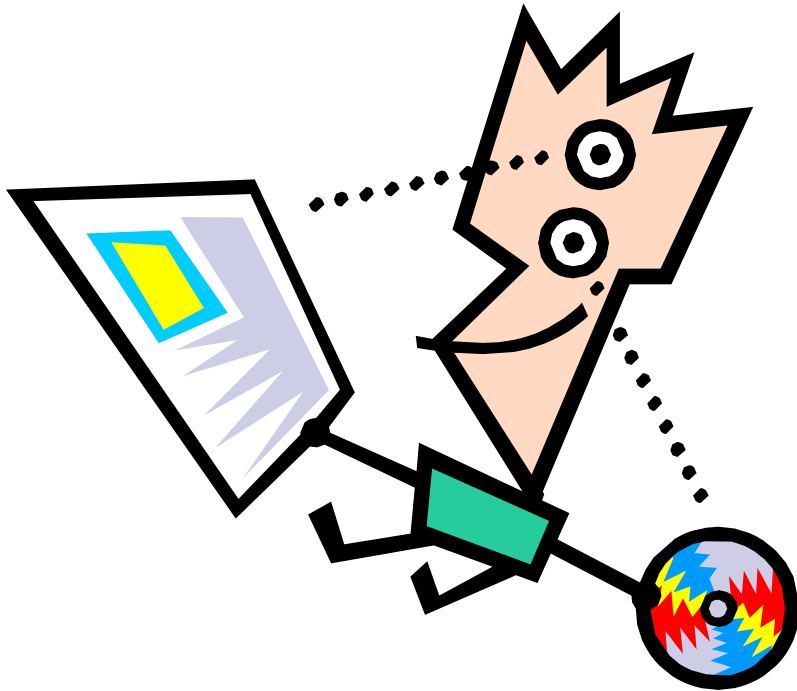
- Self report clinical assessment instruments
- Observational measures
- Integration of new data collection with practice
- May have different data across cases dependent on assessment

# Primary FOCUS today

- Applying an outcomes measurement framework – at program or client level
- Identifying examples inputs, outputs and outcomes that apply to our program(s)



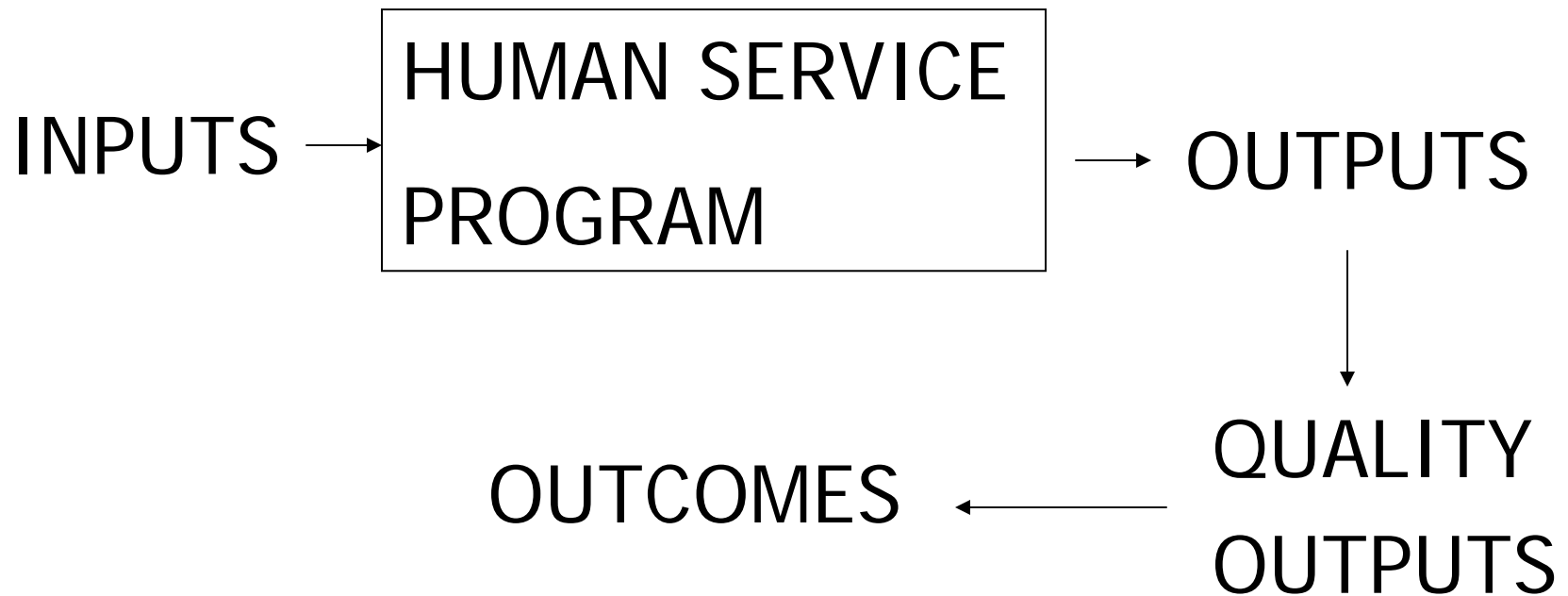
# Time for practice



- We will work together to complete your program's effectiveness chart



# Your Program's Effectiveness



List your own examples on the pages that follow

# Start with Defining your Program Outcomes

- What is a primary purpose of your program?



\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

# Identify examples of inputs essential for your program.

- ● ● ●
- Examples:

- - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_



# Identify examples of outputs of your program:



- Examples:

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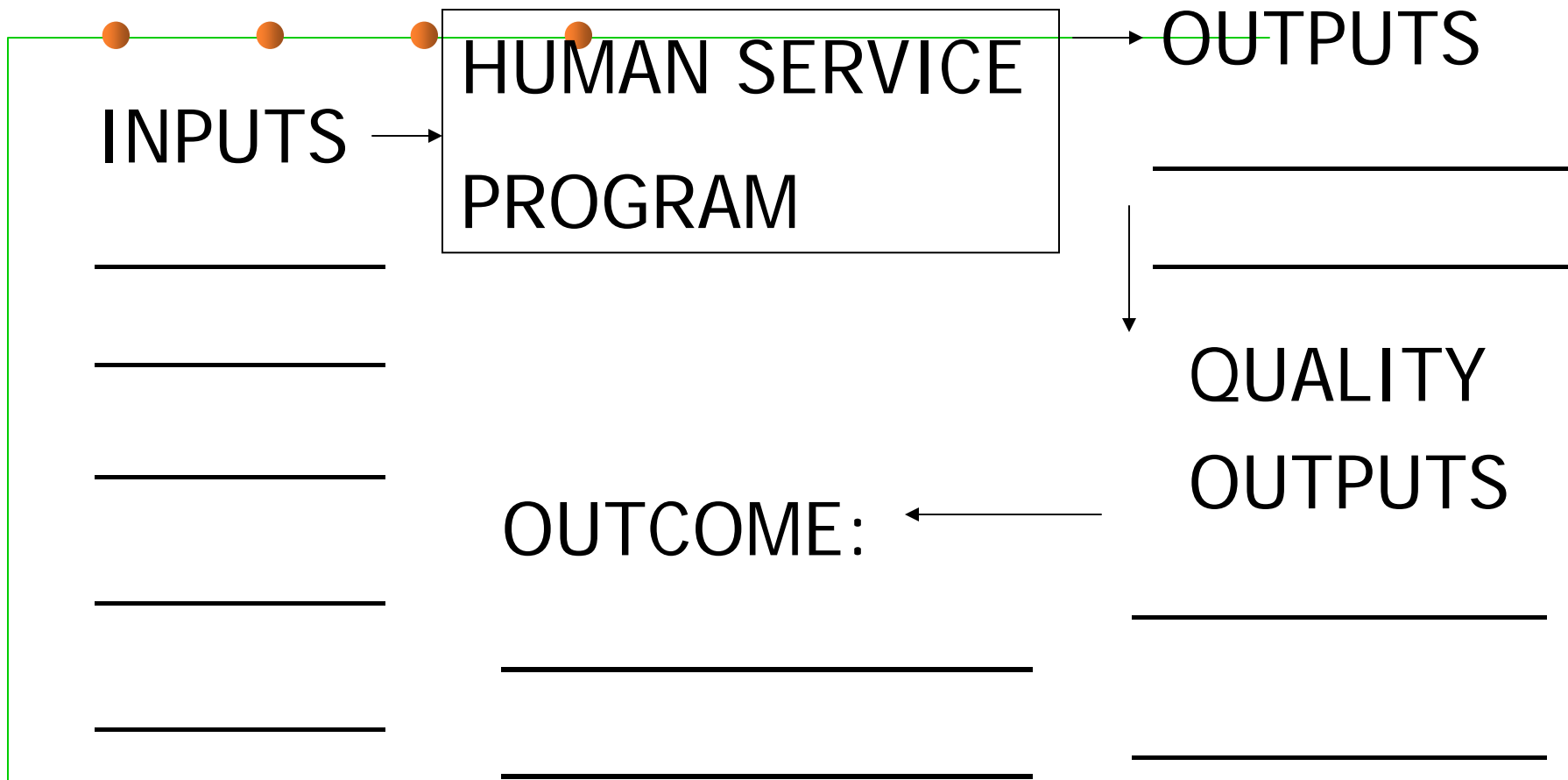


# Identify examples of quality outputs of your program:

- ● ● ●
- Examples:

- - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

# Your Program's Effectiveness



Fill in examples

# Selecting Indicators for Program Outcomes

- Usually select data that is already available or can be made readily available.
- Numeric counts most often used as indicators at a program level
  - e.g., % of children who are placed in safe circumstances without a new incident of child maltreatment within 12 months.



# Identify examples of indicators for your program outcome:



- Examples:

- ---

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# Assessment of Numeric Counts




|               |               |
|---------------|---------------|
| ■ Utility     | High          |
| ■ Validity    | Low to Medium |
| ■ Reliability | High          |
| ■ Precision   | Low           |
| ■ Feasibility | High          |
| ■ Cost        | Low to Medium |

# Assess your indicators against criteria

- Utility - how useful to stakeholders?
- Validity - measures the right outcome?
- Reliability - how consistent?
- Precision - level of measurement?
- Feasibility - how likely that you can obtain this information?
- Cost - how much effort or resources will it take to track this indicator?




# Select any outcome

- 
- What inputs will be essential to successfully achieve this outcome?
  - What outputs will relate to this outcome?
  - What quality outputs will relate to this outcome?




# Review points

- 
- Outcomes should be results oriented and relate to the primary purposes of your program
  - Numeric counts more easily measure child safety and permanency than child or family well being.
  - Your program services (outputs) must have the capacity to influence achievement of outcomes.




# Types of clinical measures

- 
- Standardized self-report
  - Observation
  - Client satisfaction (with respect to outcomes not just outputs)




# Criteria for selection

- 
- Utility - relevance to stakeholders
  - Validity - measures the right outcome
  - Reliability - consistency of results
  - Precision - level of measurement
  - Feasibility - practicality of use, training, costs, amount of time, receptivity of staff and clients, helpful to clinical process



# Use of Self-Report Measures

- 
- Validity - high
  - Reliability - high
  - Precision - medium to high
  - Client receptivity can be high if there is a good match between problem and outcome
  - Utility - low to high
  - Feasibility - can be low due to training, scoring issues
  - Cost can be high
  - Client receptivity can be low if there is not a good match with focus of intervention



# Observational measures

- Utility can be high
- Validity - medium to high
- Reliability - medium to high
- Precision - medium
- Feasibility - don't have to rely on client's participation
- Utility can be low
- Validity can be low if it doesn't match focus of intervention
- Reliability can be low if definitions are not clear
- Can be time consuming for practitioner





# Client satisfaction

- Reliability - medium
- Feasibility - medium
- Feasibility - medium
- Cost - low
- Utility - medium
- Validity - low to medium
- Precision - low - many focus on outputs not outcomes
- Feasibility - may get a low return

# Types of Reliability

- Test-Retest
- Alternate Form
- Internal Consistency
  - Split half
  - Coefficient alpha
- Inter-observer
- Correspondence at 2 points in time
- Similar scores with 2 forms
- Scores
  - similar-2 halves
  - single concept
- Equivalency by raters




# Types of Validity

- Content
- Face
- Concurrent
- Predictive
- Convergent
- Discriminant
- Major dimensions
- Appear relevant
- Predict score on other instrument
- Predict future event
- Measures all concepts
- Does not measure irrelevant concepts




# Take home points

- 
- Clearly define your program's purpose and/or purpose of your work with a specific client
  - Define outcomes that are "true" measures of your program's success or your client's success
  - Select measures or indicators of your outcomes
  - Assess whether your program has sufficient inputs to achieve the quality of outputs that will lead to achievement of outcomes.




# KEY Reference

- 
- Martin, L. L., & Kettner, P. M. (1996). Measuring the performance of human service programs. Thousand Oaks, CA: Sage publications.
  - Also see reference list provided.



# Copies of slides

- 
- Copies of the Power Point slides of this presentation can be obtained by going to: <http://family.umaryland.edu>
  - Click on Research
  - Look for APSAC Colloquium 6/20-23/01




# APSSAC



## American Professional Society on the Abuse of Children



# **APSAC MISSION**




**The Mission of APSAC is to ensure that everyone affected by child abuse and neglect receives the best possible professional response.**





# **APSSAC** is committed to:

- 
- **Providing interdisciplinary professional education.**
  - **Promoting research and guidelines to inform professional practice**
  - **Educating the public about child abuse and neglect**
  - **Ensuring that America's public policy regarding child maltreatment is well-informed and constructive.**

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