

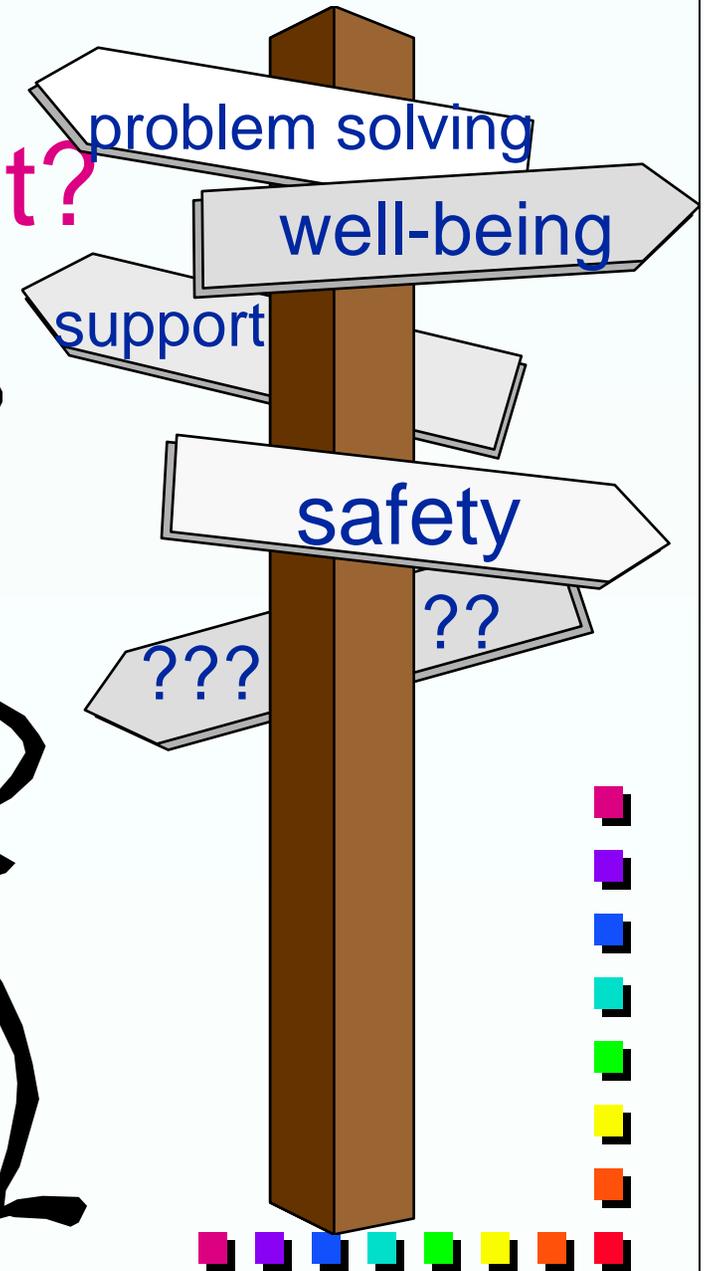
Targeting Outcomes to Reduce the Risk of Neglect

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Why is this important?

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



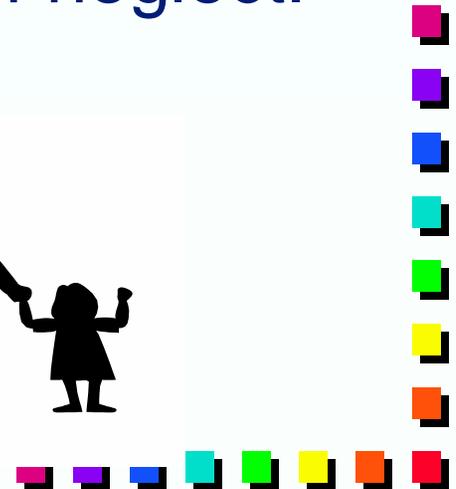
Why else is this important?

- Child neglect is the most common form of child maltreatment reported to public child protective services agencies.
- Even though its consequences are equally, if not more damaging, we know less about the assessment and treatment of neglect than about other forms of child maltreatment.



Why else is this important?

- Many families struggle to meet the basic needs of their children.
- Neglect is difficult to define.
- We need to clearly identify intervention outcomes that will reduce the risk of neglect.



Agenda

- Introductions & expectations
- Definitions
 - Neglect
 - Outcomes measurement
 - Inputs/outputs
 - Outcomes & outcome Indicators
- Process of Assessment
- Levels of outcomes
- Measuring the achievement of outcomes & risk reduction

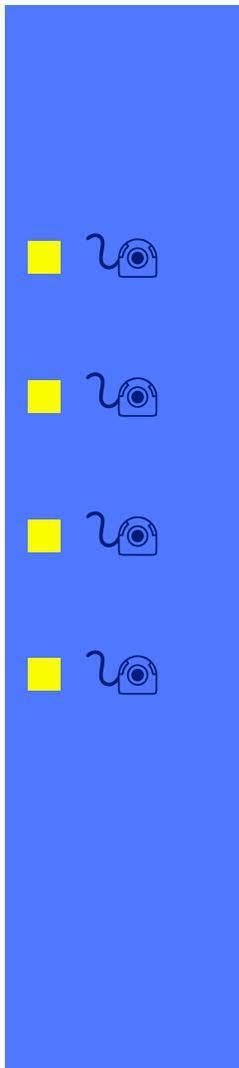


What is child neglect?

- **Child neglect** occurs when a child's basic needs are not adequately met.
- **Basic needs** are: adequate food, clothing, health care, supervision, protection, education, nurturance, and a home.



Defining Neglect Risk



Inadequate/delayed health care



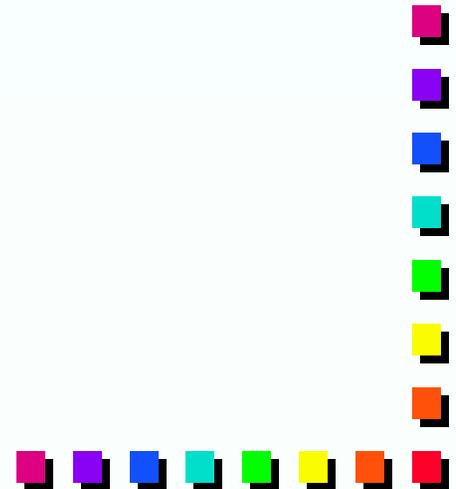
Inadequate nutrition



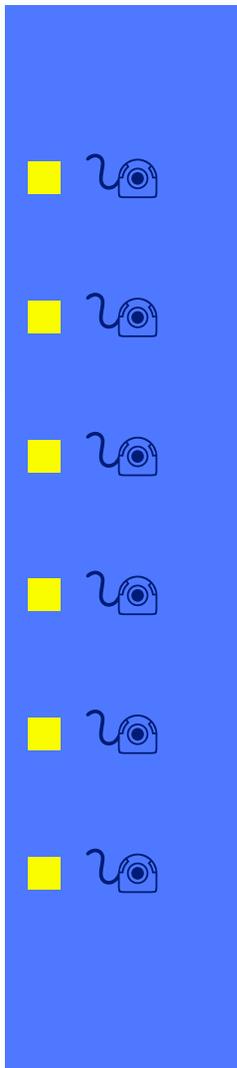
Poor personal hygiene



Inadequate clothing



Defining Neglect Risk



Unsafe household conditions



Unsanitary household conditions



Unstable living conditions



Shuttling



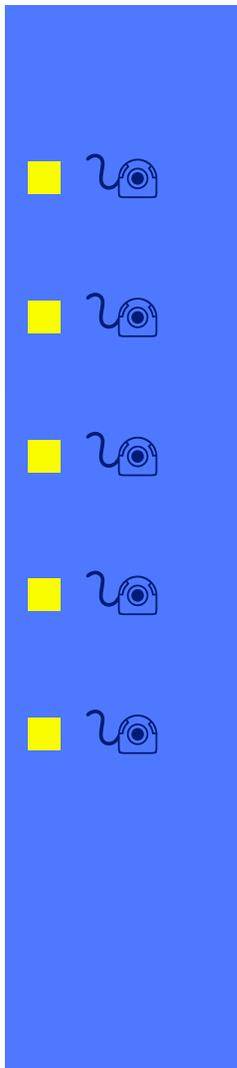
Inadequate supervision



Inappropriate substitute caregiver



Defining Neglect Risk



Drug-exposed newborn



Inadequate nurturance



Isolating



Witnessing violence



Permitting alcohol/drug use



Defining Neglect Risk



Permitting maladaptive behavior



Delay with mental health care



Chronic truancy

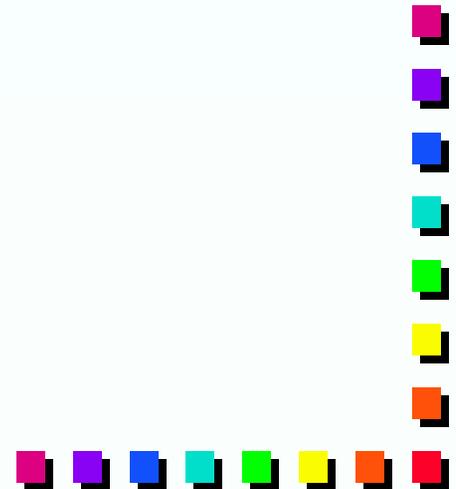


Unmet special educational needs

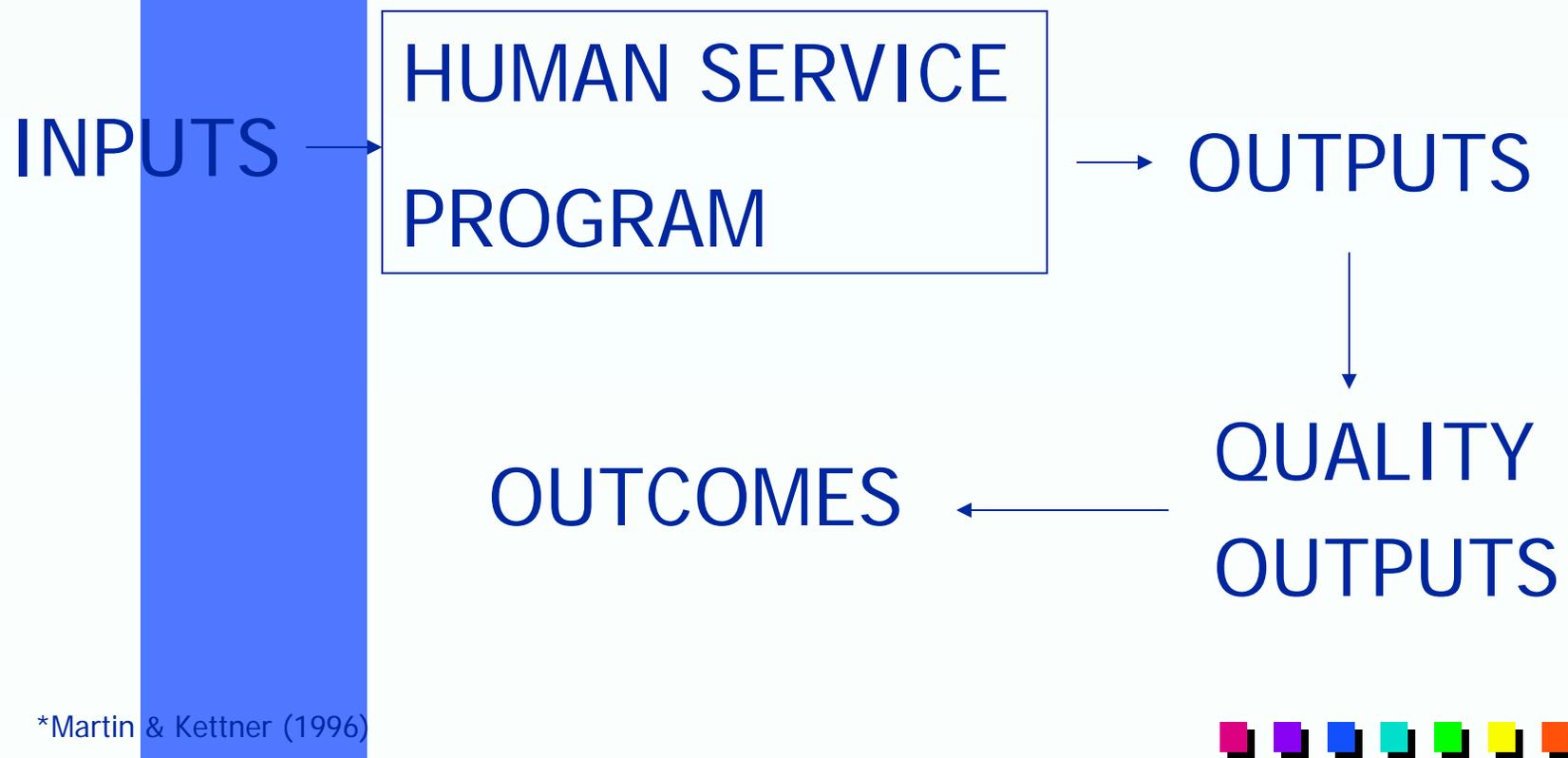


What is outcomes measurement?

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



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

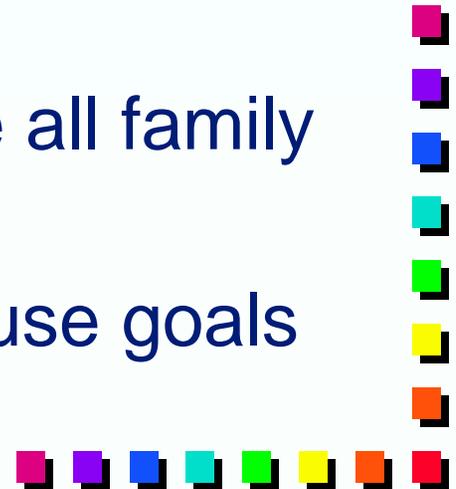
- Anything a system produces.
- Examples:
 - # of clients screened for service this month
 - # of assessments conducted this month
 - # of parents who received parenting support this month
 - # of hours in court this month
 - # of team meetings held this month



Definition - quality outputs*

- Outputs that meet a specified quality standard.
- Examples:
 - % of clients seen within 24 hours of referral.
 - % of treatment plans that involve all family members.
 - % of cases that are closed because goals were achieved.

**(Also described as performance measures)*



Definition - Outcome

- A condition of well-being for children, families, or communities.
- Examples:
 - child safety
 - permanency
 - child well being
 - family well being



Definition - Indicator

- A measure, for which data is available, which helps quantify the achievement of an outcome.
- Examples:
 - % of families assessed as arranging adequate health care for their children.
 - % of households assessed with adequate sanitation.



Principles*

- Outcomes need to be measured differently at different levels.
- At all levels, outcomes and indicators should be practical, results-oriented, clearly important to the well-being of children and families, and stated in understandable terms.

*Adapted from McCroskey (1997).



Principles*

- Outcomes should reflect the well-being of children, families, and communities, not the state of the service delivery system (result versus process).
- We should select outcomes and indicators that reflect concerns from multiple stakeholders. This process is evolutionary.



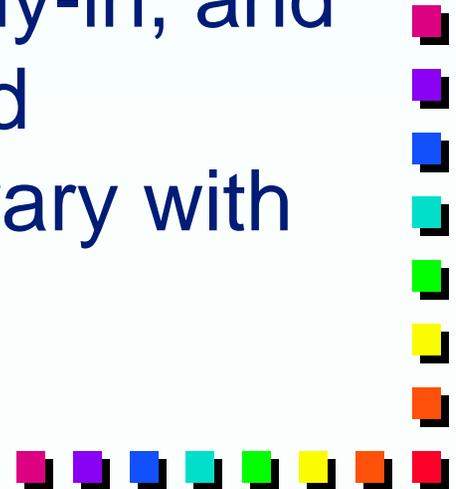
*Adapted from McCroskey (1997).



Principles*

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

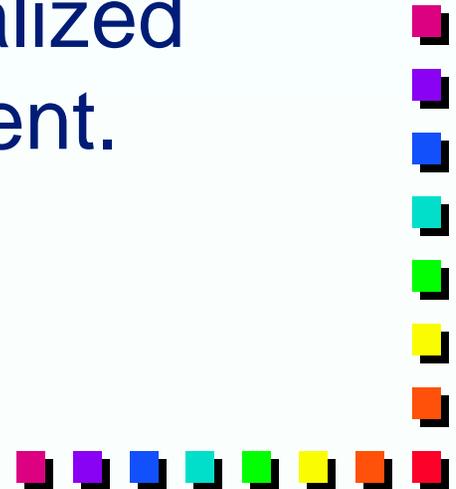
*Adapted from McCroskey (1997).



Principles*

- Standards for success and expectations for progress should be set at levels that challenge and encourage improvement, without discouraging participants.
- Outcomes need to be individualized based on a thorough assessment.

*Adapted from McCroskey (1997).



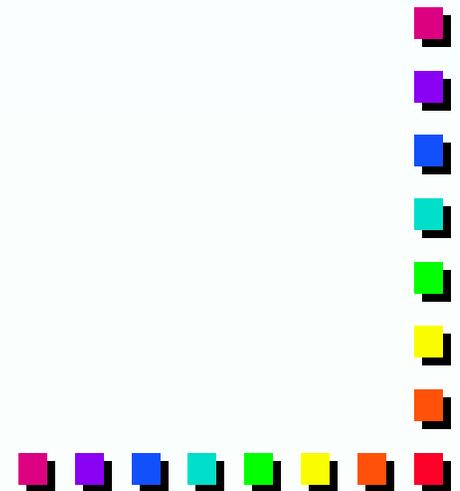
Family Assessment

- A time when we join with the family to understand their strengths and needs.
- This process helps us arrive at specific intervention outcomes and service plans that will empower families to strengthen their capacity to meet the basic needs of their children.



Principles for Working with Families to Reduce Risk

- Ecological developmental framework
- Community outreach
- Family assessment & tailored intervention
- Helping alliance with family
- Empowerment/strengths based
- Cultural competence
- Outcome-driven service plans



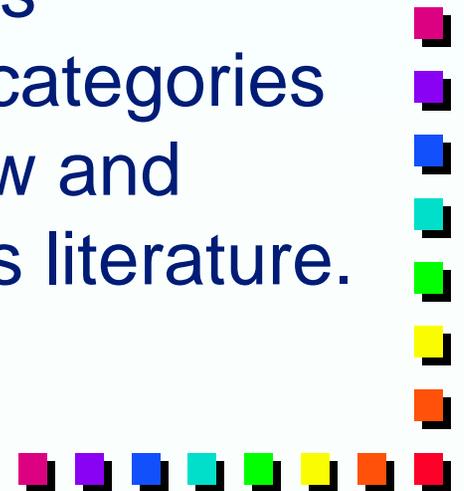
Family Assessment Outline

- Demographics
- Family's view of needs & problems
- Risks & strengths - children
- Risks & strengths - caregiver(s)
- Risks & strengths - family
- Risks & strengths - community



Self report measures

- Family Functioning Style Scale
 - Measures 3 aspects of family functioning style: family identity, information sharing, and coping resource mobilization.
 - The 12 qualities of strong families comprising the content of these categories are based on an extensive review and integration of the family strengths literature.



Self report measures

- Family Needs Scale
 - identifies the family's view of their needs or problems.
- Family Resource Scale
 - measures the adequacy of different resources in households with children.



Self report measures

■ Support Functions Scale

- Identifies the degree to which families have people in their lives to meet five social support functions: (1) emotional support; (2) child support items (e.g., cares for child regularly or in emergencies); (3) financial support; (4) instrumental support (e.g., someone to fix things around the house); and (5) agency support (e.g., obtains services for child).



Self report measures

■ Family Support Scale

- Measures the helpfulness of sources of support to families with children.

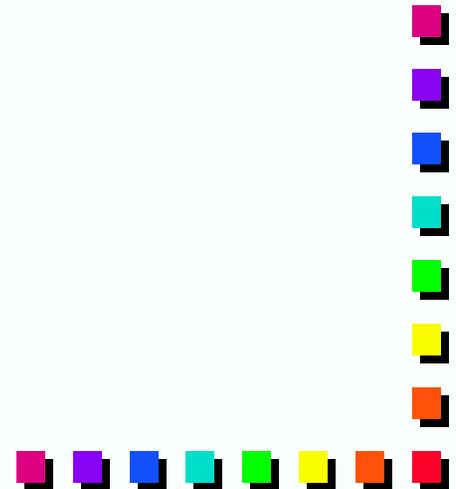
■ Personal Network Matrix

- Determines the types of help and assistance that are provided to a respondent by different individuals and agencies that make up a person's personal social network.



Observational Measures

- Child Well Being Scales
 - specific sub-scales
- Family Risk Scales
 - specific sub-scales



Levels of Outcomes*

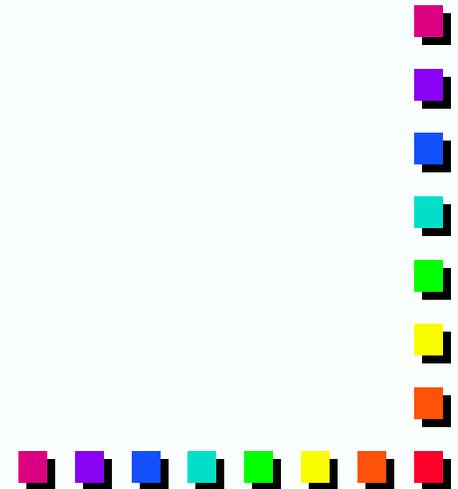
- Community
 - Service System
 - Agency
 - Program
 - Family
 - Individual
- Scorecards
 - Accountable for what?
 - Achievement of mission.
 - What is success?
 - Family success?
 - Individual success?



Program level outcomes

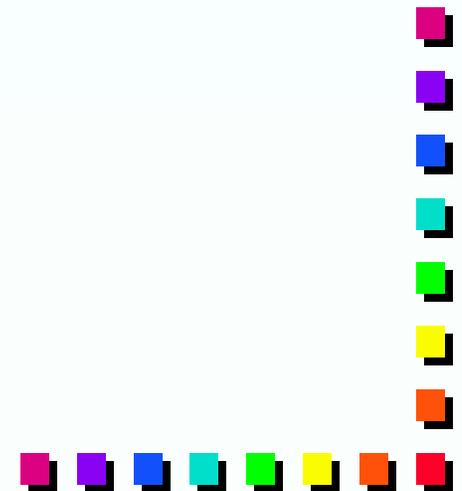
(examples)

- Child safety
- Permanency
- Child well-being
- Family well-being



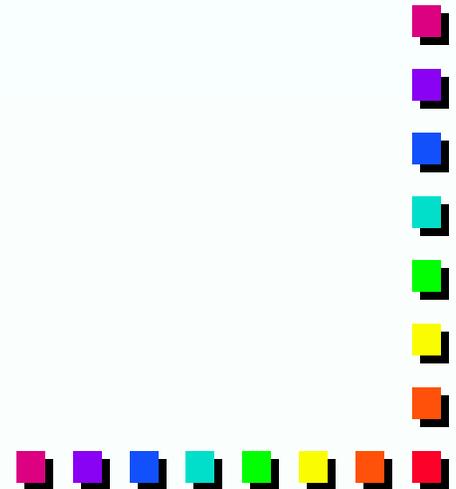
Intervention Outcomes

- Family Maintenance and Safety
- Family Member Functioning
- Family Functioning
- Problem Solving
- Social Support
- Care of Children



Family Maintenance and Safety

- The family demonstrates the ability to meet the basic needs of the family for food, clothing, housing, and health care.



Family Member Functioning- Caregiver

- The caregiver demonstrates abilities to achieve self sufficiency, cope with daily stresses, manage emotions, and control impulses.



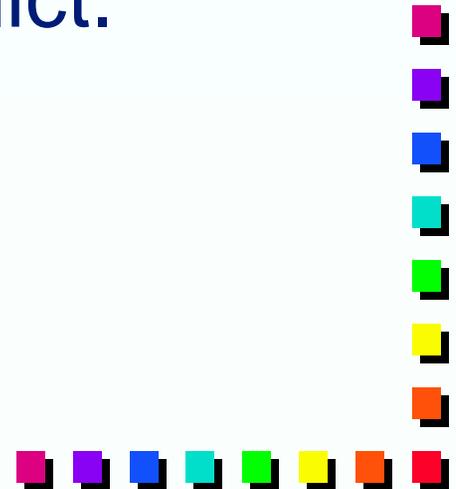
Family Member Functioning- Children

- The children demonstrate developmental appropriateness and or adjustment all areas of functioning.



Family Functioning

- The family demonstrates strength in multiple areas such as family-identity, information sharing, coping and resources and uses non-violent methods to resolve family conflict.



Problem Solving

- Family members demonstrate abilities and motivation to accurately identify and solve problems.



Social Support

- The family has access to and effectively uses extended family, friends, and other systems to meet social support functions, i.e., emotional, child related, financial, instrumental, and formal.



Care of Children

- Caregivers demonstrate appropriate attitudes and skill to meet the unique needs of their children.



Treatment Planning - Principles:

- Maximum involvement of family members in development
- Short term, measurable, achievable goals (linked to outcomes) with positive feedback
- Selection of interventions that help families achieve outcomes



Intervention

- How will your intervention help the individual or family achieve the outcomes?
- Need to prioritize outcomes
- Select outcomes that you have the capacity to influence?
- Consider short term and long term outcomes



Review

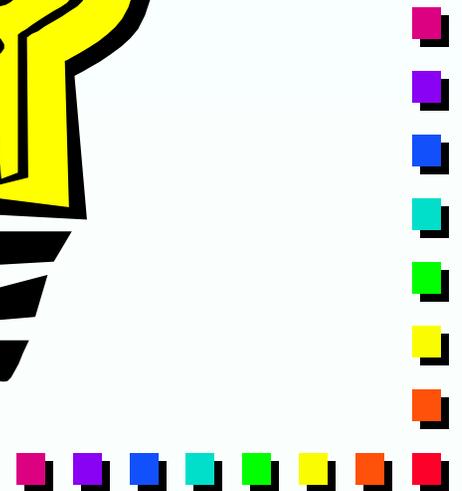


- We must produce quality outputs in order to help individuals (children, parents/caregivers, other adults, the family) achieve results that we can measure.
- How will we know they are successful?

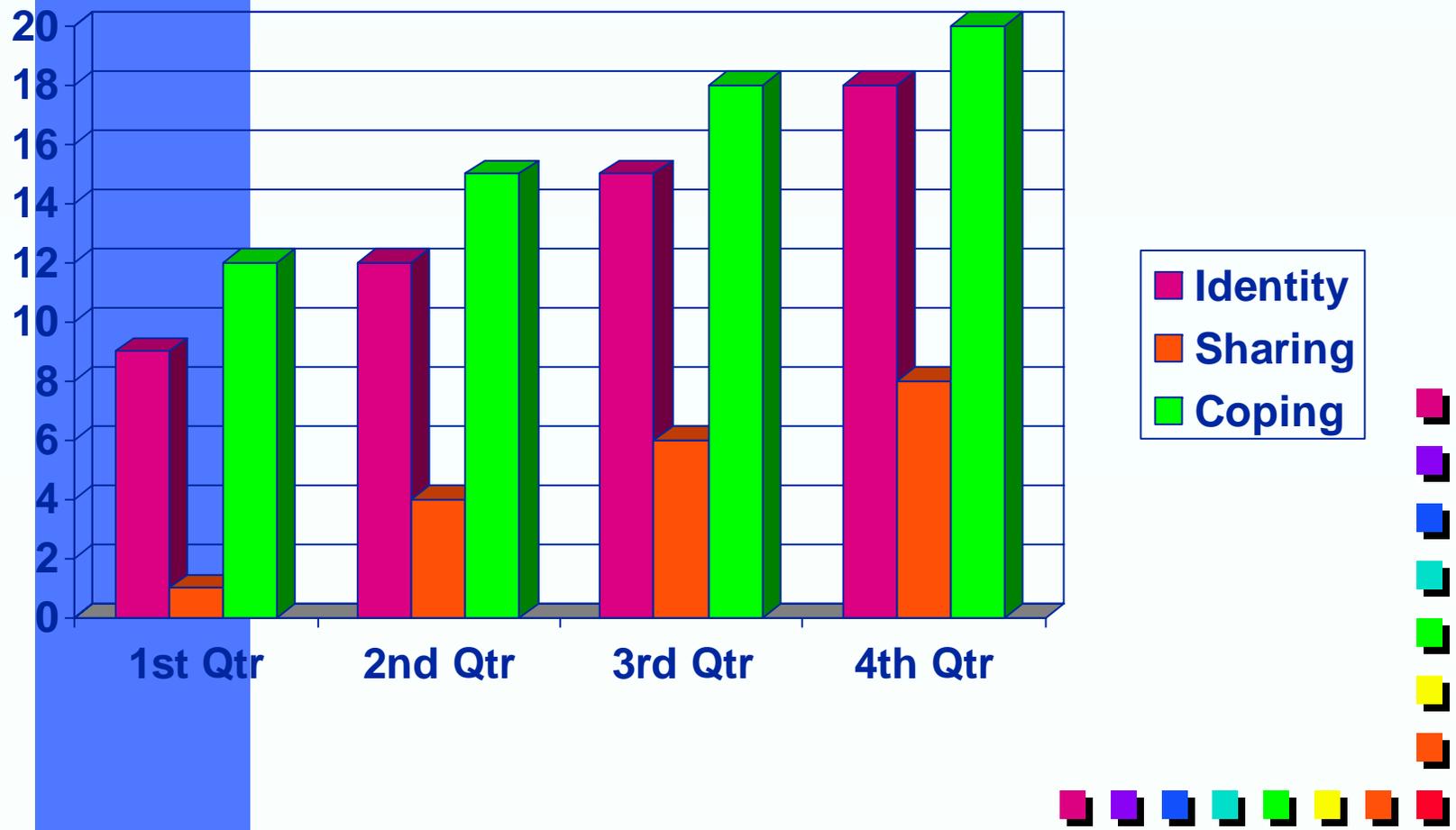


Pause for an example

- Think of a family that is having difficulty meeting basic needs of their children?
- Which intervention outcomes are relevant?
- How will they/you know when outcomes are achieved?

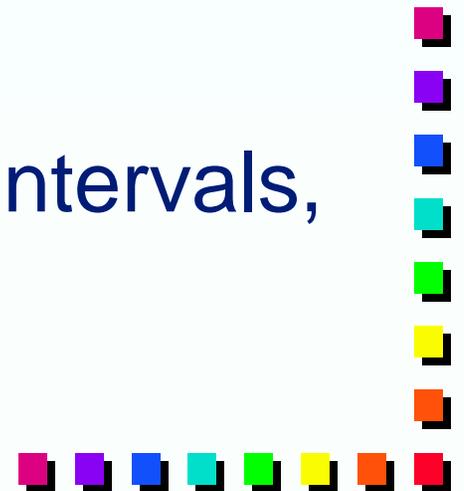


Measuring Change Example -Family Functioning



Process of measurement

- Define key needs, risks, problems
- Define key outcomes
- Consider alternative measures as indicators of outcomes
- Select assessment measures
- Apply measures at beginning, intervals, and at closure



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



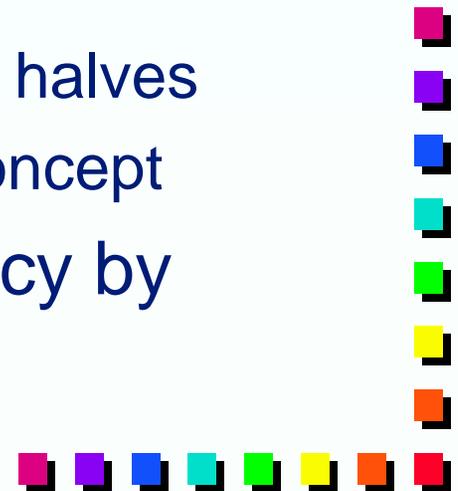
Client satisfaction

- 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



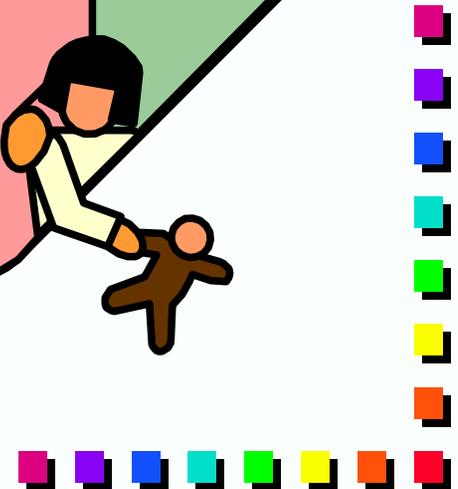
Types of Validity

- 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



Think of an individual or family

- What are the key needs, risks, problems?
- What outcomes would indicate success or change?
- What measures could you use?



Take home points

- Assess and define key risks/needs
- Define outcomes
- Select measures
- Provide intervention to help families achieve outcomes
- Measure the achievement of outcomes



World Wide Web Resources

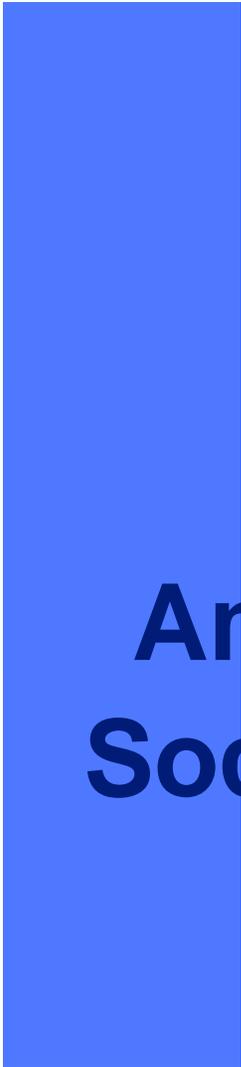
- CANDIS - DOS-based database of 100 instruments - available free from National Crime Victims Research & Treatment Center -
<http://www.musc.edu/cvc>
- Clearinghouse on Child Abuse and Neglect -
<http://www.calib.com/NCCANCH>



World Wide Web Resources

- ERIC Clearinghouse on Assessment and Evaluation -
<http://www.ericae.net/testcol.htm>
- Buross Institute of Mental Measurements
- <http://www.unl.edu:80/buross>





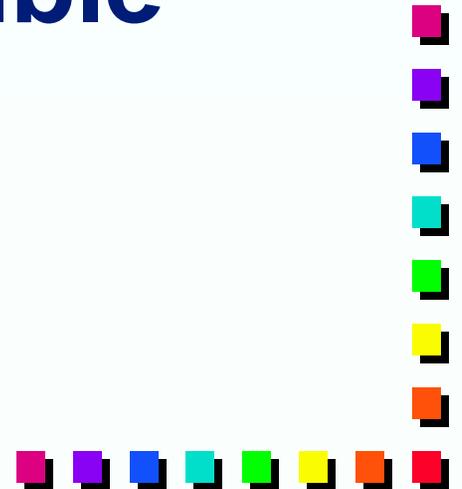
APSAAC

**American Professional
Society on the Abuse of
Children**



APSSAC MISSION

The Mission of APSSAC 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.



APSAC

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